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Department
of Health

31 August 2017

Dear Sarah,

NHS Digital (Community Services Data Set) Directions 2017

I am writing to direct the Health and Social Care Information Centre, now known as NHS Digital and thereafter referred to by this name, to establish and operate an informatics system for the collection and analysis of community health services data.

This Direction is given to NHS Digital, in exercise of the powers of the Secretary of State for Health, conferred by sections 254(1), (2)(a), and (6) of the Health and Social Care Act 2012 ("the Act"). In accordance with section 254(2)(a) of the Act, the Secretary of State considers that the information which could be obtained by complying with this direction is information which it is necessary or expedient for the Secretary of State to have in relation to the exercise by the Secretary of State of the Secretary of State's functions in connection with the provision of health services or adult social care in England.

This Direction is to be known as the NHS Digital (Community Services Data Set (CSDS)) Directions 2017 and shall come into force on 1 October 2017.

This Direction will cover the breadth of Community Services, and directs the collection of person-level data from all publicly funded providers of Community Services, as provided by Community Health Care Providers in England. This includes (but is not limited to): community health trusts, acute organisations, independent sector healthcare providers and local authorities that provide Community Services. Annex A – *Community Services Data Set v1.0 Requirements Specification* lists all services in scope and out of scope for collection and provides the full details for this data set.

The CSDS is an update to the Children and Young People's Health Services (CYPHS) data set standard (ref: SCCI1069) so that the scope includes data for people of all ages in receipt of publicly-funded Community Services. The CYPHS data set collected data for all patients aged 0 up until their nineteenth birthday. In addition, the Community Information Data Set (CIDS) standard (ref: SCCI1510), which is for local data collection and extraction only, is being retired as part of this release, eliminating the need for a separate local data flow. This has been approved by the Standardisation Committee for Care Information (SCCI), a sub-group of the National Information Board (NIB), as an update to the CYPHS data set Information Standard SCCI1069.

This Direction is part of the implementation of a longstanding programme of work, as set out in the NIB's work streams, to make it easier for the public to access health and care information by improving digital services. The NIB's work stream 2.2 specifies that the CSDS is a priority data set to be developed in order to achieve that aim. Details on the NIB work

streams are available to view at: www.gov.uk/government/publications/national-information-boards-workstream-roadmaps.

Under section 254 of the Act, NHS Digital is directed to:

- Collect person-level data from providers of Community Services, as detailed in the Technical Specifications (attached as Annex B).
 - Person-level data relates to information about adults and children accessing community health services and covers personal and demographic data about these patients, as well as data on social and personal circumstances, breastfeeding and nutrition, care event and screening activity, diagnoses including long-term conditions and disabilities, and scored assessments.
 - Person identifiable data is pseudonymised and anonymised once received by NHS Digital, which covers the following data: NHS number, date of birth, postcode and information about the relevant community health care provided.
- Following validation and analysis, publish the information in monthly reports (via the NHS Digital website) in a form which does not enable any individual to be identified (in accordance with section 260 of the Act).

In accordance with s254(5), NHS Digital has been consulted before this Direction has been given.

Yours sincerely,



Peter Howitt
Deputy Director for Commissioning, Integration and Transformation

Annex A – Community Services Data Set v1.0 Requirements Specification



1069572016spec.pdf

Annex B – Community Services Data Set v1.0 Technical Output Specification version 1.0.4



1069572016dsspec.
xlsx

Community Services Data Set v 1.0

Requirements Specification

Published 20 April 2017



Information and technology
for better health and care



This information standard (SCCI1069) has been approved for publication by the Department of Health under [section 250 of the Health and Social Care Act 2012](#).

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Standardisation Committee for Care Information (SCCI), a sub-group of the National Information Board.

This information standard comprises the following documents:

- Requirements Specification
- Change Specification
- Implementation Guidance.

An Information Standards Notice (SCCI1069 Amd 57/2016) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled versions of these documents can be found on the [NHS Digital website](#). Any copies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Date of publication: 20 April 2017



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Glossary of Terms

Term / Abbreviation	What it stands for
Aggregate data set	A set of data items (i.e. a data set) that captures data in aggregate form. Each record within the data set pertains to a specific form of grouping.
AHP	Allied Health Professionals work across a wide range of locations and sectors within acute, primary and community care. They are made up of the following staff groups: <ul style="list-style-type: none"> • Art, Drama, Music Therapists • Chiropodists/Podiatrists • Occupational Therapists • Orthoptists • Physiotherapists • Prosthetists and Orthotists • Radiographers Diagnostic and Therapeutic • Speech and Language Therapists • Dietitians
Anonymisation	A method applied to patient identifiable data items to protect the identity of individuals. Under anonymisation, the relevant data items are either randomly encrypted and no keys retained, or completely removed. Anonymised data cannot be linked with other data sets for the same individual, nor can it be reversed to expose the identity of an individual. Anonymisation is different from Pseudonymisation.
AQP	Any Qualified Provider - a means of commissioning certain NHS services in England. Clinical Commissioning Groups (CCGs) will determine the services to be commissioned as AQP; the intention is to increase patient choice. All providers must meet the qualification criteria set for a particular service and once qualified their service will appear on the NHS e-Referral Service for patients to select. The AQP scheme means that, for some conditions, patients will be able to choose from a range of approved providers, such as hospitals or high street service providers.
BAAS	The Burden Assessment and Advice Service (BAAS) process makes sure that information demands on the NHS are minimised, fit with current national health policies and are carried out in the most efficient way without duplication. It covers the Department of Health and its Arm's Length Bodies (ALBs).
Care Pathway	Care pathways describe the route that a patient will take from their first contact with a healthcare provider to the completion of their treatment.
Central Data Repository	A repository of data relating specifically to the CSDS. Could also be known as a Central Data Warehouse.
CIDS	The Community Information Data Set is an information standard, approved by the governing standards body, which defines a patient-level data set. CIDS is an 'output data set'; therefore it sets out to describe "what should be extracted" from local IT systems. CIDS is not an input standard or 'clinical data set'; therefore, CIDS does not define "what should be captured or collected" from local IT systems. CIDS is approved for local collection only and is being retired on introduction of the CSDS, eliminating the need for a separate local data flow.
Clinical Governance	Clinical governance is defined by the Department of Health as describing "the structures, processes and culture needed to ensure that healthcare organisations - and all individuals within them - can assure the quality of the care they provide and are continuously seeking to improve it".

