Clarification of Terms used in NHS Pathways Dispositions

The purpose of this document is to support sites in understanding the dispositions used within NHS Pathways.

There are two parts to this, firstly the disposition will appear in data files we send to your supplier and then those used within actual pathways.

Not all dispositions are used across the whole system, and only certain ones apply in 999, 111 and OOH.

Some dispositions only apply for a Pathways Clinician to use and are not available to the call handler.

**Section 1** – Shows the current dispositions that are used in actual pathways, and are used by both call handler and/or Pathways clinician.

**Section 2** – Only shows dispositions available to the Pathways clinician and in their override list.

**Section 3** – These dispositions are in the current data tables but are not utilised within any pathways as dispositions and therefore would not show in a pathway. These are constantly reviewed and if used within pathways we will inform you of this.

If you have any questions regarding this document please contact [nhspathways-releases@hscic.gov.uk](mailto:nhspathways-releases@hscic.gov.uk)
## Section 1

<table>
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<tr>
<th>Disposition Code</th>
<th>NHS Pathways Disposition Terms</th>
<th>Explanation</th>
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| Dx010            | Emergency Ambulance Response for Potential Cardiac Arrest (Red 1) | This is used when dispatch of an ambulance needs to reach an individual that has stopped breathing, is choking or fitting.  
*Used for 999, 111 and OOH*  
*In OOH the code is used but displayed as “An emergency ambulance is needed now”* |
| Dx0101           | Emergency Ambulance Response for Potential Cardiac Arrest (Red 1) | This is used when dispatch of an ambulance needs to reach an individual that is unconscious and breathing noisily. The mapping is the same as Dx010  
*Used for 999, 111 and OOH*  
*In OOH the code is used but displayed as “An emergency ambulance is needed now”* |
| Dx011            | Emergency Ambulance Response (Red 2) | This is used when dispatch of an ambulance needs to reach an individual within 8 minutes for life threatening conditions where the speed of response may be critical in saving lives or improving the outcome for the patient e.g. heart attacks, serious bleeding.  
*Used for 999, 111 and OOH*  
*In OOH the code is used but displayed as “An emergency ambulance is needed now”* |
| Dx012            | Emergency Ambulance Response (Green 2) | This is used when dispatch of an ambulance is needed to transport a patient to an Emergency Department for conditions which need to be attended quickly, but which will not deteriorate or suffer with a lightly slower response.  
*Used for 999, 111 and OOH*  
*In OOH the code is used but displayed as “An emergency ambulance is needed now”* |
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| Dx013 | Assistance needed at home due to inability to get off the floor (Green 4 locally determined) | This is used when assistance is needed only due to a fall at home with or without an injury. The full extent of the injury has not been assessed.  
**Used for 999, 111 and OOH**  
In OOH the code is used but displayed as “An ambulance is needed now”  
This also appears in the Pathways clinician override list (999 & 111 only) |
| Dx014 | Crew arrived before a disposition was reached (Red 2 operationally agreed between services for reporting KA34) | This is used in Early Exit when the crew have arrived before triage could be completed.  
**Used for 999 and 111 only** |
| Dx016 | Non-emergency Ambulance Response (Green 4 locally determined) | In an ambulance setting this is used when the call handler overrides a call from a Primary Care disposition or Emergency Department disposition because the circumstances warrant urgent (but not emergency or priority) transport to the Emergency Department, for example as a result of social factors, pre-existing disability or local policy issues. It is also used as an option within Early Exit where urgent rather than emergency or priority transport is required. Also in some pathways where transport to ED is required.  
**Used for 999, 111 and OOH**  
In OOH the code is used but displayed as “An non-emergency ambulance is needed now” |
| Dx0161| Non-emergency Ambulance Response possible Viral Haemorrhagic Fever (Green 4) | This is used within the pathways where we have identified that the patient is a possible Ebola case and is required to attend an Emergency Treatment Centre, but cannot make their own way to the Treatment Centre. Therefore as per Public Health England’s guidance a non-emergency ambulance will be sent.  
**Used for 999, 111 and OOH**  
In OOH the code is used but displayed as “An non-emergency ambulance is needed now” |
| Dx0162| Transport to an Emergency Treatment Centre within 1 hour (Green 4) | This has been created for Head Injuries specifically where transport to ED within 1 hour is required. Also used within the Declared Diabetes pathways.  
**Used for 999, 111 and OOH** |
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<tbody>
<tr>
<td>Dx028</td>
<td>Assistance is being dispatched to arrive within 1 hour (Green 4)</td>
<td>Only used within the GP Urgent Pathways where a GP, Bed Bureau representative is calling to book a patient on urgent transport to hospital. In Inter Hospital Transfer Pathway where a hospital requires transfer between health units. Only used for 999 services in the GP Urgent Pathways</td>
</tr>
<tr>
<td>Dx024</td>
<td>Assistance is being dispatched to arrive within 2 hours (Green 4)</td>
<td>An ambulance needs to reach an individual within 2 Hours and is used within the GP Urgent Pathways where a GP, Bed Bureau representative is calling to book a patient on urgent transport to hospital. In Inter Hospital Transfer Pathway where a hospital requires transfer between health units. Used for 999 services only in their GP Urgent Pathways</td>
</tr>
<tr>
<td>Dx025</td>
<td>Assistance is being dispatched to arrive within 4 hours (Green 4)</td>
<td>An ambulance needs to reach an individual within 4 hours and is used within the GP Urgent Pathways where a GP, Bed Bureau representative is calling to book a patient on urgent transport to hospital. In Inter Hospital Transfer Pathway where a hospital requires transfer between health units. Used for 999 services only in their GP Urgent Pathways</td>
</tr>
<tr>
<td>Dx026</td>
<td>A Deferred Dispatch is being arranged (green 4)</td>
<td>An ambulance is required for longer than 4 hours or a specific time they need to be picked up or transferred. It is used within the GP Urgent Pathways where a GP, Bed Bureau representative is calling to book a patient on urgent transport to hospital. In Inter Hospital Transfer Pathway where a hospital requires transfer between health units. Only used for 999 services in the GP Urgent Pathways</td>
</tr>
<tr>
<td>Dx02</td>
<td>Attend Emergency Treatment Centre within 1 Hour (Green 4)</td>
<td>Some callers should attend the Emergency Treatment Centre straight away to reduce the risk of complications, for example someone who has swallowed something that might be harmful. This is in order to minimise the amount of the substance absorbed into their bloodstream. Used for 999, 111 and OOH This also appears in the Pathways clinician override list Initiates DoS search</td>
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<tr>
<td>Dx021</td>
<td>Attend Emergency Treatment Centre within 1 hour possible Viral Haemorrhagic Fever (Green 4)</td>
<td>This is used within the pathways where we have identified that the patient is a possible Ebola case and is required to attend an Emergency Treatment Centre, as per Public Health England’s guidance. Used for 999, 111 and OOH. This also appears in the Pathways clinician override list. Initiates DoS search.</td>
</tr>
<tr>
<td>Dx03</td>
<td>Attend Emergency Treatment Centre within 4 Hours (Green 4)</td>
<td>Some Emergency Treatment Centre conditions have a 4 hour time frame where ETC attendance is needed, but it is not going to make a difference to the outcome whether the patient attends straight away or within 4 hours. This includes injuries such as dislocations. It is important however that people are given appropriate instructions to manage the problem in the meantime. Used for 999, 111 and OOH. This also appears in the Pathways clinician override list. Initiates DoS search.</td>
