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# Collection of Private Healthcare activity data by NHS England

## Change Proposal

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# Why are we consulting?

We are proposing that NHS England collects, and processes private healthcare hospital activity data known as admitted patient care (APC)<sup>1</sup> data.

This will result in NHS funded and private healthcare activity data being available for the first time within a single repository, enabling it to be linked to meet a variety of customer needs. This will also contribute to achieving recommendation 1 of the Paterson Inquiry.

***“We recommend that there should be a single repository of the whole practice of consultants across England, setting out their practicing privileges and other critical consultant performance data, for example, how many times a consultant has performed a particular procedure and how recently. This should be accessible and understandable to the public. It should be mandated for use by managers and healthcare professionals in both the NHS and independent sector.”<sup>2</sup>***

This consultation sets out the details of the proposed collection and processing of private healthcare hospital activity data by NHS England.

To date we have engaged with a number of stakeholders on the proposals set out in this document. We have met with representatives from hospitals, including independent and NHS Hospitals, along with professional bodies and associations representing consultants. We have held forums to discuss specific topics, including the technical, privacy, information governance, organisational and commercial implications of the changes.

We have also previously undertaken a public consultation prior to carrying out several pilots to investigate the feasibility of these changes and to identify any barriers to collecting and processing private healthcare activity data.

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<sup>1</sup> Care activity which takes place in a hospital setting where the admission includes at least one overnight stay (inpatient) or where no overnight stay is involved (day case)

<sup>2</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/863211/issu-es-raised-by-paterson-independent-inquiry-report-web-accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/863211/issu-es-raised-by-paterson-independent-inquiry-report-web-accessible.pdf)

This new consultation is designed to widen the range of views that have contributed to the project to date, and to ensure that we identify, and address, any significant issues and concerns that may arise.

In doing so, we want to understand the extent to which people are supportive of our vision of a standardised version and single source of healthcare information, and to explore the use (and restrictions of use), and benefits, of combining NHS and private activity data within NHS centralised reporting systems.

## Who should respond to this consultation?

We welcome feedback from any interested parties who may be affected by, or otherwise have views on these proposed changes. This might include:

- patients and the general public;
- private healthcare providers - private providers, NHS Private Patient Units (PPUs), cosmetic surgery providers or eye surgery providers;
- NHS healthcare providers;
- commissioners and insurers;
- Arm's-length bodies and regulators;
- healthcare professionals and their associated professional bodies; and
- researchers and academics.

## The Acute Data Alignment Programme (ADAPt)

### Background

Historically private healthcare hospital activity data have not routinely been included in many national quality and safety reporting systems. This has meant that care delivered in the private healthcare sector could not be adequately or equally assessed against the same information standards and measurements used in the NHS.

Systematic failures of patient safety in the NHS and private sector were reported in 2020 in the Report of the independent inquiry into the issues raised by Paterson.

NHS England and the Private Healthcare Information Network (PHIN) support the creation of a single repository of the whole practice of consultants across England as recommended by the Paterson Inquiry. Such a repository will need to be underpinned by common standards to record and report activity, quality and outcomes in a consistent way across both private and NHS care in order to most effectively measure the risks to patient safety.

Most privately funded healthcare is used by patients who receive the majority of their care from the NHS (in the form of primary and emergency care). A significant number of doctors have both NHS and private practice. There is therefore a clear need for increased transparency and common standards between the two sectors to better support clinical safety, regulation and patient choice.

The Acute Data Alignment Programme (ADAPt), initiated in 2018, is jointly led by NHS Digital (now part of NHS England) <sup>3</sup> and PHIN with support from the Department of Health and Social Care (DHSC), NHS England (NHSE), the Care Quality Commission (CQC) and other observer bodies. Our collective vision is:

*“To bring about an alignment in data standards, measurement and reporting systems across NHS and private healthcare in order to enable greater transparency in quality and safety and to support patient choice and opportunities for improving patient care.”*

NHS Digital (now part of NHS England) is the information and technology partner to the health and social care system in England. It collects and shares information and data for the health service, provides vital technological infrastructure, and helps different parts of health and care work together.