Collection Date	The date when services within the scope of this standard should start data collection in their electronic systems.
Commissioned Currencies	The payment system in England under which commissioners pay healthcare providers for each patient seen or treated, taking into account the complexity of the patient's healthcare needs. The two fundamental features being nationally determined currencies and tariffs. Currencies are the unit of healthcare for which a payment is made, and can take a number of forms covering different time periods from an outpatient attendance or a stay in hospital, to a year of care for a long term condition. Tariffs are the set prices paid for each currency.
Conformance Date	The date when services and IT systems must conform to standards and meet the specification as set out in the mandate and guidance. This can be read as when the first submission window closes for the CSDS and care providers must therefore be fully conformant.
CSDS	The Community Services Data Set is an information standard, approved by the governing standards body, which defines a patient-level data set for all patients in receipt of publicly-funded Community Services. CSDS is an 'output data set'; therefore it sets out to describe "what should be extracted" from local IT systems and periodically be submitted to the central data repository. CSDS is not an input standard or 'clinical data set'; therefore, this data set does not define "what should be captured or collected" from local IT systems.
CYPHS Data Set	The Children and Young People's Health Services Data Set is an information standard, approved by the governing standards body, which defines a patient-level data set for all patients, aged 0-18 inclusive, in receipt of NHS-funded Community Services. The CYPHS data set is an 'output data set'; therefore it sets out to describe "what should be extracted" from local IT systems and periodically be submitted to the central data repository. The CYPHS data set is not an input standard or 'clinical data set'; therefore, this data set does not define "what should be captured or collected" from local IT systems. The CSDS replaces the CYPHS data set.
Data Controller	<p>A person who (either alone or jointly or in common with other persons) determines the purposes for which and the manner in which any personal data are, or are to be, processed.</p> <p>A data controller must be a "person" recognised in law, that is to say:</p> <ul style="list-style-type: none"> • individuals; • organisations; and • other corporate and unincorporated bodies of persons. <p>Data controllers will usually be organisations, but can be individuals, for example self-employed consultants. Even if an individual is given responsibility for data protection in an organisation, they will be acting on behalf of the organisation, which will be the data controller.</p>
Data Group	A collection of data items that describe a distinct event or episode. This can also be referred to as a table of data.
Data Item	A single component of a data group that holds one piece of information relating to an event or episode.
Data Set	The full collection of data groups. See 'Technical Output Specification'.
Data Submission File	One file related to a data set that data providers submit to the central data repository. A data submission consists of an Extensible Markup Language (XML) file containing the data for a single reporting period in the format defined by NHS Digital. When submitting two reporting periods in a single file, this would be the primary submission for month one and the refresh submission for month two.
Derived	A data item populated at the central data repository as part of post-deadline processing. The derived data item is based on the manipulation of the 'source' data items using mathematical, logical or other types of transformation process, or by using source data to derive further data from

	national look-up tables.
HSCIC	Health and Social Care Information Centre - A non-departmental body created by statute, also known as NHS Digital.
Information Standard	An Information Standard as specified within the Health and Social Care Act 2012 is 'a document containing standards in relation to the processing and use of information'. An Information Standard specifies rules for the processing, management and sharing of information and specifies what process is needed, the 'quality' required in the form of conformance criteria and how it can be implemented.
ISN	Information Standards Notices (ISNs) are issued by the Standardisation Committee for Care Information (SCCI) to give notice of changes to information requirements and information standards used by the NHS and Social Care Services.
Last Good File	The most recent collection of valid records submitted by a data provider for a reporting period.
N3	The NHS national broadband network linking hospitals, medical centres and General Medical Practices in England and Scotland. To be replaced by the Health and Social Care Network (HSCN).
NHS Digital	https://digital.nhs.uk/health-social-care-network A data, information and technology resource for the health and care system which plays a fundamental role in driving better care, better services and better outcomes for patients in England. Previously (and still legally) known as the HSCIC.
Null	A data item with no value (i.e. blank) which therefore has no meaning. This is different from a value of 0, since 0 is an actual value.
ODS	Organisation Data Service (ODS) codes facilitate a patient's treatment by providing unique identification codes for organisational entities of interest to the NHS, for example NHS Trusts or CCGs, organisation sites such as hospitals, or GP Practices. The codes are distributed to the wider NHS and uploaded on to IT systems, thus providing a set of organisational data and organisation types, names, addresses etc that are consistent across the board.
Output Data Set	A set of standardised data items defining "what should be extracted" from local clinical IT systems. NHS trusts have the flexibility of adopting any local data collection process and system they see fit, so long as the system can extract data as per the Technical Output Specification (TOS). An output data set is not usually used for direct patient care and is only for secondary uses purposes e.g. national reporting.
Patient Level	Relating to a single data subject (e.g. person or patient), as opposed to an aggregate data set.
Post-deadline Processing	The processing undertaken at the close of a submission window by the central data repository.
Pre-deadline Processing	The processing carried out immediately on a submitted file to validate the file as a whole, extract the records that are (or may be) for the particular reporting period, and validate those records.
Pseudonymisation	A method applied to identifiable data items to protect the identity of individuals. Under pseudonymisation, a standard encryption key is used to encode patient identifiable data items so that data linkages within and outside the data set, for the same individual, are feasible. Because the encryption key is retained by a single "Data Controller", there is also the potential to reverse the process (de-code) and expose the identity of the individual. The encryption key is only decoded for specific purposes (e.g.: migration of data into another platform or enable linkages to other data sets). Pseudonymisation is different from Anonymisation.
Reference Data Set	A data set containing data groups and data items which are outside the scope of the original Community Information Data Set (CIDS), providing a

