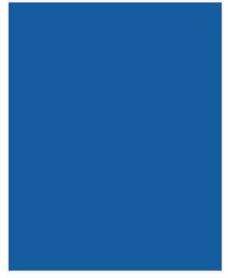


Identification rules for prescribed specialised services











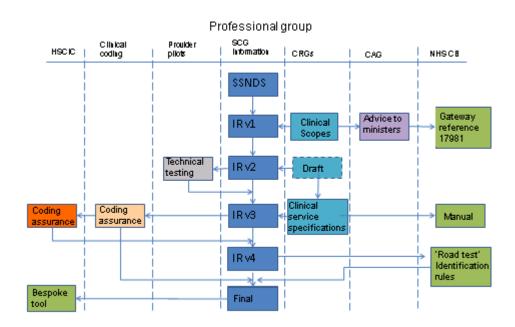
IDENTIFICATION RULES FOR PRESCRIBED SPECIALISED SERVICES

1.0 Introduction

The purpose of this document is to provide comprehensive guidance to health care provider and commissioner organisations to ensure identification of specialised / prescribed healthcare activities from data flows. This document must be read in conjunction with the prescribed services manual.

2.0 Background to identification rule creation

The identification rules have a firm clinical and informatics footing. They are based on the clinical descriptions of specialist services (as described in the Clinical Scope documents produced by members of the Clinical Reference Groups (CRGs)) and the clinical service specifications also produced by the CRGs. Both of these documents were subsequently developed into other products that support the commissioning of specialist services. The diagram below provides a high level summary of the development process involved and the products that have subsequently been produced.



The development cycle of the identification rules has involved a number of iterations of the development, test and review process. Furthermore the IR content, technical solutions and technical usability have been subject to a number of different assurance processes.

3.0 What are the identification rules?

The identification rules are a mechanism by which healthcare activities can be identified as specialist (and therefore for direct commissioning by the NHS Commissioning Board (NHS CB)). Because the data flows used to support the commissioning process consist of both standard and non-standard flows of various quality and content, it is therefore not possible to have one single identification method for prescribed activity. Instead there are four different methods of identification:

- I. Application of technical logic against standard inpatient and outpatient data flows. The technical logic creates selection criteria based on the presence of a combination of main specialty or treatment function codes, procedure or diagnosis codes, age of patient and name of provider organisation
- II. Comparison of service provision against a list (ie list of high cost drugs and devices)
- III. Comparison of healthcare activities against patient registries / clinical databases and
 - when none of the above are possible,
- IV. Creation of local (to healthcare provider) data capture process to illustrate patients who meet the criteria of being specialist.

For some services one identification method is sufficient to locate the specialist activity but for some services a combination of rules are required (sometimes as a cross-reference). The identification rules utilise where possible the naming convention and data formats as detailed in the NHS Data Dictionary.

IMPORTANT NOTE:

The identification rules are based on the premise that all organisations are using the most up to date coding conventions (ICD 10 and OPCS v4.6) and have implemented all available main specialty and treatment function codes as detailed in the NHS Data Dictionary and supporting Information Standard Notices.

In order to ensure comprehensive adoption of the identification rules by NHS provider and commissioner organisations the technical logic has been replicated in four different software media for this release:

- Microsoft Excel
- Microsoft Access

- SQL
- Oracle

Both the SQL and Oracle solutions include executable scripts that enable database table creation, creation of reference tables, execution of logic and the flagging of healthcare activities as specialist (where relevant). The Microsoft Excel version of the Identification Rules attempts to provide a simple to read document that encapsulates as much of the rule set as is possible in one place.

The Health and Social Care Information Centre (HSCIC) have also been commissioned to produce a bespoke software tool that will replicate the Identification Rules and this is expected to be available at the beginning of 2013 / 14 financial year.

IMPORTANT NOTE:

The Identification Rules support the commissioning of prescribed specialised services by enabling healthcare activities to be visible in standard and non-standard data flows. The Identification Rules do not provide instruction about how services should be commissioned or the currency.

4.0 Overview to the remainder of this document

All 143 prescribed specialised services are included within this document and are documented in alphabetical order. Each service includes the following four components:

Heading band

Each service will include a heading to include name of service, the age group that the service relates to and a reference value used as outputs from the Identification Rules.

| Name of service | Age group | Service |
|-----------------|-----------------|-----------|
| | service relates | reference |
| | to | value |
| | | |

The service reference values have been created in order to illustrate a logical relationship between the service and the National Programmes of care classifications where reference values map as follows:

Prefix National Programme of Care

A Internal medicine

B Cancer and Blood

C Mental Health

D Trauma

E Women and Children

Data flows

This section includes a brief outline of the different data flows that are expected to be used to support the provision of service.

How the activity for this service is identified

This section sets out at a high level how activity is identified. There are four categories:

- Activity is identified through local flows, which apply to established designated centres only – this category is for those services that were previously commissioned on a national basis with centres designated by Ministers. Relevant providers are aware of the local data flows.
- This service includes ALL activity at specified centres this category applies where the NHS CB commissions the entire patient pathway from specified centres; CCGs do not commission any element of the service
- This service includes specified activity at specified centres this category applies
 where the NHS CB commissions specialist elements of the patient pathway from
 specified centres; CCGs commission routine elements of the service
- This service includes specified activity this category applies where the NHS CB commissions specialist procedures or facilities

How to use the identification rules

This section explains how different elements of the identification rules need to be used in order to gather information about the service.

| Adult ataxia telangiectasia services | Adult | |
|--------------------------------------|-------|--|
| | | |

The data flows used to support the service are:

• Inpatient and caseload activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Adult congenital heart disease service | Adult | A13 |
|--|-------|-----|
|--|-------|-----|

Data flows

The data flows used to support the service are:

- Inpatient activity via SUS
- Adult Critical Care via SUS
- Outpatient attenders via SUS
- Drug information via local data flow
- Devices information via local data flow

How the activity for this service is identified

This service includes ALL activity at specified centres.

How to use the identification rules

- 1. Inpatient activity can be identified by selecting activity meeting the list of procedure and diagnosis codes.
- 2. Any critical care activities associated with the inpatient spells identified at 1 will require identification and identified as specialist.
- 3. Outpatient activity can be identified by selecting outpatient attenders using the new treatment function code (331 Congenital heart disease)
- 4. Any high cost drugs, devices, used in the clinical management of specialist ACHD patients are also deemed prescribed.

| Adult highly specialised respiratory | Adult | A03d |
|--------------------------------------|-------|------|
| services | | |

COMPLEX HOME VENTILATION

Data flows

The data flows used to support the service are:

Local data flow

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

1. There is no Identification Rule for this service. The prescribed services manual provides a description of the prescribed service. Specialist providers and commissioners are required to agree a commissioning process to secure provision of service supported by locally agreed data flows.

SEVERE AND DIFFICULT TO CONTROL ASTHMA

Data flows

The data flows used to support the service are:

- Inpatient data via SUS
- Outpatient data via SUS
- Activity monitoring via local data flow
- Drug information via local data flow
- Uploading of information into the British Thoracic Society asthma database

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

- 1. Providers of this service will be required to identify the patients who meet the criteria of severe and difficult to control asthma (see the prescribed services manual). These patients may be documented on the British Thoracic Society asthma database or on local clinical registries.
- All Inpatient admissions used to manage the severe asthma at the named specialist provider sites should be identified locally by the provider and documented as specialist.
- 3. Any ITU stays associated with the Inpatient activity identified at 2 above should be documented as specialist.
- 4. An identification rule has been documented for outpatient activity. This should be used as a guide only and outpatient attendances used to manage the severe asthma at the named specialist provider sites should be identified locally by the provider and documented as specialist.
- Any high cost drugs used in the clinical management of severe and difficult to control asthma patients should be identified and documented for prescribed commissioning.

INTERSTITIAL LUNG DISEASE

The data flows used to support the service are:

- Inpatient data via SUS
- ITU data via SUS
- Outpatient data via SUS
- Drug information via local data flow

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

- 1. Inpatient activities can be identified by applying the list of procedure and diagnosis codes listed in the identification rules
- 2. Any critical care activities associated with the inpatient spells identified at 1 need to be added.
- Outpatient attendances used to support the clinical management of specialist respiratory patients can be identified by applying the list of diagnosis codes to outpatient data or using locally held registries of patient who meet the service definition as described in the prescribed services manual.
- 4. The identification rules identifies that all high cost drugs commissioned to support the clinical management of specialist respiratory patients are chargeable to commissioners of prescribed specialised services. Trusts are encouraged to use their prescribing systems to identify the amount and cost of drug used.

| Adult highly specialised pain management | Adults | D08 |
|--|--------|-----|
| services | | |

Data flows:

The data flows used to support the service are:

Inpatient activity via SUS

- Outpatient activity via SUS
- Local data flows

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules:

- 1. The procedure and diagnosis codes listed in the identification rules should be applied to inpatient data. Unfortunately the codes alone are insufficient to describe the clinical service provided (see manual for further services descriptions) and therefore providers are advised to manage the commissioning of the service via a locally held list of patients deemed to be specialist. All inpatient (and if appropriate, outpatient) care provided to this group of patients should be identified for specialised commissioning.
- The World health Organisation have made some revisions to the International Classification Disease code set which will enable a greater level of granularity of coding for the pain service. These codes will be available for implementation in October 2013.

| Adult highly specialised rheumatology | Adult | A03c |
|---------------------------------------|-------|------|
| services | | |

Data flows

The data flows used to support the service are:

- Local management of a patient list / registry / database of patients that meet the prescribed service definition.
- Outpatient attendances via SUS
- Inpatient activity via SUS
- Local exchange of PbR excluded high cost drugs (as documented in Trust pharmacy systems) used in the clinical management of specialist Rheumatology patients

How the activity for this service is identified

This service includes specified activity at specified centres

How to use the identification rules

- 1. The procedure and diagnosis codes listed in the identification rules should be applied to inpatient data. Unfortunately the codes alone are insufficient to describe the clinical service provided (see manual for further services descriptions) and therefore providers are advised to manage the commissioning of the service via a locally held list of patients deemed to be specialist. All inpatient (and if appropriate, outpatient) care provided to this group of patients should be identified for specialised commissioning
- 2. Trusts are advised to use a facility like a specialist Rheumatology MDT to identify patients who meet the criteria of specialist Rheumatology. The MDT is advised to log details about those patients on a local registry when specialist diagnosis is confirmed and then remove them from the local registry once specialist management is no longer required. This can be used as a reference point for commissioning data flows.
- 3. The majority of specialist Rheumatology care is likely to be provided in the outpatient setting. In order to identify the specialist activity from outpatient flows there is a requirement for the diagnosis code to be collected for this service. (See the list of diagnosis codes given in the Inpatient rule for this service). Where this is not (yet) being collected a temporary work-around is suggested for this service which encompasses the collection of Rheumatology outpatient attendances from named healthcare providers where the referral source is a consultant. This output could be compared to the specialist Rheumatology local patient registry for completeness.
- 4. Specialist Inpatient activities can be identified by selecting activities with the relevant procedure and diagnosis codes given in the Inpatient rule.
- 5. Where high cost drugs (see list of commissioned drugs) are used in the clinical management of the Rheumatology patient the costs should be identified from local pharmacy systems and the charge raised to the specialised commissioning function.

| Adult specialist vascular services | Adult | A04 |
|------------------------------------|-------|-----|
| | | |

Data flows

The data flows used to support the service are:

- Inpatient activity via SUS
- Critical care activity via SUS

- Outpatient attendances via SUS
- Drug usage information to be supplied via local data flows
- Device information to be supplied via local data flows

How the activity for this service is identified

This service includes specified activity.