</tr>
<tr>
<td>D05, D06, D07, D08</td>
<td>To contact a Primary Care Service within 2, 6, 12 Or 24 Hours (Green 4)</td>
<td>GP’s and other primary care staff can deal with a wide range of problems from very serious to more minor symptoms. It is important that primary care is not regarded as a lesser form of care. GP services will also refer people for specialist assessment (secondary care) where necessary. The timeframe for Primary Care Service dispositions depends on how urgently a patient needs further assessment. A disposition of “To contact a Primary Care Service within 2 hours” is for situations where it has not been possible to rule out a potentially urgent or serious cause. Less urgent, but still troubling symptoms may need assessment within the next 6 or 12 hours, whereas more minor problems would require assessment within the next 24 or 72 hours. These dispositions often involve a GP but could also involve another primary care practitioner such as a health visitor, nurse practitioner, district nurse or community psychiatric nurse. This is why the wording “Primary Care Service” rather than just “GP” is used. Used for 999, 111 and OOH. These also appear in the Pathways clinician override list. Initiates DoS search.</td>
</tr>
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| Dx09 | For persistent or recurrent symptoms: get in touch with the GP Practice for a Non-Urgent Appointment (Green 4) | This is the same as above. However, most symptoms are self-limiting and they will go within a few days. Therefore, most people do not need to contact their GP Practice. If the symptoms persist, they need to contact the GP Practice for a non-urgent/routine appointment.  
**Used for 999, 111 and OOH**  
**This also appears in the Pathways clinician override list**  
**Initiates DoS search** |
| Dx10 | MUST contact own GP Practice for a Non-Urgent appointment (Green 4) | The individual must contact a GP Practice as they have reported symptoms that need investigation.  
**Used for 999, 111 and OOH**  
**This also appears in the Pathways clinician override list**  
**Initiates DoS search** |
| Dx11, Dx12, Dx13, Dx14, Dx15 | Speak to a Primary Care Service within 1, 2, 6, 12 or 24 Hours (Green 4) | Primary Care Service is a term used to describe community-based health services, which are usually the first (and often only) point of contact that patients make with the health service. It is important that primary care is not regarded as a lesser form of care. GP’s can deal with a wide range of problems from very serious to more minor symptoms. GP services will also refer people for specialist assessment (secondary care) where necessary. Speak to Primary Care Service dispositions are given when speaking to a primary care clinician will progress the assessment further. This includes situations where the service may have more knowledge about the symptom and how it should be managed. This might include situations where a particular medication could be an underlying factor and where the patient may need to stop the medication. It may include situations where it would be helpful to refer directly to a hospital specialty, such as patients experiencing potential complications as a result of recent hospital treatment. It may also include patients who require further assessment by a doctor, but where attending a surgery or primary care centre would be inadvisable e.g. patients who are very prone to infection.  
**Used for 999, 111 and OOH**  
**These also appear in the Pathways clinician override list**  
**Initiates DoS search** |
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| Dx1111| Speak to a Primary Care Service within 1 hour possible Viral Haemorrhagic Fever (Green 4) | This is used within the pathways where we have identified that the patient is a possible Ebola case and is required to speak to primary care for further assessment. This is the same level as Dx11 speak to primary care within 1 hour and therefore should be profiled same as Dx11. This is as per Public Health England guidance for Ebola.  
Used for 999, 111 and OOH  
These also appear in the Pathways clinician override list  
Initiates DoS search |
| Dx16  | For persistent or recurrent symptoms: get in touch with the GP Practice within 3 working days (Green 4) | Many symptoms are self-limiting and they will go after about 2-3 days. Therefore, most people do not need to contact their GP Practice. If the symptoms do persist they need to speak with the GP Practice within 3 working days, working days mean normal surgery hours Monday to Friday, except Bank holidays.  
Used for 999, 111 and OOH  
This also appears in the Pathways clinician override list  
Initiates DoS search |
| Dx17, Dx19, Dx20, Dx21 | To contact a Dental Practice within 1, 6, 12, 24 hours (Green 4) | To contact a Dental Practice means you are recommending that the person needs to contact a Dental practitioner.  
Used for 999, 111 and OOH  
These also appear in the Pathways clinician override list  
Initiates DoS search |
| Dx22  | To contact a Dental Practice within 5 working days (Green 4) | This is for dental problems not requiring emergency or urgent care. The majority of dental problems are not self-limiting and will require a dental follow up.  
Used for 999, 111 and OOH  
This also appears in the Pathways clinician override list  
Initiates DoS search |
| Dx28 | Contact Pharmacist within 12 hours (Green 4) | These callers are referred to a pharmacist to manage the symptoms. Community pharmacists offer many services such as over the counter medication, minor ailment treatments, screening of high blood pressure and diabetes.  
Used for 999, 111 and OOH  
This also appears in the Pathways clinician override list  
Initiates DoS search |
| Dx30 | Speak to Midwife within 1 hour (Green 4) | The caller will be advised to speak to their midwife within 1 hour, or in case of unregistered callers we would advise them to register with a local midwifery unit or Labour suite and speak to a midwife there.  
Used for 999, 111 and OOH  
This also appears in the Pathways clinician override list  
Initiates DoS search |
| Dx31 | Contact Genito-Urinary Clinic or other local service (Green 4) | These callers need to be seen specifically within a Genito-urinary Clinic. These clinics deal with all sexually transmitted infections and general sexual health. They usually have drop-in clinics where no appointment is necessary, however if a specific appointment is needed they offer this as well. It is usually run by sexual health nurses with medical support.  
Used for 999, 111 and OOH  
This also appears in the Pathways clinician override list  
Initiates DoS search |
| Dx32 | Speak to a Clinician from our service Immediately (Green 3) | This is an immediate transfer to a clinician where for safety reasons further clinical assessment by a qualified clinician is needed straight away. It is also used on the override screen for non ambulance dispositions. *This specifically means a clinician who will be using the NHS Pathways system to complete the interaction.*  
Used for 999, 111 and OOH  
Note - if you don't have a pathways clinician they will need to be mapped to the GP queues in OOH |
| Dx34 | Speak to Clinician from our service within 30 minutes (Green 3) | These patients may or may not need referral to other health care professionals following completion of the assessment by the clinician. These calls are less urgent than immediate but still require an urgent response. *This specifically means a clinician who will be using the NHS Pathways system to complete the interaction.*  
Used for 999, 111 and OOH  
Note - if you don't have a pathways clinician they will need to be mapped to the GP queues in OOH |
| Dx35 | Speak to Clinician from our service within 2 hours (Green 4) | These patients may or may not need referral to other health care professionals following completion of the assessment by the clinician. These calls should be less urgent in nature as all urgent causes of the symptom/problem should have already been ruled out. *This specifically means a clinician who will be using the NHS Pathways system to complete the interaction.*