PHIN is the principal independent source of information on privately funded healthcare in the UK. It is an independent, not-for-profit organisation working under a legal mandate from the [Competition and Markets Authority’s \(CMA\) Private Healthcare Market Investigation Order 2014 \(as amended\)](#), which places a legal requirement on independent hospitals and NHS Private Patient Units (NHS PPUs) to submit certain

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<sup>3</sup> NHS Digital merged with NHS England on 1<sup>st</sup> February 2023. Programme activity prior to this date is referenced as “NHS Digital” in this document; current and future activity is referenced as NHS England.

data to PHIN for the purposes of publishing measures of performance on its public website ([www.phin.org.uk](http://www.phin.org.uk)).

**The then Secretary of State said in 2020:**

*“Regardless of where you’re treated or how your care is funded, everybody deserves safe, compassionate care.*

*“The recent Paterson Inquiry highlighted the shocking failures that can occur when information is not shared and acted upon in both the NHS and independent sector.*

*“We are working tirelessly across the health system to deliver the highest standards of care for patients. Trusted data is absolutely critical to this mission and the ADAPt programme will help improve transparency and raise standards for all.”*

A public consultation exercise was undertaken in early 2020 outlining a set of pilots to assess the feasibility of NHS Digital collecting and processing Private Healthcare APC activity data. The majority of individuals responding were very supportive of these proposals and no significant barriers were raised.

NHS Digital and PHIN successfully undertook these pilots and demonstrated that:

- NHS Digital could collect and process private healthcare APC and link this to NHS funded activity to meet several customer use cases
- private healthcare providers could submit private healthcare APC data via Secondary Uses Service (SUS) and this was comparable to the data submitted directly to PHIN.

The Pilot Findings Report can be found [here](#).

## Our aims

The aims of the ADAPt Programme are:

1. To ensure that data describing both privately funded and NHS funded healthcare is visible within all healthcare reporting systems to assist in the monitoring the quality of service delivery.
2. To promote the completeness of health records for patients whose care encompasses both NHS and private healthcare and therefore supporting NHS Trusts and private providers in delivering safe and effective care to patients.
3. To improve the information available to members of the public considering private healthcare through the publication of performance measures by PHIN, thereby

offering a more robust and sustainable way of achieving greater information transparency of quality and safety in private healthcare.

4. To identify opportunities for reducing the costs and efforts on private providers and NHS Trusts in relation to data collection and reporting.

## Our guiding principles

The ADAPt Programme will respect the following principles:

1. We will respect the privacy and confidentiality of private patient information in line with Data Protection legislation and Caldicott Principles.
2. We will engage with stakeholders throughout the process and undertake public consultations at key stages.
3. We will seek to reduce or minimise the costs and effort associated with data collection and reporting.
4. Wherever possible any changes to the collection and submission of data by private providers and NHS Trusts will be cost neutral.
5. Maintain the existing PHIN data assurance processes with private providers which underpin the publication of performance measures by PHIN.
6. Ensure that the core business functions of both NHS Digital (now part of NHS England) and PHIN will remain unaffected and that any changes will be in line with their existing governance structures and processes.

## Expected high-level outcomes

We expect the ADAPt Programme will deliver the following high-level outcomes:

- The provision of a single national view of a patient's hospital care, irrespective of whether their treatment was in a public or private setting, thereby providing insights into quality and safety, and enabling better and safer care<sup>4</sup>.
- The ability to derive comparable indicators across public and private care settings.

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<sup>4</sup> This will focus upon National analysis and reporting. The effective and appropriate sharing of clinical notes between the NHS and Private Healthcare for individual care purposes will be addressed through other initiatives.

- Ability to analyse patient pathways across both NHS funded and private healthcare, for example measuring the impact on the NHS of patient outcomes following private care and vice-versa.
- Increase the transparency of information across public and private healthcare sectors to the public, clinicians, commissioners, researchers and others to support effective decision making.
- Improve the use of the NHS number in private healthcare settings, an essential element in enabling data sharing between the private and public care settings.
- Where a suitable legal basis exists, to support the provision of data to other bodies who play a role in ensuring the quality and safety of health and care services, e.g. the Care Quality Commission's (CQC) intelligent monitoring of independent hospitals.
- Support consultant revalidation with a more comprehensive set of workload and performance information.
- Support for whole population analysis and research by including the significant volumes of independently funded healthcare activity which has to date not been available for such analyses.
- Supporting better system alignment, efficiency and oversight between the private and NHS sectors.
- Reducing the costs and effort on healthcare providers associated with duplicate flows of data.

