

WELSH INFORMATION GOVERNANCE & STANDARDS BOARD

DSC Notice:	DSCN 2009/09
Date of Issue:	8 th October 2009

Ministerial / Official Letter: PMW/PH/BS	Subject: NHS Reforms: NHS Wales Data Definition Update
Sponsor: Directorate of Operations and Performance, Welsh Assembly Government	
Implementation Date: 1st October 2009	

DATA SET CHANGE NOTICE

A Data Set Change Notice (DSCN) is an information mandate for a new or revised information standard. The relevant policy mandate is set out in the Ministerial / Official Letter.

This DSCN was approved by the Welsh Information Governance and Standards Board (WIGSB) at its meeting on the 17th September 2009

WIGSB Reference: IGRN 2008 / 036

Summary:

This DSCN:

- Describes the purpose and functions of Welsh Local Health Boards and Local Health Boards
- Where appropriate, changes all references to 'NHS Trust', 'Local Health Board' and 'Provider'
- Updates field names within affected data sets

Data sets / returns affected:

Admitted Patient Care Minimum Data Set (APC Mds)
 Outpatient Minimum Data Set (OP Mds)
 Outpatient Referral Data Set (OPR Ds)
 Elective Admission List Minimum Data Set (EAL Mds)
 Critical Care Minimum Data Set (CC Mds)
 Diagnostic and Therapy Services Waiting Times
 Referral to Treatment (RTT) Times
 Referral to Treatment Patient Tracking Report (RTT-PTR)
 Inpatient and Daycase Admissions and First Outpatient Appointments Waiting Times (PP01W)
 Community Child Health 2000
 Korner Returns

Please address enquiries about this Data Set Change Notice to the Data Standards Team in Health Solutions

Wales E-mail: data.standards@wales.nhs.uk Tel: 02920502539

The Welsh Information Governance and Standards Board is responsible for appraising information standards.
Submission documents and WIGSB Outcomes relating to the approval of this standard can be found at:
<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=742&pid=24632>

DATA SET CHANGE NOTICE

Introduction

In November 2008, the Health Minister confirmed that the new NHS local bodies in Wales would be established as Local Health Boards (LHBs). A further consultation paper was released in December 2008 which provided details of the next stage in the proposed reform of the NHS in Wales, which built on the feedback received to the first *Consultation Paper: Proposals to Change the Structure of the NHS in Wales* was published in the spring 2009. The consultation document provides details of the proposed model, membership and functions of the seven Local Health Boards. The Boards will be operational on the 1st October 2009.

Description of Change

This DSCN describes the relevant definitional and data item changes in the NHS Wales Data Dictionary following the announcement of the NHS Reforms. A further DSCN clarifying the reporting requirements for central data collections will be issued separately.

Where applicable, references to 'NHS Trust', 'Trust' and 'Local Health Board' will be updated and replaced with either Local Health Board / Trust or Local Health Board.

In central data collections, to ensure consistency, fields requiring an LHB of Residence will be named 'Organisation Code (LHB Area of Residence)'. Fields which have previously been populated with a provider organisation code will be renamed 'Organisation Code (Code of Provider)'. Organisation types, and their codes, will be described under 'Organisation Code'.

Data Dictionary Version

This DSCN will be reflected in version 2.22 of the NHS Wales Data Dictionary.

Actions Required

Recognise changes being made to the NHS Wales Data Dictionary as outlined in this DSCN.

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.

a) NEW TERMS

Welsh Local Health Board

Valid to: 30th September 2009

A Welsh Local Health Board is an Organisation.

A Welsh Local Health Board is a body corporate established by the Welsh Ministers under s.11 of the National Health Service (Wales) Act 2006; whose areas are co-terminous with local authority boundaries. Welsh Local Health Boards are responsible for patients who are “usually resident in their area”.

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

Welsh Local Health Boards will be the leading NHS Organisation for partnership with Local Authorities and other partners; including NHS Trusts and other Welsh Local Health Boards, and local communities to improve health and deliver wider objectives for social and economic regeneration.

Save for certain specialised services commissioned by Health Commission Wales, Welsh Local Health Boards commission services themselves, although they may by agreement with other Welsh Local Health Boards, work together to commission certain services, e.g. on a Regional basis. In this case a lead Welsh Local Health Board will be identified for the group.

Local Health Board

Valid from: 1ST October 2009

A Local Health Board is an Organisation.

Local Health Boards are bodies corporate established by the Welsh Ministers under s.11 of the National Health Service (Wales) Act 2006.

A Local Health Board will be responsible for:

- Those functions undertaken by the twenty-two Welsh Local Health Boards up to September 2009 (including securing the provision of health care services for the persons resident within their respective areas);
- The provision of health care services within their areas;

→ The planning and provision of specialised and tertiary services that were commissioned by Health Commission Wales up to September 2009.

This model will ensure the emphasis remains on co-operation and engagement with local partners, particularly in relation to the Health, Social Care and Well-being Strategies and Children and Young People's Plans.

b) CHANGES TO EXISTING DATA RETURNS

Admitted Patient Care Minimum Data Set (APC Mds)

APC DS99

**THE ADMITTED PATIENT CARE DATA SET (APC DS99)
IMPLEMENTED 1ST APRIL 1999**

Layout of Admitted Patient Care Data Set :-

Rating 1=mandatory 2=optional		PEDW data item	Format/length
1	Record Id		an1
	CONTRACT DETAILS		
1	Organisation Code (Code of Provider) Provider Code	Yes	an5
1	Organisation Code (Code of Commissioner) Commissioner Code	Yes	an5
1	Commissioning Serial Number	Yes	an6
1	Commissioners Reference Number		an17
	PATIENT DETAILS		
1	NHS Number	Yes	n10
1	NHS Number Status Indicator	Yes	n2
1	Patient's name	Yes	an70 or structured name with 2 an35 elements
1	Name Format Code	Yes	n1
1	Patient's Usual address	Yes	an175 (5 lines each an35)
1	Postcode of Usual Address	Yes	an8
1	Organisation Code (LHB Area of Residence) Local Health Board of Residence	Yes	an3
1	Sex	Yes	n1
1	Marital Status (Mandatory for Psychiatric Patients)	Yes	an1
1	Birth Date	Yes	ccyymmdd
1	Birth Date Status	Yes	n1
1	General Medical Practitioner (code of registered GMP)	Yes	an8
1	Local Patient Identifier (Case Record Number)	Yes	an10
1	Ethnic Group	Yes	an2
1	Legal Status Classification	Yes	n2 - Legal Status Classification and Administrative Category replaced Category of Patient in April 1999