**Used for 999, 111 and OOH**

*Note - if you don't have a pathways clinician they will need to be mapped to the GP queues in OOH* |
| Dx38 | Speak to Clinician from our service for home management advice (Green 4) | These can be dealt with quickly by a clinician. Here the clinician will validate the assessment that has taken place and then provide home management advice to allow them to manage the symptom at home. *This specifically means a clinician who will be using the NHS Pathways system to complete the interaction.*

**Used for 999, 111 and OOH if you don't have a pathways clinician they will need to be mapped to the GP queues in OOH. Call Handler only disposition** |
| Dx39 | Symptom Management Advice (Green 4) | This disposition only appears within the colds and flu pathway. This is the only point at which a call handler delivers care advice to manage symptoms at home.

**Used for 999, 111 and OOH - Call Handler only disposition** |
| Dx45 | Provide Service Location Information (Green 4) | These callers need information about location and opening times of services such as Pharmacies, Dentists, Opticians, Walk in Centres, GUM clinics. These patients are asymptomatic and just want information only.

**Used for 111 and OOH only**

*Initiates DoS search* |
| Dx46 | Refer to Health Information within 24 hours (Green 4) | These callers only need information such as specific condition information, operation waiting times, support groups or networks. These patients are asymptomatic and just want information only.

**Used for 111 and OOH only**

*Initiates DoS search* |
| Dx47 | Refer to a Community Healthcare Professional (Green 4) | These callers need to get into contact with a community healthcare professional but this excludes Community Midwife, Health Visitor or Community Nurse as these have their own specific disposition code. It is for when the organisation acts as a message handling service for other healthcare professionals.