	comprehensive secondary uses data set for community care. The Reference Data Set has not been approved as a national data standard by the Standardisation Committee for Care Information (SCCI) or predecessor board, nor does the central data repository provide any storage capability for its data items.
Reporting Period	The period (usually a calendar month) for which a particular data upload refers.
RTT	Referral To Treatment refers to the length of waiting time for a patient's treatment, focusing on the entire patient journey from the initial receipt of a referral to the first definitive treatment.
SCCI	Standardisation Committee for Care Information - a committee with membership drawn from a range of health and social care organisations with responsibility for overseeing the development, assurance and approval of information standards, data collections and data extractions used within the health and social care system.
Screening	A public health service in which members of a defined population, who do not necessarily perceive they are at risk of, or are already affected by a disease or its complications, are asked a question or offered a test, to identify those individuals who are more likely to be helped than harmed by further tests or treatment to reduce the risk of a disease or its complications.
Secondary Uses	Re-using clinical and operational information for purposes other than direct patient care. For example, national reporting.
Submission Cycle	The data submission frequency and timescales to which Information Management Services must be able to compile electronic files and make periodical electronic submissions in accordance to the standard.
Submission Period or Submission Window	The time period (usually approximately one calendar month) during which a data provider may submit data uploads for a given reporting period.
Systemic Capability	The ability to record information (clinical, administrative or for any other purposes) in an electronic form. This applies to commercial IT solutions, bespoke IT systems or modular electronic services which have the functional capability of extracting the required data to meet the standards of a specific output specification.
TCS	Transforming Community Services was a Department of Health programme that aimed to provide essential care to people, families and communities, from health promotion to end of life care. This care is provided in many settings, at critical points in people's lives, and often to those in vulnerable situations.
TOS	Technical Output Specification – a specification that fully defines the data items within the output data set. The Technical Output Specification splits the data set into a number of data groups (tables), each containing related data items and values.

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1 Overview

This product precisely defines the patient level Community Services Data Set (CSDS) standard, 'what it is' and 'how it should be implemented'.

It is the formal definition of the standard.

1.1 Background

Standard	
Standard Number	SCCI1069
Standard Title	Community Services Data Set
Description	<p><u>Background</u></p> <p>The Community Services Data Set (CSDS) is a patient level, output based, secondary uses data set which will deliver robust, comprehensive, nationally consistent and comparable person-centred information for people who are in contact with publicly-funded Community Services. As a secondary uses data set it intends to re-use clinical and operational data for purposes other than direct patient care. It defines the data items, definitions and associated value sets to be extracted or derived from local systems.</p> <p>The CSDS is an update to the Children and Young People's Health Services (CYPHS) data set standard (ref: SCCI1069) so that the scope includes data for people of all ages in receipt of publicly-funded Community Services. The CYPHS data set collected data for all patients aged 0 up until their nineteenth birthday.</p> <p>In addition, the Community Information Data Set (CIDS) standard (ref: SCCI1510), which is for local data collection and extraction only, is being retired as part of this release, eliminating the need for a separate local data flow.</p> <p><u>In Scope</u></p> <p>The data collected in the CSDS covers all publicly funded Community Services provided by Health Care Providers in England. This includes (but is not limited to) Community Health Trusts, acute organisations, Independent Sector Healthcare Providers and Local Authorities that provide Community Services.</p> <p>For the purpose of this scope, all services defined in 'Service or Team Type Referred To' within the CSDS Technical Output Specification that are delivered by Healthcare Professionals within the scope of providing Community Services are required to provide data to the CSDS. This includes any services that have transitioned into new organisational forms as a result of the Transforming Community Services (TCS) programme. Community Services that are funded and/or provided by the NHS or Local Authorities, for example provided by the NHS but commissioned by Local Authorities, are required to include their clinical activity in the CSDS.</p> <p>New care models are set to change the way in which primary, community and acute secondary services are organised. This makes it hard to define Community Services as organisational structures may include all three, as well as elements of social care. However, some examples of Community Service activity within the scope of the CSDS are outlined below:</p> <ul style="list-style-type: none"> • Health Promotion drop in sessions.

- Home visits by District Nursing or Allied Health Professionals.
- Residential care home visits.
- Health Visiting activities.
- Community Dentistry.
- Community Paediatrician sessions in a clinic.

These activities may take place in locations including health centres, Sure Start centres, day care facilities, schools or community centres, mobile facilities, hospitals, or the patient's own home (including care homes).

Following the recent transition of commissioning arrangements, the commissioning of public health services is the responsibility of the Local Authority. The following recently transitioned community services commissioned by Local Authorities are within the scope of the CSDS:

- Health Visiting Service.
- School Nursing Service.
- Public Health and Lifestyle Service.
- Family Support Service.

For further guidance on commissioning responsibilities for Local Authorities, see https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216708/dh_131904.pdf. For the commissioning of such services for children, see <https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children>.

Please refer to the CSDS Technical Output Specification for a complete list of the Community Services currently covered within the scope of CSDS. The list is also available in Appendix A.

