NHS England

Health and Social Care Organisation Reference Data (DAPB0090):

Requirement Specification

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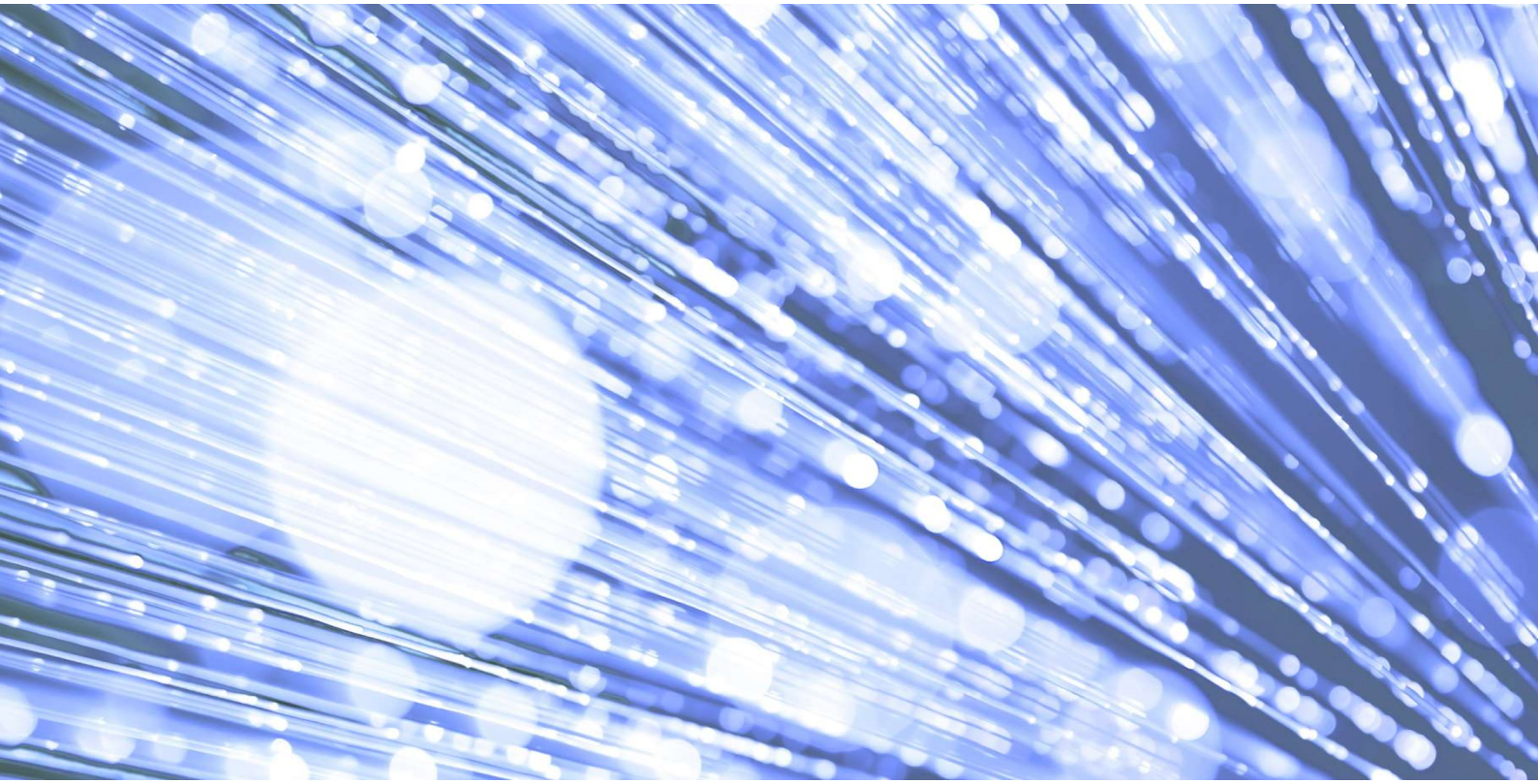

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Data Coordination Board

This information standard (DAPB0090) has been approved for publication by the Department of Health and Social Care 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 Data Coordination Board (DCB), a sub-group of the Digital Delivery Board.

This information standard comprises the following documents:

- Requirement Specification
- Implementation Plan and Guidance

An Information Standards Notice (DAPB0090 Amd 81/2017) 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.