**Used for 111 and OOH only** |
| Dx48 | Refer to another Out-Of-Hours Service Provider (Green 4) | These callers need to get into contact with another Out-Of-Hours Provider for example if they have called the wrong number or are located on a service provision border and your service does not provide care for the caller.  
**Used for 111 and OOH only** |
| Dx49 | 999 for police (Green 4) | This is used in social and domestic emergency pathways where there is a risk of violence to someone on the call or surrounding area  
**Used for 999, 111 and OOH** |
| Dx50 | Speak to Midwife or Labour Suite immediately (Green 4) | The caller will be advised to speak to their midwife immediately, or in case of unregistered callers we would advise them to register with a local midwifery unit or Labour suite and speak to a midwife there.  
**Used for 999, 111 and OOH**  
**This also appears in the Pathways clinician override list**  
Initiates DoS search |
| Dx52 | The call is closed with referral to the Police only (Green 4) | These callers need to be referred to the Police such as death of a patient and police are needed as it is a potential crime scene. It is when there could be risk to a child or adult, and if the Police do not attend further harm to the child or adult could result.  
**Used for 999, 111 and OOH** |
| Dx58 and Dx59 | No Service Clinician available refer for urgent (20 minutes (Green 3) and 60 minutes (Green 4)) primary care clinical assessment | This is used if the clinician using NHS Pathways within the organisation is not available and therefore needs to be passed to another clinician in another part of the service. For example in a 111 service where nurses/paramedics manage the clinician calls, but are not available, then the call will be passed to the Primary Care clinicians to deal with in either 20 or 60 minutes.  
These time frames meet with the Out Of Hours National Quality requirements call backs for definitive clinical assessment. **This is used only where an NHS Pathways clinician role is used within the organisation.**  
**Used for 111 and OOH only and when there is no Pathways clinician available to pass a call to.** |
| Dx60 | Contact Optician next routine appointment within 72 Hours (3 days from now) (Green 4) | These callers need to be treated specifically by an optician for their symptoms. This is a non urgent disposition but they must be seen within 3 days.  
**Used for 999, 111 and OOH**  
Initiates DoS search |
| Dx61 | Speak to the GP Practice within 20 minutes (Green 4) | **This is only used within the paper version of NHS Pathways and does not need mapping**  
**Used for 111 and OOH only** |
| Dx62 | 999 For an Ambulance (Green 4) | **This is only used within the paper version of NHS Pathways and does not need mapping**
Used for 111 and OOH only |
| Dx63 | Refer to Flu line (Green 4) | This is only used when the Pandemic switch in Pathways is turned on and the caller calls and declares they have flu. All major symptoms are ruled out and if nothing they are referred to the Flu Line
Used for 999, 111 and OOH
This also appears in the Pathways clinician override list |
| Dx64 | Speak to the Primary Care Service within 2 hours for antiviral assessment (Green 4) | This is only used when the Epidemic switch in Pathways is turned on. It is used in the colds and flu Pathway
Used for 999, 111 and OOH
Initiates DoS search |
| Dx75 | MUST contact own GP Practice within 3 working days (Green 4) | This is used when the caller MUST contact their own GP within 3 working days. Dx75 is different from Dx09 and Dx16 in that these patients must contact their GP Practice whereas Dx09 and Dx16 are only to contact the GP Practice if the symptoms don’t get better within 3 days. Working days mean normal surgery hours Monday to Friday, except Bank holidays.
Used for 999, 111 and OOH
This also appears in the Pathways clinician override list
Initiates DoS search |
| Dx76 and Dx77 | Call back by Healthcare Professional within 30 or 60 minutes (Green 4) | This is when one health care professional wants to get in contact with another. For example, a District Nurse wants to speak with a GP for a terminally ill patient, or a Paramedic requesting a GP to see a patient.
In most cases the Health Care professional cannot wait indefinitely for the call back hence the 30 and 60 minute call back option.
Used for 111 and OOH only
Initiates DoS Search |
| Dx78 | Receive report of results or tests from laboratory (Green 4) | This means that results of tests are being reported by a laboratory outside GP Surgery hours as they have found an abnormality. Laboratories are duty bound to report any abnormalities to a doctor regardless of the time. Tests such as x-rays, ultrasounds scans, MRI's and results such as blood work. It is important as it may mean that a doctor may need to change someone’s medication or treatment depending on the results or tests.  
**Used for 111 and OOH**  
**Initiates DoS search** |
| Dx80 | Repeat Prescription required within 6 hours (Green 4) | This is when patients call and they are asymptomatic but require a repeat prescription as they have run out and have not got enough until the surgery opens. This allows organisations to refer these to whichever staff group they utilise to manage such calls, for example specially trained health advisors, nurses or doctors.  
**Used for 111 and OOH**  
**Initiates DoS search** |
| Dx81 | Contact own GP Practice next working day for a repeat prescription (Green 4) | This is when patients call and they are asymptomatic but require a repeat prescription as they have run out but do have enough medication to last until the surgery opens. These patients are advised therefore to see their own GP next working day.  
**Used for 111 and OOH only**  
**Initiates DoS search** |
| Dx82 | Medication Enquiry (Green 4) | The patient is asymptomatic but requires information about medicines. These calls are sometimes about alternative therapy such as herbal remedies. This allows organisations to refer these to whichever staff group they utilise to manage such calls, for example specially trained health advisors, nurses or doctors.  
**Used for 111 and OOH only**  
**Initiates DoS search** |
| Dx85 | Repeat prescription required within 2 hours (Green 4) | This is when patients call and they are asymptomatic but require a repeat prescription as they have run out and have not got enough until the surgery opens. This allows organisations to refer these to whichever staff group they utilise to manage such calls, for example specially trained health advisors, nurses or doctors.  