## Current position and proposed future state

### Current Position

#### Private healthcare information

The CMA's Private Healthcare Market Investigation Order 2014 (as amended) requires all organisations in the UK providing privately funded healthcare to report certain data to PHIN.

These data are collected in order to support the publication of specified performance measures at both hospital and consultant level and include the following:

- Privately funded hospital activity (Admitted Patient Care (APC) records);
- Measures of health improvement (Patient Reported Outcome Measures (PROMs)<sup>5</sup>;
- Patient Experience and Friends and Family; and
- Adverse Events, such as infections, readmissions, unplanned transfers and deaths.

N.B: Activity relating to private maternity or mental health services is out of scope of the CMA order and the ADAPt Programme.

## NHS healthcare information

NHS funded care is undertaken by NHS Providers and some private providers (under contract from the NHS). Data describing this care is utilised by a variety of national bodies including:

- NHS England - NHS funded hospital activity (APC activity and PROMS) and Friends and Family surveys;
- Care Quality Commission (Inpatient Survey); and
- UKSHA (Adverse Events).

These national data flows are mandated through various mechanisms and are a requirement of the NHS Standard Contract.

It is important to note that some data is submitted to both PHIN and NHS England:

- NHS PUs are mandated to separately submit private patient APC data to both NHS England to support the planning of NHS services and to PHIN in order to meet their duties under the CMA Order.
- Private providers providing NHS funded care are required to submit APC data to NHS England to support payment, service monitoring and planning and for inclusion in national statistics.

## Proposed Future State

In order to achieve our vision and aims it is proposed that information about private healthcare hospital activity (APC) data is reported to NHS England alongside information about NHS funded patients, using common data standards.

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<sup>5</sup> Including Cosmetic Patient Reported Outcome Measure (Q-PROMs)

This information will include the following personal and special category data items:



Further details of the data to be collected are available in Appendix 1.

This will create, for the first time, a single repository of comparable information about NHS funded and private patients, making it easier to identify patient safety concerns, measure patient outcomes, and share the information with a wider range of stakeholders involved in ensuring good quality and safe patient care (where suitable legal provisions exist). It will also ensure that PHIN can continue to meet its legal obligations under the CMA Order.

Figures 1 and 2 below show the current position and proposed future flows of private healthcare APC data (green lines).