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Glossary of Terms

Term / Abbreviation	What it stands for
API	Application Programming Interface. A way of communicating with a particular computer program or internet service.
Assigning Authority	The organisation responsible for maintaining a range of identifiers.
CSV	Comma Separated Values. A common, relatively simple file format for storing tabular data in plain-text form, particularly well-suited to fixed length records.
DAPB	Data Alliance Partnership Board. The DAPB meets on a monthly basis to review and approve the assurance of information standards and data collections (including extractions). Governance of data - NHS England Digital (Previously Data Assurance Board)
Entity	An organisation, site or location which physically exists in the real world.
HSCOrg	The name for the record class in the data model of a Health and Social Care Organisation.
HSCSite	The name for the record class in the data model of a Health and Social Care Organisation Site.
Intelligence	The ability for a consumer to interpret the Primary Role of a given organisation from the format of the organisation code.
Issuing Authority	The organisation responsible for publishing Health and Social Care Organisation Reference Data – currently the Organisation Data Service (ODS).
Meta Data	'Data about data' - in this context additional information about an organisation or site entity (i.e. indicating its Roles, Relationships, etc).
Multiple-frame Identifier Structure	(See also 'Unified Identifier Structure') Historically, multiple structures have been used for Organisation Reference Data identifiers to denote organisation types (referred to as 'code-frames'). For example NHS Trust codes are 3 characters long and begin with an 'R'. Code frames also convey organisation-to-site relationships
ODS	Organisation Data Service[1] – part of NHS Digital responsible for the publication of organisation and practitioner codes, and for the national policy and standards with regard to the majority of organisation codes. These code standards form part of the NHS data standards. This service was previously known as National Administrative Codes Service (NACS).
Record	The representation of an entity within Organisation Reference Data.
Reference Data	Data that defines the set of permissible values to be used by other data fields.
Reference Data Catalogue	An online, navigable resource that documents the high-level data model for Organisation Reference Data and defines its data items.

[1] https://digital.nhs.uk/services/organisation-data-service

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	Data sources, business rules and a data quality framework are also included, as well as mappings to API data items.
Referential Integrity	Referential integrity is a database concept that ensures that relationships between tables remain consistent. When one table has a foreign key[2] to another table, the concept of referential integrity states that you may not add a record t the table that contains the foreign key unless there is a corresponding record in the linked table.
Subject	The current record within Organisation Reference Data.
Target	Identifies the records to which relationships on the current record point.
Unified Identifier Structure	(See also 'Multiple-frame Identifier Structure') Unique identifiers, with a single, unified standard structure of 5 alternating alphabetic and numeric characters (ANANA) *with no inherent meaning*.
UPRN	Unique Property Reference Number - a unique identifier for spatial addresses in Great Britain provided in AddressBase (an Ordnance Survey product).
XML	Extensible Markup Language. A set of rules for encoding documents in machine-readable form.

[2] http://databases.about.com/cs/specificproducts/g/foreignkey.htm

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1 About this Document

1.1 Scope of Document

This paper provides a baseline requirement specification for a fundamental information standard for Health and Social Care Organisation Reference Data (DAPB0090). It provides users with a detailed description of the data, where and why it applies and what is required of stakeholders to comply with the standard. New users who are undertaking a brand new implementation of Health and Social Care Organisation Reference Data should require only this paper, the accompanying Implementation Guidance and relevant technical supporting documents.

This paper was updated in March 2018 to introduce a new delivery mechanism for updates to Health and Social Care Organisation Reference Data; an Application Programming Interface (API) giving data consumers direct access to daily updates of the data. July 2026 sees a further uplift to the documentation as improvements have continued to be made to data delivery mechanisms, with the key objectives to:

- Modernise and consolidate delivery mechanisms – establish a single source of truth that feeds an API Suite and a User Interface with daily updates, meaning that whichever tool a user chooses, the data is current and the scope is consistent, improving reliability and accuracy.
- Empower the consumer – An API Suite and User Interface that are updated daily from the same source, moves away from data being published on a fixed schedule (i.e. monthly or quarterly), empowering users to take only the data they need, when they need it, and in a format of their choice, including via a FHIR compliant API.
- Provide an interactive Reference Data Catalogue – Consolidating information into a single, online, navigable tool for accessing Organisation Reference Data metadata, improving accessibility and transparency.

Relevant sections of the 0090 Health and Social Care Organisation Reference Data fundamental standard have been updated accordingly as part of this amendment release. The updates to the delivery mechanisms make no substantive difference to the organisation reference data model, or its nature, as described by the original standard.

1.2 Associated Documents

All the published component documents of the standard are detailed below.

Reference	Content
Implementation Plan & Guidance	Guidance on implementation of Organisation data for new users
Reference Data Catalogue	The Reference Data Catalogue is an online, interactive product that details the organisation reference data model, data items, data sources, business rules and data quality framework. It is constantly reviewed and updated to support users in understanding and applying organisation reference data.

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1.3 Document Conventions

Throughout this document, the phrase ‘Health and Social Care Organisation Reference Data’ or ‘Organisation Reference Data’ is used to refer to all in-scope data, including both Organisation *and* Organisation Site data.

Note that the previous name for this standard was ‘Organisation Data Service’.

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2 Standard Description

Amendment	
Standard Number	DAPB0090
Standard Title	Health and Social Care Organisation Reference Data
Standard Description	Describes reference data about the Organisations that comprise the health and social care services including non-direct-care Organisations, primarily in England but also in the other UK-constituent countries. The data is distributed and uploaded to health IT systems. It supports user security, access control, messaging and is used as reference data for both operations and reporting.
Applies to:	All end-users of Organisation Reference Data. Including but not limited to: NHS Trusts, primary care & commissioning organisations, independent sector healthcare organisations, healthcare organisations in other UK-constituent countries, suppliers of systems, SUS/NTS & data set owners, social care, arm's length bodies, government departments & non-departmental public bodies, executive agencies, inspectorates, health and social care educational establishments, professional bodies, etc.
Business Lead	
Name	Laura Reeves
Organisation	NHS England / Department of Health and Social Care
Contact details	Organisation Data Service (ODS): Contact Us
Publication	
Date of publication	x xxxx 2026

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3 Background

Health and Social Care Organisation Reference Data comprises:

- authoritative national lists for a wide range of organisations of interest to the NHS and social care;
- a standard set of identification codes which are unique across the data set;
- a change history record and reference data to support NHS and social care information systems;
- details of the relationships between organisations, and organisations and their sites, where appropriate.