**Used for 111 and OOH**  
**Initiates DoS search** |
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| Dx86 | Repeat prescription required within 12 hours (Green 4) | This is when patients call and they are asymptomatic but require a repeat prescription as they have run out and have not got enough until the surgery opens. This allows organisations to refer these to whichever staff group they utilise to manage such calls, for example specially trained health advisors, nurses or doctors.  
*Used for 111 and OOH*  
*Initiates DoS search* |
| Dx87 | Repeat prescription required within 24 hours (Green 4) | This is when patients call and they are asymptomatic but require a repeat prescription as they have run out and have not got enough until the surgery opens. This allows organisations to refer these to whichever staff group they utilise to manage such calls, for example specially trained health advisors, nurses or doctors.  
*Used for 111 and OOH*  
*Initiates DoS search* |
| Dx88 | Speak to a Dental practice within 2 hours (Green 4) | Speak to dental practice means you are recommending that the person needs to speak to a dental practitioner.  
*Used for 999, 111 and OOH*  
*Initiates DoS search* |
| Dx89 | Attend Emergency Treatment Centre within 12 hours (Green 4) | This is when a patient needs to attend an emergency treatment centre as they will have the equipment and resources to treat the presenting problem, but there is no immediate emergency. This includes situations such as ingestion of coins.  
*Used for 999, 111 and OOH*  
*Initiates DoS search* |
| Dx90 | Repeat Prescription required (Green 4) | This is only used within the paper version of NHS Pathways and do not need mapping  
*Used for 999, 111 and OOH* |
| Dx91 | Unexpected death (Green 4) | This means that the individual has died unexpectedly. The individual may have had a terminal illness but was not due to die imminently or the individual did not have a terminal illness. This can be mapped locally eg. speak to GP 0-6 Dx13, as determined by local clinical governance. This does not initiate a DoS search and will not until all services agree on response type and times. This decision has been agreed by NHS England.  
*Used for 999, 111 and OOH* |
<p>| Dx92 | | Attend Emergency Treatment Centre within 1 hour for Mental Health Crisis Intervention (Green 4) | This is when a patient needs to attend an emergency treatment centre immediately to seek treatment for exacerbation of an existing mental health problem ie. Schizophrenia or mania. Used for 999, 111 and OOH Initiates DoS search |
| Dx93 | | Speak to the GP Practice within 1 hour (3 calls within 4 days) (Green 4) | This is for situations where the individual has contacted the service repeatedly within the last four days. This disposition complies with Department of Health 111 requirements. Used for 111 only This also appears in the Pathways clinician override list Initiates DoS search |
| Dx94 | | Attend Emergency Treatment Centre within 1 hour for Sexual Assault Assessment (Green 4) | This is when a patient needs to attend an emergency treatment centre immediately to seek treatment for a sexual assault. Used for 999, 111 and OOH Initiates DoS search |
| Dx95 | | This call is closed with no further action required wrong service called (Green 4) | The call is closed due to caller ringing the wrong service. To be used in early exit. Used for 999 only |
| Dx96 | | Refer to Health Information within 12 hours (Green 4) | These callers only need information such as specific condition information, operation waiting times, support groups or networks. These patients are asymptomatic and only want information, but it is required within a 12 hour period. Used for 111 and OOH Initiates DoS search |
| Dx019 | Hazardous Area Response Team | | Used for 999 only in the Attend Incident Pathways (not currently in use) |
| Dx106 | | A Clinician from our Service will call the individual back immediately to assess the problem (Green 3) | This is used when the call handler selects early exit and selects triage not possible as a remote observer, a child calling or other reason. This is an immediate transfer to a clinician because, as the assessment is incomplete, this is a high risk situation. This specifically means a clinician who will be using the NHS Pathways system to complete the interaction. Used for 111 and OOH only |</p>
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<tr>
<td>Dx108</td>
<td>The call is closed with no further action needed (Green 4)</td>
<td>This is when the call has been closed and there's no further action required by the call handler or organisation. For example when a caller puts the phone down during the assessment process. This is used in the early exit part of the NHS Pathways system and needs to be supported with appropriate operational policies. <strong>Used for 999, 111 and OOH</strong></td>
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<tr>
<td>Dx110</td>
<td>Community Nurse within 4 hours (Green 4)</td>
<td>These callers need to get in contact with a community healthcare professional such as Community Nurse or Macmillan Nurse and require a more urgent response, for example a blocked catheter or a distressed patient. It is for when the organisation acts as a message handling service for other healthcare professionals. <strong>Used for 999, 111 and OOH</strong> <strong>Initiates DoS search</strong></td>
</tr>
<tr>
<td>Dx111</td>
<td>Community Nurse within 24 hours (Green 4)</td>
<td>These callers need to get in contact with a community healthcare professional such as Community Nurse or Macmillan Nurse and require a less urgent response such as to change a dressing. It is for when the organisation acts as a message handling service for other healthcare professionals. <strong>Used for 999, 111 and OOH</strong> <strong>Initiates DoS search</strong></td>
</tr>
<tr>
<td>Dx112</td>
<td>Community Nurse next working day (Green 4)</td>
<td>These callers need to get in contact with a community healthcare professional such as Community Nurse or Macmillan Nurse and require a routine response such as an appointment change or cancellation. It is for when the organisation acts as a message handling service for other healthcare professionals. <strong>Used for 999, 111 and OOH</strong> <strong>Initiates DoS search</strong></td>
</tr>
<tr>
<td>Dx113</td>
<td>Health Visitor next working day (Green 4)</td>
<td>These patients need to get in contact with a Health Visitor. It is for when the organisation acts as a message handling service for other healthcare professionals. <strong>Used for 111 and OOH only</strong> <strong>Initiates DoS search</strong></td>
</tr>
<tr>
<td>Dx114</td>
<td>Community Midwife next working Day (Green 4)</td>
<td>These patients need to get in contact with a Midwife. It is for when the organisation acts as a message handling service for other healthcare professionals. <strong>Used for 111 and OOH only</strong> <strong>Initiates DoS search</strong></td>
</tr>