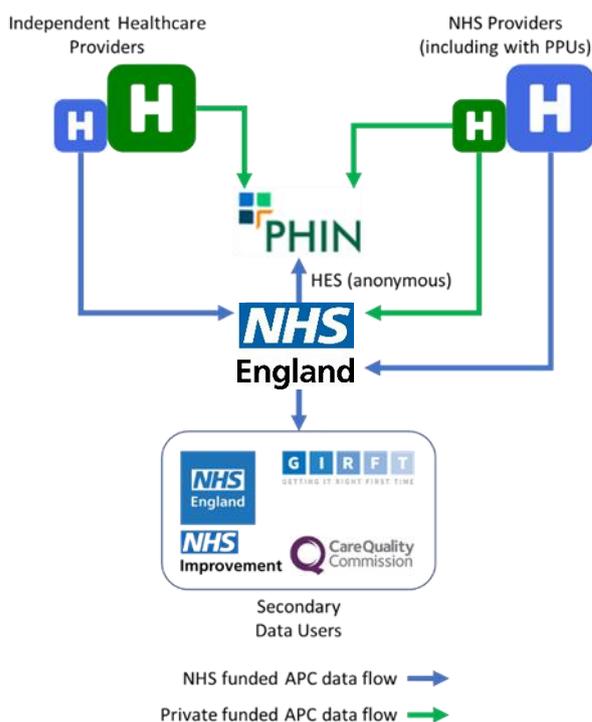


Figure 1: Current hospital activity data flows

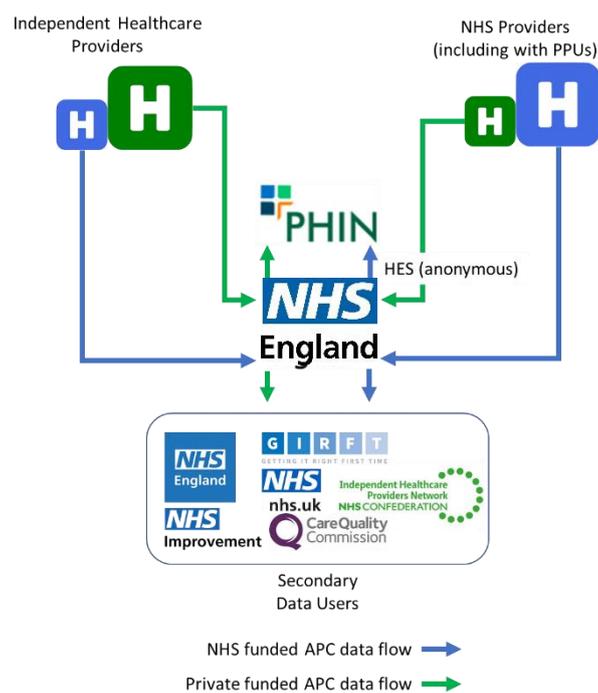


Figure 2: Proposed hospital activity data flows

# Proposed changes

This consultation relates to the key changes necessary to achieve the proposed future state. It also marks the beginning of the next stage of the ADAPt Programme and will help inform the steps necessary to achieving the Programme's vision and aims outlined above.

## What changes are we consulting on?

Through this consultation we are seeking feedback on the following proposed changes which will help us to ensure that there are no significant barriers to these proposals.

### **Phase #1: Collection of private healthcare hospital activity (APC) data by NHS England from PHIN** [commencing in 2023]

- NHS England *will* collect private healthcare hospital activity (APC) data, already collected by PHIN, from PHIN. This will include personal and confidential information and *will* be processed in line with Data Protection Legislation and Caldicott Principles.
- NHS England *will* seek a Secretary of State Direction under s254 Health and Social Care Act 2012 to establish a legal basis for the collection and processing
- NHS England *will* issue a Data Provision Notice to PHIN requesting they supply this data to NHS England under s259 of the HSCA 2012
- NHS England *will* collect and process the data and make it available to customers who have a suitable legal basis via the NHS England Data Access Request Service (DARS).
- NHS England *may* link the data to NHS funded hospital data, and potentially other data sources such as mortality data, to examine possible use cases such as emergency readmissions into the NHS within 30 days of discharge from private healthcare.

## **Phase #2: Collection of private healthcare APC data by NHS England via Secondary Uses Service**

[commencing post April 2024]

- NHS England *will* collect private healthcare hospital activity (APC) data via Secondary Uses Service (SUS) from private healthcare providers – either directly or via PHIN. This will include personal and confidential information and *will* be processed in line with Data Protection Legislation and Caldicott Principles. This will provide a single mechanism for private healthcare providers to submit both private healthcare and NHS funded activity in the future instead of separate flows to different organisations.
- NHS England *will* seek a Secretary of State Direction under s254 Health and Social Care Act 2012 to establish a legal basis for the collection and processing
- NHS England *will* issue a Data Provision Notice to private healthcare providers requesting they supply this data to NHS England under s259 of the HSCA 2012
- NHS England *will* collect and process the data and make it available to customers who have a suitable legal basis via the NHS England Data Access Request Service (DARS).
- NHS England *will* need to provide the private healthcare hospital activity (APC) data to PHIN to enable them to meet their legal requirements under the CMA Private Healthcare Investigation Order 2014.
- NHS England *may* link the data to NHS funded hospital data, and potentially other data sources such as mortality data, to examine possible use cases and potential benefits of combining NHS funded and private patient hospital data within NHS systems.
- Where considered appropriate the private healthcare hospital activity (APC) data *may* be included within the existing Hospital Episodes Statistics (HES) Product – either alongside NHS funded activity or as a separate annex.