How to use the identification rules

- 1. Inpatient activities can be identified by applying the list of procedure and diagnosis codes listed in the identification rules to Inpatient activity.
- 2. Any critical care activities associated with the inpatient spells identified at 1 will require identification and identified as specialist.
- 3. Commissioners of prescribed specialised services should only commission the outpatient attendances associated with the Inpatient activity at 1 above. For many providers event linkage from one activity to another is difficult and therefore as a temporary work-around encompasses the collection of Vascular Surgery outpatient attendances from named healthcare providers where the referral source is a consultant.
- 4. The identification rules identifies that all high cost drugs commissioned to support the clinical management of specialist vascular patients are chargeable to commissioners of prescribed specialised services. Trusts are encouraged to use their prescribing systems to identify the amount and cost of drug used.
- 5. The identification rules identifies that all high cost devices commissioned to support the clinical management of specialist vascular patients are chargeable to commissioners of prescribed specialised services. Trusts are encouraged to contact the clinical area for advice in this area and also the finance department for costs etc.
- 6. Providers of vascular surgery are also expected to submit data as appropriate to a number of clinical databases and registries (see later section on databases etc.)

| Adult secure mental health services | Adult | C02 |
|-------------------------------------|-------|-----|
| | | |

Data flows

The data flows used to support the service are:

- Local data flow
- Mental Health minimum data set information submitted to Exeter data bureau

How the activity for this service is identified

This service includes specified activity.

How to use the identification rules

1. There is no Identification Rule for this service. The prescribed services manual provides a description of the prescribed service. Specialist providers and commissioners are required to agree a commissioning process to secure provision of service supported by locally agreed data flows.

| Adult specialist cardiac service | Adult | A9 |
|----------------------------------|-------|-----|
| | | A10 |

CARDIAC SURGERY

A10

Data flows

The data flows used to support the service are:

- Inpatient activity via SUS
- ITU activity via SUS
- Outpatient attendances via SUS
- Device details via local data flow
- Drug usage information via local data flow

How the activity for this service is identified

This service includes ALL activity at specified centres.

How to use the identification rules

1. Inpatient activity is not identified by the presence of a list of procedure or diagnosis codes instead the activity is deemed prescribed when the main

- specialty code is 170 (Cardiothoracic surgery) and the treatment function code is 172 (Cardiac Surgery) and performed at a named list of provider organisations.
- 2. Any ITU activity generated as a result of the inpatient activity above (including cardiac ECMO) should also be identified.
- 3. Outpatient attendances can be identified by using the 172 (Cardiac Surgery) treatment function codes.
- 4. The identification rules identifies that high cost drugs used to support the clinical management of cardiac surgery patients are chargeable to commissioners of prescribed specialised services. Trusts are encouraged to use their prescribing systems to identify the amount and cost of drugs used for this patient cohort.
- 5. The identification rules identify devices / implants as being chargeable to commissioners of prescribed specialised services. Trusts are encouraged to contact the clinical service or finance staff to identify the devices and their cost used in the care of these patients.

CARDIAC ELECTROPHYSIOLOGY

A09

Data flows

The data flows used to support this service are:

- Inpatient activity via SUS
- Outpatient activity via SUS
- ITU activity via SUS
- Drug usage information via local data flow

How the activity for this service is identified

This service includes specified activity at specified centres.

- 1. Inpatient activity can be identified by selecting activity meeting the list of procedure and diagnosis codes
- 2. Any ITU activity generated as a result of the inpatient activity above should also be identified.
- 3. Outpatient attendances used to support the clinical management of patients with cardiac arrhythmias or abnormal rhythms should be identified as specialist. There is no operational identification rule to support this element of service.

4. The identification rules identifies that high cost drugs used to support the clinical management of cardiac patients are chargeable to commissioners of prescribed specialised services. Trusts are encouraged to use their prescribing systems to identify the amount and cost of drugs used for this patient cohort.

COMPLEX DEVICE THERAPY

A09

Data flows

The data flows used to support this service are:

- Inpatient activity via SUS
- Outpatient activity via SUS
- ITU activity via SUS
- Device details via local data flow

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

- 1. Inpatient activity can be identified by selecting activity meeting the list of procedure and diagnosis codes
- 2. Any ITU activity generated as a result of the inpatient activity above should also be identified.
- Outpatient attendances used to support the clinical management of patients with cardiac arrhythmias or abnormal rhythms should be identified as specialist. There is no operational identification rule to support this element of service.
- 4. The identification rules identify devices / implants as being chargeable to commissioners of prescribed specialised services. Trusts are encouraged to contact the clinical service or finance staff to identify the devices and their cost used in the care of these patients

INHERITED HEART DISEASE

A09

Data flows

The data flows used to support this service are:

- Inpatient activity via SUS
- Outpatient activity via SUS

- ITU activity via SUS
- Drug usage information via local data flow

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

- Inpatient activity can be identified by selecting activity meeting the list of diagnosis codes
- 2. Any ITU activity generated as a result of the inpatient activity above should also be identified.
- 3. Outpatient attendances used to support the clinical management of patients with inherited heart disease should be identified as specialist. There is no operational identification rule to support this element of service.
- 4. The identification rules identifies that high cost drugs used to support the clinical management of cardiac patients are chargeable to commissioners of prescribed specialised services. Trusts are encouraged to use their prescribing systems to identify the amount and cost of drugs used for this patient cohort.

PPCI AND STRUCTURAL HEART DISEASE A09

Data flows

The data flows used to support this service are:

- Inpatient activity via SUS
- ITU activity via SUS
- Device details via local data flow
- Drug usage information via local data flow
- Where relevant, the uploading of patient information to the National TAVI clinical database Central Cardiac Audit Database (CCAD)

How the activity for this service is identified

This service includes specified activity at specified centres.

- 1. Inpatient activity can be identified by selecting activity meeting the list of procedure codes. The inpatient identification rule for PPCI is not a perfect match and simply provides a proxy solution based on standard data flows.
- 2. Any ITU activity generated as a result of the inpatient activity above should also be identified.
- 3. The identification rules identifies that high cost drugs used to support the clinical management of cardiac patients are chargeable to commissioners of prescribed specialised services. Trusts are encouraged to use their prescribing systems to identify the amount and cost of drugs used for this patient cohort.
- 4. The identification rules identify devices / implants as being chargeable to commissioners of prescribed specialised services. Trusts are encouraged to contact the clinical service or finance staff to identify the devices and their cost used in the care of these patients

CARDIAC MRI A10

Data flows

The data flows used to support this service are:

Inpatient activity via SUS

How the activity for this service is identified

This service includes ALL activity at specified centres.

How to use the identification rules

1. Inpatient activity can be identified by selecting activity matching the reported procedure code. Alternatively provider organisations may also locate this information from local radiology information systems.

| Adult specialist eating disorders | Adult | C01 |
|-----------------------------------|-------|-----|
| | | |

Data flows

The data flows used to support the service are:

- Local data flow
- Mental Health minimum data set information submitted to Exeter data bureau

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

There is no Identification Rule for this service. The prescribed services manual
provides a description of the prescribed service. Specialist providers and
commissioners are required to agree a commissioning process to secure
provision of service supported by locally agreed data flows.

| Adult specialist endocrinology services | Adult | A03a |
|---|-------|------|
| | | |

Data flows

The data flows used to support the service are:

- Local management of a patient list / registry / database of patients that meet the prescribed service definition.
- Outpatient attendances via SUS
- Inpatient activity via SUS
- Local exchange of PbR excluded high cost drugs (as documented in Trust pharmacy systems) used in the clinical management of specialist Endocrinology patients

How the activity for this service is identified

This service includes specified activity at specified centres.

- For this service, procedure and diagnosis codes and current data collection
 process are insufficient to clearly identify specialist endocrinology service. It is
 important that the service description documented in the prescribed services
 manual is reviewed before attempting to gather data to support this service.
- 2. Trusts are advised to use a facility like a specialist Endocrinology MDT to identify patients who meet the criteria of specialist Endocrinology. The MDT is advised to log details about those patients on a local registry when specialist diagnosis is

- confirmed and then remove them from the local registry once specialist management is no longer required. This can be used as a reference point for commissioning data flows.
- 3. The majority of specialist Endocrinology care is likely to be provided in the outpatient setting. In order to identify the specialist activity from outpatient flows there is a requirement for the diagnosis code to be collected for this service. (See the list of diagnosis codes given in the Inpatient rule for this service). Where this is not (yet) being collected a temporary work-around is suggested for this service which encompasses the collection of Endocrinology outpatient attendances from named healthcare providers where the referral source is a consultant. This output could be compared to the specialist Endocrinology local patient registry for completeness.
- 4. Specialist Inpatient activities can be identified by selecting activities with the relevant procedure and diagnosis codes given in the Inpatient rule.
- 5. Where high cost drugs (see list of commissioned drugs) are used in the clinical management of the Endocrinology patient the costs should be identified from local pharmacy systems and the charge raised to the specialised commissioning function.

| Adult specialist intestinal failure services | Adult | A08 |
|--|-------|-----|
| | | |

The data flows used to support the service are:

- Inpatient spells via SUS
- Outpatient attendances (including any details of care delivered via telemedicine) provided via SUS
- Uploading of information to BAPENS (BANS) patient register and clinical database
- Drug usage for trust and home care delivery via local data exchange

How the activity for this service is identified

This service includes specified activity at specified centres. Please note at the time of compiling this guidance document a national review of Intestinal Failure providers is underway with the intention of designating a list of national healthcare providers.