Out of Scope

The data set scope excludes all care settings listed below, but may be readdressed in line with any changes in service model provision:

- Core Ambulance and Emergency Care Services.
- Services covered solely by primary care contracts (General Medical Services (GMS), Personal Medical Services (PMS), Alternative Provider Medical Services (APMS) and Specialist Medical Provider Services (SPMS)).
- Other Primary Care Services that are not considered Community Services including General Dental Services, General Ophthalmology Services and Pharmacy Services.
- Social Care and specialist community services where separate data flows exist, e.g. community mental health.
- Admitted Patient Care (including Community Hospitals, General Acute or Mental Health). This data will be in the scope of other data sets, such as the Commissioning Data Sets (CDS).
- Maternity Services - depending on local processes, information on Newborn Hearing Screening and Blood Spot Card Investigation Results can be captured by Maternity or Child Health Services (Health Visitors). The remit of this information standard covers results captured within Child Health (as opposed to Maternity) Services.
- Outpatient Care which was previously provided under General Acute or Mental Health contracts. This data will be in the scope of other data sets, such as the Commissioning Data Sets (CDS).
- Non-health service funded activity, e.g. Speech and Language Therapy activity

<p>which is funded directly by schools.</p> <ul style="list-style-type: none"> • Activity reported through the National Drug Treatment Monitoring System (NDTMS) Data Set, Sexual and Reproductive Health Activity Data Set (SRHAD) or Genitourinary Medicine Clinic Activity Dataset (GUMCAD). • Activity funded through Acute Payment Currencies (formally Payment by Results or PbR), i.e. included in Health Resource Groups (HRGs). • Prison or secure facility-based health services (however, community-based services visiting a prison or secure facility to deliver healthcare are in scope). <p><u>Impact on Existing Data Flows</u></p> <p>The following activity will continue to flow via the existing Commissioning Data Sets (CDS):</p> <ul style="list-style-type: none"> • Outpatient activity under the responsibility of Consultants or Nurses (and, optionally, Allied Health Professionals), including such activity taking place as part of a Consultant-Led Referral To Treatment (RTT) Pathway. • Interface service activity which starts a Consultant Led RTT pathway (e.g. musculoskeletal services). • Admitted Patient Care (APC) activity taking place within a Community Hospital. <p>In certain circumstances there may be a requirement to flow activity within multiple data sets, e.g. Interface Service activity which starts a Consultant Led RTT pathway should also flow in the Commissioning Data Set (CDS).</p> <p>The CSDS does not change the existing mandated CDS flows for Admitted Patient Care, Outpatients or A&E. It does not alter the RTT flows covered by ISB 0092 Amd 7/2013 'Allied Health Professional (AHP) Referral To Treatment (RTT)'.</p> <p>http://content.digital.nhs.uk/isce/publication/isb0092</p> <p>In addition, the Community Information Data Set (CIDS) standard (ref: SCCI1510), which is for local data collection and extraction only, is being retired as part of this release, eliminating the need for a separate local data flow.</p>

Applies to	<p><u>Organisation Types</u></p> <p>The standard includes all organisational forms providing publicly funded Community Services, including those resulting from Transforming Community Services (TCS), and may include the following organisation types (both Foundation Trust and Non-Foundation Trusts):</p> <ul style="list-style-type: none"> • Acute Trusts. • Mental Health Trusts. • Community Healthcare Trusts. • Care Trusts. • Social Enterprises. • Integrated Care Organisations. • Any Qualified Providers (AQPs). • Local Authorities. • Independent Sector Providers (including Third Sector). <p>The standard also applies to IT systems used by Community Services.</p> <p><u>Departments</u></p> <p>The standard must be read and used by all Heads of Community Services, and related clinical and support services that have an active involvement in delivering the community care pathway or the support thereof.</p> <p><u>Professionals</u></p> <p>The standard applies to all community care professions working in or supporting Community Services, such as:</p> <ul style="list-style-type: none"> • Nursing, Health Visitors and Midwifery staff; for example Specialist Nurses. • Allied Health Professionals; for example Physiotherapists and Dietitians. • Other Care Professionals; for example, Counsellors or Play Therapists. <p><u>IT Systems</u></p> <p>The standard predominantly, but not exclusively, relates to Community Systems, Patient Administration Systems (PAS) and Electronic Patient Records (EPR).</p>
Release	
Release Number	Amd 57/2016
Release Title	Version 1.0
Description	<p>Changes to the existing CYPHS standard are:</p> <ul style="list-style-type: none"> • Removal of age limit restricting the data set to patients aged 0 up until their nineteenth birthday, so that the CSDS can collect data for people of all ages in receipt of publicly-funded Community Services. • Minor changes to data item and group-level descriptions as a result of the removal of the age limit. • Renaming of the standard to 'Community Services Data Set', and consequential updates to the message (schema) headers and other supporting documents. <p>In addition, the CIDS standard is being retired, to eliminate the need for a</p>

	separate local data flow.
Implementation Completion Date	<p>From 1st October 2017, providers of publicly-funded Community Services MUST be able to collect information locally, and their systems MUST be fully conformant with this standard.</p> <p>From 1st November 2017, providers of publicly-funded Community Services MUST begin submitting CSDS submissions in accordance with this standard.</p> <p>Providers of publicly-funded Community Services may also volunteer to participate in pilot trials ahead of the Implementation Completion Date to test the process ahead of full data collection, upon discussion and agreement with NHS Digital. Pilot data MAY be provided from 1st June 2017 onwards.</p>
Full Conformance Date	1st December 2017

1.2 Supporting Documents

This document should be read in conjunction with the following:

Ref #	Title
1	CSDS Technical Output Specification
2	CSDS Data Model
3	CSDS System Conformance Checklist
4	CSDS Implementation Guidance
5	CSDS Change Specification
6	CSDS User Guidance
7	CSDS Technical Guidance
8	CSDS XML Schema (login required)

Please see section 2.2 of the *Implementation Guidance* for a full list, descriptions and locations of each related document.