## What could these changes mean?

- Initially existing private hospital activity (APC) data flows from private providers and NHS PUs to PHIN and NHS England will remain unchanged.
- In the future private healthcare hospital activity (APC) data will be submitted to NHS England via the Secondary Uses Service (SUS) – either directly by private healthcare providers or via PHIN
- It is not anticipated that there will be any significant costs associated with the proposed changes for private providers, however some changes to processes and systems may be required and there may be some costs associated with submission of data to Secondary Uses Service where an XML/middleware supplier is utilised.
- The charging model applied by PHIN for the collection and analysis of information as set out within the CMA Order will remain unchanged.
- NHS England does not and will not charge providers to submit data via its systems.
- The costs and effort associated with data collection and submission will remain the same or be reduced for private providers and NHS PUs.
- Changes to the Commissioning Data Set (CDS) NHS Information Standard and Secondary Uses Service (SUS) to support the submission of private healthcare data and to ensure PHIN requirements under the CMA Order are met will be considered by NHS England.
- Private healthcare data submitted to NHS England via Secondary Uses (SUS) *may* be included within the Hospital Episode Statistics (HES) alongside NHS funded activity if considered appropriate.
- Where appropriate and in line with the same stringent controls applied to NHS data, NHS England *may* disclose private healthcare information to a

range of stakeholders via the Data Access Request Service (DARS)<sup>6</sup>, such as the Care Quality Commission. Any such disclosures and their contents will be informed by the views expressed as part of this consultation.

## Data Protection, Privacy and Confidentiality

### Data Collection and Processing

- The CMA Order provides a legal requirement for PHIN to collect and process confidential patient information about private patients. This satisfies both Data Protection Legislation and the Common Law Duty of Confidentiality.
- Likewise, a Direction from the Secretary of State under s254 of the Health and Social Care Act 2012 will provide a legal requirement for NHS England to establish and operate a system for the collection and analysis of information about private patients including support for data linkage to relevant NHS funded activity to enable measures describing readmissions, mortality, emergency transfers of care and revisions to be processed for both private providers and consultants.
- The Direction will satisfy The UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018 as follows:
  - Lawful basis for processing personal data - UK GDPR Article 6(1)(c) - legal obligation (the Directions)
  - Condition for processing special categories of personal data (health data) - UK GDPR Article 9(2)(g) - substantial public interest
  - DPA 2018 Schedule 1 Part 2 para 6(2)(a) - NHS England may process what is necessary to enable it to comply with an

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<sup>6</sup> <https://digital.nhs.uk/services/data-access-request-service-dars>

enactment - i.e. the Secretary of State direction issued under HSCA section 254

- This will also satisfy the Common Law Duty of Confidentiality.
- ICO guidance on how this relates to data subjects' rights is available here <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/>.

## Data Sharing

- Private healthcare APC data would be made available to organisations such as Care Quality Commission (CQC) via the NHS England Data Access Request Service (DARS) where they have an appropriate legal basis and meet the other criteria.
- Sharing of data will be subject to the same stringent controls that are applied to the sharing of NHS data. NHS England, PHIN and other stakeholders will determine whether any special restrictions should apply to the secondary use of private healthcare data.

## National Data Opt-Out

- It is proposed that NHS England will apply the national data opt-out to any dissemination of confidential private patient information in line with the [National Data Opt-Out Operational Policy Guidance](#).
- National Data Opt-Outs will not be applied to flows of data to NHS England or PHIN where this is to meet a legal requirement.

## Other Future Considerations

- At this stage there are no plans for NHS England to collect and process other private healthcare datasets which are collected by PHIN including:
  - Patient Reported Outcome Measures (PROMS) - PHIN collects data on seven non-cosmetic and two cosmetic procedures compared to the two PROMS mandated within the NHS

- Friends and Family Test
  - Patient Experience
  - Adverse Events
  - Surgical Site Infections
  - Healthcare Associated Infections
- Opportunities to fully integrate or align these within equivalent collections for NHS funding activity will be considered in the future, however initial analysis has indicated that in some cases these are not directly comparable.

## Timescales

- This consultation will be open for 6 weeks and will close on 20 April 2023.
- All responses will be accessible to PHIN and NHS England.
- Anonymised responses to the feedback gathered during the consultation exercise will be published within 8 weeks of the consultation closing date.

## How to respond to the consultation

To respond to this consultation please either:

- a) Complete the online questionnaire on the NHS England Digital Consultation Hub:

<https://nhs-digital.citizenspace.com/dis/adapt2/>

Or:

- b) You can provide feedback via email to NHS England on behalf of ADAPt [enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk) (please state ADAPt Consultation in the subject line).

