

# *The NHS Data Model and Dictionary for England*

<http://www.datadictionary.nhs.uk>

[datastandards@nhs.net](mailto:datastandards@nhs.net)



# Questions

Points of clarification during the presentation  
Other questions at the end of the presentation  
if time allows or in Panel Session





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# NHS DATA MODEL AND DICTIONARY

## Version 3

[What's New: February 2008](#)

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The NHS Data Model and Dictionary provides a reference point for assured information standards to support health care activities within the NHS in England.

It has been developed for everyone who is actively involved in the collection of data and the management of information in the NHS.

The NHS Data Model and Dictionary is maintained and published by the [NHS Data Model and Dictionary Service](#) and all changes are assured by the [NHS Information Standards Board](#) and published as [Data Set Change Notices](#).

About the [NHS Data Model and Dictionary Version 3](#) and [Meta Model](#)

# *The NHS Data Model and Dictionary for England*

## A collection of definitions about data

**Datum:** a single piece of information, as a fact, statistic, or code

**Dictionary:** a selection of the words of a language, usually arranged alphabetically, giving information about their meanings



# *The NHS Data Model and Dictionary for England*

- a reference point for
  - assured information standards
  - to support health care activities
  - within / commissioned by the NHS
  - in England.
- 
- Contractual requirement for PCTs and Trusts



# *Some relevant examples*



The episode ends when the PATIENT is not given a further Out-Patient Appointment by the CONSULTANT or the PATIENT has not attended or been contacted for six months with no forthcoming appointment.

If after discharge the condition deteriorates and the PATIENT returns to a clinic run by the same CONSULTANT, this is a new episode (referral).

- B participating in the care of a PATIENT are defined as Shared Care Out-Patient Consultants.
- C An out-patient episode can overlap with other Consultant Out-Patient Episodes or Consultant Episodes
- D (Hospital Provider) for a PATIENT using a hospital bed.
- E
- F A Consultant Out-Patient Episode starts on the date the PATIENT first sees or is in contact with the
- G CONSULTANT at an Out-Patient Attendance Consultant. The episode ends when the PATIENT is not
- H given a further Out-Patient Appointment by the CONSULTANT or the PATIENT has not attended or
- I been contacted for six months with no forthcoming appointment. If after discharge the condition
- J deteriorates and the PATIENT returns to a clinic run by the same CONSULTANT, this is a new episode
- K (referral).
- L
- M During the Consultant Out-Patient Episode the PATIENT may be subject to more than one
- N ADMINISTRATIVE CATEGORY PERIOD.
- O Notes:
- P

## Contextual Overview

The [Department of Health](#) requires this data set from NHS providers of specialised services, where the primary function of the specialist clinical multidisciplinary team is concerned with the provision of screening, diagnosis and management of sexually transmissible infections and related genital medical conditions. In line with the national strategy for sexual health, Human Immunodeficiency Virus (HIV), genitourinary medicine services are represented as level three providers. This information is collected via the [Genitourinary Medicine Access Monthly Monitoring Data Set](#).

The Genitourinary Medicine Access Monthly Monitoring Data Set provides essential information for :-

- monitoring the 48 hour access target
- assurance of validity and veracity of the achievement of the target support for local service modernisation, performance management and commissioning required to assure 48 hour access on an on-going basis

## Collection and Submission of the Genitourinary Medicine Access Monthly Monitoring Data Set

- The Genitourinary Medicine Access Monthly Monitoring Data Set is a monthly provider based return.
- Provider returns must be submitted by the 18th (or next working day) for the previous calendar month. Commissioner returns are due by the 25th or nearest next working day.
- The data is submitted via Unify2, the [Department of Health](#) online data collection system. NHS providers enter their data onto Unify2 using an upload.

## Synopsis of the Genitourinary Medicine Access Monthly Monitoring Data Set

1. [REPORTING PERIOD](#), [ORGANISATION CODE \(CODE OF PROVIDER\)](#), [ORGANISATION CODE \(CODE OF COMMISSIONER\)](#) and [SITE CODE \(OF TREATMENT\)](#)
2. Attendances
3. First [APPOINTMENTS](#) Missed
4. First [APPOINTMENTS](#) offered within 2 days (excludes bank holidays and weekends)
5. [PATIENTS](#) reporting symptoms

[Genitourinary Medicine Access Monthly Monitoring Data Set Overview](#)

**This data set carries the data for monitoring access to Genitourinary Medicine services.**

## Genitourinary Medicine Access Monthly Monitoring Central Return Data Element

To carry the details of the reporting period and the organisations providing and commissioning Genitourinary Medicine Services by site code of treatment.