1.3 Related Standards

Ref #	Reference	Title
1	ISB 1513 Amd 45/2012	Maternity Services Data Set
2	SCCI1510 (<i>N.B. retired as part of this release</i>)	Community Information Data Set
3	ISB 1072 Amd 30/2012	Child and Adolescent Mental Health Services Data Set
4	ISB 0149-02	NHS Number for Secondary Care
5	ISB 0149-01	NHS Number for General Practice
6	ISB 1555	Birth Notifications
7	ISB 0092 Amd 16/2010	Commissioning Data Sets (CDS) version 6.2

8	SCCI0034	SNOMED CT
9	SCCI1609	Child Protection Information Sharing (CP-IS)
10	SCCI0090	Organisation Data Service (ODS): Health and Social Care Organisation Reference Data
11	SCCI1605	Accessible Information
12	SCCI0021	International Classification of Diseases

2 Health and Care Organisations

2.1 Requirements

Requirement ¹	
The following section describes the care provider requirements of this standard.	
Timeframe	
(1.1)	From 1st October 2017, providers of Community Services as defined in this Information Standard MUST be able to collect the information as defined in the Technical Output Specification for local use.
(1.2)	From 1st November 2017, providers of Community Services as defined in this Information Standard MUST begin submitting the monthly CSDS submissions as per the instructions in the CSDS Technical Guidance. The providers MUST allow time to review and implement corrections to their submission files within the designated window.
Scoping	
(2.1)	With immediate effect, providers of Community Services MUST review the 'In scope' and 'Out of scope' sections of this Specification to establish whether the standard applies to the services they offer.
(2.2)	Providers SHOULD review all related documentation to fully understand the background, objectives and scope of this information standard.
Feasibility Assessment	
(3.1)	With immediate effect, providers of Community Services MUST review the CSDS Technical Output Specification (TOS) and CSDS User Guidance to understand the scope and definition of each data item.
(3.2)	As an Output Data Set, the CSDS is intended to only define "what should be extracted" from local IT systems, not "what should be captured". A clinical data set will need data items beyond what the CSDS specifies; consequently, providers of Community Services SHOULD NOT use this data set to support their clinical and operational data capture. The whole ethos around the CSDS is to only re-use clinical data and not specify standards for capturing clinical data.
(3.3)	Providers of Community Services SHOULD familiarise themselves with the CSDS XML schema and conversion tool ² to understand how data items are grouped for the Data Submission File.
(3.4)	Providers of Community Services SHOULD carry out a 'data mapping exercise' to understand how well their existing electronic systems align to the CSDS TOS and take appropriate action to ensure that the standard is fully met. The self-assessment 'System Conformance Checklist' tool is available on the NHS Digital website to support this mapping exercise. The mapping exercise is likely to need the involvement of experienced CSDS leads, the organisation's Information Management Service and the appropriate IT system suppliers.
(3.5)	Providers of Community Services MUST make submissions only for those data items defined in the TOS and no additional data items should be included.
Information Governance	
(4.1)	The CSDS Implementation Guidance explains the Information Governance issues surrounding the data set. Caldicott Guardians and the Heads of Community Services

¹ The key words MUST, SHOULD and MAY are defined in [RFC-2119](#).

² An XML conversion tool package for the CSDS has been developed by NHS Digital. This enables providers to load or copy their data into the provided table structure. Once complete, a routine can be run that will export the submission into the required XML format ready for submission to the central data repository. Use of the conversion tool is optional. Further information can be found in the CSDS Technical Guidance.

MUST review the Information Governance Guidelines within the CSDS Implementation Guidance to understand:

- How data submission, storage and reporting processes handle identifiable and sensitive data items.
- How consent issues should be best managed.

- (4.2) Providers of Community Services **MUST** make available information and guidance to patients stating that their clinical care data may be re-used for the purpose of data analysis and reporting.
- (4.3) With immediate effect, providers of Community Services **SHOULD** read the '[NHS Confidentiality Code of Practice](#)', '[Caldicott Report](#)' and subsequent '[Information: To share or not to share?](#)' Information Governance Review (second Caldicott review) for guidance and technical support related to data and information sharing at both operational and secondary use levels.
- (4.4) Providers of Community Services **SHOULD** also consult and adhere to the good practice advice and guidance set out in the NHS Digital's '[A Guide to Confidentiality in Health and Social Care](#)'.
- (4.5) To prevent breaches of confidentiality, it **MUST** be the sole responsibility of the Providers of Community Services' Caldicott Guardian to ensure the subject information is withheld where appropriate.
- (4.6) Any immediate concerns **SHOULD** be addressed to the standard's developers at NHS Digital, or the [Health Research Authority \(HRA\) Confidentiality Advisory Group \(CAG\)](#) if the concerns relate to data dissemination.
- (4.7) Providers of Community Services **SHOULD** ensure that local data repositories comply to appropriate data security controls.

Clinical Governance

- (5.1) As an Information Standard that approves a national patient-level CSDS:
- Governing and audit bodies **MAY** use the data set to monitor whether providers of Community Services are making year on year improvements.
 - Providers of Community Services **MAY** use the data set to compare and contrast performance to drive service improvements.
- It is therefore clear that the data set can be used for clinical governance purposes.

Clinical Risks

- (6.1) Providers of Community Services **SHOULD** always seek to understand the context of published national reports and be aware that the information presented depends greatly upon the quality of information submitted.
- (6.2) Ongoing efforts **SHOULD** be made to ensure that data quality is of the highest standard before forming judgements about reports and introducing changes.
- (6.3) Where there is a system change in order to meet this standard (e.g. the procurement of a new clinical system from a different supplier), providers of Community Services **SHOULD** ensure that supplier organisations are compliant with the clinical safety standards [SCCI0129](#) and [SCCI0160](#).

Central Data Submission

- (7.1) Providers of Community Services **MUST** create a monthly data submission as set out in the CSDS Technical Guidance. Therefore, Providers of Community Services **MUST** be able to:
- Collate and extract data from local IT systems as per the CSDS TOS.
 - Structure the data and create a data submission file as per the CSDS Technical Guidance.
 - Apply the basic validation rules and ensure that the submission file conforms to these.
 - Ensure the data submission file only contains data for a single month and relates to one provider organisation.