## What happens following the consultation?

We will:

- Publish a summary of feedback received during the consultation and our responses to this.
- Consider all feedback and use it to inform the final scope and design of the changes to be implemented.
- Provide regular communications on progress to key stakeholders.
- Engage with and support private healthcare providers to ensure that they are fully prepared for any changes to reporting.
- Investigate further opportunities to fully integrate and align information about private and NHS funded patients to ensure transparency to the system and public.

Our continued engagement with key stakeholders and users will ensure that any potential opportunities are fully considered. Any future change proposals may be subject to a further public consultation exercise.

# Consultation Questionnaire

The following questionnaire is available to be completed online on the NHS England Digital Consultation Hub (Citizen Space) <https://nhs-digital.citizenspace.com/dis/adapt2>. Alternatively, you can complete the form below and email it to NHS England at [enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk).

## About you

Please provide some information about yourself and your involvement and/or interest in the alignment of information about private patients with NHS funded patients.

1. In what capacity are you responding to this consultation?

On behalf of an organisation	Customer of private healthcare services	Other interested party

2. If applicable, please provide the name of your organisation:

3. If applicable, please tell us what type of organisation you work for - tick all that apply:

Independent healthcare provider (ISHP)	
NHS provider with private patient unit (NHS PPU)	
Cosmetic surgery provider	
Eye surgery provider	
Arms-length body	
Professional body representing clinicians	

Other – please specify below	
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Other (please specify)

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4. If your views are representing a group, please tell us which role types were consulted with prior to providing the response for this consultation:

Clinical	
Management	
Information/Analytics	
ICT	
Information Governance	
Other – please specify below	
I am responding as an individual	

Other (please specify)

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Please provide your email address:

This is optional. If you enter your email address you will receive an acknowledgement email when your consultation is received. By providing your email address you agree to be contacted by [PHIN](#) and/or [NHS England](#) in relation to your response(s).

Data is stored on NHS England’s systems as set out in NHS England’s [Privacy Notice](#) and will also be shared with [PHIN](#).

Email address

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## About the ADAPt Programme

5. Please provide any comments on the vision, aims and expected outcomes of the ADAPt Programme (Section 3)

6. Please provide any comments on the guiding principles of the ADAPt Programme (Section 3)

## About this change proposal

7. Please provide any comments on implications or concerns relating to the organisational aspects of this change proposal, such as policy or business processes (Section 5)

8. Please provide any comments on implications or concerns relating to the technical aspects of this change proposal, such as changes to systems, data flows or standards (section 5)

9. Please provide any comments on implications or concerns relating to the financial costs or other burden aspects of this change proposal, such as costs for changes to systems or potential increase or reduction in burden (section 5)

10. Please provide any comments on implications or concerns relating to the data protection, privacy and confidentiality aspects of this change

proposal, such as concerns over potential for unclear collection, processing or data sharing by NHS England (section 5)

## About the future closer alignment of private healthcare and NHS funded data

11. Please provide any comments on the potential implications or barriers to future closer alignment of private healthcare data with systems and processes for NHS funded care (section 6)

12. Do you have any further comments?

If you are happy for us to contact you to clarify your comments, please tick here.