How to use the identification rules

- Applying the list of OPCS and ICD 10 codes to inpatient activity will identify
 patients who <u>may</u> be deemed to be specialist Intestinal Failure patients. A further
 check is required by the trust to then confirm that those patients are also
 recorded on the BAPEN (BANS) patient register. This approach is the most
 robust method.
- 2. In addition Inpatients requiring more than 14 days consecutive use of intravenous nutrition (PN) are a good indicator of type II Intestinal Failure and any patients meeting this criteria can be cross-referenced to the BAPEN (BANS) patient register.
- 3. The identification rules identifies that high cost drugs used to support the surgical and medical management of intestinal failure patients are chargeable to commissioners of prescribed specialised services. Trusts are encouraged to use their prescribing systems to identify the amount and cost of drugs used for this patient cohort. (Home care provision should also be included).

| Adult specialist neurosciences services | Adult | D03 |
|---|-------|-----|
| | | |

NEUROSURGERY

D03

Data flows

The data flows used to support the service are:

- Inpatient activity via SUS
- ITU activity via SUS
- Outpatient attendances via SUS
- Device details via local data flow
- Drug usage information via local data flow

How the activity for this service is identified

This service includes ALL activity at specified centres

How to use the identification rules

- The inpatient identification rule will identify all Inpatient activity undertaken by a Neurosurgeon (main specialty code 150) at Neuroscience centre as prescribed activity.
- 2. Any ITU activity generated at those centres as a result of the inpatient spells above should also be identified as specialist.
- 3. All outpatient Neurosurgery (as defined by main specialty code) undertaken at specialist Neuroscience centres is specialist.
- 4. The identification rules identifies that high cost drugs used to support the clinical management of neurosurgery patients are chargeable to commissioners of prescribed specialised services (see list of chargeable high cost drugs). Trusts are encouraged to use their prescribing systems to identify the amount and cost of drugs used for this patient cohort.
- 5. The identification rules identify devices / implants as being chargeable to commissioners of prescribed specialised services. Trusts are encouraged to contact the clinical service or finance staff to identify the devices and their cost used in the care of these patients

NEUROLOGY D04

Data flows

The data flows used to support the service are:

- Inpatient activity via SUS
- ITU activity via SUS
- Outpatient attendances via SUS
- Device details via local data flow
- Drug usage information via local data flow

How the activity for this service is identified

This service includes ALL activity at specified centres

How to use the identification rules

- The inpatient identification rule will identify all Inpatient activity undertaken by a Neurologist (main specialty code 400) at Neuroscience or neurology centre as prescribed activity.
- 2. Any ITU activity generated at those centres as a result of the inpatient spells above is specialist.
- Only specialist neurology outpatient attenders will be commissioned by commissioners of prescribed specialised services. The outpatient identification rule states that outpatient attenders to the neurology service (Main speciality code 400) who were referred by a clinician at named centres will be identified as specialist.
- 4. The identification rules identifies that high cost drugs used to support the clinical management of neurology patients are chargeable to commissioners of prescribed specialised services (see list of chargeable high cost drugs). Trusts are encouraged to use their prescribing systems to identify the amount and cost of drugs used for this patient cohort.
- 5. The identification rules identify devices / implants as being chargeable to commissioners of prescribed specialised services. Trusts are encouraged to contact the clinical service or finance staff to identify the devices and their cost used in the care of these patients

NEURORADIOLOGY

D04

Data flows

The data flows used to support the service are:

- Inpatient activity via SUS
- ITU activity via SUS

How the activity for this service is identified

This service includes ALL activity at specified centres

How to use the identification rules

1. The inpatient identification rule will identify all Inpatient neuroradiology activity based on the presence of the appropriate procedure code.

2. Any ITU activity generated at those centres as a result of the inpatient spells above should also be attributed to specialist.

NEUROPHYSIOLOGY

D04

Data flows

The data flows used to support the service are:

Outpatient activity via SUS

How the activity for this service is identified

This service includes ALL activity at specified centres How to use the identification rules

 Only specialist neurophysiology outpatient attenders will be commissioned by commissioners of prescribed specialised services. The outpatient identification rule states that outpatient attenders to the neurophysiology service (Main speciality code 401) who were referred by a clinician at neuroscience or neurology centres will be identified as specialist.

| Adult specialist ophthalmology services | Adult | D12 |
|---|-------|-----|
| | | |

[Service details not available at this time]

| Adult specialist orthopaedic services | Adult | D10 |
|---------------------------------------|-------|-----|
| | | |

Data flows

The data flows used to support the service are:

- Inpatient activity via SUS
- ITU activity via SUS
- Devices via local data flow
- Prosthetic information via local data flow
- Orthotics via local data flow

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

- It is possible to identify some of the specialist orthopaedic surgery from the
 procedure codes documented in the inpatient rule. It is recognised that the list of
 procedure codes documented are not granular enough to truly reflect the
 specialist element of the surgery. Where this is the case providers are required to
 use local means to identify the activity described in the prescribed services
 manual.
- 2. Any ITU stays associated with the surgery identified above should be captured and billed to commissioners of prescribed specialised services
- 3. In order to identify the high cost devices, orthotics or prosthetics used in the clinical care of the patient then trusts should liaise with the clinical area and finance teams to locate these activities / costs.

| Adult specialist pulmonary hypertension | Adult | A11 |
|---|-------|-----|
| services | | |
| | | |

Data flows

The data flows used to support the service are:

- Inpatient activity via SUS
- ITU activity via SUS
- Outpatient attendances via SUS
- Drug usage information via local data flows
- All designated centres are required to submit data to the National Pulmonary Hypertension Audit

How the activity for this service is identified

This service includes ALL activity at specified centres.

- Inpatient activity can be identified by selecting activity meeting the list of procedure and diagnosis codes
- 2. Any ITU activity generated as a result of the inpatient activity above should also be identified.
- 3. It is anticipated that provider organisations will have specific (ie locally identified) Outpatient clinics used to support the clinical management of this patient group. These clinics are likely to be recorded under the170,172,173,174 or 320 treatment function codes. The identification rules also indicate the diagnosis codes for these patients which could also be used to identify pulmonary hypertension patients.
- 4. The identification rules identifies that high cost drugs used to support the clinical management of pulmonary hypertension patients are chargeable to commissioners of prescribed specialised services. Trusts are encouraged to use their prescribing systems to identify the amount and cost of drugs used for this patient cohort.

| Adult specialist renal services | Adult | A06 |
|---------------------------------|-------|-----|
| | | A07 |

RENAL DIALYSIS

A06

Data flows

The data flows that are used to support this service are:

- Inpatient spells via SUS
- Outpatient spells via SUS
- Renal dialysis sessional data via local exchange of a subset of the renal dataset
- Drug usage via a local exchange of data

How the activity for this service is identified

This service includes specified activity at specified centres.

- 1. The inpatient identification rule will identify patients being prepared for dialysis via the insertion of fistula or catheter access.
- The outpatient rule enables identification of patients who are being prepared for dialysis via the insertion of fistula or catheter access where the procedure is performed in the outpatient setting.
- 3. The latest review of prescribed services indicated that nephrology outpatient appointments are no longer deemed to be specialist. The only exceptions to this are outpatient appointments used to prepare patients for dialysis (low clearance clinics). Provider organisations are required to identify the low clearance clinics in their nephrology service and attribute to commissioners of prescribed specialised services.
- Dialysis session activity (for HD, PD delivered via hospital or home care) can be identified from the renal registry submission made by the trust (or the clinical area).

RENAL TRANSPLANTATION

A07

Data flows

The data flows used to support this service are:

- Inpatient spells via SUS
- Intensive care data via SUS
- Outpatient data via SUS
- Drug usage via a local exchange of data

How the activity for this service is identified

This service includes specified activity at specified centres.

- Inpatient activities undertaken at transplant centres can be identified by searching for activity that meets the list of diagnosis and procedure codes. Note for renal transplants it is expected that the treatment function code of 102 (transplant) also be used alongside the activity. Care should be taken to ensure that live donor activities are identified appropriately as specialist.
- 2. Any intensive care stays associated with 1 above should be identified as specialist activity.

- 3. Any outpatient attendances associated with the work-up and after care of the renal transplant patient should be identified as specialist activities. This may require the provider keeping a local list of patients being worked up for transplant in order to aid identification of the relevant outpatient activities.
- 4. The identification rules identifies that high cost drugs used to support the clinical management of renal transplant patients are chargeable to commissioners of prescribed specialised services. Trusts are encouraged to use their prescribing systems to identify the amount and cost of drugs used for this patient cohort.

| Adult specialist services for patients | Adults | B06 |
|--|--------|-----|
| infected with HIV | | |

The data flows used to support this service are:

- Providers are required to upload data to both SOPHID and the HIV and AIDS reporting System (HARS)
- Inpatient activity via SUS
- Outpatient attenders via SUS.
- Drug usage via local data flow

How the activity for this service is identified

This service includes specified activity at specified centres.

- 1. Inpatient activity can be identified by selecting activity meeting the list of procedure and diagnosis codes at the HIV centres.
- It may be possible to identify outpatient attendances by applying the same list of diagnosis codes to outpatient data. It is more probable that the Trust has a local method of identifying these activities.
- 3. The identification rules identifies that high cost drugs used to support the clinical management of HIV patients are chargeable to commissioners of prescribed specialised services. Trusts are encouraged to use their prescribing systems to identify the amount and cost of drugs used for this patient cohort.

| Adult thoracic surgery services | Adult | A12 |
|---------------------------------|-------|-----|
| | | |

The data flows used to support the service are:

- Inpatient activity via SUS
- ITU activity via SUS
- Outpatient attendances via SUS
- Device details via local data flow
- Drug usage information via local data flow

How the activity for this service is identified

This service includes ALL activity at specified centres.

- Inpatient activity is not identified by the presence of a list of procedure or diagnosis codes instead the activity is deemed prescribed when the main specialty code is 170 (Cardiothoracic surgery) and the treatment function code is 173 (Thoracic Surgery) and performed at a named list of provider organisations.
- 2. Any ITU activity generated as a result of the inpatient activity above should also be identified.
- 3. Outpatient attendances can be identified by using the 173 (Thoracic Surgery) treatment function codes
- 4. The identification rules identifies that high cost drugs used to support the clinical management of thoracic surgery patients are chargeable to commissioners of prescribed specialised services. Trusts are encouraged to use their prescribing systems to identify the amount and cost of drugs used for this patient cohort.
- 5. The identification rules identify devices / implants as being chargeable to commissioners of prescribed specialised services. Trusts are encouraged to contact the clinical service or finance staff to identify the devices and their cost used in the care of these patients.

| Alkaptonuria service | Adults | |
|----------------------|--------|--|
| | | |

The data flows used to support the service are:

- Inpatient and caseload activity via local data flows
- Drug information via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only:

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Alstrom syndrome service | All ages | |
|--------------------------|----------|--|
| | | |

Data flows

The data flows used to support the service are:

- Referral activity via local data flows
- Outpatient activity via local data flows
- Caseload activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Ataxia telangiectasia service for children | Children | |
|--|----------|--|
| | | |

Data flows

The data flows used to support the service are:

- Referral and caseload activity via local data flows
- Outpatient and clinic activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

Data flows

The data flows used to support the service are:

- Referral activity via local data flows
- Outpatient activity via local data flows
- Stem cell transplant activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Autologous intestinal reconstruction | Adults | |
|--------------------------------------|--------|--|
| service for adults | | |

Data flows

The data flows used to support the service are:

Referral

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service

| Bardet – Biedl syndrome service | All ages | |
|---------------------------------|----------|--|
| | | |