	REFERRAL DETAILS		
1	Referrer Code	Yes	an8
1	Referring Organisation Code	Yes	an6
	PROVIDER SPELL DETAILS		
1	Hospital Provider Spell Number	Yes	an12
1	Administrative Category	Yes	n2 - Legal Status Classification and
1	Decision to Admit Date	Yes	ccyymmdd
1	Decision to Admit Date Status	Yes	n1
1	Start Date (Hospital Provider Spell)	Yes	ccyymmdd
1	Admission Method (Hospital Provider Spell)	Yes	n2
1	Duration of Elective Wait	Yes	n4
1	Intended Management	Yes	n1
1	Source of Admission (Hospital Provider Spell)	Yes	n2
1	Discharge Date (Hospital Provider Spell)	Yes	ccyymmdd
1	Discharge Date Status	Yes	n1
1	Discharge Method (Hospital Provider Spell)	Yes	n1
1	Discharge Destination (Hospital Provider Spell)	Yes	n2
1	Patient Classification	Yes	n1
1	Healthcare Resource Group (HRG)	Yes	an3 –Health Resource Group (HRG) replaced (DRG) in April 2000
	CONSULTANT EPISODE DETAILS		
1	Episode Number	Yes	n2
1	Last Episode in Spell Indicator		n1
1	Site Code (of treatment)	Yes	an5
1	Ward Type at Start of Episode	Yes	n7
1	Start Date (Consultant Episode)	Yes	ccyymmdd
1	End date (Consultant Episode)	Yes	ccyymmdd
1	End Date Status	Yes	n1
1	Main Specialty (consultant)		n3
1	Treatment Function Code	Yes	n3
1	Local Sub Specialty (Wales)	Yes	an3
1	Consultant Code	Yes	an8
1	First Regular Day or Night Admission	Yes	n1
1	Neonatal Level of Care	Yes	n1
1	Psychiatric Patient Status	Yes	n1
	Diagnostic Codes		
	Mandatory ICD-10 diagnostic coding		
1	Primary (ICD)	Yes	an6
1	Subsidiary (if necessary) (ICD)	Yes	an6
1	1st Secondary (ICD)	Yes	an6
1	2nd Secondary (ICD)	Yes	an6

1	3rd Secondary (ICD)	Yes	an6
1	4th Secondary (ICD)	Yes	an6
1	5th Secondary (ICD)		an6
1	6th Secondary (ICD)		an6
1	7th Secondary (ICD)		an6
1	8th Secondary (ICD)		an6
1	9th Secondary (ICD)		an6
1	10th Secondary (ICD)		an6
1	11th Secondary (ICD)		an6
1	12th Secondary (ICD)		an6
1	Histological Diagnosis	Yes	an6
1	Source of Histological Diagnosis	Yes	n1
	Patient Procedure Codes		
1	Operation Status (per episode)		n1
	Mandatory OPCS procedure coding (up to 12 Operative Procedures per episode)		
1	Primary Procedure (OPCS)	Yes	an4
1	Procedure Date	Yes	ccyymmdd
1	Procedure Date Status	Yes	n1
1	2nd Procedure (OPCS) - 12th Procedure (OPCS) items as for Primary Procedure (OPCS)	Yes (up to 4th procedure for PEDW)	an4
1	Record Type	Yes	n2
	PREGNANCY & DELIVERY DETAILS		
1	General Medical Practitioner (code of GMP responsible for Antenatal care)	Yes	an8
1	First Antenatal Assessment Date	Yes	ccyymmdd
1	First Antenatal Assessment Date Status	Yes	n1
1	Pregnancy : Total Previous Pregnancies	Yes	n2
1	Delivery Place Type (actual)	Yes	n1
1	Delivery Date		ccyymmdd
1	Delivery Place Type (intended)	Yes	n1
1	Delivery Place Change Reason	Yes	n1
1	Gestation Length	Yes	n2
1	Labour / Delivery Onset Method	Yes	n1
1	Delivery Method	Yes	n1
1	Status of Person Conducting Delivery	Yes	n1
1	Anaesthetic given during labour/delivery	Yes	n1
1	Anaesthetic given post labour/delivery	Yes	n1
1	Number of Babies	Yes	n1
	Birth details (up to 6 births from one pregnancy)		
	Ist Baby		
1	Sex	Yes	n1

1	Birth Order	Yes	n1
1	Live or Still Birth	Yes	n1
1	Birth Weight	Yes	n4
1	Resuscitation Method	Yes	n1
1	Birth Date (baby)	Yes	ccyymmdd
1	Birth Date (mother)		ccyymmdd
1	Birth Date Status (mother)		n1
	2nd Baby, 3rd Baby, 4th Baby, 5th Baby and 6th Baby : Items as 1st Baby		
	Waiting List Details		
1	Waiting List Date	Yes	ccyymmdd
1	Waiting List Date Status	Yes	n1

Outpatient Minimum Data Set

Outpatient MDS

THE OUTPATIENT MINIMUM DATA SET (OP MDS) IMPLEMENTED APRIL 1999

Layout of Outpatient Minimum Data Set :-

Rating 1=mandatory 2=optional		Format/length
1	Record Id	an1
	CONTRACT DETAILS	
1	Organisation Code (Code of Provider)	an5
1	Organisation Code (Code of Commissioner) Code of Commissioner	an5
1	Commissioning Serial Number	an6
2	Health Care Contract Line Number	an10
1	Commissioners Reference Number	an17
	PATIENT DETAILS	
1	NHS Number	n10
1	NHS Number Status Indicator	n2 - from April 1999
1	Patient's name	an70 or structured name with 2 an35 elements
1	Name Format Code	n1
1	Patient's Usual Address	an175 (5 lines each an35)
1	Postcode of Usual Address	an8
1	Organisation Code (LHB Area of Residence) Local Health Board of Residence	an3
1	Sex	n1
2	Carer Support Indicator	an2

1	Birth Date	ccyymmdd
1	Birth Date Status	n1
2	† (see below)	an8
1	Code of Registered GP Practice	an6
1	Local Patient Identifier	an10
	REFERRAL DETAILS	
1	Referrer Code	an8
1	Referring Organisation Code	an6
1	Service Type Requested	n1
1	Date of Patient Referral	ccyymmdd
1	Patient Referral Date Status	n1
1	Clinical Referral Date	ccyymmdd
1	Clinical Referral Date Status	n1
1	Priority Type (new patients)	n1
	EPISODE DETAILS	
1	Source of Referral: Outpatients	an2
1	Main Specialty (consultant)	n3
1	Treatment Function Code	n3
2	Local Sub-Specialty	an3
1	Clinic Purpose	an15
1	Consultant Code	an8
	APPOINTMENT AND ATTENDANCE DETAILS	
1	Attendance Identifier	an12
1	Administrative Category	n2
1	Location Type Code	n2
1	Site Code (of Treatment)	an5
1	Medical Staff Type Seeing Patient	an2
1	Attendance Date	ccyymmdd
1	Attendance Date Status	n1
1	First Attendance	n1
1	Attended or Did Not Attend	n1
1	Outcome of Attendance	n1
1	Last DNA or Patient Cancelled Date	ccyymmdd
1	Last DNA or Patient Cancelled Date Status	n1
	Patient Diagnostic Codes (optional)	
2	Primary (ICD)	an6
2	Subsidiary (ICD)	an6
2	1st Secondary (ICD)	an6
	Patient Procedure Codes	
1	Operation Status (per attendance)	n1
	OPCS procedure coding	
1	Primary Procedure Code (OPCS)	an4
1	Procedure Code 2 (OPCS)	an4