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| Dx115 | Contact own GP Practice next working day for an appointment (Green 4) | Disposition used in the Health Information pathway only when the patient requires a routine GP appointment.  
**Used for 111 and OOH only**  
**Initiates DoS search** |
| Dx116 | Speak to a Primary Care Service within 6 hours for Expected Death (Green 4) | Disposition for use when expected death has occurred in a terminally ill patient.  
**Used for 999, 111 and OOH**  
**Initiates DoS search** |
| Dx117 | Speak to a Primary Care Service within 1 hour for Palliative Care (Green 4) | Disposition for use when a patient has a pre-determined management plan and requires access to palliative care.  
**Used for 999, 111 and OOH**  
**This also appears in the Pathways clinician override list**  
**Initiates DoS search** |
| Dx118 | Attend Emergency Dental Treatment Centre within 4 hours (Green 4) | This is an Emergency Department (ED) level disposition that is specifically for dental conditions requiring emergency dental treatment within 4 hours. This includes conditions such as bleeding ['getting worse'] following a recent dental operation or extraction. It does not include bleeding disorders or those on anticoagulants as those cases receive a standard ED disposition. It does not include bleeding which has slowed down or stopped as those cases receive a primary care dental disposition.  
**Used for 999, 111 and OOH**  
**This also appears in the Pathways clinician override list**  
**Initiates DoS search** |
| Dx321 | Speak to a Clinician from our service Immediately – Refused Ambulance Disposition (Green 3) | This is an immediate transfer to a clinician where for safety reasons further clinical assessment by a qualified clinician is needed straight away as the caller has refused the ambulance disposition and early exit has been selected by the call handler. The call is sent to the Clinician stack/queue but will need to have the following hierarchy applied Dx321, Dx32, Dx325, Dx327, Dx322, Dx323, Dx324, Dx326, Dx328  
**Used for 999, 111 and OOH**  
**Note - if you don't have a pathways clinician they will need to be mapped to the GP queues in OOH**
| Dx322 | Speak to a Clinician from our service Immediately – Refused Emergency Treatment Centre Disposition (Green 3) | This is an immediate transfer to a clinician where for safety reasons further clinical assessment by a qualified clinician is needed straight away as the caller has refused the emergency treatment centre disposition and early exit has been selected by the call handler. The call is sent to the Clinician stack/queue but will need to have the following hierarchy applied, Dx321, Dx32, Dx325, Dx327, Dx322, Dx323, Dx324, Dx326, Dx328  
Used for 999, 111 and OOH  
Note - if you don’t have a pathways clinician they will need to be mapped to the GP queues in OOH |
|---|---|---|
| Dx323 | Speak to a Clinician from our service Immediately – Refused Primary Care Service Disposition (Green 3) | This is an immediate transfer to a clinician where for safety reasons further clinical assessment by a qualified clinician is needed straight away as the caller has refused the primary care service disposition and early exit has been selected by the call handler. The call is sent to the Clinician stack/queue but will need to have the following hierarchy applied, Dx321, Dx32, Dx325, Dx327, Dx322, Dx323, Dx324, Dx326, Dx328  
Used for 999, 111 and OOH  
Note - if you don’t have a pathways clinician they will need to be mapped to the GP queues in OOH |
| Dx324 | Speak to a Clinician from our service Immediately – Refused Disposition (Green 3) | This is an immediate transfer to a clinician where for safety reasons further clinical assessment by a qualified clinician is needed straight away as the caller has refused the disposition and early exit has been selected by the call handler. The call is sent to the Clinician stack/queue but will need to have the following hierarchy applied, Dx321, Dx32, Dx325, Dx327, Dx322, Dx323, Dx324, Dx326, Dx328  
Used for 999, 111 and OOH  
Note - if you don’t have a pathways clinician they will need to be mapped to the GP queues in OOH |
| Dx325 | Speak to a Clinician from our service immediately – Toxic Ingestion/Inhalation (Green 3) | This is an immediate transfer to a clinician where for safety reasons further clinical assessment by a qualified clinician is needed straight away. The call is sent to the Clinician stack/queue and the clinician is quickly able to see the nature of the call, but will need to have the following hierarchy applied, Dx321, Dx32, Dx325, Dx327, Dx322, Dx323, Dx324, Dx326, Dx328  
Used for 999, 111 and OOH  
Note - if you don’t have a pathways clinician they will need to be mapped to the GP queues in OOH |
| Dx326 | Speak to a Clinician from our service immediately – Frequent Caller (Green 3) | This is an immediate transfer to a clinician where for safety reasons further clinical assessment by a qualified clinician is needed straight away as the caller has refused the disposition and early exit has been selected by the call handler. The call is sent to the Clinician stack/queue but will need to have the following hierarchy applied, but will need to have the following hierarchy applied, Dx321, Dx32, Dx325, Dx327, Dx322, Dx323, Dx324, Dx326, Dx328  
*Used for 999, 111 and OOH*  
*Note - if you don’t have a pathways clinician they will need to be mapped to the GP queues in OOH* |
| Dx327 | Speak to a Clinician from our service immediately – Chemical Eye Splash (Green 3) | This is an immediate transfer to a clinician where for safety reasons further clinical assessment by a qualified clinician is needed straight away. The call is sent to the Clinician stack/queue and the clinician is quickly able to see the nature of the call, but will need to have the following hierarchy applied, Dx321, Dx32, Dx325, Dx327, Dx322, Dx323, Dx324, Dx326, Dx328  
*Used for 999, 111 and OOH*  
*Note - if you don’t have a pathways clinician they will need to be mapped to the GP queues in OOH* |
| Dx328 | Speak to a Clinician from our service Immediately – Management of Dying Individual (Expected) (Green 3) | This has been created specifically to replace Dx32 within expected death where the patient is still breathing and the caller needs to speak with an in house clinician; this will enable services to identify these patients within their queues. The call is sent to the Clinician stack/queue and the clinician is quickly able to see the nature of the call, but will need to have the following hierarchy applied, Dx321, Dx32, Dx325, Dx327, Dx322, Dx323, Dx324, Dx326, Dx328  
*Used for 999, 111 and OOH*  
*Note - if you don’t have a pathways clinician they will need to be mapped to the GP queues in OOH* |
Section 2