Data flows

The data flows used to support the service are:

- Referral and outpatient activity via local data flows
- Genetic testing activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Barth syndrome service | All ages |
|------------------------|----------|
| | (males) |
| | |

Data flows

The data flows used to support the service are:

- Referral activity via local data flows
- Diagnostic Testing data via local data flows
- MDT clinic data via local data flows
- Drug data via local information flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Beckwith-Wiedemann syndrome with | Children | |
|----------------------------------|----------|--|
| macroglossia service | | |

The data flows used to support the service are:

- Referral activity via local data flows
- Outpatient Assessment data via local data flows
- Surgical Interventions via local data flows
- Caseload data via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Behcet's syndrome service | Adults and | |
|------------------------------|-------------|--|
| Zonost o cynun onno con troc | adolescents | |
| | | |

Data flows

The data flows used to support the service are:

Outpatient and Caseload data via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Bladder exstrophy service | Children | |
|---------------------------|----------|--|
| | | |

The data flows used to support the service are:

- Inpatient activity via local data flows
- Outpatient activity via local data flows
- Day case activity via local data flows
- Caseload data via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

 The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service

| Blood and marrow transplantation service | All ages | B04 | |
|--|----------|-----|--|
|--|----------|-----|--|

Data flows:

The data flows used to support the service are:

- All patients (except those that refuse) should be registered on the British Society of Blood and Marrow transplantation (BSBMT) registry.
- Inpatient waiting list / prior approval request
- Inpatient spells via SUS and supported by local data flows
- Outpatient attendances via SUS and supported via local data flows
- Collection of donor activities via SUS
- Donor searches

 The Transplantation Centres are also expected to contribute to the International Bone Marrow Transplant Registry (IBMTR) or the European Group for Bone Marrow Transplantation (EBMT)

How the activity for this service is identified

This service includes ALL activity at specified centres

How to use the identification rules:

- The service specification details the point at which the NHS CB will pick up the commissioning of this service and the point at which commissioning is handed back to CCGs. At that point trusts are expected to record all activity under the 308 BMT treatment function code.
- 2. Outpatient activity can be selected based on this treatment function code.
- 3. The inpatient rule will identify each BMT physically performed. Trusts will need to note the date of transplant and identify all Inpatient and outpatient activities undertaken within 100 days of the physical transplant and record the NHS CB as the responsible commissioner.
- 4. Particular care should be taken with the reporting and identification of donor patients (particularly where the donor work-up occurs at a different provider site form that performing the physical BMT).
- 5. Commissioners of prescribed specialised services would expect to fund patients who have been identified as requiring a BMT, who have been worked up but subsequently do not go forward with the BMT (perhaps because an alternative treatment has been identified or is no longer required). In these circumstances Trust information / finance departments should liaise with their BMT clinical area to gather details about incomplete pathways. Generally, it is only the clinical areas involved who know the details of the patient co-hort with incomplete pathways.
- All commissioned BMT activities should be cross referenced by the trust with the information input to the British Society of Blood and Marrow transplantation (BSBMT) registry.

| Bone anchored hearing aid services | All ages | D09 |
|------------------------------------|----------|-----|
| | | |

Data Flows:

The data flows used to support the service are:

Inpatient activity via SUS

- Outpatient activity via SUS
- Devices (both physical device used at the time of service and annual maintenance of device) via local data flow

This service includes specified activity

How to use the identification rules

- 1. The procedure codes listed in the identification rules should be applied to inpatient data.
- 2. Outpatient appointment associated with the initial specialist assessment and inpatient surgery should be reported
- 3. In order to identify the high cost devices used in the clinical care of the patient then trusts should liaise with the clinical area and finance teams to locate these activities / costs.
- 4. All patients currently with bone anchored hearing aids requiring annual maintenance should be identified as a separate list and their annual maintenance charge identified.

| Breast radiotherapy injury rehabilitation | Adult (females) | |
|---|-----------------|--|
| service | | |

Data flows

The data flows used to support the service are:

- Referral and Caseload activity via local data flows
- Inpatient activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service

| Child and adolescent mental health | Children and | C06 |
|------------------------------------|--------------|-----|
| services – Tier 4 | adolescents | |

Data flows

The data flows used to support the service are:

- Local data flow
- Child and adolescent mental health minimum data set information submitted to the central data warehouse

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

1. There is no Identification Rule for this service. The prescribed services manual provides a description of the prescribed service. Specialist providers and commissioners are required to agree a commissioning process to secure provision of service supported by locally agreed data flows.

| Choriocarcinoma service | Adults and adolescents |
|-------------------------|------------------------|
| | |

Data flows

The data flows used to support the service are:

- Referral and Caseload activity via local data flows
- Inpatient, Outpatient and Daycase Treatment activity via local data flows
- High Cost Treatment (Chemotherapy and Bone Marrow) activity via local data flows

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Chronic pulmonary aspergillosis service | Adults | |
|---|--------|--|
| | | |

Data flows

The data flows used to support the service are:

- Referral and New Patient Testing activity via local data flows
- Caseload activity via local data flows
- Inpatient Treatment activity via local data flows
- Drug activity via local data flows
- Detailed (dosage and patient) prescribing and cost of high cost drugs information via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Cleft lip and palate services | All ages | D08 |
|-------------------------------|----------|-----|
| | | |

The data flows used to support the service are:

- Uploading of patient information to CRANE database
- Inpatient activity via SUS
- Outpatient activity via SUS

How the activity for this service is identified

This service includes ALL activity at specified centres

How to use the identification rules

- All patients diagnosed with Cleft lip and Palate should be documented on the CRANE database. This patient register should be cross referenced to reported trust activities and all care in the treatment of cleft lip and palate patients identified as specialist activity.
- Cleft lip and palate surgical activities can be identified by searching for inpatient activity containing one of the relevant diagnosis codes. This simply confirms the presence of the patient and the associated surgery / treatment.
- 3. Any outpatient activity associated with this clinical care should also be identified.

| Cochlear implantation services | All ages | D09 |
|--------------------------------|----------|-----|
| | | |

Data Flows:

The data flows used to support the service are:

- Inpatient activity via SUS
- Outpatient activity via SUS
- Devices (both physical device used at the time of service and annual maintenance of device) via local data flow

How the activity for this service is identified

This service includes specified activity.

How to use the identification rules

- 1. The procedure codes listed in the identification rules should be applied to inpatient data.
- 2. Outpatient appointment associated with the initial specialist assessment and inpatient surgery should be reported
- 3. In order to identify the high cost devices used in the clinical care of the patient then trusts should liaise with the clinical area and finance teams to locate these activities / costs.
- 4. All patients currently with implants and requiring annual maintenance should be identified as a separate list and their annual maintenance charge identified.

| Complex childhood osteogenesis | Children | |
|--------------------------------|----------|--|
| imperfect service | | |

Data flows

The data flows used to support the service are:

- Referral and New Patient Testing activity via local data flows
- Caseload activity via local data flows
- Inpatient Treatment activity via local data flows
- Drug activity via local data flows
- Detailed (dosage and patient) prescribing and cost of high cost drugs information via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Complex Ehlers Danlos syndrome service | All ages | |
|--|----------|--|
| | | |

Data flows

The data flows used to support the service are:

- Referral and Diagnosis activity via local data flows
- Outpatient activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Complex neurofibromatosis type 1 service | All ages | |
|--|----------|--|
| | | |

Data flows

The data flows used to support the service are:

- Genetic Testing activity via local data flows
- PET scan activity via local data flows
- Outpatient activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Complex spinal surgery service | All ages | D14 |
|--------------------------------|----------|-----|
| | | |

Data flows

The data flows used to support this service are:

- Inpatient activity via SUS
- ITU activity via SUS
- Device details via local data flow
- Drug usage information via local data

How the activity for this service is identified

This service includes specified activity at specified centres

How to use the Identification rules

- 1. The procedure codes listed in the software tools can be used to identify Inpatient activity that meets the criteria for specialist services.
- 2. Based on the output to 1 above, all critical care (unbundled activities) should also be identified.
- 3. The identification rules identifies that high cost drugs used to support the clinical management of complex spinal surgery patients are chargeable to commissioners of prescribed specialised services (see list of chargeable high cost drugs). Trusts are encouraged to use their prescribing systems to identify the amount and cost of drugs used for this patient cohort.
- 4. The identification rules identifies devices as being chargeable to commissioners of prescribed specialised services. Trusts are encouraged to contact the clinical service or finance staff to identify the devices and their cost used in the care of these patients.

| Complex tracheal disease service | Children | |
|----------------------------------|----------|--|
| | | |

The data flows used to support the service are:

- Referral and assessment activity via local data flows
- Surgical activity and associated inpatient stay activity via local data flows
- Follow-up care activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Congenital hyperinsulinism service | Children | |
|------------------------------------|----------|--|
|------------------------------------|----------|--|

Data flows

The data flows used to support the service are:

- Referral and assessment activity via local data flows
- Emergency and elective inpatient activity via local data flows
- Day-case activity via local data flows
- Surgical activity via local data flows
- PET scan activity via local data flows

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Cranial facial service | All ages | |
|------------------------|----------|--|
| | | |

Data flows

The data flows used to support the service are:

- Referral and assessment activity via local data flows
- Day-case activity via local data flows
- Surgical activity via local data flows
- Inpatient activity via local data flow
- Outpatient activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

 The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Cryopyrin associated periodic syndrome | Adults | |
|--|--------|--|
| | | |

| service | |
|---------|--|
| | |

The data flows used to support the service are:

- Summary drug activity via local data flows
- Outpatient attendances via local data flows
- Detailed high cost drugs reporting at patient level (local flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only:

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Cystic fibrosis services | All ages | A01 |
|--------------------------|----------|-----|
| | | |

Data flows

The data flows used to support the service are:

- The registration of Cystic Fibrosis patients (with the exception of those that refuse) on the UK Cystic Fibrosis Trust database and the sharing of those registration details with commissioners.
- Inpatient activity via SUS
- Outpatient activity via SUS
- Local exchange of PbR excluded high cost drugs (as documented in Trust pharmacy systems) used in the clinical management of CF patients

How the activity for this service is identified

This service includes ALL activity at specified centres.