1	Procedure Code 3 (OPCS)	an4
1	Procedure Code 4 (OPCS)	an4
1	Procedure Code 5 (OPCS)	an4
1	Procedure Code 6 (OPCS)	an4
1	Procedure Code 7 (OPCS)	an4
1	Procedure Code 8 (OPCS)	an4
1	Procedure Code 9 (OPCS)	an4
1	Procedure Code 10 (OPCS)	an4
1	Procedure Code 11 (OPCS)	an4
1	Procedure Code 12 (OPCS)	an4
	Waiting List Details	
1	Waiting List Date	ccyymmdd
1	Waiting List Date Status	n1

Outpatient Referral Data Set

THE OUTPATIENT REFERRAL DATA SET (OPR DS)

VALID FROM: 1ST JULY 2008

Rating 1=mandatory 2=optional		Format/Length
1	Record ID	an1
	CONTRACT DETAILS	
1	Organisation Code (Code of Provider) Provider Code	an5
	PATIENT DETAILS	
1	Local Patient Identifier	an10
1	NHS Number	n10
1	NHS Number Status Indicator	n2
1	Code of Registered GP Practice	an6
2	Ethnic Group	an2
1	Patient's Name	an70 or structured name with 2 an35 elements
1	Name Format Code	n1
1	Birth Date	ccyymmdd
1	Birth Date Status	n1
1	Sex	n1
1	Patient's Usual Address	an175 (5 lines each an35)
1	Postcode of Usual Address	an8
1	Organisation Code (LHB Area of Residence) Local Health Board of Residence	an3
	REFERRAL DETAILS	

1	Source of Referral: Outpatients	an2
1	Referring Organisation Code	an6
1	Service Type Requested	n1
1	Referrer Code	an8
1	Administrative Category	n2
1	Date of Patient Referral	ccyymmdd
1	Patient Referral Date Status	n1
1	Clinical Referral Date	ccyymmdd
1	Clinical Referral Date Status	n1
1	Main Specialty (consultant)	n3
1	Referrer Priority Type	n1
2	Reason for Referral	an8
1	Referral Identifier	an12
1	Treatment Function Code	n3

Note: 'Ethnic Group' and 'Reason for Referral' are optional data items in this data set because the information may not be provided at the time of receipt of referral.

Elective Admission List Minimum Data Set (EAL Mds)

EAL MDS

THE ELECTIVE ADMISSION LIST MINIMUM DATA SET (EAL MDS) IMPLEMENTED APRIL 1999

Layout of Elective Admission List Minimum Data Set:-

Rating 1=mandatory 2=optional		Format/length	End of Period Census	Event During Period (opt. Flow)
	CONTRACT DETAILS			
1	Organisation Code (Code of Provider)	an5	*	*
1	Organisation Code (Code of Commissioner) Code of Commissioner	an5	*	*
1	Commissioning Serial Number	an6	*	*
2	Health Care Contract Line Number	an10	*	*
1	Commissioners Reference Number	an17	*	*
	PATIENT DETAILS			
1	NHS Number	n10	*	*
1	NHS Number Status Indicator	n2 - from April 1999	*	*
1	Patient's name	an70 or structured name with 2 an35 elements	*	*
1	Name Format Code	n1	*	*
1	Patient's Usual Address	an175 (5 lines	*	*

		each an35)		
1	Postcode of Usual Address	an8	*	*
1	Organisation Code (LHB Area of Residence) Local Health Board of Residence	an3	*	*
1	Sex	n1	*	*
2	Carer Support Indicator	an2	*	*
1	Birth Date	ccyymmdd	*	*
1	Birth Date Status	n1	*	*
2	† (see below)	an8	*	*
1	Code of Registered GP Practice	an6	*	*
1	Local Patient Identifier	an10	*	*
	REFERRAL DETAILS			
1	Referrer Code	an8	*	*
1	Referring Organisation Code	an6	*	*
	ELECTIVE ADMISSION LIST DETAILS			
1	Elective Admission List Entry Number	an12	*	*
1	Elective Admission List Record Type	an2		*
1	Administrative Category	n2	*	*
1	Elective Admission Type	n2	*	*
1	Date of Patient Referral	ccyymmdd	*	*
1	Patient Referral Date Status	n1	*	*
1	Decision to Admit Date	ccyymmdd	*	*
1	Decision to Admit Date Status	n1	*	*
1	Clinical Referral Date	ccyymmdd	*	*
1	Clinical Referral Date Status	n1	*	*
1	Waiting List Date	ccyymmdd	*	*
1	Waiting List Date Status	n1	*	*
1	Intended Procedure Status	n1	*	*
1	Intended Procedure (OPCS)	an4	*	*
1	Intended Procedure 2 (OPCS)	an4	*	*
1	Intended Procedure 3 (OPCS)	an4	*	*
1	Intended Management	n1	*	*
2	Intended Site Code (of treatment)	an5	*	*
1	Priority Type	n1	*	*
1	Elective Admission List Status	an2	*	
1	Main Specialty (consultant) (main specialty of consultant or list specialty)	n3	*	*
1	Treatment Function Code (treatment specialty)	n3	*	*
2	Local Sub-Specialty	an3	*	*
1	Consultant Code	an8	*	*
1	Date of Elective Admission List Census	ccyymmdd	*	

1	Last DNA or Patient Cancelled Date	ccyymmdd	*	*
1	Last DNA or Patient Cancelled Date Status	n1	*	*
2	Waiting List Entry Last Reviewed Date	ccyymmdd	*	*
2	Waiting List Entry Last Reviewed Date Status	n1	*	*
	CONTRACT CHANGE DETAILS			
2	Service Arrangement Change Type	an2	*	*
2	Service Arrangement Change Date	ccyymmdd	*	*
2	Service Arrangement Change Date Status	n1	*	*
	SUSPENSION DETAILS			
1	Count of Days Suspended	n4	*	
1	Suspension Start Date	ccyymmdd		*
1	Suspension Start Date Status	n1		*
1	Suspension End Date	ccyymmdd		*
1	Suspension End Date Status	n1		*
	OFFER OF ADMISSION DETAILS			
1	Agreed Admission Date	ccyymmdd	*	*
1	Agreed Admission Date Status	n1	*	*
2	Agreed Admission Outcome	n1	*	*
	HEALTHCARE RESOURCE GROUP DETAILS			
2	Healthcare Resource Group Code	an3		
	REMOVAL DETAILS			
1	Elective Admission List Removal Date	ccyymmdd		*
1	Elective Admission List Removal Date Status	n1		*
1	Elective Admission List Removal Reason	n1		*

† 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

Note: If agreed locally, the Removal Details may be included in the End of Period Census, to give a complete picture of a patients waiting list experience.