3.1 Business Need

Organisation Reference Data has existed within the health and social care services in one form or another for a very long time. Simply put, this is because reliable data about the organisations that provide, commission, and otherwise interact with health and social care services is essential for those organisations' strategic development, auditing, performance management and – ultimately – delivery of patient care.

An identifier and a record within the Organisation Reference Data is a prerequisite for many of the interactions an organisation might wish to have with health and social care. For example, an identifier is needed in order to complete the Data Security and Protection toolkit, have NHS email accounts for employees, set up smart cards, receive referrals from the e Referrals Service, amongst many others.

Use of the data is universal within health and social care informatics, allowing systems in disparate organisations to communicate with one another and with centralised systems. For this to be possible the data must be uniformly interpreted; interoperability is vital.

Such interoperability may only be fostered if the data is supported by health and social care information standards, providing clear definitions of concepts, stakeholder requirements, scope, comprehensive technical specifications and guidance for users.

This paper and the related documents provide this information, as well as outlines of the business processes and rules that govern the maintenance and development of Organisation Reference Data. As such they constitute a centrally mandated and controlled fundamental information standard, to serve as a building block for the future development of information standards and systems that use the concept of organisation, and to ensure business needs are supported by any implementations of Organisation Reference Data.

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4 Overview of Health and Social Care Organisation Reference Data

An overview of the standard including relevant definitions, content, core characteristics and behaviours, and the central business rules adhered to in its maintenance and production are provided below.

Note that the information provided in this section is necessary to fully understand the scope of Organisation Reference Data and suitable applications of it. It is not intended to inform technical implementations; detailed technical information suitable for this purpose is supplied in a suite of supporting products published alongside the data, including the API Implementation Guidance, XML Schema and an interactive Reference Data Catalogue. Additional guidance on implementation is also provided in the Implementation Plan and Guidance document.

4.1 Data Sources

The majority of Organisation Reference Data is maintained centrally within the issuing authority via requests that come directly from users, or information from various ratified sources (for example; statutory instruments are monitored in relation to the legal establishment or abolition of NHS Trusts and Local Authorities).

A small number of data sets are maintained by separate third party suppliers that produce the data in support of their own business operations and supply regular updates to the issuing authority for onward publication. The issuing authority maintains a close working relationship with these suppliers however users should bear in mind that ultimate control over the data remains with the supplier.

The data source for each organisation type/data set is confirmed in the issuing authority's Reference Data Catalogue.

4.2 Release Format

All Health and Social Care Organisation Reference Data records conform to a single, standard data model, the main components of which are outlined in section 4.4. Note that many more data items are available but omitted from this document for brevity; detailed technical information is supplied in a suite of supporting products published alongside the data, including API implementation guidance, an XML Schema, and an interactive Reference Data Catalogue, all accessible via the issuing authority's website: https://digital.nhs.uk/services/organisation-data-service

See section 4.8 for information on how the data is released.

4.3 Organisation Identifiers

The primary unique identifier used within Organisation Reference Data employs a unified structure of 5 alternating alphabetic and numeric characters (ANANA). These identifiers do NOT hold any inherent meaning; all supplementary information about a given entity must be obtained from the relevant meta-data provided.

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Users should note however that there are some exceptions whereby different structures of identifier will be in evidence:

- ANANA is only used by the issuing authority. Data sourced from third party suppliers exhibits a range of different structures (see section 4.3.1 for a listing)
- Legacy identifiers that pre-date the introduction of ANANA *were not replaced.* These remain in the data and continue to exhibit one of a number of legacy structures

Organisation identifiers are specified with a minimum length of 1 character, and a maximum length of 9 characters, based on the range of code structures that exist in the legacy data and that supplied by third party suppliers.

The full range of meta-data values are available for all records regardless of code format.

Note: ***no legacy identifiers will be re-coded to ANANA at any point.*** No mapping exercises will therefore be required and providing ***all*** identifiers are treated the same (i.e. their structure does not imply any meaning) this mixed economy does not pose any implementation or interoperability issues.

The ANANA structure provides a total of 1.76 million codes. A total of 305,000 codes have been issued over 35 years (up to July 2026) so the new structure should provide enough to last for a considerable time, even allowing for a significant increase in the volume needed.

4.3.1 Data Out of Scope for Unified Identifier Structure

The table below lists data sets which are supplied by third parties that were unable to adopt the uniform identifier structure for the data they provide to the issuing authority. These data sets were therefore out of scope for the adoption of ANANA and retained a legacy identifier structure devised by the respective data owner.