How to use the Identification rules

- All patients (with the exception of those that refuse) should be recorded on the UK Cystic Fibrosis Trust database. In addition trust should maintain local registries identifying those patients who refused to their details being recorded on the national register. The combination of these two lists should be used to cross check against reported / chargeable Cystic Fibrosis activities.
- 2. Inpatient activity can be identified using the diagnosis codes in the identification rules tables. In order to only trap those clinical activities that relate to the management of the CF clinical condition, the activity <u>must</u> also be reported under the 264 (paediatric) or 343 (adult) cystic fibrosis treatment function codes. These activities should be cross referenced with the details on the UK Cystic Fibrosis Trust registry or locally held patient registry (where patients have refused registration on the UK Cystic Fibrosis Trust register).
- 3. Outpatient activities can be identified by searching for attenders under the above treatment function codes and cross referencing with the details on the UK Cystic Fibrosis trust registry or locally held patient registry (where patients have refused registration on the UK Cystic Fibrosis Trust register).
- 4. Pharmacy systems should be interrogated to identify any high cost drugs (Colistimethate sodium, Tobramycin, Dornase alfa and Aztreonnam lysine) used in the clinical care of CF patients. As above these details should be cross referenced with the details on the UK Cystic Fibrosis trust registry or locally held patient registry (where patients have refused registration on the UK Cystic Fibrosis Trust register) to ensure that only the drug usage of CF patients are identified.

| Diagnostic service for amyloidosis | Adults | |
|------------------------------------|--------|--|
| | | |

Data flows

The data flows used to support the service are:

- Evaluation activity via local data flows
- Inpatient spell activity via local data flows
- Cardiac MRI activity via local data flows

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Diagnostic service for primary ciliary | All ages | |
|--|----------|--|
| dyskinesia | | |

Data flows

The data flows used to support the service are:

- Referral activity via local data flows
- Samples received activity via local data flows
- Sample analysed and bronchoscopy activity via local data flows
- Outpatient activity via local data flows
- Positive samples reported via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

 The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Diagnostic service for rare neuromuscular | All ages | |
|---|----------|--|
| | | |

| disorders | |
|-----------|--|
| | |

The data flows used to support the service are:

- Referral activity (patients and samples) via local data flows
- Inpatient, outpatient and daycase activity via local data flows
- Diagnostic activity (biopsy, DNA analysis, antibody testing) via local data reviews

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Encapsulating peritoneal sclerosis | Adults | |
|------------------------------------|--------|--|
| treatment service | | |

Data flows

The data flows used to support the service are:

- Pre-operative preparation activity via local data flows
- Primary surgical procedure activity via local data flows
- Stoma Reversal procedure activity via local data flows
- Associated CCU and ward OBD activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

 The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Epidermolysis bullosa service | All ages | |
|-------------------------------|----------|--|
| | | |

Data flows

The data flows used to support the service are:

- Patient and caseload activity via local data flows
- Outpatient activity via local data flows
- Inpatient activity via local data flows
- Surgical activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Adults | |
|--------|--------|
| | |
| | Adults |

The data flows used to support the service are:

- Referral activity via local data flows
- Assessment activity via local data flows
- ECMO procedures activity via local data flows
- Post ECMO activity via local data flows
- Retrieval activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Extra corporeal membrane oxygenation | Children | |
|--|----------|--|
| service for neonates, infants and children | | |
| with respiratory failure | | |
| | | |

Data flows

The data flows used to support the service are:

- Referral activity via local data flow
- Assessment activity via local data flows
- ECMO procedures activity via local data flows
- Post ECMO activity via local data flows

Retrieval activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Ex-vivo partial nephrectomy service | Adults | |
|-------------------------------------|--------|--|
| | | |

Data flows

The data flows used to support the service are:

- Referral, acceptance and caseload activity via local data flows
- Assessment activity via local data flows
- Surgical procedure activity via local data flows
- Follow-up activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service

| Fetal medicine services | Adults and | E12 |
|-------------------------|------------|-----|
| | | |

| adolescents | |
|-------------|--|
| | |

The data flows used to support the service are:

- Inpatient activity via SUS
- Outpatient activity via SUS
- Test information via local data flow
- Fetal medicine providers are required to upload information to either Viewpoint (GE Healthcare) or Astraia clinical databases
- Providers of fetal medicine services are also required to ensure that the maternity services secondary usage dataset is populated and submitted to SUS to include details of any fetal medicine tests performed.

How the activity for this service is identified

This service includes ALL activity at specified centres.

High level summary of the identification rule

Activity is specialised when specialist and undertaken at specialist providers.

How to use the identification rules

- 1. All fetal medicine activities are required to be uploaded to Viewpoint [GE Healthcare] and Astraia Obstetrics information systems.
- 2. Inpatient activities can be identified by applying the list of procedure and diagnosis codes to the inpatient data and cross referencing to the fetal medicine in the information systems documented above.
- 3. Any Outpatient activity used to support the clinical management of the fetus should be identified using the information systems above or local clinical codes.
- 4. Any high cost tests used to support the fetal medicine service should be identified by the service and documented as chargeable to commissioners of prescribed specialised services.

| Gender identity development service for | Children | |
|---|----------|--|
| children and adolescents | | |

The data flows used to support the service are:

- Referral activity via local data flows
- Outpatient and standard appointments activity via local data flows
- Caseload activity via local data flow

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Gender identity disorder services | Adults | C04 |
|-----------------------------------|--------|-----|
|-----------------------------------|--------|-----|

Data flows

The data flows used to support the service are:

- Inpatient activity data via SUS
- Outpatient activity data via SUS
- Local data flow

How the activity for this service is identified

This service includes specified activity at specified centres

How to use the identification rules

An inpatient rule based on procedure and diagnosis codes does exist but these
on their own will be insufficient to identify the service. Trusts are advised to refer
to the prescribed services manual for a description of the prescribed service.
Specialist providers and commissioners are required to agree a commissioning
process to secure provision of service supported by locally agreed data flows.

| Heart and lung transplantation service | All ages | |
|--|----------|--|
| (including bridge to transplant using | | |
| mechanical circulatory support) | | |
| , , , | | |

Data flows

The data flows used to support the service are:

- Assessment activity via local data flows
- Transplant activity via local data flows
- Follow-up activity via local data flows
- Organs transplanted data from NHS Blood and Transplant

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Highly specialist allergy services | All ages | B09 |
|------------------------------------|----------|-----|
| | | |

The data flows used to support this service are:

- Inpatient activity via SUS
- Drug usage for hospital or home delivery via a local data flow
- Outpatient activity via SUS

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

- 1. The list of ICD 10 codes in the identification rules in conjunction with the associated treatment function codes 255(children) and 317 (adults) will provide some evidence (possibly) of specialist allergy in the inpatient setting. Unfortunately the diagnosis codes are not granular enough to accurately reflect the prescribed services. Providers are therefore advised to note the service description in the manual and use local means of patient identification perhaps via a locally held patient register.
- 2. Noting the point above and in the absence of diagnosis coding in the outpatient setting, the identification rule includes an interim method of identifying prescribed outpatient activity. The rule is based on the appropriate treatment function code and the source of referral being reported as a consultant to consultant referral.
- 3. The identification rules identifies that high cost drugs used to support the clinical management of allergy patients are chargeable to commissioners of prescribed specialised services. Trusts are encouraged to use their prescribing systems to identify the amount and cost of drugs used for this patient cohort. The immunology drug usage can be cross referenced to the Inpatient and outpatient activities identified above to act as a further check.

| Highly specialist adult urinary and | Adult | E10 |
|-------------------------------------|-------|-----|
| gynaecological surgery services | | |
| | | |

Data flows

The data flows used to support the service are:

Inpatient activity via SUS

This service includes specified activity at specified centres.

How to use the identification rules

1. Inpatient activities can be identified by searching for activity that meet the list of ICD10 diagnosis and OPCS procedure codes documented in the Inpatient rule

| Highly specialist colorectal surgery | All ages | A08 |
|--------------------------------------|----------|-----|
| services | | |

Data flows:

The data flows used to support this service are:

- Inpatient activity via SUS
- ITU activity via SUS
- Outpatient attendances via SUS
- Device information via a local data flow

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

- 1. Inpatient activity meeting the prescribed services definition can be identified by use of the listed diagnosis and procedure codes in the identification rules
- 2. If any ITU care is provided to the patient spells identified at 1 above then that activity will be deemed specialist.
- In order to identify the high cost devices used in the clinical care of the patient then trusts should liaise with the clinical area and finance teams to locate these activities / costs.
- 4. The SSNDS states that outpatient appointment supporting the specialist colorectal services should be commissioned by commissioners of prescribed specialised services. Unfortunately there is no easy mechanism to identify this activity. There is an expectation that treatment function code 104 is used but this

is far too broad to identify the specialist elements. If Trusts have a local means of identifying the outpatient activity associated with the Inpatient spells then the local method of identification should be used.

| Highly specialist dermatology services | All ages | A3b |
|--|----------|-----|
| | | |

Data flows

The data flows used to support the service are:

- Local management of a patient list / registry / database of patients that meet the prescribed service definition.
- Outpatient attendances via SUS
- Inpatient activity via SUS
- Local exchange of PbR excluded high cost drugs (as documented in Trust pharmacy systems) used in the clinical management of specialist Dermatology patients

How the activity for this service is identified

This service includes specified activity at specified centres

How to use the identification rules

- For this service, procedure and diagnosis codes and current data collection
 process are insufficient to clearly identify specialist dermatology service. It is
 important that the service description documented in the prescribed services
 manual is reviewed before attempting to gather data to support this service.
- 2. Trusts are advised to use a facility like a specialist Dermatology MDT to identify patients who meet the criteria of specialist Dermatology. The MDT is advised to log details about those patients on a local registry when specialist diagnosis is confirmed and then remove them from the local registry once specialist management is no longer required. This can be used as a reference point for commissioning data flows.
- 3. The majority of specialist Dermatology care is likely to be provided in the outpatient setting. In order to identify the specialist activity from outpatient flows

there is a requirement for the diagnosis code to be collected for this service. (See the list of diagnosis codes given in the Inpatient rule for this service). Where this is not (yet) being collected a temporary work-around is suggested for this service which encompasses the collection of Dermatology outpatient attendances from named healthcare providers where the referral source is a consultant. This output could be compared to the specialist Dermatology local patient registry for completeness.

- 4. Specialist Inpatient activities can be identified by selecting activities with the relevant procedure and diagnosis codes given in the Inpatient rule.
- 5. Where high cost drugs (see list of commissioned drugs) are used in the clinical management of the Dermatology patient the costs should be identified from local pharmacy systems and the charge raised to the specialised commissioning function.

| Highly specialist metabolic disorder | All ages | E06 |
|--------------------------------------|----------|-----|
| services | | |
| | | |

Data flows

The data flows used to support this service are:

- Inpatient spells via SUS
- Outpatient attendances via SUS
- High cost drugs via local data flows

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules:

The diagnosis codes listed in the inpatient identification rules should be used as
a guide only. These codes are not granular enough to identify the specialist
element of clinical care documented in the prescribed services manual. Providers
are encouraged to put local data capture processes in place to identify the
relevant activity.

- Similarly Outpatient activity relating to adult patients may prove problematic to identify and therefore providers are advised to manage specialist outpatient activity via a locally held patient list.
- 3. Paediatric metabolic disorder patients can be identified by use of the relevant treatment function code (261 Paediatric metabolic disease).
- 4. Any high cost drugs used in the clinical management of specialist metabolic disorder patients (as documented in the identification rules list of drugs) should be identified and documented as specialist activity.