<ul style="list-style-type: none"> - Submit the data submission file as per the data submission protocol highlighted in the Technical Guidance. <p>(7.2) Providers of Community Services MUST submit data monthly to the central data repository, based on a schedule that will be published on the NHS Digital website in advance of the Conformance Date.</p> <p>(7.3) The schedule outlines the timeframe (Submission Window) within which data relating to a monthly period (Reporting Period) MUST be submitted.</p> <p>(7.4) Providers of Community Services MUST check error reports, correct errors and make re-submissions at the earliest opportunity. Further details on error correction and re-submissions are explained within the Technical Guidance.</p>
<p>Constructing a Data Submission File</p>
<p>The CSDS Technical Guidance document provides information on how to create a monthly submission file. Providers of Community Services MUST review this document; however, noted below are key requirements of the technical submission architecture.</p> <p>(8.1) A submission MUST:</p> <ul style="list-style-type: none"> - Only contain data for a single provider organisation. - Only contain data relating to activities occurring in a single month. - Meet the conditions and validation rules explained in the CSDS TOS. <p>(8.2) Each Data Submission File MUST consist of a:</p> <ul style="list-style-type: none"> - Header group. - Two or more data groups, including CYP001 and CYP002 entries for every record. <p>(8.3) Each group consists of one or more data items. The groupings of data items for each table MUST be as per the layout specified in the CSDS TOS.</p> <p>(8.4) Providers of Community Services MUST include in their submission all data groups they can generate from local electronic systems.</p> <p>(8.5) The first data submission MUST include all data relating to referrals that were open on 1st October 2017 and all subsequent new referrals.</p> <p>(8.6) The Information Standard does not stipulate how data should be collected in local electronic systems, so the groups MAY generate data from one or more data sources. It MAY be that providers of Community Services adopt a local data repository to aggregate data from all relevant sources and use this to generate the Data Submission File. A conversion tool has also been provided which MAY be used to collate data from multiple systems and produce a submission file in the correct XML format.</p>
<p>Validation Rules</p>
<p>(9.1) With immediate effect, providers of Community Services MUST review the CSDS TOS to understand the data validation rules that will be applied to each data group on arrival at the central data repository to all incoming Data Submission Files. Any validation rules not adhered to will result in appropriate groups or the entire submission being rejected.</p> <p>(9.2) Where error reports are generated due to non-conformance against validation rules, providers of Community Services MUST take immediate action and resubmit the corrected file within the submission window. Details of the rejection and error messages contained within the reports are provided within the CSDS TOS.</p>
<p>Data Quality Feedback</p>
<p>(10.1) With immediate effect, providers of Community Services MUST review the CSDS TOS to understand the data quality rules that will be applied to each data group on arrival at the central data repository.</p> <p>(10.2) Providers of Community Services SHOULD review reports generated by NHS Digital highlighting issues with data quality to allow them to take further action before the submission window closes.</p> <p>(10.3) Providers of Community Services SHOULD make every effort to resolve inherent systemic errors and address recurring data quality issues, as once the submission window closes for a particular reporting period there will not be a further opportunity to resubmit the data.</p>
<p>Monthly Submission</p>

(11.1) A submission MUST be made via the central data repository on a monthly basis and as per instructions laid out in the CSDS Technical Guidance.
Issues and Maintenance
(12.1) To support the implementation of this information standard, providers of Community Services SHOULD highlight any persistent issues and feed these back to the standard's developers. Feedback will be used by the developers to improve the implementation and data collection processes for future consideration towards a data set change or, indeed, further implementation phases. Feedback can be sent via enquiries@nhsdigital.nhs.uk .
Requirements of Key Personnel Involved in the Delivery of this Data Set
(13.1) Heads of Community Services are responsible for capturing the information as part of the on-going care of patients. They MUST : <ul style="list-style-type: none"> - Familiarise themselves with the CSDS TOS to understand what data items are mandated by this Information Standard. - Assist their organisation's IT or Information Management service in completing the CSDS System Conformance Checklist to assess what proportion of the CSDS TOS data items are available from the their organisation's local IT systems. - Ensure they understand and implement the Information Governance approach adopted for this data set, which can be found in the Information Governance section of the Implementation Guidance. - Explain to operational and clinical staff the importance of capturing data for the CSDS.
(13.2) Clinical staff MUST : <ul style="list-style-type: none"> - Capture the CSDS TOS data items in an accurate and timely manner. - Understand the deployed IG approach, especially in relation to the handling of sensitive data.
(13.3) Informatics staff are responsible for producing extracts that conform to the XML schema and TOS. They MUST : <ul style="list-style-type: none"> - Familiarise themselves with the CSDS TOS and XML schema to understand what data items are mandated by this Information Standard. - Configure electronic patient record systems to allow compliance with the standard. - Submit the data to the central data repository within the prescribed reporting periods and deadlines. - Review and work with clinicians to resolve data quality issues identified in the output reports. - Ensure they understand and implement the Information Governance approach adopted for this data set, which can be found in the Information Governance section of the Implementation Guidance. <p>Informatics staff MAY also be responsible for the collation of information from a range of disparate systems into the CSDS. This will include ensuring completeness and data quality of the information within the data set.</p>
Working Practices
<u>Cascading the Information Standard requirements to operational staff</u>
(14.1) With immediate effect, all clinicians and operational staff involved in community care need to be made aware of this Information Standard. Providers of Community Services' Chief Executives MUST be held accountable to comply with the dates instructed by the mandate. The mandate and an appropriate Project Brief SHOULD , therefore, be cascaded to the commissioned Community Services for the attention of the Community Service leads and other relevant staff.
(14.2) Instructions MUST also be communicated to the organisation's information leads to initiate collaborative work with Informatics Services and Community Services as early as possible.
<u>System upgrades</u>