Supplier	**Primary Role (Organisation Type)**	**Related** Data Search & Export **Report**	**File Content**
NHS Business Services Authority	Prescribing Cost Centre (GP Practice) – England, Wales & Channel Islands	Epraccur	Current Prescribing Cost Centres (GP Practices[5])
		Egpcur	Current GP Practitioners
		Epracmem	Prescribing Cost Centre Membership (mapping GP Practitioners to Prescribing Cost Centres)
		Epcmem	Prescribing Cost Centres making up each Primary Care Organisation
		Enurse	Nurse Prescribers
	Dispensaries	Edispensary	Dispensaries (Pharmacies)
	Dental Practices	Egdpprac	General Dental Practices

[5] Note that Prescribing Cost Centres were previously referred to as GP Practices

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Supplier	Primary Role (Organisation Type)	Related Data Search & Export Report	File Content
Scotland	Scottish GP Practices	n/a	GP Practices in Scotland
		n/a	Scottish practice membership (mapping GPs to practices)
	Scottish Organisations	n/a	Purchaser and Provider organisations in Scotland
	Scottish Health Boards (old format)		
	Scottish Health Boards (new format)		
	Scottish Other Providers		
Northern Ireland	Northern Ireland GP Practices	Npraccur	GP Practices in Northern Ireland
		Nlhscgpr	Northern Ireland GP Practices making up each LHSCG
		Ngpcur	GPs in Northern Ireland Mapped to GP Practices
	Northern Ireland Organisations	Niorg	Boards, Trusts and Local Health & Social Care Groups
Department for Education and Skills	Schools in England	Eschool	'Get Information About Schools' Identifiers for Schools in England

Table 1: Organisation data out of scope for unified identifier structure

4.4 Composition

This standard describes and governs reference data about the Organisations that comprise health and social care services, and the Sites they provide services from. This reference data is comprised of a number of core components, listed in the below table.

Note that this listing is only intended to provide a high-level view of the core components to aid in understanding the scope of the standard – exhaustive technical detail on the data model covering all data items, including cardinalities, formats, structures and business rules is published in the Reference Data Catalogue.

Attribute Name	Description
Dates	Various dates are supplied as an integral part of the other components e.g. to denote when an Organisation or Site opened or closed, or when a Relationship started or ended, etc.
Name	Name of the Organisation or Site, either legally-defined or informally provided by the subject Organisation, or Site owner.

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Attribute Name	Description
Identifier	Primary key for identifying the Organisation or Site. In terms of code structure, two key principles apply and all codes will fall within these parameters: • minimum length of 1 character, and a maximum of 9; • various combinations of standard alphabetic characters and numbers; • identifier structure does not convey any meaning and should never be implemented as such.
Geographic Location	Postal address including postcode and UPRN. NOTE: postal County is an optional attribute within addresses and has not been populated for new addresses since 2018 in line with the introduction of UPRN.
Contacts	Contact information relating to an HSCOrg or HSCSite instance. One of: tel or http.
Roles	A single 'Primary' Role describes what an Organisation is and what overall functions it serves (i.e. NHS Trust, Local Authority, Social Care Provider, etc.). Further, optional 'non-Primary' Roles can describe additional information if required. New roles can be introduced at any time and are communicated to users via the issuing authority's **website and newsletter**, as well as within the **Reference Data Catalogue**.
Relationship(s)	Indicates other Organisations and/or Sites that the entity may have a relationship with. Might be genuine operational links, lines of authority or virtual geographical associations. Each Relationship has a name that indicates its nature. New named relationship types can be introduced at any time and are communicated to users via the issuing authority's website and newsletter, as well as within the Reference Data Catalogue.
Succession	Records lines of succession, i.e. where one or more new or existing entities displace or merge with one or more records which have closed. Only recorded for specific organisation types (not sites). Refer to Reference Data Catalogue for further information.

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Attribute Name	Description
Additional Attributes	When new attributes or elements need to be introduced to the data, the standards assurance process must be followed to approve and publish the detail in an Information Standards Notice. However, this necessarily takes time in order that the appropriate assurances can be undertaken to ensure the new data is reliable and of an acceptable quality. The Additional Attributes element has been incorporated to provide an improved speed of response in the case of emergency requirements for new attributes. If a new requirement is urgent enough, the Additional Attributes element may be used to introduce new data in lieu of the formal information standard change processes being completed. It must be stressed that any information included in this element, by definition, will not have been assured via the standards process and as such is used at the stakeholder's own risk. No information standards will be released to inform end-users of new content in this component, additions can be made at short notice, and they will only be advised through general communications channels. Users should ignore the content of this component by default and only process information published here when explicitly required to, having appropriately assessed risks. Should any data introduced by this route prove to be required more widely, steps will be taken to formally incorporate it into the data model/XML schema via the appropriate assurance processes and ultimately an ISN. More information is available within the Reference Data Catalogue and Implementation Plan and Guidance documents.

Table 2 – composition of Health and Social Care Organisation Reference Data

4.5 Organisation Definition

The following definition underpins this information standard:

A unique framework of authority within which a person or persons act, or are designated to act, towards some purpose.