Additional note:

The World health Organisation have been asked to consider some revisions to the International Classification Disease code set which will enable a greater level of granularity of coding for the metabolic service.

| Highly specialist pain management | Children | E03 |
|---------------------------------------|----------|-----|
| service for children and young people | | |

Data flows:

The data flows used to support the service are:

- Inpatient activity via SUS
- Outpatient activity via SUS
- Local data flows

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules:

1. All inpatient and outpatient activity reported under the treatment function code of 241 (paediatric pain management) at named centres is deemed specialist.

| Highly specialist palliative care services | Children | |
|--|----------|--|
| | | |

| for children and young people | |
|-------------------------------|--|
| | |

The data flows used to support the service are:

Local data flow

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

1. There is no Identification Rule for this service. The prescribed services manual provides a description of the prescribed service. Specialist providers and commissioners are required to agree a commissioning process to secure provision of service supported by locally agreed data flows.

| Highly specialist services for adults with | Adults | B07 |
|--|--------|-----|
| infectious diseases | | |

Data flows

The data flows used to support this service are:

- Inpatient activity via SUS
- ITU activity via SUS

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

 The list of ICD 10 codes in the identification rules in conjunction with the associated treatment function code 350 (adults) will identify specialist infectious diseases in the inpatient setting

Hyperbaric oxygen treatment services All ages D11

Data flows

The data flows used to support service delivery are:

- Inpatient data flow via SUS or local flow
- Outpatient attendance data flow via SUS
- Local exchange of data
- Uploading of patient activities to the British Hyperbaric Association database

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

- 1. The identification rules must be applied to inpatient data using both the procedure and diagnosis codes listed.
- 2. If treatment is provided in an outpatient setting then the inpatient procedure and diagnosis code restriction should be applied.

| Insulin- resistant diabetes services | All ages | |
|--------------------------------------|----------|--|
| | | |

Data flows

The data flows used to support the service are:

- Referral, first attendance and caseload activity via local data flows
- Inpatient activity via local data flows
- Specialist drug therapy activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Islet transplantation service | Adults | |
|-------------------------------|--------|--|
| | | |

Data flows

The data flows used to support the service are:

- Assessment activity via local data flows
- Transplant activity via local data flows
- Follow-up activity via local data flows
- Organs transplanted data from NHS Blood and Transplant
- Organs offered activity via local data flows
- Isolations prepared activity via local data flows
- Preparation sent activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Liver transplantation service | All ages | |
|-------------------------------|----------|--|
| | | |

Data flows

The data flows used to support the service are:

- Assessment activity via local data flows
- Re-Assessments activity via local data flows
- Transplant activity via local data flows
- Post Transplant care activity via local data flows
- Follow-up activity via local data flows
- Organs transplanted data from NHS Blood and Transplant

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Lymphangioleiomyomatosis service | Adults | |
|----------------------------------|--------|--|
| | | |

Data flows

The data flows used to support the service are:

- Referral and caseload activity via local data flows
- Outpatient activity via local data flows
- Genetic Testing activity via local data flows
- Drug (Rapamycin) activity via local data flows
- Inpatient and surgical activity via local data flows

Activity is identified via local data flows, which apply to established designated centres only:

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Lysosomal storage disorder service | All ages | |
|------------------------------------|----------|--|
| | | |

Data flows

The data flows used to support the service are:

- Referral and caseload activity via local data flows
- Daycase activity via local data flows
- Outpatient activity via local data flows
- Inpatient activity via local data flows

In addition to the above activity flows, providers are required to submit within 10 working days notification of change of circumstance for new patients, changes of dosage, deaths and discharges, and transfers in accordance with the protocol for Enzyme Replacement Therapy.

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Major trauma services | All ages | D15 |
|-----------------------|----------|-----|
| | | |

Data Flows:

The data flows used to support this service are:

- Upload of information to the TARN database
- Inpatient CDS via SUS
- Intensive care activities via SUS
- High cost drug information via local data flow
- High cost devices via local data flow

How the activity for this service is identified

This service includes specified activity at specified centres

How to use the identification rules

- All clinical activities relating to major trauma patients with an ISS of > 8 (as determined by TARN) should be identified as specialist activity
- 2. All inpatient activities with an ISS > 8 should be identified as chargeable to commissioners of prescribed specialised services
- 3. All ITU stays associated with the inpatient admission above should be identified as specialist activity
- 4. Any high cost drugs or devices recorded in the identification rules used in the clinical care of the major trauma patient should be commissioned by commissioners of prescribed specialised services.

| McArdle's disease service | Adults | |
|---------------------------|--------|--|
| | | |

Data flows

The data flows used to support the service are:

Outpatient activity via local data flows

- DNA sample analysis activity via local data flows
- Muscle biopsy activity via local data flows

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Mental health service for deaf children and | Children | |
|---|----------|--|
| adolescents | | |

Data flows

The data flows used to support the service are:

- Referral and assessment activity via local data flows
- Direct care (face-to-face contacts and outpatient) activity via local data flows
- Professional support activity via local data flows
- Inpatient activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Middle ear implantable hearing aid | All ages | D09 |
|------------------------------------|----------|-----|
| services | | |

Data Flows:

The data flows used to support the service are:

- Inpatient activity via SUS
- Outpatient activity via SUS
- Devices (both physical device used at the time of service and annual maintenance of device) via local data flow

How the activity for this service is identified

This service includes specified activity.

How to use the identification rules

- 1. The procedure codes listed in the identification rules should be applied to inpatient data.
- 2. Outpatient appointment associated with the initial specialist assessment and inpatient surgery should be reported
- 3. In order to identify the high cost devices used in the clinical care of the patient then trusts should liaise with the clinical area and finance teams to locate these activities / costs.
- 4. All patients currently with middle ear implantable hearing aids requiring annual maintenance should be identified as a separate list and their annual maintenance charge identified.

| Neurofibromatosis type 2 service | All ages | |
|----------------------------------|----------|--|
| | | |

Data flows

The data flows used to support the service are:

- Caseload activity via local data flows
- Surgical activity via local data flows
- Outpatient activity (including satellites) via local data flows

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Neuromyelitis optica service | Adults and | |
|------------------------------|-------------|--|
| | adolescents | |
| | | |

Data flows

The data flows used to support the service are:

- Outpatient and daycase activity via local data flows
- Inpatient activity via local data flows
- Lab assay activity via local data flows
- Drug activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Neuropsychiatry services | All ages | D04 |
|--------------------------|----------|-----|
| | | |

Data flows

The data flows used to support the service are:

Outpatient activity via SUS

How the activity for this service is identified

This service includes specified activity at specified centres

How to use the identification rules

 There is no identification rule for this service. If providers have a local means of identifying this activity perhaps through consultant code, clinic code or named patient list then the approach can be agreed individually with each NHS CB local area team. Please note a treatment function code is in development for this service and the new code is expected to be released during 2013.

| Ocular oncology service Adults | |
|--------------------------------|--|
|--------------------------------|--|

Data flows

The data flows used to support the service are:

- Assessment and new patient activity via local data flows
- Treatment activity via local data flows
- Outpatient activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Ophthalmic pathology service | All ages | |
|------------------------------|----------|--|
| | | |

Data flows

The data flows used to support the service are:

Specimen and case activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only:

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Osteo-odonto-keratoprosthesis service for | Adults | |
|---|--------|--|
| corneal blindness | | |

Data flows

The data flows used to support the service are:

- Surgical activity via local data flows
- Follow-up care activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Pancreas transplantation service | Adults | |
|----------------------------------|--------|--|
| | | |

Data flows

The data flows used to support the service are:

- Assessment activity via local data flows
- Transplant activity via local data flows
- Follow-up activity via local data flows
- Organs transplanted data from NHS Blood and Transplant

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Paraxysmal nocturnal haemoglobinuria | Adults and | |
|--------------------------------------|-------------|--|
| service | adolescents | |
| | | |

Data flows

The data flows used to support the service are:

- Assessment and caseload activity via local data flows
- Inpatient spell activity via local data flows
- Outpatient activity via local data flows

In addition to the above activity flows, providers are required to submit within 10 working days notification of change of circumstance for new patients, changes of dosage, deaths and discharges, and transfers in accordance with the protocol for Paroxysmal Nocturnal Haemoglobinuria.

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Paediatric and perinatal post mortem | Children | |
|--------------------------------------|----------|--|
| services | | |

Data flows

The data flows used to support the service are:

Local data flow

How the activity for this service is identified

This service includes specified activity at specified centres

How to use the identification rules

There is no Identification Rule for this service. The prescribed services manual
provides a description of the prescribed service. Specialist providers and
commissioners are required to agree a commissioning process to secure
provision of service supported by locally agreed data flows.

| Paediatric cardiac services | Children | E05 |
|-----------------------------|----------|-----|
| | | |

The data flows used to support the service are:

- Inpatient activity via SUS
- Outpatient attenders via SUS
- Drug information via local data flow
- Devices information via local data flow

How the activity for this service is identified

This service includes ALL activity at specified centres.

How to use the identification rules

- 1. Inpatient activity should be identified by the presence of the appropriate treatment function code (221 Paediatric cardiac surgery). Where this is not in place inpatient activity can be identified by selecting activity meeting the list of procedure and diagnosis codes at the specialist provider sites.
- 2. Outpatient activity can be identified by selecting the appropriate treatment function codes at the specialist provider sites.
- 3. Any high cost drugs, devices, used in the clinical management of specialist paediatric patients are also deemed specialist.
- 4. All intensive care (including paediatric cardiac ECMO) provided to paediatric cardiac surgery patients is covered in the specialist neonatal care services and specialist paediatric intensive care identification rule.

| Paediatric intestinal pseudo-obstructive | Children | |
|--|----------|--|
| disorders service | | |

Data flows

The data flows used to support the service are:

- Referral and MDT activity via local data flows
- Surgical procedure activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Position Emission Tomography – | All ages | B02 |
|--------------------------------|----------|-----|
| Computed Tomography services | | |

Data flows:

The data flows used to support the service are:

- Inpatient activity via SUS and / or local data flow
- Outpatient activity via SUS and / or local data flow
- Inputting of information into Diagnostic Imaging Dataset

How the activity for this service is identified

This service includes specified activity

- When the PET CT is performed in the inpatient setting the activity can be identified by the presence of the relevant OPCS. In addition the provider may have a local means of identification direct from internal radiology systems.
- The outpatient identification rule looks for the presence of the relevant procedure code. As for Inpatient activity provider organisations may have local means of identification direct form internal radiology systems.

| Primary ciliary dyskinesia management | Children | |
|---------------------------------------|----------|--|
| service | | |

The data flows used to support the service are:

- Referral activity via local data flows
- Outpatient activity via local data flows
- Caseload activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Primary malignant bone tumours service | Adults and adolescents | |
|--|------------------------|--|
| | | |

Data flows

The data flows used to support the service are:

- Referral and investigation activity via local data flows
- Inpatient treatment activity via local data flows
- Rehabilitation activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

 The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Proton beam therapy service | All ages | |
|-----------------------------|----------|--|
| | | |

Data flows

The data flows used to support the service are:

Approval

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Pseudomyxoma peritonei service | Adults | |
|--------------------------------|--------|--|
| | | |

Data flows

The data flows used to support the service are:

- · Referral activity via local data flows
- Assessment activity via local data flows
- Operation activity via local data flows
- Occupied Bed Day activity via local data flows

Follow-Up activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Pulmonary hypertension service for | Children | |
|------------------------------------|----------|--|
| children | | |

Data flows

The data flows used to support the service are:

- Inpatient activity via local data flows
- Outpatient activity via local data flows
- Assessment and Procedure activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Pulmonary thromboendartectomy service | Adults and | |
|---------------------------------------|-------------|--|
| , | adolescents | |
| | | |

The data flows used to support the service are:

- Referral and assessment activity via local data flows
- PTE procedures and inpatient activity via local data flows
- Follow-up activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Radiotherapy services | All ages | B1 |
|-----------------------|----------|----|
| | | D5 |

Data flows:

The data flows used to support the service are:

- Inpatient activity via SUS and local data flow
- Outpatient activity via SUS (see cancer rule)
- High cost drugs via a local data flow
- Radiotherapy fractions information via a local data flow
- Radiotherapy information also to be submitted via the Radiotherapy Data Set to the National Cancer action team.