DT Monthly Data Collection – Details of Return

All files are to be submitted in CSV format, without a header record.

The file will be identified by the following naming conventions: -
DTxxxmmyy.csv

Where:

xxx = Local Health Board / Trust Code

mm = number of the month to which the data relates

yy = last two digits of the year

The file will have the following format: -

Field Order	Format
Data Reference	2 character alpha
Return Date	ccymmdd
Hospital Site	Max 50 character alpha numeric
Organisation Code (LHB Area of Residence) Local Health Board (LHB)	3 character alpha numeric characters (**)
Organisation Code (Code of Provider) Trust Code	3 character alpha numeric
Service Heading	alpha numeric
Sub Heading	alpha numeric
Weeks Wait	alpha numeric
Count	numeric

Reports should be sent to reach Health Solutions Wales **no later than the tenth working day** of each month.

Only include details of those services which you provide. Where a [Local Health Board / Trust](#) does provide a service at a particular site but there are nil patients waiting, a zero should be placed in the zero week wait timeband.

** - It is not essential for [Local Health Boards / Trusts](#) to complete this item but is desirable if possible.

Referral to Treatment Times – Details of Return

All returns are to be sent in the form of a comma separated text file (csv format), i.e. in which the values in each field are separated by commas. There will be no header record.

The return should be named as:

xxxmmmyy.csv

where: xxx = the [Local Health Board / Trust](#) code

mmm = first three letters of the month to which the data relates, e.g. Apr for the first submission of data relating to waiting times at end April.

yy = last 2 digits of the year

The return should be sent via the secure upload mechanism located on <http://nwdss.hsw.wales.nhs.uk/>. Each time a return is submitted, [Local Health Boards / Trusts](#) should complete a HSW submission form and send it via e-mail to Waitingtimes@hsw.wales.nhs.uk with a subject heading of 'Referral to Treatment Times'.

The return will contain the following: -

Field Order	Format
Data Reference	2 alpha characters
Return Date	ccymmdd
Organisation Code (LHB Area of Residence) Local Health Board (LHB)	3 alpha numeric characters
Organisation Code (Code of Provider) Trust Code	3 alpha numeric characters
Main Specialty (Consultant)	3 digit numeric

Weeks Wait	Alpha Numeric
Count	Numeric

Returns should be sent to reach HSW on the 25th day of the month or the next working day. From 1st April 2008, the inclusion of the Local Health Board is mandated.

Only include RTT waits for elective specialty services available in your **Local Health Board / Trust**. If your **Local Health Board / Trust** provides a service but there are nil patients with neither open nor stop clocks, a zero should be placed in the zero week wait time band and the LHB field should be left blank.

Referral to Treatment Patient Tracking Report – Details of Return

The data collection will consist of two sets of monthly aggregated data of patients on an open RTT pathway, broken down by weekly time bands. These are:-

1. Patients on RTT pathways for whom no allocation of date for definitive treatment has been made.
2. Patients on RTT pathways for whom an allocation of date for definitive treatment has been made which is scheduled beyond their breach date.

Patients who have a treatment or admission date within the target should not be reported.

All files are to be sent in the form of a comma separated text file (csv format). There will be no header record.

Files should be names as:

xxxmmmyy.csv

where: xxx = **Local Health Board / Trust Code**

mmm = first three letters of the month to which the return relates, e.g. Apr for the first submission of data relating to waiting times at end April.

yy = last 2 digits of the year

The submission should be sent via the secure upload mechanism located on <http://nwdss.hsw.wales.nhs.uk> Submission forms for all files are required to be e-mailed to Waitingtimes@hsw.wales.nhs.uk with the e-mail subject as 'Patient Tracking Report'.

The file will have the following format:-

Field Order	Format
Data Reference	2 alpha characters
Return Date	Ccyymmdd
Organisation Code (Code of Provider) Trust Code	3 alpha numeric characters
Main Specialty (Consultant)	3 digit numeric
Time Band Relating to Breach Date	Alpha numeric
Count	Numeric

Local Health Boards / Trusts are required to report on a monthly basis, on the 9th day of the following month, e.g. the report for the period 1st - 30th April will be due on the 9th May. Where the reporting date falls on a weekend or Bank Holiday, then the report should be sent on the next working day.

Only include counts for those specialties which you provide. Where a **Local Health Board / Trust** does provide a specialty service but there are nil patients to report, a zero should be in the zero Time Band Relating to Breach Date data item.

Inpatient and Day Case Admissions and First Outpatient Appointments Waiting Times (PP01W) – Details of Return

The Business Services Centre (BSC) will provide datasets relating to the last day of each month to the National Assembly for Wales no later than 10 working days after the end of the month. To enable the BSC to meet this timetable, **Local Health Boards / Trusts** should provide data to BSC local offices no later than 7 working days after the end of the month. (Data for December will need to be supplied in a shorter timescale).

All files should be sent in the form of a comma separated text file (csv format), i.e. in which the values in each field are separated by commas, and e-mailed to: stats.health@wales.gsi.gov.uk

Files should be named as: xxxxxmmmyy.csv

Where: xxxxx = the BSC local office code

mmm = first three letters of the month to which the data relates, e.g. Apr for the first submission of data relating to waiting times at end of April.

yy = last 2 digits of the year

The file will have the following format: -

Field Order	Format
Data Reference	2 character alpha
Return Date	ccyymmdd
Organisation Code (LHB Area of Residence) Local Health Board (LHB)	3 character alpha numeric
Organisation Code (Code of Provider) Trust Code	3 character alpha numeric
Main Specialty (Consultant)	3 digit numeric
Local Sub-specialty Code	3 digit numeric
Weeks Wait	alpha numeric
Count	numeric

If the count is zero for a weeks wait time band, a row for that weeks wait data should not be submitted

c) CHANGES TO EXISTING DATA ITEMS & TERMS

DATA ITEMS

Clinical Referral Date

(OP mds/EAL mds/ OPR ds)

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.