This definition is adopted from the ISO (the International Organisation for Standardisation) and IEC (the International Electrotechnical Commission) standard ISO/IEC 6523-1:1998 which defines a structure for a globally unique and unambiguous identification of organisations and organisation parts. This is itself referenced by ISO 13940:2015 which defines the concepts needed to achieve continuity of care.

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4.6 Record Class Definitions

The data model for Health and Social Care Organisation Reference Data employs four top-level Record Classes. This is subject to change pending the publication of NHS England's Reference and Master Data Strategy.

Currently, this fundamental standard applies only to two of these; Health and Social Care Organisation (HSCOrg) and Health and Social Care Organisation Site (HSCSite). These are both actively used in live data within the current model.

Health and Social Care Location (HSCLoc) and Health and Social Care Service (HSCServ) will be introduced at a point in the future and, although it is anticipated that they will share large parts of the same model as HSCOrg and HSCSite, their implementation may require the inclusion of new components and may require an update to the fundamental standard. Their exact form will be notified within a change to the standard when they are introduced; outlines are included below however this is purely to provide a notice of future intent and they have no further bearing on the rest of this paper.

Note that HSCOrg and HSCSite should be viewed only as defining what *may* be captured; the below statements do not imply that *all* known instances of entities that match the given description are included in the published data products. Data is only captured and maintained if end-users require it, and if a suitably reliable source for the information is available.

4.6.1 Health and Social Care Organisation (HSCOrg)

An entity within the Health and Social Care Organisation Reference Data which conforms to the definition for Organisation provided above.

4.6.2 Health and Social Care Organisation Site (HSCSite)

The primary function of HSCSite is to identify an association between an HSCOrg and a place with which it is affiliated. All HSCSite entities have an association to an HSCOrg and the HSCSite record is generally real estate that the HSCOrg owns, provides a service at or has some staff based within. HSCSite does *not* provide unique identifiers for locations. Multiple HSCSite instances can point to the same physical place if more than one HSCOrg owns or provides patient care at that place; in this instance each HSCOrg may have its own HSCSite to reflect its affiliation with the same physical place (e.g. a hospital).

4.6.3 Health and Social Care Location (HSCLoc)

NOTE: currently, this class is not supported. It has been included as a statement of intent for future development only and formal adoption (if it occurs) will be communicated in a future change to the fundamental information standard for Health and Social Care Organisation Reference Data.

It is intended that Locations (places where healthcare and support services are delivered) will be uniquely identified within the HSCLoc record class. Any given Location may be coded once and once only and it is anticipated that the Unique Property Reference Number (UPRN) will be used to quantify a Location, and then

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associated with HSCOrg, HSCSite or HSCServ records (through the GeoLoc/address data items).

4.6.4 Health and Social Care Service (HSCServ)

NOTE: currently, this class is not supported. It has been included as a statement of intent for future development only, and formal adoption (if it occurs) will be communicated in a future change to the fundamental information standard for Health and Social Care Organisation Reference Data.

It is intended that the HSCServ class will provide a method to identify health and social care services offered by Organisations. HSCServ entities will be stored in a separate record in the data and referenced from HSCOrg records, possibly other classes. Business rules are yet to be defined in detail and plans for how this information may be sourced and maintained are currently being explored; further information will be released as soon as it is available.

4.6.5 Masquerading Entities

It should be noted, that although Organisation Reference Data is currently limited to two record classes (HSCOrg and HSCSite), some ‘masquerading entities’ do exist within the data. There have been instances of critical business need for codes to enable system deployment/functionality, and ultimately, to enable the delivery of patient care. Organisation/site codes were considered the only viable option to meet these needs, despite the codes not truly representing/conforming with the organisation or site definition. In this respect business rules and data definitions have been relaxed to enable care delivery. This is a known issue and one that the future NHS Reference and Master Data Strategy will seek to address. Note therefore that in future, the record class of some existing organisation or site records may be changed (or they may be re-coded), if it is deemed that they are more accurately defined as services or system endpoints etc. The issuing authority will undertake a comprehensive engagement exercise with impacted organisations, as well as users of Organisation Reference Data, to consult upon and manage the implementation of such changes.

4.7 Geographical Scope

This fundamental standard is primarily applicable to data concerning organisations in England. Data concerning Organisations in Wales, Scotland, Northern Ireland, the Channel Islands and the Isle of Man is made available; however, this is produced by or in close collaboration with independent information services within each country.

4.8 Release/Publication Mechanisms

Health and Social Care Organisation Reference Data is held and maintained as a ‘single source of truth’. This single data source feeds 2 core delivery mechanisms – an API Suite and a User Interface - which have been designed to cater for the varying needs of a broad range of data consumers.

Technical/system users can obtain data via an API Suite, retrieving data in XML or JSON format. The suite contains a FHIR compliant API as well as an API conforming to a bespoke XML Schema. The FHIR API is recommended for new users.

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Alternatively, users can choose to access Organisation Reference Data via a User Interface, which includes an online search/lookup function and a range of predefined reports, both of which can be exported/downloaded in .csv or excel format. An XML file containing all Organisation Reference Data is available to new users wishing to create a baseline in a local system. An XML Archive data file is also available for those requiring historic, closed records (closed prior to archive cut-off date) – see Reference Data Catalogue for further information.