Pathways Clinician Only Dispositions

These dispositions are only used in Module 2 and some also appear in the override list, where NHS Pathways have deemed it appropriate for a Pathways clinician. If you don’t use clinicians they do not need to be mapped as these dispositions are only reached when logged in with the clinician skillset. Pathways clinician specifically means a clinician who will be using the NHS Pathways system to complete the interaction.

| Dx017 | Ambulance for Clinical Reasons (Green 4 locally determined) | This is used when emergency assistance is needed only as the caller cannot carry out the original disposition or the clinician assesses the need for an ambulance due to clinical reasons.  
*Used for 999, 111 and OOH* |
|---|---|---|
| Dx018 | Ambulance for Transport Reasons (Green 4 locally determined) | This is used when assistance is needed only as the caller cannot carry out the original disposition or the clinician assesses the need for an ambulance due to transport reasons.  
*Used for 999, 111 and OOH* |
| Dx0181 | Emergency Ambulance due to Clinical Reasons (Green 2) | This is used when dispatch of an ambulance is needed to transport a patient to an Emergency Department for conditions which need to be attended quickly, but which will not deteriorate or suffer with a lightly slower response.  
This is the Clinician override equivalent of Dx012 Emergency Ambulance Response  
*Used for 999, 111 and OOH*  
In OOH the code is used but displayed as “An emergency ambulance is needed now” |
| Dx18 | To Contact a Dental Practice within 2 hours (Green 4) | To contact a Dental Practice means you are recommending that the person needs to contact a Dental practitioner for details of emergency cover.  
**Used for 999, 111 and OOH**  
Initiates DoS search |
| Dx23 | Contact Orthodontist next working day (Green 4) | These callers need to be treated specifically by an orthodontist for their symptoms.  
**Used for 999, 111 and OOH**  
Initiates DoS search |
| Dx25 | Home Management (Green 4) | This is only within the Clinicians’ module (Module 2) of NHS Pathways and is when the symptoms can be treated at home and no further intervention is required by a health care practitioner.  
**Used for 999, 111 and OOH** |
| Dx51 | Speak to Midwife within 2 hours (Green 4) | The caller will be advised to contact their midwife within 2 hours, or in case of unregistered callers we would advise them to the local midwifery unit or Labour suite and speak to a midwife there.  
**Used for 999, 111 and OOH**  
Initiates DoS search |
| Dx73 | Refer To Social Services Immediately (Green 4) | These patients need to be referred to Social Services immediately. This disposition appears in the Clinicians' Module of NHS Pathways (Module2). It is for example when a patient has called and their carer has failed to turn up and need to have carer support immediately.  
**Used for 999, 111 and OOH**  
Initiates DoS search |
| Dx74 | Refer To Social Services Routinely (Green 4) | These patients need to be referred to Social Services within 24 hours. This disposition appears in the Clinicians' Module of NHS Pathways (Module2). It is for example when the caller needs social input such as home help but the caller is not at risk at the time of the call.  
**Used for 999, 111 and OOH**  
Initiates DoS search |
| Dx42 | Child protection Vulnerable Adult immediate referral (Green 4) | These patients need to be referred to Child Protection lead immediately. This disposition appears in the Clinicians’ Module of NHS Pathways (Module2). It is for example when a patient has called and their carer has failed to turn up and need to have carer support immediately.  
*Used for 999, 111 and OOH* |
| Dx43 | Child protection / Vulnerable Adult non immediate referral (Green 4) | These patients need to be referred to Child Protection lead for concerns but not immediate. This disposition appears in the Clinicians’ Module of NHS Pathways (Module2). It is for example when a patient has called and their carer has failed to turn up and need to have carer support immediately.  
*Used for 999, 111 and OOH* |
| Dx83 | Clinician Home Management of Dying Individual (Expected) (Green 4) | This disposition only appears in Early Exit, Appears to be dying and the death is expected. This is a home management disposition and requires no further intervention. It is for the situation where someone is ringing up because they are not sure that the patient is dying, it is an expected death so we don’t want any sort of emergency response to be issued. The caller is given some reassuring advice to continue to look after the individual and then contact their own GP practice once they are sure the person has died. This disposition appears in the Clinicians’ Module of NHS Pathways (Module2).  
*Used for 999, 111 and OOH* |
| Dx84 | Refer to Another Agency (Green 4) | New disposition created for use with Module 2 clinician pathways ‘Child/Safeguard/Protection or Vulnerable Adult Concern and ‘Assessment of Required Level of Response’ regarding referral to other services. New disposition created ‘Refer to Another Agency’ previously there was no disposition and the call closed after care advice.  
*Used for 999, 111 and OOH.* |
| Dx97 | Emergency Contraception required within 2 hours (Green 4) | These callers will be assessed by an in house clinician as they have declared a failure of contraception which has occurred within the last 48 to 72 hours and therefore requires a more urgent response for the emergency contraception.  
*Used for 999, 111 and OOH*  
Initiates DoS search |
| Dx98 | Emergency Contraception required within 12 hours (Green 4) | These callers will be assessed by an in house clinician as they have declared a failure of contraception which has occurred within the last 48 hours or between 48 and 72 hours and therefore requires a 12 hour response for possible emergency contraception. Used for 999, 111 and OOH Initiates DoS search |
Section 3
Dispositions in Data Tables