# Appendix 1: The Private Admitted Patient Care Data Set

FULL FIELD DESCRIPTION / HYPERLINK	MANDATORY	FURTHER INFORMATION / COMMENTS
<a href="#">PHIN PROVIDER IDENTIFIER</a>	Y	Will be provided
<a href="#">PHIN SITE IDENTIFIER</a>	Y	Will be provided
<a href="#">HOSPITAL PROVIDER SPELL NUMBER</a>	Y	Alternatively <b>Admission ID</b>
<a href="#">SITE CODE (OF TREATMENT)</a>		
<a href="#">AGE ON ADMISSION</a>	Y	
<a href="#">ETHNIC CATEGORY</a>	Y	
<a href="#">PERSON GENDER CODE CURRENT</a>	Y	
<a href="#">ADMISSION DATE</a>	Y	e.g. <b>2016-01-10</b>
<a href="#">ADMISSION METHOD CODE</a>	Y	If ambulatory, ADMIMETH = <b>98</b>
<a href="#">ADMINISTRATIVE CATEGORY CODE</a>	Y	
<a href="#">SOURCE OF ADMISSION CODE</a>	Y	e.g. <b>02</b>
<a href="#">CONSULTANT CODE</a>	Y	Must be valid GMC Number prefixed with "C", or one of the following defaults : D9999998 - dentist, M9999998 - Midwife, N9999998 - Nurse, H9999998 - Other e.g. podiatrist
<a href="#">MAIN OPERATING CARE PROFESSIONAL</a>		Required if theatre procedure performed, rules as per CONSULT
<a href="#">MAIN OPERATING CARE PROFESSIONAL</a>		Required if present during theatre procedure, rules as per CONSULT
<a href="#">RESPONSIBLE ANAESTHETIST</a>		Required if present during theatre procedure, must be valid GMC number prefixed with "C"
<a href="#">COUNTRY CODE</a>	Y	Country of Residence (ISO_3166 Alpha2), e.g. <b>GB</b>
<a href="#">POSTCODE OF USUAL ADDRESS</a>	Y	
<a href="#">POSTCODE_SECTOR</a>	Y	e.g. <b>W1G 2QP</b> is reported as <b>W1G 2</b> . For overseas patients, see worksheet
<a href="#">PRIMARY DIAGNOSIS (ICD)</a>	Y	Populate primary diagnosis, submit value without dots
<a href="#">SECONDARY DIAGNOSIS (ICD)</a>		Required if recorded, submit value without dots
<a href="#">SECONDARY DIAGNOSIS (ICD)</a>		Required if recorded, submit value without dots
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<a href="#">SECONDARY DIAGNOSIS (ICD)</a>		Required if recorded, submit value without dots



FULL FIELD DESCRIPTION / HYPERLINK	MANDATORY	FURTHER INFORMATION / COMMENTS
<a href="#">PROCEDURE DATE</a>		Required if recorded e.g. <b>2016-01-10</b>
<a href="#">PROCEDURE DATE</a>		Required if recorded e.g. <b>2016-01-10</b>
<a href="#">PROCEDURE DATE</a>		Required if recorded e.g. <b>2016-01-10</b>
<a href="#">PROCEDURE (OPCS)</a>		Intended Procedure for Admission, i.e. primary procedure patient was booked in for.
<a href="#">PROCEDURE (OPCS)</a>		Intended Procedure for Admission, i.e. secondary procedure patient was booked in for.
<a href="#">PROCEDURE (OPCS)</a>		Intended Procedure for Admission, i.e. tertiary procedure patient was booked in for.
<a href="#">PRIMARY PROCEDURE (OPCS)</a>		Required if recorded, submit value without dots
<a href="#">PROCEDURE (OPCS)</a>		Required if recorded, submit value without dots
<a href="#">PROCEDURE (OPCS)</a>		Required if recorded, submit value without dots
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<a href="#">PROCEDURE (OPCS)</a>		Required if recorded, submit value without dots
<a href="#">PROCEDURE (OPCS)</a>		Required if recorded, submit value without dots
<a href="#">ORGANISATION CODE (CODE OF PROVIDER)</a>		
<a href="#">CODE OF PRIVATE COMMISSIONER</a>	Y	Different codes used outside of NHS - see linked worksheet
<a href="#">WITHHELD IDENTITY REASON</a>		Required if patient declines Linkage
CRITICAL CARE DAYS		<a href="#">CRITICAL CARE PERIOD</a>
<a href="#">LENGTH OF STAY ADJUSTMENT (REHABILITATION)</a>		<a href="#">REHABILITATION TOTAL DAYS</a>
<a href="#">LENGTH OF STAY ADJUSTMENT (SPECIALIST PALLIATIVE CARE)</a>		<a href="#">SPECIALIST PALLIATIVE CARE TOTAL DAYS</a>
<a href="#">NEONATAL LEVEL OF CARE CODE</a>		Required if recorded
OPERATION TYPE		e.g. <b>SNOMED-CT</b> or <b>CCSD</b>
PROVIDER OPERATION 1		Fields PROVOPER1 - PROVOPER12 allow providers to transmit non-OPCS values

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

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

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