Whichever delivery mechanism is chosen by the user, the data they access is the same (all fed from the 'single source of truth' master dataset). The user can determine the update frequency to suit their needs (using a Last Change Date value), rather than this being centrally determined by the issuing authority.

Both the API suite and the User Interface are updated daily, but users should refer to the Reference Data Catalogue for confirmation of how frequently the records for a specific organisation type update. For example, data for Pharmacies is sourced from a third party and at the time of writing, is updated weekly.

The issuing authority's webpages are the gateway to accessing these products and supporting materials: https://digital.nhs.uk/services/organisation-data-service

4.9 Licensing

Health and Social Care Organisation Reference Data is made freely available to the public under the terms of the Open Government Licence (OGL).

Further information can be found at: https://digital.nhs.uk/services/organisation-data-service

4.10 User Support

The issuing authority provides query resolution through the NHS National IT Customer Support Portal.

https://digital.nhs.uk/services/organisation-data-service#submit-an-organisation-data-request

Queries will be logged with first-line support and if necessary, these are passed through to a dedicated second-line support team within the issuing authority itself.

The issuing authority also provides ongoing communications and updates through a quarterly newsletter and news webpage. Subscribe to the Newsletter at: https://digital.nhs.uk/services/organisation-data-service#news

4.11 Support Tools

Please refer to the issuing authority's website for access to technical guidance and support tools, as well as the Reference Data Catalogue.

https://digital.nhs.uk/services/organisation-data-service

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5 Purpose of Organisation Reference Data

5.1 Application

Health and Social Care Organisation Reference Data is applicable across all the health and social care sector in England. *This fundamental standard must be implemented in all contexts where there is a requirement to identify the organisation entity within the NHS and social care*.

Any systems throughout the health and social care system in England that undertake a new implementation of Organisation data in any form must refer to this fundamental standard.

There are certain contexts where use of an alternative may be necessary[14] but in the context of Health and Social Care, primacy of this fundamental standard should always be assumed. Any instance where it is disregarded in favour of another standard should be carefully considered and justified. See section 5.3 for more details.

5.2 Benefits

Health and Social Care Organisation Reference Data brings a range of benefits:

- one version of the truth for Organisation information;
- higher visibility of Organisation Reference Data and thus increased usage of it in health and social care informatics, thereby improving interoperability;
- assured business processes and business rules ensuring high quality and fit for purpose data;
- established and proven infrastructure supporting the maintenance and publication of Organisation Reference Data products;
- controlled change and development processes (via information standards assurance process);
- integration into NHS Data Model and Dictionary, driving use of the standard by monitoring organisations and further increasing interoperability.

5.3 Alternative Products

A number of alternative data sets exist which are concerned either in whole or in part with Health and Social Care Organisations but have been developed (and are maintained) independently by other authorities. As such they are not governed by this fundamental standard.

Despite similarities to Health and Social Care Organisation Reference Data, these alternative products each perform a different task and cater for different requirements. As such the data sets diverge; some divergences may appear subtle, others are more obvious; however, all would prove problematic if the data were to be used inappropriately in place of Health and Social Care Organisation Reference Data

[14] See the appendices for examples of other ways in which Organisation is identified, and the circumstances where their use is justified over the fundamental standard

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– very probably in terms of system functionality, and certainly with respect to interoperability.

It follows that wherever there is a need for data about Organisations in the context of Health and Social Care information systems, the primacy of this fundamental standard should always be assumed and the products that it governs should be implemented by default.

This said; there *are* contexts where use of an alternative may be necessary, if the intended end-use raises certain requirements that may only be met by another data set – but justification for any such instance should be extremely carefully considered. See the appendices for examples of other ways in which Organisations are identified, and the circumstances that may justify their use over the fundamental standard.

Mappings will be provided by the issuing authority where possible to foster interoperation and make this easier for users. The data model for Organisation Reference Data has provision for inclusion of additional codes should a need arise; see the Reference Data Catalogue for information on whether additional identifiers are currently included within the products. See section 1.2 for a listing of Associated Documents.

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6 Scope

6.1 In Scope

This fundamental standard governs all Organisation Reference Data of the Record Classes HSCOrg and HSCSite.

The above definition is in necessarily broad terms for the purposes of this document, because the range of the data is dynamic. New kinds of organisation may be required at any point to meet the requirements of stakeholders, and to keep pace with the changing structure of health and social care; as and when new data is introduced, it will conform to the fundamental standard unless explicitly stated.

An exhaustive list of the types of Organisations that are currently coded can be found in the Reference Data Catalogue. This is a 'live' resource and will be updated as the data set grows and develops over time, so can be relied upon to provide a complete and accurate record of its scope of content at any given time.

6.2 Out of Scope

Other products and data are published by the issuing authority that are not in scope for the simple reason that they are not straightforward Organisation Reference Data; for example, this might be reference data about people, mapping files, or various forms of support products. These products and data are not therefore governed by the fundamental standard. Note that new fundamental information standards will be developed to govern these products in the near future.