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.

Critical Care Admission Source

(CC mds)

The primary organisation type that the patient has been admitted from prior to the start of the Critical Care Period

Format: 2 character alpha-numeric

Value	Meaning
01	Same NHS hospital site
03	Independent Hospital Provider in the UK
04	Non-hospital source within the UK (e.g. home)
05	Non UK source such as repatriation, military personnel or foreign national
51	Other NHS hospital site (same Trust Local Health Board)
52	Other NHS hospital site (different Local Health Board NHS Trust)

Critical Care Discharge Date

(CC mds)

The end date of a Critical Care Period. This occurs either when the patient dies or when the patient is transferred from the critical care unit. When the patient is transferred from a temporary area to a critical care unit or from one critical care unit to another, even within the same NHS Trust Local Health Board, this will be the end of the current Critical Care Period and the start of a new one.

Critical Care Discharge Destination

(CC mds)

The primary organisation type that the patient has been discharged to at the end of the Critical Care Period. Must be completed when the Critical Care Discharge Date is recorded.

Format: 2 digit numeric

Value	Meaning
01	Same NHS hospital site
03	Independent Hospital Provider in the UK
04	Non-hospital destination within the UK (e.g. home as coded in Location)
05	Non United Kingdom destination (e.g. repatriation)
06	No discharge destination, patient died in unit
51	Other NHS hospital site (same Trust Local Health Board)
52	Other NHS hospital site (different NHS Trust Local Health Board)

Critical Care Discharge Time

(CC mds)

The end time of a Critical Care Period. This occurs either when the patient dies or when the patient is transferred from the critical care unit. When the patient is transferred from a temporary area to a critical care unit or from one critical care unit to another, even within the same NHS Trust Local Health Board, this will be the end of the current patient and the start of a new one.

Dental Practice Code

The code described by the Organisation Data Service NACS as a Dental Practice Code identifies an individual dental practice location. This code should be used as the 'Referring Organisation Code' for referrals made to the Local Health Board / Trust.

Discharge Destination

(APC mds)

The classification of where a patient is sent on completion of a hospital provider spell, or a note that the patient died or was a still birth.

Format: 2 digit numeric

Value	Meaning	Valid From	Valid To
19	Usual place of residence unless listed below for example, a private dwelling, whether owner occupied, owned by local authority, housing association or private landlord. This includes wardened accommodation but not residential accommodation where health care is provided.	Pre 28 th December 1995	
29	Temporary place of residence when usually resident elsewhere (includes hotel, residential educational establishment)	Pre 28 th December 1995	
39	Penal establishment, court or police station	Pre 28 th December 1995	
49	Special Hospital	Pre 28 th December 1995	31 st December 2002
51	Other Local Health Board / NHS Trust - ward for	Pre 28 th December 1995	

	general patients or the younger physically disabled or A & E department	Amended 28 th February 2006 Amended 1 st October 2009	
52	Other Local Health Board / NHS Trust - ward for maternity patients or neonates	Pre 28 th December 1995 Amended 1 st October 2009	
53	Other Local Health Board / NHS-Trust - ward for patients who are mentally ill or have learning disabilities	Pre 28 th December 1995 Amended 1 st October 2009	
54	NHS run nursing home, group home or residential care home	Pre 28 th December 1995	
55	Hospital site within the same Local Health Board / Trust - ward for general patients or the younger physically disabled or A & E department	1 st September 2001 Amended 28 th February 2006 Amended 1 st October 2009	
56	Hospital site within the same Local Health Board / Trust - ward for maternity patients or neonates	1 st September 2001 Amended 1 st October 2009	
57	Hospital site within the same Local Health Board / Trust - ward for patients who are mentally ill or have learning disabilities	1 st September 2001 Amended 1 st October 2009	
65	Local Authority Part 3 residential accommodation i.e. where care is provided	Pre 28 th December 1995	
66	Local authority foster care but not in Part 3 residential accommodation	Pre 28 th December 1995	
69	<i>Under local authority care – residential or foster care</i>	Pre 28 th December 1995	31 st March 2001
79*	Not Applicable - Patient died or stillbirth	Pre 28 th December 1995	
85	Non-NHS (other than local authority) run residential care home	Pre 28 th December 1995	
86	Non-NHS (other than local authority) run nursing home	Pre 28 th December 1995	
87	Non-NHS run hospital	Pre 28 th December 1995	
88	Non-NHS (other than Local Authority) run Hospice	1 st July 1997	
89	<i>Other non NHS Hospital, Nursing Home or Residential institution</i>	Pre 28 th December 1995	31 st March 2001
98	Not applicable - hospital provider spell not finished at episode end (i.e. not discharged, or current episode unfinished)	1 st July 1997	

Entry to Grade Date

Date on which an medical or dental officer took up the first appointment in their present grade, whether permanent or honorary, with any Local Health Board / Trust. No entry is required for locum staff.

GDP Registration Number

General Dental Practitioner – GDP

A qualified dental practitioner registered with the General Dental Council and issued with a Practitioner identifier by the NHSBSA Dental Practice Division (DPD). This code is used as the 'Referrer Code' for referrals made to the Local Health Board / Trust.

GP Code

The Department of Health code for the GP.

Note 1:

MOD and prison doctors are not GMPs and should not be recorded as Registered GMPs. In this instance use the default code of G9999981' is to be used.

Note 2:

When a locum refers, use the code of the GP for whom the locum is acting.

New GP's: where a new GP has joined a practice and no code is available in the HSW GP directory the following options are available:

1. Contact the appropriate Local Health Board and ask for a code.
2. Contact the Prescription Pricing Unit of HSW for a code. Tel (029) 2045 6039
3. As a last resort code the senior partner

GP Practice Code

See ORGANISATION CODE

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

Format: 6 character alpha-numeric

Value	Meaning
XAABBB	Code as listed for Practices in Wales. These are updated monthly by the Information Products Unit of HSW with information derived from The National Administrative Codes Service (NACS) and can be viewed on the Health Reference Data Web Pages on HOWIS.
V81998	Practice not applicable. i.e. MOD or Prison GP
V81999	Practice code is unknown

Hospital Classification Categories

The basis for classification would continue to be the availability of beds in specialties in the hospitals. The categories are as follows:

Classification

Category	Explanation	Category Code
Major acute hospital	Hospitals which provide a wide range of acute in-patient and out-patient specialist services together with the necessary support systems, which allow emergency admissions and which usually has an Accident and Emergency department.	B
Acute hospital	Hospitals which provide a range of acute in-patient and out-patient services specialist services (including some surgical acute specialties) but not the wide range available in major acute hospitals.	A
Specialist acute hospital	Hospitals which provide acute services limited to a one or two specialist units	D
Community hospital	In-patient care provided does not require the highly technical specialist support of an acute hospital. In-patient care provided under the supervision	E

	of GP's, specialist doctors or nurses, may include a minor injury service and elderly mentally ill beds. Where care is provided by consultants this is usually for elderly patients. Other services such as out-patient clinics, diagnostic and therapy services and day care may also be provided. Would not receive major acute emergency admissions. Would not be expected to undertake in-patient general surgery requiring general anaesthesia.	
Community (Geriatric) hospital	Community hospitals with beds only in the geriatric specialty	G
Psychiatric hospital: Mental Illness	Hospitals with beds only in the mental illness specialties (specialty codes 7100 to 7150): Adult Mental Illness, Child and Adolescent psychiatry, Old Age psychiatry, Forensic Psychiatry, Psychotherapy	F
Psychiatric hospital: Learning Disability	Hospitals with beds only in the mental handicap (learning disability) specialty (specialty code 7000)	H
Psychiatric hospital: Mental Illness/Learning Disability	Hospitals with beds in the mental handicap (learning disability) specialty (code 7000) and at least one of the mental illness specialties (codes 7100 to 7150): Adult Mental Illness, Child and Adolescent psychiatry, Old Age psychiatry, Forensic Psychiatry, Psychotherapy	K
Local Health Board / NHS Trust	Where first 3 Characters of Local Health Board / NHS Trust only	M

HV/School Nurse Code

(NCCHD)

Each Health Visitor or School Nurse requires a unique code to ascribe children to Health Visitor or School Nurse caseload.

Format: 4 alphanumeric. The codes are managed locally at Local Health Board Trust level.

Initial Status

(NCCHD)

Item made up of a status indicator to signify why the record was initially created and the date the record was created.

Used to record the level of Local Health Board trusts births, transfers in, transfers out, and movements in.

Values of Status:-

0	Trust Local Health Board Birth
1	Transfer In
2	Transfer Out
3	Movement In
8	Living outside, treated inside

Intended Site Code (of Treatment)

(EAL mds)

This is the code for the organisation site where it is intended to treat the patient. This enables those organisations to be recorded which have been sub-contracted to provide treatment.

See: [Site Code of Treatment](#)

NHS Trust Code

See: [ORGANISATION CODE](#)

(General)

For information

See [Organisation Code](#)

See [Appendix C](#)

Organisation Code

For information

Unique identifier for each organisation or site within an organisation.

(Local Health Board / Trust) Code

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

Format: 3 character alpha-numeric

(Local Health Board / Trust) Site Code

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

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

GP Practice Code

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

Code as listed for Practices in Wales. These are updated monthly by the Information Products Unit of HSW with information supplied by the Organisation Data Service (ODS) and can be viewed on the Health Reference Data Web Pages on HOWIS.

Codes for Practices in England are available from the Information Products Unit of HSW

Format: 6 character alpha-numeric

Default Codes:

Value	Meaning
V81998	Practice not applicable. i.e. MOD or Prison GP
V81999	Practice code is unknown

Where a 5 character code is used, it should be left justified and padded with a space.

Dental Practice Code

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

Format: 6 character alpha-numeric

The first character is set as a V
Characters 2 to 6 are the last 5 digits of the Location ID taken from a Provider Dentist Contract number.

Format: 3 or 5 character alpha-numeric

Value	Meaning
XAABB	Code as listed in the Organisation Code Directory, issued annually by the Information Products Unit of HSW with quarterly updates. England and Wales codes can be viewed on the Health Reference Data Web Pages on HOWIS.

3 character codes are sufficient to identify Local Health Boards and NHS Trusts, but these shortened codes are not acceptable as "commissioner codes" or "provider codes".

See [Code of Commissioner](#)

See [Provider Code](#)

See [GP Practice Code](#)

Structure

X is the organisation type/region identifier

AA further identifies the organisation (but not the site)

BB is a site code

See [Appendix C: Organisation Codes](#) for table of code structures and codes of Welsh LHBs, Welsh Trusts and some English Trusts.

Organisation Code (Code of Commissioner)

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

(APC ds99/ EAL mds/ OP mds)

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 LHB-/ Trust code with two zeros placed in the 4th and 5th 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 th December 1995	
TDH00	The Commissioner code for treatment provided by a special health authority (Department of Health)	Pre 28 th December 1995	
WOF00	The Commissioner code for eligible overseas visitors (exempt from NHS Charges) (National Assembly for Wales)	Pre 28 th December 1995	
4WANN	Local Health Group	21 st January 2002	31 st March 2003

See [ORGANISATION CODE](#)

Organisation Code (Code of Provider) Provider Code

(APC ds99/ EAL mds/ OP mds/ CC mds/ OPR ds/ **DATS/ RTT/ RTT-PTR/ PP01W**)

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 OPR ds, the Organisation Code (Code of Provider) Code 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.

Format:

For Patient Level Data Sets (APC, EAL, OP, CC, OPR):-

5 character alpha-numeric Local Health Board / Trust Code with 2 zeros placed in the 4th and 5th character position

For Aggregate Data Collections (DATS, RTT, RTT-PTR, PP01W):-

3 character alpha numeric Local Health Board / Trust Code

Default Codes:

Value	Meaning
89997	Non-UK provider where no organisation code has been issued
89999	Non-NHS UK provider where no organisation code has been requested and issued

See: [ORGANISATION CODE](#)

Organisation Code (LHB Area of Residence) Local Health Board of Residence

(APC ds99/EAL mds/OP mds/ RTT/ PP01W/ OPR ds)

The Local Health Board where the patient is resident, identified via the NHS Postcode User 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
NAN	The code of the Local Health Board
X98	Not applicable e.g. for overseas visitors

Note: For English Residents treated in Wales, use the Organisation Code of the Primary Care Trust (PCT) of Residence first 3 characters of the Organisation Code (PCT of Residence), derived from the NACS postcode file.

Postcode of Usual Address

(APC ds99/ EAL mds/ OP mds/ CC mds/ OPR ds)

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

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.

NACS Organisation Data Service rules apply.

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. They can also be found in the Organisation Codes service Handbook, Appendix F. This is available on NHS net.

Referring Organisation Code

(APC ds99/ EAL mds/ OP mds/ OPR ds)

The code of the organisation of the General Medical Practitioner (GMP), General Dental Practitioner (GDP), 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:

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

See ORGANISATION CODE

See GP Practice Code
See Dental Practice Code

The value for the data item **Referring Organisation Code** will be **RT4LA** ('NHS Direct - Wales')

Sex of Baby

(NCCHD)

The sex of a baby who is born or who is registered with the Trust **Local Health Board**.