One occurrence per site code of treatment is required.

REPORTING PERIOD START DATE

REPORTING PERIOD END DATE

ORGANISATION CODE (CODE OF PROVIDER)

ORGANISATION CODE (CODE OF COMMISSIONER)

SITE CODE (OF TREATMENT)

### Attendances:

GENITOURINARY ALL ATTENDANCES TOTAL

GENITOURINARY FIRST ATTENDANCES TOTAL

GENITOURINARY FIRST ATTENDANCES SEEN WITHIN 2 DAYS TOTAL

GENITOURINARY FIRST ATTENDANCES SEEN AFTER 10 DAYS TOTAL

GENITOURINARY FIRST ATTENDANCES - UNSCHEDULED TOTAL

### First Appointments Missed:

GENITOURINARY FIRST APPOINTMENTS MISSED TOTAL

GENITOURINARY FIRST APPOINTMENTS MISSED WITHIN 2 DAYS TOTAL

### First appointments offered within 2 normal working days (excludes bank holidays and weekends):

GENITOURINARY FIRST APPOINTMENTS OFFERED WITHIN 2 DAYS TOTAL

### Patients reporting symptoms:

PATIENTS REPORTING SYMPTOMS TOTAL

## *Some definitions are very formal*

How many symptomatic GU patients?



**PATIENTS REPORTING SYMPTOMS TOTAL** Change history 3.0.0

Description	Where Used
-------------	------------

Format/length: n6  
 HES item:  
 National Codes:  
 Default Codes:

**Notes:**

- The total number of first attendances where the [PATIENT](#) reports the presence of symptoms:
- a. [PATIENT REPORTED SYMPTOMS INDICATOR](#) is National Code 1 - '*PATIENT reports presence of symptoms (symptomatic)*'
  - b. the [CARE CONTACT TYPE](#) is National Code 40 - '*Genitourinary Care Contact*'
  - c. [FIRST ATTENDANCE](#) is National Code 1 - '*First attendance face to face*'
  - d. [ATTENDED OR DID NOT ATTEND](#) is either National Code 5 - '*Attended on time or, if late, before the relevant CARE PROFESSIONAL was ready to see the PATIENT*' or National Code 6 - '*Arrived late, after the relevant CARE PROFESSIONAL was ready to see the PATIENT, but was seen*'
  - e. the [Genitourinary Care Contact Date](#) is within the [REPORTING PERIOD](#).

This includes [Scheduled Appointments](#) and [Unscheduled Appointments](#).

**This data element is also known by these names:**

Context	Alias
plural	PATIENTS REPORTING SYMPTOMS TOTALS

# Formal language

- Formal / logical language is often needed to avoid confusion
- Rebook:
  - An appointment booked following a cancellation *or*
  - A first appointment in a subsequent Consultant Episode



# National data flows

Main flow of data is Commissioning Data Set

- Standard data collections with some specific extensions e.g. Maternity, Critical Care
- Covers admitted patients, non-admitted patients and A&E
- Definitive for performance and payment from April 2009



# *CDS for Sexual Health / HIV*

- Expected for all Consultant and Nurse led activity
- Contain:
  - details of appointments with clinicians in organisations
  - details of diagnoses and interventions
- For “sensitive” conditions Patient Identity, including post code, date of birth etc will be physically excluded



# Should you send ...

- Formally – yes. No exception for GU, though lots of workarounds because some don't send
- Pressure to submit from Trusts
  - GU Medicine is high achiever for 18 weeks (*and yes, 18 weeks from referral to start of treatment applies to GU Medicine*)
- Speciality is isolated / obscure without data
  - Cannot benefit from meaningful Payment by Results



# *How can you contribute*

- Through BASHH
- Individual comments on proposed changes “Data Set Change Notices”
- Through local Information teams
- Enquiries – e-mail [datastandards@nhs.net](mailto:datastandards@nhs.net)



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or in Panel Session