<p>(15.1) This Standard looks to re-use clinical and operational data for national analysis and reporting. Providers of Community Services SHOULD conduct a mapping exercise to determine how well local systems map to the CSDS TOS (using the CSDS System Conformance Checklist).</p> <p>(15.2) For data items that align to the data set TOS, providers of Community Services MUST collate the data locally on a monthly basis.</p> <p>(15.3) Where the mapping exercise identifies gaps, providers of Community Services SHOULD plan to undertake development efforts with their IT system suppliers to upgrade existing IT systems.</p> <p>(15.4) Providers of Community Services SHOULD consider the provision of adequate resources to make plans for any transcription requirements of paper records to electronic forms which ultimately meet the entire mandated data standard for central returns.</p>
<p><u>How CSDS providers should look to capture data</u></p> <p>(16.1) This Standard defines the data items that that should be extracted from local electronic systems. Providers of Community Services SHOULD continue to develop their electronic systems to support the clinical data capture which best supports their working practices and business plans.</p> <p>(16.2) However, when planning to improve systems and services, consideration MUST be made to this Information Standard during the development and implementation stages.</p> <p>The TOS and User Guidance provide further information on the data items which need to be captured.</p>
<p><u>How to achieve timely data capture and file submission</u></p> <p>(17.1) The data set has been deliberately split into a number of data groups. The data groups are intended to support the business processes of Community Service providers. Providers of Community Services MUST make every effort to record clinical information in real time or as a minimum, transcribe information to an electronic form at the earliest opportunity to support clinical interventions and decisions. This procedure will also support seamless data extraction from electronic systems for the required monthly central return.</p>
<p><u>How to manage data submissions if data is captured across several systems</u></p> <p>(18.1) Due to the number of services considered Community Services, each of which MAY use its own dedicated IT system, the CSDS spans several services and systems (e.g. Health Visiting and Child Health). The Information Standard makes it very clear that a submission file can only include data pertaining to one organisation and for reporting periods that are open. Therefore, providers of Community Services MAY wish to consider developing a local data repository to generate the monthly submission files.</p>
<p>Demonstrating readiness</p>
<p>(19.1) During September 2017 a state of readiness questionnaire will be circulated to assess conformance with this standard. This MUST be completed by providers of Community Services and returned to NHS Digital within the specified deadline.</p>

2.2 Conformance Criteria

This section describes the tests that can be measured to indicate that the information standard is being used correctly by a provider organisation (conformance criteria). Conformance of provider organisations is also assessed through analysis of the submitted data, once it is received by NHS Digital. In each case, the requirement(s) being measured by each criterion is shown in italics.

Conformance Criteria
<i>(1.1)</i> All relevant data from the CSDS TOS, i.e. mandatory items and required items that should be reported where they apply, are collected locally from 1 st October 2017. This will be measured by assessing the data received by providers from the submissions commencing.
<i>(1.2, 7.1, 7.2, 7.3, 8.1, 8.2, 8.3, 8.4, 8.5 and 11.1)</i> Submissions to the CSDS, constructed in accordance with the CSDS Technical Guidance and TOS, are made from 1 st November 2017 and on a monthly basis thereafter. This will be measured by assessing the data received by providers from the submissions commencing.
<i>(2.1, 3.1 and 3.5)</i> The CSDS Information Standards Notice, Requirements Specification (this document), and other supporting documents have been reviewed within one month of the publication date of this Information Standard, in order to establish which services are covered by the scope, how the data items within the data set are defined, and what data items should be included in submissions. This will be measured using the state of readiness questionnaire (see 19.1).
<i>(4.1, 4.2 and 4.5)</i> Prior to the start of local data collection on 1 st October 2017, the Information Governance considerations around the CSDS have been reviewed by Caldicott Guardians and the Heads of Community Services, and relevant information communicated to patients about the collection and submission of their data. This will be measured using the state of readiness questionnaire (see 19.1).
<i>(9.1 and 10.1)</i> By 1 st November 2017 the CSDS TOS has been reviewed and the relevant data validation and data quality rules are understood. Any such issues are identified and acted upon after each submission. This will be measured by assessing the data received by providers from the submissions commencing and assessing any improvements in data quality.
<i>(9.2)</i> From 1 st November 2017, all error reports generated due to non-conformance with validation rules are reviewed in a timely manner, allowing for re-submission of a corrected file within the submission window. This will be measured by assessing the data received by providers from the submissions commencing and assessing any improvements in data quality between primary and refresh submissions.
<i>(13.1, 13.2 and 13.3)</i> Key personnel involved in the delivery of the CSDS understand their obligations in relation to local data capture, the submission of CSDS data, and the required information governance approach, prior to local data collection commencing on 1 st October 2017. This will be measured using the state of readiness questionnaire (see 19.1).
<i>(19.1)</i> The CSDS state of readiness questionnaire is completed and returned to NHS Digital by the communicated deadline (likely to be 29 th September 2017). This will be measured by the submission of the completed state of readiness questionnaire.