Site Code (of Treatment)

(APC ds99/ OP mds/ CC mds)

The organisation code for the site where the patient is treated, ~~regardless of the Provider~~.

Format: 5 character alpha-numeric

See **ORGANISATION CODE**

For outpatients:-

Activity may take place outside the hospital, such as in the patients home; in such cases, raising a site code is impractical. The following default code should be used in the Outpatient Minimum Data Set when required:

Default code:

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

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

Source of Admission

(APC mds)

The source of admission to a hospital. ~~provider - spell or a nursing episode when the patient is in a nursing home.~~

Format: 2 digit numeric

Value	Meaning	Valid From	Valid To
19	Usual place of residence unless listed below for example, a private dwelling whether owner occupied by local authority, housing association or other landlord. This includes wardened accommodation but not residential	Pre 28 th December 1995	

	accommodation where healthcare is provided.		
29	Temporary place of residence, when usually resident elsewhere (includes hotel, residential educational institution).	Pre 28 th December 1995	
39	Penal establishment, court or police station.	Pre 28 th December 1995	
49	<i>Special Health Authority establishment under the High Security Psychiatric Services Commissioning Board</i>	<i>Pre 28th December 1995</i>	<i>31st December 2002</i>
51	Other Local Health Board / NHS Trust - ward for general patients or young physically disabled or A & E department	Pre 28 th December 1995 Amended 28 th February 2006 Amended 1 st October 2009	
52	Other Local Health Board / NHS Trust - ward for maternity patients or neonates.	Pre 28 th December 1995 Amended 1 st October 2009	
53	Other Local Health Board / NHS Trust - ward for patients who are mentally ill or have learning disabilities.	Pre 28 th December 1995 Amended 1 st October 2009	
54	NHS run nursing home, residential care home or group home.	Pre 28 th December 1995	
55	Hospital site within the same Trust Local Health Board - ward for general patients or young physically disabled or A & E department	1 st September 2001 Amended 28 th February 2006 Amended 1 st October 2009	
56	Hospital site within the same Local Health Board Trust - ward for maternity patients or neonates.	1 st September 2001 Amended 1 st October 2009	
57	Hospital site within the same Local Health Board Trust - ward for patients who are mentally ill or have learning disabilities.	1 st September 2001 Amended 1 st October 2009	
65	Local Authority Part 3 residential accommodation i.e. where care is provided.	Pre 28 th December 1995	
66	Local Authority foster care but not in Part 3 residential accommodation.	Pre 28 th December 1995	
69	<i>Under local authority care – Residential or foster care</i>	<i>Pre 28th December 1995</i>	<i>31st March 2001</i>
79	Babies born in or on way to hospital.	Pre 28 th December 1995	
85	Non-NHS (other than Local Authority) run residential care home.	Pre 28 th December 1995	
86	Non-NHS (other than Local Authority) run nursing home.	Pre 28 th December 1995	
87	Non-NHS run hospital.	Pre 28 th December 1995	
88	Non-NHS (other than Local Authority) run Hospice	1 st July 1997	
89	<i>Other non NHS Hospital, Nursing Home or Residential institution</i>	<i>Pre 28th December 1995</i>	<i>31st March 2001</i>
98	<i>Not applicable</i>	<i>1st July 1997</i>	<i>20th February 2000</i>
99	<i>Not Known</i>	<i>Pre 28th December 1995</i>	<i>20th February 2000</i>

Waiting List Date (WLD)

(EAL/OP/APC mds)

The Waiting List Date (WLD) is set initially as the same date as the Clinical Referral Date. The WLD is used to calculate waiting times for the purpose of measuring **Local Health Board / Trust** performance against Welsh Assembly Government performance targets. It is not used to order outpatient waiting lists for partial booking or to order inpatient or day case lists for selection of patients' surgery.

There are a number of situations where the WLD may 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 may be changed are covered in the various definitions in the 'Guide to Good Practice – Elective Services' (September 2005) Chapter 2.2 Page 19 – 28.

The Clinical Referral Date (CRD) date is never changed. The WLD may change.

In OP mds and APC mds, Emergency admissions or emergency OP appointments the WLD will remain blank.

In OP mds the WLD will remain blank for follow up appointments

The rules on calculating the WLD can be found in 'Guide to Good Practice – Elective Services' Chapter 2

Format: 8 digit numeric – CCYYMMDD

Weeks Wait

(DT Waiting Times/RTT/ PP01W)

The time bands for reporting the waiting time counts, some values of which vary between returns developed for different purposes.

Extract from RTT Section:-

The referral to treatment times will be reported grouped in time bands described in weeks up to 40 weeks. Over that, reporting will be in 4-week time bands up to a specified 105 weeks wait. Waits beyond that will be reported in one group. Where a **Local Health Board / Trust** is unable to identify a start clock dates for patients, these will be reported using a Weeks Wait value of '999'.

TERMS

Cervical Cytology Screening

The regular testing of women for possible cervical cancer through examination of cells, removed from the surface of the cervix, for signs of abnormal cells which might develop into cancer if left untreated.

Number of women screened as part of national call-and-recall system, includes:

a)	Only women screened within 6 months of an initial invitation from the LHB Local Health Board / Trust completing the return.
b)	Women invited by the LHB Local Health Board / Trust completing the return, but screened outside the District.

Complaint

Any written complaint made to a Local Health Board / ~~or NHS~~ Trust by or on behalf of patients (including those referred by the Department) whether or not under investigation. Each complaint is recorded once only.

Excludes investigations instigated by outside agencies such as the police or the Health Services Commissioner.

Complaints are split into those that relate to provider functions (e.g. care, accommodation, food) and those that relate to commissioner functions (e.g. excessive waiting times before admission or admission to a distant hospital when a local one would have been more convenient).

Notes:

1. It is possible for a single written communication to refer to more than one complaint, i.e. complaints relating to more than one organisation. These count as separate complaints against each organisation to which the complaint refers. However, where a single complaint covers several aspects of care/treatment received, the complaint should be recorded once under the principal cause of complaint.
2. A written complaint with many subjects within an organisation e.g. that the food was bad and the accommodation poor, should be counted as one complaint.
3. Complaints about public transport services should be counted as complaints against the managing ~~Local Health Board / LHB or NHS~~ Trust, relating to hospital rather than community services.
4. Where a Local Health Board / ~~or NHS~~ Trust receives a written complaint relating to a different organisation and forwards it to the appropriate organisation, it should be recorded only by the appropriate Local Health Board / Trust (i.e. the organisation which is the subject of, and which investigates, the complaint).

