

Classification: Official

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Collection of Private Healthcare activity data by NHS England

Data Specification

Version 1.0, 8 March 2023

FULL FIELD DESCRIPTION / HYPERLINK	MANDATORY	FURTHER INFORMATION / COMMENTS
ASA PHYSICAL STATUS CLASSIFICATION SYSTEM CODE		Value 1-6 required if recorded
BODY MASS INDEX		BMI CLINICAL INVESTIGATION RESULT
DISCHARGE DATE	Y	e.g. 2016-01-10
DISCHARGE DESTINATION CODE	Y	
DISCHARGE METHOD CODE	Y	
REFERRAL REQUEST RECEIVED DATE		Date referral received. For non-NHS patients, this is the booking date .e.g. 2016-01-10
GENERAL MEDICAL PRACTICE CODE		
INTENDED MANAGEMENT CODE	Y	
PATIENT CLASSIFICATION CODE	Y	
CARE PROFESSIONAL MAIN SPECIALTY CODE	Y	
ACTIVITY TREATMENT FUNCTION CODE	Y	
NHS NUMBER	Y*	* <i>Conditionally</i> mandatory, can be left blank if CONSENT_FLAG is populated to indicate reason
NHS NUMBER STATUS INDICATOR CODE	Y	ALWAYS mandatory e.g. 01
Passport Number		for patients not eligible for NHS Number
National ID Number		for patients not eligible for NHS Number, travelling without a passport
Pseudonymised ID - Unique to Organisation	Y	e.g. Patient global ID (X-Number) - Pseudonymise = HASH (SHA2, "Salt+X-Number")
PROCEDURE DATE		Required if recorded e.g. 2016-01-10
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PROCEDURE (OPCS)		Intended Procedure for Admission, i.e. primary procedure patient was booked in for.

FULL FIELD DESCRIPTION / HYPERLINK	MANDATORY	FURTHER INFORMATION / COMMENTS
PROCEDURE (OPCS)		Intended Procedure for Admission, i.e. secondary procedure patient was booked in for.
PROCEDURE (OPCS)		Intended Procedure for Admission, i.e. tertiary procedure patient was booked in for.
PRIMARY PROCEDURE (OPCS)		Required if recorded, submit value without dots
PROCEDURE (OPCS)		Required if recorded, submit value without dots
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ORGANISATION CODE (CODE OF PROVIDER)		
CODE OF PRIVATE COMMISSIONER	Y	Different codes used outside of NHS - see linked worksheet
WITHHELD IDENTITY REASON		Required if patient declines Linkage
CRITICAL CARE DAYS		CRITICAL CARE PERIOD
LENGTH OF STAY ADJUSTMENT (REHABILITATION)		REHABILITATION TOTAL DAYS
LENGTH OF STAY ADJUSTMENT (SPECIALIST PALLIATIVE CARE)		SPECIALIST PALLIATIVE CARE TOTAL DAYS
NEONATAL LEVEL OF CARE CODE		Required if recorded
OPERATION TYPE		e.g. SNOMED-CT or CCSD
PROVIDER OPERATION 1		Fields PROVOPER1 - PROVOPER12 allow providers to transmit non-OPCS values
PROVIDER OPERATION 2		This is to facilitate data quality checking
PROVIDER OPERATION 3		and support Cosmetic Coding
PROVIDER OPERATION 4		see above
PROVIDER OPERATION 5		see above
PROVIDER OPERATION 6		see above
PROVIDER OPERATION 7		see above
PROVIDER OPERATION 8		see above
PROVIDER OPERATION 9		see above

FULL FIELD DESCRIPTION / HYPERLINK	MANDATORY	FURTHER INFORMATION / COMMENTS
PROVIDER OPERATION 10		see above
PROVIDER OPERATION 11		see above
PROVIDER OPERATION 12		see above
DELETED FLAG		If populated with 1, records matching on: 1. PHIN_PROVIDER_IDENTIFIER 2. PHIN_SITE_IDENTIFIER 3. PROVSPNO 4. EPIORDER - will be deleted.
RECORD MODIFIED DATE/TIME	Y	Last date where the admission record has been updated or modified. This relates to clinical activity and not any patient updates. e.g. 2016-04-10 10:10:01
EPISODE NUMBER	Y	if only 1 Episode in Spell (EPIORDER = 01). A known EPISODE NUMBER can be between 01 to 87
START DATE (EPISODE)	Y	if only 1 Episode in Spell (ADMIDATE = EPISTART) e.g. 2016-01-10
END DATE (EPISODE)	Y	if only 1 Episode in Spell (DISDATE = EPIEND) e.g. 2016-01-10
TEST SUBMISSION FLAG		If populated with 1, records will be processed as a Test Submission. If Empty, records will be processed as Live
VERSION	Y	e.g. 2.03

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

This publication can be made available in a number of alternative formats on request.