How the activity for this service is identified

This service includes specified activity.

How to use the identification rules

- All Radiotherapy activity (including Brachytherapy, Intra-operative radiotherapy, stereotactic surgery (i.e.both Gamma and Cyber knife) irrespective of hospital provider and patient diagnosis should be identified as specialist and sourced from the relevant data flow. Where this treatment is provided as an Inpatient then the unbundled HRG will be the responsibility of the prescribed services commissioner.
- 1. Note that the outpatient rule to trap radiotherapy outpatients is documented in the Cancer 'other' section of the Identification Rules.

| Rare mitochondrial disorder service | All ages | |
|-------------------------------------|----------|--|
| | | |

Data flows

The data flows used to support the service are:

- Inpatient and outpatient activity via local data flows
- Diagnostic Testing activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Reconstructive surgery service for | Adolescents | |
|--|-------------|--|
| adolescents with congenital malformation | | |
| of the female genital tract | | |
| _ | | |

The data flows used to support the service are:

- Assessment activity via local data flows
- Surgical inpatient activity via local data flows
- Medical inpatient activity via local data flows
- Follow-up activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

 The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Retinoblatoma service | Children | |
|-----------------------|----------|--|
| | | |

Data flows

The data flows used to support the service are:

- Referral activity via local data flows
- Inpatient activity via local data flows
- Intra Arterial Chemotherapy activity via local data flows
- Follow-up activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Secure forensic mental health services for | Children | |
|--|----------|--|
| young people | | |

Data flows

The data flows used to support the service are:

- Referral activity via local data flows
- Inpatient activity including admissions and discharges via local data flows
- Occupied bed day activity via local data flows
- Age profile data via local data flows
- Special Observation activity via local data flows
- KPI dataset submission via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Severe acute porphyria service | All ages | |
|--------------------------------|----------|--|
| | | |

Data flows

The data flows used to support the service are:

- Referral and caseload activity via local data flows
- Inpatient activity via local data flows
- Satellite centre activity via local data flows
- Drug Information Service activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Severe combined immunodeficiency and | Children | |
|--------------------------------------|----------|--|
| related disorders service | | |

Data flows

The data flows used to support the service are:

- · Referral and cases activity via local data flows
- Inpatient activity and OBDs via local data flows
- Transplant activity via local data flows
- Outpatient activity via local data flows
- PEG-ADA activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only:

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Severe intestinal failure service | Adults | |
|-----------------------------------|--------|--|
| | | |

Data flows

The data flows used to support the service are:

- Referral and admission activity via local data flows
- Operation and Inpatient activity via local data flows
- Outpatient activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Severe obsessive compulsive disorder | Adults and | |
|--------------------------------------|-------------|--|
| and body dysmorphic disorder service | adolescents | |

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

| Small bowel transplantation service | Adults and | |
|-------------------------------------|------------|--|
| • | children | |
| | | |

The data flows used to support the service are:

- Assessment activity via local data flows
- Transplant activity via local data flows
- Follow-up activity via local data flows
- Organs transplanted data from NHS Blood and Transplant

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Specialist burns care services | All ages | D06 |
|--------------------------------|----------|-----|
| | | |

Data flows

The data flows used to support the service are:

Inpatient data via SUS

- Critical care data via SUS
- Outpatient attendances via SUS
- Drug and devices information exchanged via a local data flow
- All patients (except those that refuse) should be logged on the International Burns Injury Database (IBID) clinical database

How the activity for this service is identified

Page | 85

This service includes ALL activity at specified centres.

How to use the identification rules

- 1. All inpatient activity under the burns treatment function code performed at burns centres, units or facilities is specialist.
- 2. All ITU stays associated with the burns inpatient spell should be identified and attributed to the specialised commissioner.
- Outpatient attenders supporting the clinical management of these patients can be selected using the treatment function code of 161 at the specialist burns centres, units or facilities.
- 4. The identification rules identifies that high cost drugs used to support the clinical management of burns patients are chargeable to commissioners of prescribed specialised services. Trusts are encouraged to use their prescribing systems to identify the amount and cost of drugs used for this patient cohort.
- 5. The identification rules identify devices / implants as being chargeable to commissioners of prescribed specialised services. Trusts are encouraged to contact the clinical area / finance staff to identify the devices and their cost used in the care of these patients

| Specialist cancer services | Adults | B01c |
|----------------------------|--------|------|
| | | B03 |

CHEMOTHERAPY (all ages)

B01c

Data flows:

The data flows used to support the service are:

- Inpatient activity via SUS and / or local data flow
- Outpatient activity via SUS (see cancer rule)
- Drug usage information via local data flow
- Inputting of information into Systemic Anti-cancer therapy dataset managed by the Chemotherapy Intelligence Unit

How the activity for this service is identified

This service includes specified activity.

How to use the identification rules

- 1. When the Chemotherapy is provided in the inpatient setting the activity can be identified by the presence of the relevant OPCS. In addition the provider may have a local means of identification direct from internal chemotherapy systems.
- 2. Outpatient attendances used to support the chemotherapy service are covered in the cancer outpatient rule
- 3. Where chemotherapy drugs (see list of commissioned drugs) are used the costs should be identified from local pharmacy systems and the charge raised to the specialised commissioning function.

RARE CANCER B03

Data flows:

The data flows used to support this service are:

- Inpatient activity via SUS
- ITU activity via SUS

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

- 1. The inpatient rule enable uses a list if diagnosis codes to identify patients with rare cancers. All spells with these diagnoses are deemed specialist.
- 2. Any ITU stays associated with the spells identified above are also specialist.

SPECIALIST INTERVENTIONS

Data flows:

The data flows used to support this service are:

- Inpatient activity via SUS
- ITU activity via SUS

How to use the identification rules

[Awaiting details.]

| Specialist cancer services for children and | Children and | E04 |
|---|--------------|-----|
| young people | young adults | |
| y a mily prospers | | |

Data flows

The data flows used to support this service are:

:

- Inpatient activity via SUS
- Outpatient attenders via SUS

How the activity for this service is identified

This service includes ALL activity at specified centres.

- Inpatient activity can be identified by selecting activity meeting the list of procedure and diagnosis codes
- 2. Outpatient activity can be identified by selecting outpatient attenders with the relevant treatment function codes.
- 3. All intensive care provided to neonatal or paediatric cancer patients is covered in the specialist neonatal care services and specialist paediatric intensive care identification rule.
- 4. All intensive care provider to paediatric or young adult cancer patients in adult ITU wards should be identified for specialised commissioning.
- 5. All radiotherapy provided to neonatal, paediatric or young adults cancer patients is covered in the radiotherapy identification rule.
- 6. All chemotherapy provided to neonatal, paediatric or young adults cancer patients is covered in the radiotherapy identification rule.
- 7. All PET CT activity provided to neonatal, paediatric or young adults cancer patients is covered in the PET CT identification rule.
- 8. All proton beam therapy provided to neonatal, paediatric or young adults cancer patients is covered in the proton beam therapy identification rule.

| Specialist dentistry services for children | Children | E02 |
|--|----------|-----|
| and young people | | |

The data flows used to support this service are:

- :
- Inpatient activity via SUS
- Outpatient attenders via SUS

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

Please refer to specialist surgery for children and young people

| Specialist ear, nose and throat services | Children | E02 |
|--|----------|-----|
| for children and young people | | |

Data flows

The data flows used to support this service are:

- :
- Inpatient activity via SUS
- Outpatient attenders via SUS

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

Please refer to specialist surgery for children and young people

| Specialist endocrinology and diabetes | Children | E03 |
|--|----------|-----|
| services for children and young people | | |

The data flows used to support this service are:

:

- Inpatient activity via SUS
- ITU activity via SUS
- Outpatient attenders via SUS

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

- 1. Inpatient activity can be identified by selecting activity meeting the list of procedure and diagnosis codes
- 2. Outpatient activity can be identified by selecting outpatient attenders with the relevant treatment function codes.
- 3. All intensive care provided to neonatal or paediatric patients is covered in the specialist neonatal care services and specialist paediatric intensive care identification rule.

| Specialist gastroenterology, hepatology | Children | E03 |
|---|----------|-----|
| and nutritional support services for | | |
| children and young people | | |
| | | |

Data flows

The data flows used to support this service are:

.

- Inpatient activity via SUS
- ITU activity via SUS
- Outpatient attenders via SUS

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

- Inpatient activity can be identified by selecting activity meeting the list of procedure and diagnosis codes
- 2. Outpatient activity can be identified by selecting outpatient attenders with the relevant treatment function codes.
- All intensive care provided to neonatal or paediatric patients are covered in the specialist neonatal care services and specialist paediatric intensive care identification rule.

| Specialist genetic services | All ages | E01 |
|-----------------------------|----------|-----|
| | | |

Data flows

The data flows used to support the service are:

- Outpatient attendances via SUS
- Tests via a local data flow

How the activity for this service is identified

This service includes specified activity at specified centres.

- 1. The identification rules requires all outpatient attenders with a main specialty code of 311 (Clinical genetics) be recognised as a specialist service.
- 2. All genetics tests requested by a geneticist or genetics counsellor are deemed to be specialist. Trusts will need to identify the referrer details from the test request to confirm that specialist genetics test was requested.
- 3. Activities associated with Pre-implantation Genetic Diagnosis service should be identified as specialist.

| Specialist gynaecology services for | Children | E02 |
|-------------------------------------|----------|-----|
| children and young people | | |

The data flows used to support this service are:

- Inpatient activity via SUS
- Outpatient attenders via SUS

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

Please refer to specialist surgery for children and young people

| Specialist haematology services for | Children | E03 |
|-------------------------------------|----------|-----|
| children and young people | | |
| | | |

Data flows

The data flows used to support this service are:

Inpatient activity via SUS

• ITU activity via SUS

Outpatient attenders via SUS

How the activity for this service is identified

This service includes specified activity at specified centres.

