NED National Endoscopy Database

NED Procedure detail fields – Data Dictionary

Private organisation

- Filled by JETS/NED based on saved provider sector
- All procedures from each provider have same flag, regardless of funding
  - Binary "Yes" or "No"

Provider sector

- Mandatory field, filled by ERS
  - Binary "NHS" or "Private"
- Ideally should reflect how procedure is funded. Therefore providerSector + isPrivate should allow accurate reflection of activity:

NED Flag (isPrivate) i.e. Overall organisation sector	*ERS Flag (providerSector)* i.e. how procedure is funded	
	Private	**NHS**
Private	Private procedure in Private unit	NHS procedure in Private unit (i.e. **outsourcing**)
NHS	Private procedure in NHS unit	NHS procedure in NHS unit

At present, ERS flag is not functioning, and vast majority of procedures labelled as NULL.

ERS should make it clear at the point of booking, that this mandatory field should reflect how the procedure is funded.

- For the vast majority of procedures in NHS units, the funding will be NHS. The funding should only be Private if the procedure is Private and the Trust is receiving additional payment for it.
- For the vast majority of procedures in Private units, the funding will be Private. The funding should only be NHS if that Private unit is completing the procedure as part of an outsourcing agreement.

Provider organisation

- Mandatory field, filled by ERS
  - Binary "Own Trust" or "Other"
    - Free-text mandated if "Other" selected
- Designed to identify NHS Insourced procedures:
  - (isPrivate == "No") + (providerOrganisation == "Other") == Insourced procedure.

Procedure urgency

Procedure urgency refers to the timing of the procedure requested. This is known at the time of booking and therefore it would be logical if ERSs mandated this piece of information to be filled at the time of booking. The categories are:

- Emergency: Procedures performed on inpatients in hospital, who cannot wait for a planned outpatient procedure.
- Routine: Outpatient procedures which are deemed not urgent by the requester.
- Surveillance: Outpatient procedures often planned for a specific future date to monitor a condition which causes patients to have a higher risk of developing cancer. E.g. Polyp surveillance, IBD surveillance.
- Urgent (non-suspected cancer pathway): Outpatient procedures which are required urgently by the referrer, but not meeting criteria for entry onto the suspected cancer pathway.
- Urgent (suspected cancer pathway): Outpatient procedures which are required urgently becacuse patients meet criteria for suspected cancer (i.e. 2-week-wait [2WW] referrals). These procedures may be requested by secondary care or “direct to test” from a primary care referral (i.e. GP 2WW).

Each service will have different definitions of what constitutes these criteria, and will mandate one of these criteria from the requester when the procedure is ordered. Therefore this information should come from the procedure request at the time of booking.