Action taken may be:

a.	Investigation by officers only.
b.	Referred to Local Health Board / members or NHS Trust board: Further investigation unnecessary: complaints reported to the appropriate authority (or an appropriate sub-committee) for decision as to further action, where the decision was that further investigation was unnecessary. Investigation carried out by members/board: includes all informal investigations by members/board.
c.	Investigation by formal independent committee of inquiry e.g. one established under Section 84 of the NHS Act 1977.

d.	Investigation carried out by two independent consultants: includes all investigations of complaints concerning clinical judgement [see appendix B of WHC (88)36].
e.	Method to be decided: the method of dealing with the complaint has not been finally decided.

Contract Identifier

The contract identifier consists of 3 parts:

a)	a 5 character alpha-numeric ORGANISATION CODE (CODE OF PROVIDER)
b)	a 5 character alpha numeric ORGANISATION CODE (CODE OF COMMISSIONER)
e)	a 6 character SERIAL NUMBER

The whole 16 character contract identifier should identify each health care arrangement, between a commissioner and a provider of an episode of care.

Handling change of organisation codes mid episode: For the purpose of APC ds99, there can only be one set of organisation codes (provider/commissioner) associated with each finished episode. As a general principle the organisation codes in operation at the *end* of the episode should be used.

GP Practice

An organisation providing general medical services in contract with one or more HA, Local Health Board. A GP practice may consist of a single General Practitioner practising otherwise than in partnership, or two or more General Practitioners practising in partnership.

See ORGANISATION CODE

Health Care Provider

An organisation acting as a direct provider of health care services. A health care provider is a legal entity, or sub-set of a legal entity, which may contract for the provision of health care; it may operate on one or more sites within and outside hospitals.

The following types of organisation may act as health care providers:

Examples of Health Care providers include the following types of organisations:

- a) GP practice
- b) Local Health Board
- b) NHS Trust
- c) Registered non-NHS provider
- d) Unregistered non-NHS provider
- e) Primary Care Trust
- f) Department of Health
- g) Non-NHS Commissioner

Hospital Provider

A health care provider providing services from one of the following:

- a) A private hospital, home or clinic registered under section 23 of the Registered Homes Act 1984.
- b) A separately managed NHS unit (including [Local Health Board](#) / NHS Trusts) for patients using a hospital bed, or for patients using a nursing home bed under the care of a consultant.

NB: Private, registered clinics will include those providing treatment which may not be strictly health care, e.g. hair transplant. This is currently the case, and activity would not be required from such clinics unless a contract was placed with them.

National Pathway Identifier (NPI)

There is a requirement to be able to identify every patient pathway uniquely and it is the responsibility of each [Local Health Board](#) / Trust to ensure that they are able to do this. It is not necessary for [Local Health Board](#) / Trusts to use the National Pathway Identifier internally but when a patient transfers from one organisation to another, the National Pathway Identifier should be used. It must be possible for both the referring and receiving [Local Health Board](#) / Trusts to map any internal unique pathway identifiers to the National Pathway Identifier.

NHS Trust (NHS)

(General)

A ~~n~~ NHS ~~t~~ Trust is a legal entity, set up by order of the Secretary of State under section 5 of "The National Health Services and Community Care Act 1990". This is a type of ORGANISATION. ~~NHS t~~ Trusts may act as health care providers and provide hospital services, community services and/or other aspects of patient care, such as patient transport facilities. They may also act as commissioners when sub-contracting patient care services to other providers of health care.

~~See Appendix C for Trust codes~~

See [ORGANISATION CODE](#)

Nurse Led Activity

Across the service, different titles have been adopted by the [Local Health Boards](#) / Trusts to signify nurses carrying out nurse-led activity. These include: -

Specialist Nurse
Clinic Nurse Specialist
Nurse Practitioner
Nurse Consultant

For the purpose of standardising the definition of a nurse on an All Wales basis, for which nurse led activity is to be recorded, the term **Independent Nurse** is to be used.

See [Independent Nurse](#)

Organisation

A public, private or voluntary sector organisation whose activities encompass the funding or provision of health care services.

There are many types of organisation. Examples include: , classified as follows:

a)	Department of Health
b)	Local Health Board
c)	Health Commission Wales (Specialist Services)
d)	NHS Trust
e)	GP Practice
f)	Registered non-NHS Provider
g)	Unregistered non-NHS Provider
h)	Non-NHS Commissioner

Originating Provider

The Originating Provider is the Local Health Board / Trust holding the Patient's Waiting List entry and is responsible for the patient care throughout, regardless of where the treatment takes place. This Local Health Board's / Trust's provider code is used in the patient record submitted to the National Database by the Originating Provider.

Out of Area Treatments (Oats)

(General)

OATS records are *regionally* based payments for treatment within the UK. These differ from Extra Contractual Referrals (ECR's), which were health authority based. Under ECR's a re-charge occurred when a Welsh Patient was treated in another Welsh Health Authority Area. This is not the case for OATs', where charging is inter-regional.

OATs may also be elective, but permission for payment to a Trust by the residents Local Health Board must be in place first.

Out-Patient Attendances

(General/ QSI)

Out-patient attendance: An attendance to enable a patient to see a consultant (or a GP acting as a consultant employed by the Trust as a hospital practitioner) or clinical assistant, in respect of one referral. For the purposes of this definition 'CONSULTANT' includes a member of the Consultant's firm or locum for such a member or an independent nurse.

It Includes:

a)	An attendance at a hospital out patient department clinic for the purpose of consultation, examination or treatment by a doctor or independent nurse
b)	A visit to the home of a patient made at the insistence of the Local

	<p>Health Board / Trust for either of the following:</p> <ul style="list-style-type: none"> i. To review the urgency of a proposed admission to hospital. ii. To continue to supervise treatment initiated or prescribed at a hospital or clinic.
--	--

Follow-up attendance: initiated by the consultant or independent nurse in charge of the clinic under the following conditions:

a)	Following an emergency inpatient hospital spell under the care of the consultant or independent nurse in charge of the clinic.
b)	Following a non-emergency inpatient hospital spell (elective or maternity) under the care of the consultant or independent nurse in charge of the clinic.
c)	Following an A/E attendance to an A/E clinic for the continuation of treatment.
d)	at an earlier attendance at a clinic run by the same consultant or independent nurse in any Local Health Board/ NHS Trust , community or GP surgery.
e)	Following return of the patient within the timescale agreed by the consultant or independent nurse in charge of the clinic for the same condition or effects resulting from same condition.

Receiving Provider

The Receiving Provider is the **Local Health Board / Trust** or Non NHS Hospital where the treatment takes place. The Receiving Provider's site code must be used as the 'Site code of treatment' along with the GMC code of the consultant who conducted the treatment in the patient record submitted to the National Database.