The following dispositions are in Pathways export tables in the releases but are currently not used within any actual Pathways and therefore do not need to be mapped as they would not be generated. We monitor these and if they become used we will inform you and update the tables.

**PLEASE NOTE WHEN YOU HAVE GONE LIVE AND YOU GENERATE ANY OF THESE DISPOSITION CODES PLEASE INFORM NHS PATHWAYS IMMEDIATELY**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dx57</td>
<td>Specialist Advice – Contraception</td>
<td>No longer used</td>
</tr>
<tr>
<td>Dx79</td>
<td>Failed Contraception</td>
<td>No longer used</td>
</tr>
<tr>
<td>Dx100</td>
<td>Call Terminated Early</td>
<td>No longer used</td>
</tr>
<tr>
<td>Dx101</td>
<td>Call Handler terminated the call</td>
<td>No longer used</td>
</tr>
<tr>
<td>Dx04</td>
<td>Go to the Emergency Department within 1 hour</td>
<td>No longer used</td>
</tr>
<tr>
<td>Dx027</td>
<td>Assistance is being dispatched to arrive within 8 hours</td>
<td>No longer used</td>
</tr>
<tr>
<td>Dx27</td>
<td>Contact Poisons Centre</td>
<td>Not utilised</td>
</tr>
<tr>
<td>Dx109</td>
<td>Dispatch of other emergency services</td>
<td>Not utilised</td>
</tr>
<tr>
<td>Dx24</td>
<td>Health Protection Emergency</td>
<td>Not utilised</td>
</tr>
<tr>
<td>Dx26</td>
<td>Contact Care Plan Provider within agreed timescales</td>
<td>Not utilised</td>
</tr>
<tr>
<td>Dx29</td>
<td>Contact Specialist Practitioner</td>
<td>Not utilised</td>
</tr>
<tr>
<td>Dx33</td>
<td>Speak to Clinician From our Service Within 10 Minutes</td>
<td>Not utilised</td>
</tr>
<tr>
<td>Dx36</td>
<td>Refer to Health Information Advisor Immediately</td>
<td>Not utilised</td>
</tr>
<tr>
<td>Dx37</td>
<td>Contact Secondary Care Routine</td>
<td>Not utilised</td>
</tr>
<tr>
<td>Dx40</td>
<td>Refer to Health Information Advisor within 15 minutes</td>
<td>Not utilised</td>
</tr>
<tr>
<td>Dx41</td>
<td>Refer to Health Information Advisor next working day</td>
<td>Not utilised</td>
</tr>
<tr>
<td>Dx54</td>
<td>Refer to Senior Colleague</td>
<td>Not utilised</td>
</tr>
<tr>
<td>Dx</td>
<td>Description</td>
<td>Status</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Dx55</td>
<td>The disposition is Locally Approved Disposition</td>
<td>Not utilised</td>
</tr>
<tr>
<td>Dx56</td>
<td>The disposition is Follow Admission Protocol</td>
<td>Not utilised</td>
</tr>
<tr>
<td>Dx56</td>
<td>The disposition is Follow Admission Protocol</td>
<td>Not utilised</td>
</tr>
<tr>
<td>Dx65, Dx66, Dx67, Dx68, Dx69, Dx70 and Dx71</td>
<td>Flu Line Dispositions This is only used if NHS Pathways was to be the triage system that was used for a National Pandemic Flu Service. We don't currently use these but if they were they would be for 999, 111 and OOH</td>
<td>Not utilised</td>
</tr>
<tr>
<td>Dx72</td>
<td>Direct referral to Primary Care practitioner for assessment</td>
<td>Not utilised</td>
</tr>
<tr>
<td>Dx103</td>
<td>Refer To A Clinician From Our Service - Caller Unhappy With The Disposition</td>
<td>Not utilised</td>
</tr>
<tr>
<td>Dx105</td>
<td>Service response is required</td>
<td>Not utilised</td>
</tr>
<tr>
<td>Dx280</td>
<td>Speak to a nurse from our service for home management advice</td>
<td>Not utilised</td>
</tr>
<tr>
<td>Dx380</td>
<td>Speak to a nurse from our service for home management advice</td>
<td>Not utilised</td>
</tr>
<tr>
<td>Dx53</td>
<td>Refer to Health Information Advisor Immediately</td>
<td>Not utilised</td>
</tr>
<tr>
<td>Dx015</td>
<td>Priority Transport to Emergency Department</td>
<td>Not utilised</td>
</tr>
<tr>
<td>Dx023</td>
<td>Assistance is being dispatched to arrive within 30 minutes</td>
<td>Not utilised</td>
</tr>
</tbody>
</table>