For clarity, the out of scope products are outlined below. However note that this list is correct as of the time of writing; new out of scope products may be introduced in the future but this document will not be updated purely to reflect them, so should not be considered an exhaustive list. As a general rule, any data that is not available in one of the in-scope files defined above should *not* be considered compliant Organisation Reference Data. In lieu of the new information standards mentioned above, notices regarding changes, additions and/or development of these products will be issued through the issuing authority's normal communication channels.

6.2.1 Healthcare Professional Data

The issuing authority publishes (via their API and User Interface) various codes that identify healthcare professionals (HCP) i.e. People, as opposed to Organisations. As these do not concern Organisations they are not governed by and do not comply with the fundamental standard. A number of the files that contain HCP data *do* however map the people to the Organisation they are associated with and therefore incorporate one or more fields that contain an Organisation code. Other than this however they should be considered as out of scope.

Currently, the relevant files include the following:

Report Name	Contents
Egpcur	General Medical Practitioners

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Enurse	Nurse Prescribers
Econcur	Hospital Consultants in England
Edconcur	Dental Consultants in England
Ngpcur	General Medical Practitioners in Northern Ireland
Epracmem	GP membership file mapping GPs to Practices
Epcdp.csv	Private Controlled Drug Prescribers

Table 3 – current files containing healthcare professional data

6.2.2 Geographical Products

The issuing authority commissions the Office for National Statistics (ONS) to provide versions of their postcode directory products tailored for use within health and social care (e.g. the NHS Postcode Directory).

Note that these products do contain an element of in-scope data, in that they map a number of statistical geographies to the Organisation they are associated with.

6.2.3 Default Codes

The issuing authority maintains a set of 'default' codes, published within a product called default.csv. These codes are for use within messages, reports and returns wherever a value is required but a valid code is not known or not available.

The codes have a unique use and follow a different, distinct set of business rules. Whilst they may hold codes that comply in terms of identifier structure and might appear superficially similar they do not identify real Organisational entities, so are not governed by and do not comply with the fundamental standard.

6.3 Related Standards

A very large volume of stand-alone information standards require the use of Organisation Reference Data within data sets, for example to identify commissioners, referrers, those responsible for payment, and many other use-cases. It is not practical to list them all here.

A large number of changes have been made over the years to 0090 relating to the introduction or amendment of Health and Social Care Organisation Reference Data. These can be accessed at the NHS England web pages[17]. These are superseded by this standard which forms a baseline for Organisation Reference Data; ALL information standards which have a dependency on Organisation or Organisation-related information, or specify its use, must now reference and comply with this fundamental standard.

[17] http://webarchive.nationalarchives.gov.uk/20150107151806/http://www.isb.nhs.uk/documents/isb-0090

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7 Requirements

This section defines all the requirements placed on stakeholders for them to comply with the fundamental standard, addressed in broad areas of impact.

Every effort has been made to ensure the requirements are defined in a concise, measurable and unambiguous nature such that they will facilitate stakeholders' verification, validation and tracing of work they undertake to meet them. To keep the requirements succinct full technical detail has not been included here; a complete description is supplied in the Reference Data Catalogue as well as supporting materials for the release products.

Conformance criteria are supplied which describe tests that will measure whether the business has successfully implemented the information standard (note that conformance criteria have only been supplied in response to requirements that 'must' be implemented).

Note that the term 'Systems' encompasses all Information Technology systems in an Organisation.

The word MUST[18] means the definition is an absolute requirement of the specification.

The word MAY[18] means the item is truly optional. Some stakeholders may choose to include the item while another vendor may omit the same item. An implementation which does not include a particular option MUST be prepared to interoperate with another implementation which does include the option, though perhaps with reduced functionality. In the same vein an implementation which does include a particular option MUST be prepared to interoperate with another implementation which does not include the option.

7.1 Scoping

ID	Implementation Date	Requirement
1	From 24 February 2017	Prior to designing a new system or process that will use Organisation Reference Data, stakeholders **MUST** determine the Primary Roles, and data items they require.
Conformance Criterion		A list is produced of all the kinds of Organisation that need to be identified, using Primary Roles
		A list is produced of all the data items needed for each Primary Role, and the reasons why they are required
2	From 24 February 2017	Prior to designing a new system or process that will use Organisation Reference Data, stakeholders **MUST** determine the mechanism by which they will obtain data, and the format they require data in.
Conformance Criterion		Determine the desired mechanism and format to obtain Organisation Reference Data. Mechanisms are:

[18] Definition taken from RFC2119

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ID	Implementation Date	Requirement
		• Application Programming Interface (API) - with data in XML, or JSON format, via a FHIR compliant API or a bespoke API with XML schema • User Interface - with data in .xls, .csv or XML format **API** If you require all primary roles (as identified in requirement 1), the suggested mechanism is to create a baseline using the full XML full file and then consume amendments/changes via an API. If you require a subset of primary roles (identified in requirement 1) both the baseline and subsequent changes can be consumed via API. **User Interface (UI)** If UI is the preferred mechanism, then reports can be generated and downloaded for whatever scope of primary roles is required, and users may select .xls or .csv format or download the XML full file.
3	From 24 February 2017	Prior to designing a new system or process that will use Organisation Reference Data, stakeholders **MUST** determine whether updates will replace all Organisation records each time or apply partial updates.
Conformance Criterion		Plans are in place for the following: • obtain and apply full updates at each refresh (replace entire dataset each time); • obtain and apply partial updates at each refresh (updating records that are new/amended/closed since the last refresh). Utilising the LastChangeDate data item* to construct partial updates to local data stores – replacing entire record if changed. • Parsing changed records to identify brand new records, or individual updated data items within existing records, and only applying these specific changes, rather than replacing complete record. *Note that the LastChangeDate data item will flag that a record has been created/amended/closed but it will not be specific about which element of the record has changed.
4	From 24 February 2017	Prior to designing a new system or process that will use Organisation Reference Data, stakeholders **MUST** determine how often updates are required.
Conformance Criterion		Plans are in place to undertake obtain and apply updates as required, but no less frequently than quarterly.

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7.2 Implementation

ID	Implementation Date	Requirement
5	From 17 August 2016	All stakeholders planning to implement Organisation Reference Data **MUST** be in receipt of the following communications from the issuing authority in advance of their planned implementation start date: • newsletters from the issuing authority; • ad-hoc email notifications from the issuing authority;
Conformance Criterion		Your organisation is subscribed to the Organisation Data Services (ODS) bulletin via: https://digital.nhs.uk/services/organisation-data-service/contact-the-organisation-data-service#newsletter (subscribers receive all newsletters and ad-hoc email bulletins)
6	From 24 February 2017	DCB0090 **MUST** be implemented wherever there is a requirement to identify the Organisation entity in health and social care (note section 5.3)
Conformance Criterion		Any implementation of Organisation Reference Data complies fully with the information provided in the following products: • Organisation Reference Data supporting documentation and products; • Reference Data Catalogue; • conformance criteria detailed within this document
7	From 24 February 2017	From the point they go-live, systems and processes that make use of Organisation Reference Data **MUST** successfully import all of the records and data items they require using the chosen mechanism / format
Conformance Criterion		All the entities identified in conformance for requirement 1 are present within the system or process, following an import of file(s)/data in the format(s) identified in conformance for requirement 2, which have been processed according to the chosen conformance for requirement 3
8	From 24 February 2017	Consistent updates of Organisation Reference Data **MUST** be made to the system or process at a maximum of three month intervals from the point it first goes-live, until it either ceases to be used or is decommissioned
Conformance Criterion		Updates are made using the approach defined by the chosen conformance for requirement 4, following which it must hold the most recent values for all the records/data items that it contains, where they have either been amended or created inside the determined time boundary defined in the chosen conformance for requirement 5

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Appendix

Alternative Standards

See section 5.3. This fundamental standard and the products that it governs should always be assumed primary ahead of other reference data about Organisations, and be implemented by default when Organisation data is required. However common sense must be applied and if a robust business need exists for different characteristics that may be offered by an alternative data set, then it should be used, with caution.

Note that the following list of alternative organisation data sets is not exhaustive; it is supplied for illustrative purposes only and other valid alternatives may well exist.

Reporting Data Sets

There are agencies that develop their own organisation codes for specific purposes, for example the National Drug Treatment Monitoring Agency has developed organisation codes for Drug Misuse Agencies.

Use of such codes must be restricted to the requiring system (e.g. the National Drug Treatment Monitoring System).

Such systems will naturally require a relatively small number of codes and have a tight scope. It is therefore unlikely that locally-controlled reporting data sets will be confused with the fundamental standard so their co-existence is not problematic. This said; agencies that do create their own organisation identifiers in this way are encouraged to migrate to the fundamental standard in future.

Clinical Terminology Data Sets

The clinical terminologies (Read codes and the Systematised Nomenclature of Medicine Clinical Terms or ‘SNOMED CT’) are lists of terms which describe the care and treatment of patients, and cover a wide range of topics in categories such as signs and symptoms, treatments and therapies, investigations, occupations, diagnoses and drugs and appliances.

As such the vast majority of both Read and SNOMED CT codes are not concerned with the organisation concept however they do incorporate names and identifiers for ‘organisation types’ like hospitals, GP practices, etc. and ‘places’ like operating theatres, the community, etc. The organisation types are requested by users and added to the data set by the UK Terminology Centre.

The terminology codes must only be used in clinical settings by healthcare professionals to support the management of care i.e. to record the fact that a patient has been referred to occupational therapy, discharged from hospital, that a report has been sent to the oncology department etc.

Equivalent codes identifying generic settings like these do not exist within the fundamental standard. The contexts that each should be used in are also clearly separated and so unlikely to cause confusion. Co-existence of the fundamental standard with the clinical terms is therefore not problematic.

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Spatial Information

A set of codes exist for identifying organisations' geographical boundaries. These are maintained by the Office for National Statistics (ONS)[21] for use in their postcode directory and other geography products.

At first glance the ONS geography codes appear to identify NHS organisations however they in fact identify their boundaries, and are maintained to a different set of business rules. Co-existence of the fundamental standard with the geographical codes is therefore not problematic.

[21] https://www.ons.gov.uk/methodology/geography/geographicalproducts/namescodesandlookups/codehistorydatabasechd

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