3 IT Systems

3.1 Requirements

Requirement ³
The following section describes the care provider requirements to ensure that their IT systems conform to this standard.
Timeframe
<p>(1.1) From 1st October 2017 systems used by Community Services MUST be able to capture and/or derive the data items defined within this standard. This includes mapping of local codes to national codes, and the ability to extract this information as envisaged within this standard, e.g. without interim workarounds. Suppliers MAY assess this against the System Conformance Checklist which can be found on the NHS Digital website.</p> <p>(1.2) Changes made to systems MUST result in minimal increase on burden for providers in capturing and extracting the information defined in the CSDS TOS, and any additional burden MUST be proportionate.</p> <p>(1.3) When considering potential developments, minimising the burden on providers and supporting good data quality MUST be prioritised.</p>
Scoping
<p>(2.1) IT Systems Suppliers SHOULD review all related documentation to fully understand the background, objectives and scope of this information standard.</p>
Feasibility Assessment
<p>(3.1) With immediate effect, IT Systems Suppliers SHOULD review the CSDS Technical Output Specification (TOS) and CSDS User Guidance to understand the scope and definition of each data item.</p> <p>(3.2) As an Output Data Set, the CSDS is intended to only define “what should be extracted” from local IT systems, not “what should be captured”. A clinical data set will need data items beyond what the CSDS specifies.</p> <p>(3.3) While IT Systems Suppliers SHOULD use this data set to support their system development, they SHOULD NOT use the data set exclusively and SHOULD also consider the full requirements of the care setting where it is used. The whole ethos around the CSDS is to only re-use clinical data, not specify standards for capturing clinical data.</p> <p>(3.4) IT Systems Suppliers SHOULD familiarise themselves with the CSDS XML schema and conversion tool to understand how data items are grouped for the Data Submission File.</p> <p>(3.5) IT Systems Suppliers SHOULD provide tools to enable a ‘data mapping exercise’ to be carried out and where possible complete the mappings to the national codes on behalf of the CSDS providers. A self-assessment ‘System Conformance Checklist’ is a tool available on the NHS Digital website to support this mapping exercise.</p>
Information Governance
<p>The CSDS Implementation Guidance explains the Information Governance issues surrounding the data set.</p> <p>(4.1) IT Systems MUST provide a mechanism to allow providers to identify records where patients have objected to the use of their data for secondary purposes or where there is a legal requirement to restrict the flow of identifiable information for a patient.</p>

³ The key words MUST, SHOULD and MAY are defined in [RFC-2119](#).

Clinical Risks	
(5.1)	IT System suppliers SHOULD always ensure that any changes resulting from the implementation of the CSDS are compliant with the safety standards SCCI0129 and SCCI0160 .
Constructing a data submission file	
(6.1)	The CSDS Technical Guidance document provides information on how to create a monthly submission file. IT Systems Suppliers SHOULD review this document and the steps outlined in Section 2.1 (Health and Care Organisations - Requirements) above.
Validation rules	
(7.1)	IT Systems Suppliers SHOULD review the CSDS Technical Guidance and TOS to understand the data validation rules that will be applied at the central data repository to all incoming Data Submission Files. Any validation rules not adhered to will result in appropriate groups or the entire Data Submission File being rejected, depending on the particular validation rule.
Data quality feedback	
(8.1)	With immediate effect, IT Systems Suppliers SHOULD review the CSDS TOS to understand the data quality rules that will be applied to each data group on arrival at the central data repository.
(8.2)	From 1st November 2017, all systems used by Community Services MUST have the ability to produce data quality reports to support providers in producing their submission files in line with the CSDS TOS.
Demonstrating readiness	
(9.1)	During September 2017 a state of readiness questionnaire will be circulated to assess conformance with this standard. This SHOULD be completed by all suppliers of systems used by Community Services and returned to NHS Digital within the specified deadline.

3.2 Conformance Criteria

This section describes the tests that can be measured to indicate that the information standard is being used correctly within IT systems. In each case, the requirement(s) being measured by each criterion is shown in italics.

Conformance Criteria	
(1.1)	All relevant data from the CSDS TOS, i.e. mandatory items and required items that should be recorded where they apply, can be captured by systems used by Community Services from 1 st October 2017. Functionality to map local codes/values to national codes/values is included, and the system is able to extract this information as envisaged within this standard. This will be measured using the state of readiness questionnaire (see 9.1) and, later, through provider submissions.
(1.2) and (1.3)	Systems used by Community Services are able to extract data for the CSDS, with minimal additional burden for providers, from 1 st October 2017. The format is compatible with the XML schema without a reliance on interim workarounds. This will be measured using the state of readiness questionnaire (see 9.1).
(1.3) and (8.2)	Systems used by Community Services are able to produce data quality reports to support providers in producing their submission files in line with the CSDS TOS, from 1 st November 2017. This will be measured using the state of readiness questionnaire (see 9.1) and, later, through assessing the data quality of provider's submissions.
(4.1)	Systems used by Community Services have the required functionality, from 1 st November 2017, to allow providers to identify records where patients have objected to the use of their data for secondary

purposes or where there is a legal requirement to restrict the flow of identifiable information for a patient. This will be measured using the state of readiness questionnaire (see 9.1).

(9.1) The CSDS state of readiness questionnaire is completed and returned to NHS Digital by the communicated deadline (likely to be 29th September 2017). This will be measured by the submission of the completed state of readiness questionnaire.

Appendix A: List of Community Services within scope of this Information Standard

- Appliances Service
- Arts Therapy Service
- Cancer Service
- Cardiac Service
- Children's Community Nursing Service
- Clinical Psychology Service
- Community Dental Service
- Community Paediatrics Service
- Continence Service
- Counselling Service
- Dermatology Service
- Diabetes Service
- Diagnostic Service
- District Nursing Service
- Ear Nose and Throat Service
- End of Life Care Service
- Family Support Service
- Gastrointestinal Service
- Haematology Service
- Health Visiting Service
- Hearing Service
- Integrated Multi-Disciplinary Team
- Intermediate Care Service
- Long Term Conditions Case Management Service
- Musculoskeletal Service
- Neurology Service
- Nutrition and Dietetics Service
- Occupational Therapy Service
- Orthoptist Service
- Pain Management Service
- Phlebotomy Service
- Physiotherapy Service

- Podiatry Service
- Public Health and Lifestyle Service
- Rehabilitation Service
- Respiratory Service
- Respite Care Service
- Rheumatology Service
- School Nursing Service
- Speech and Language Therapy Service
- Tissue Viability Service
- Treatment Room Nursing Service
- Vulnerable Children's Service
- Vulnerable Adult's Service