- 1. Inpatient activity can be identified by selecting activity meeting the list of procedure and diagnosis codes
- 2. Outpatient activity can be identified by selecting outpatient attenders with the relevant treatment function codes.
- 3. All intensive care provided to neonatal or paediatric patients is covered in the specialist neonatal care services and specialist paediatric intensive care identification rule.

The data flows used to support the service are:

- Inpatient activity via SUS
- Outpatient attendances via SUS
- Drug information via local flow
- Inputting of patient registration details into the European Haemoglobinopathies registry.

How the activity for this service is identified

This service includes specified activity at specified centres.

- Inpatient activities can be identified by applying the associated diagnostic and procedure codes to the selection criteria. Trusts should cross reference this information to the information stored in the European Haemoglobinopathies Registry.
- 2. Outpatient activities can be identified via the use of the 303 treatment function code used in conjunction with the listed diagnosis code. It is probable that provider organisations manage the provision of service via dedicated clinics and where local identification via these means are already in place then all attenders to those dedicated clinics should be identified as prescribed activity. Trusts should cross reference this information to the information stored in the European Haemoglobinopathies Registry.
- Where high cost drugs are used in the clinical management of this patient group their usage and drugs costs should be attributed to commissioners of prescribed specialised services

| Specialist immunology services for | All ages | B09 |
|--|----------|-----|
| patients with deficient immune systems | | |

The data flows used to support this service are:

- Inpatient activity via SUS
- Drug usage for hospital or home delivery via a local data flow
- Outpatient activity via SUS

How the activity for this service is identified

This service includes specified activity at specified centres

- 1. The list of ICD 10 codes in the identification rules in conjunction with the associated treatment function codes 255(children) and 316 (adults) will provide some evidence (possibly) of specialist immunology in the inpatient setting. Unfortunately the diagnosis codes are not granular enough to accurately reflect the prescribed services. Providers are therefore advised to note the service description in the manual and use local means of patient identification perhaps via a locally held patient register.
- 2. Noting the point above and In the absence of diagnosis coding in the outpatient setting, the identification rule includes an interim method of identifying prescribed outpatient activity. The rule is based on the appropriate treatment function code and the source of referral being reported as a consultant to consultant referral.
- 3. The identification rules identifies that high cost drugs used to support the clinical management of immunology patients are chargeable to commissioners of prescribed specialised services. Trusts are encouraged to use their prescribing systems to identify the amount and cost of drugs used for this patient cohort. The immunology drug usage can be cross referenced to the Inpatient and outpatient activities identified above to act as a further check.
- 4. With regards to IVIG drug usage in particular, commissioners of prescribed specialised services are required to commission all IVIG drug usage irrespective of the clinical indicator / diagnosis of the patient.

| Specialist mental health services for deaf | Adults | C03 |
|--|--------|-----|
| adults | | |

The data flows used to support the service are:

Local data flow

How the activity for this service is identified

This service includes specified activity at specified centres

High level summary of the identification rule

All specialist activity at named centres is prescribed

How to use the identification rules

There is no Identification Rule for this service. The prescribed services manual
provides a description of the prescribed service. Specialist providers and
commissioners are required to agree a commissioning process to secure
provision of service supported by locally agreed data flows.

| Specialist morbid obesity services | All ages | A05 |
|------------------------------------|----------|-----|
| | | |

Data flows

The data flows required to support this service are:

- Inpatient activity via SUS
- ITU activity via SUS
- Outpatient activity (including outpatient procedures) via SUS
- Devices via a local data flows
- The registration and of patients on the National Bariatric Surgery Registry

How the activity for this service is identified

This service includes specified activity at specified centres.

High level summary of the identification rule

 Activity is specialised for all clinical care provided to patients to manage their long term condition at named provider sites.

How to use the identification rules

- Providers of Bariatric surgery are required to provide regular updates to the National Bariatric Surgery Registry and the information in this registry should be cross-referenced to commissioning data flows to ensure consistency.
- 2. The bariatric surgery can be identified using the procedure and diagnosis codes given in the Inpatient identification rule.
- 3. Any critical care activities associated with the inpatient spells identified at 2 will require identification and flagged as specialist.
- 4. In order to identify the high cost devices used in the clinical care of the patient then trusts should liaise with the clinical area and finance teams to locate these activities / costs
- Outpatient attendances associated with the initial assessment (used to establish appropriateness for surgery) and the subsequent provision of clinical care and Inpatient surgery should be identified by the Trust.

| Specialist neonatal care services | Neonates | E08 |
|-----------------------------------|----------|-----|
| | | |

Data flows

The data flows used to support the service are:

- Neonatal critical care data extensions in the admitted patient care record in SUS
- Providers are required to upload information to BadgerNet / SEND.

How the activity for this service is identified

This service includes ALL activity at specified centres, with the exception of normal care

How to use the identification rules:

 All bed day care of neonates (critical care levels 1,2, and 3) on Neonatal intensive care units, local neonatal units and special care units should be identified for commissioning by commissioners of prescribed specialised services. These activities are reported in PbR as unbundled activities. 2. All neonatal retrieval services (ie HRG XA06Z) should be identified via the SUS data flow and recorded as specialist.

| Specialist neuroscience services for | Children | E09 |
|--------------------------------------|----------|-----|
| children and young people | | |

Data flows

The data flows used to support the service are: The data flows used to support the commissioning of this service are:

- Inpatient activity via SUS
- Outpatient attenders via SUS
- Drug information via local data flow
- Devices information via local data flow

How the activity for this service is identified

This service includes specified activity at specified centres

- 1. Inpatient activity can be identified by selecting activity reported under the appropriate treatment function codes.
- 2. Outpatient activity can be identified by selecting outpatient attenders for the relevant treatment function.
- 3. Any high cost drugs, devices, used in the clinical management of specialist paediatric neurosciences patients are also deemed specialist.
- 4. There is no identification rule for Neuropsychiatry. If providers have a local means of identifying this activity perhaps through consultant code, clinic code or named patient list then the approach can be agreed individually with each NHS CB local area team. Please note a treatment function code is in development for this service and the new code is expected to be released during 2013.
- All intensive care provided to paediatric neurosciences patients is covered in the specialist neonatal care services and specialist paediatric intensive care identification rule.

| Specialist ophthalmology services for | Children | E03 |
|---------------------------------------|----------|-----|
| children and young | | |

[Awaiting details]

| Specialist orthopaedics surgery services | Children | E02 |
|--|----------|-----|
| for children and young people | | |

Data flows

The data flows used to support this service are:

- Inpatient activity via SUS
- Outpatient attenders via SUS

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

Please refer to specialist surgery for children and young people

| Specialist paediatric intensive care | Children | E07 |
|--------------------------------------|----------|-----|
| services | | |
| | | |

Data flows

The data flows used to support the service are:

- Paediatric critical care data extensions in the admitted patient care record in SUS
- Providers are required to upload information to PICANET.

How the activity for this service is identified

This service includes specified activity at specified centres.

- 1. All bed day care of paediatric patients on Paediatric Intensive Care Units is specialist. These activities are reported in PbR as unbundled activities.
- 2. Al paediatric retrieval services (ie HRG XB08Z) should be identified via the SUS data flow and recorded as specialist.

| Specialist paediatric liver disease service | Children | |
|---|----------|--|
| | | |

The data flows used to support the service are:

- Inpatient activity and OBDs via local data flows
- Outpatient activity via local data flows
- Daycase activity via local data flows
- Kasai operation activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Specialist perinatal mental health | Adults | C05 |
|------------------------------------|--------|-----|
| services | | |

Data flows

The data flows used to support the service are:

Local data flow

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

1. There is no Identification Rule for this service. The prescribed services manual provides a description of the prescribed service. Specialist providers and commissioners are required to agree a commissioning process to secure provision of service supported by locally agreed data flows.

| Specialist plastic surgery services for | Children | E02 |
|---|----------|-----|
| children and young people | | |

Data flows

The data flows used to support this service are:

- Inpatient activity via SUS
- Outpatient attenders via SUS

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

Please refer to specialist surgery for children and young people

| Specialist renal services for children and | Children | E01 |
|--|----------|-----|
| young people | | |

Data flows

The data flows used to support this service are:

- Inpatient activity via SUS
- ITU activity via SUS
- Outpatient attenders via SUS

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

- 1. Inpatient activity can be identified by selecting activity reported with the appropriate treatment function code (259 Paediatric nephrology)
- 2. Outpatient activity can be identified by selecting outpatient attenders with the relevant treatment function codes.
- 3. All intensive care provided to neonatal or paediatric patients is covered in the specialist neonatal care services and specialist paediatric intensive care identification rule.

| Specialist rehabilitation services for | All ages | D02 |
|--|----------|-----|
| patients with highly complex needs | | |

Data flows

The data flows used to support the service are:

- Inputting of patient registration and activities into the UK Rehabilitation Outcomes Collaborative (UKROC)
- Inpatient activity via SUS
- ITU activity via SUS
- Outpatient activity via SUS

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules:

 All health care organisations providing specialist rehabilitations are required to record patient information in UK Rehabilitation Outcomes Collaborative (UKROC) database as population of the database will determine the category of the patient.

- 2. Commissioners of prescribed specialised services will commission category A patients from Level 1 and 2a specialist rehabilitation service providers.
- All Inpatient, ITU, Day case, and outpatient (including outreach activity)
 associated with the category A patient (as determined by UKROC) will require
 identification in trust systems and activity attributed to commissioners of
 prescribed specialised services.

| Specialist respiratory services for children | Children | E01 |
|--|----------|-----|
| and young people | | |

The data flows used to support this service are:

- Inpatient activity via SUS
- ITU activity via SUS
- Outpatient attenders via SUS

How the activity for this service is identified

This service includes specified activity at specified centres.

- 1. Inpatient activity can be identified by selecting activity with the relevant treatments function code (258 Paediatric respiratory medicine).
- 2. Outpatient activity can be identified by selecting outpatient attenders with the relevant treatment function codes.
- 3. All intensive care provided to neonatal or paediatric patients is covered in the specialist neonatal care services and specialist paediatric intensive care identification rule.

| Specialist rheumatology services for | Children | E01 | |
|--------------------------------------|----------|-----|--|
| children and young people | | | |

The data flows used to support this service are:

- Inpatient activity via SUS
- ITU activity via SUS
- Outpatient attenders via SUS

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

- Inpatient activity can be identified by selecting activity meeting the list of procedure and diagnosis codes
- 2. Outpatient activity can be identified by selecting outpatient attenders with the relevant treatment function codes.
- All intensive care provided to neonatal or paediatric patients is covered in the specialist neonatal care services and specialist paediatric intensive care identification rule.

| Specialist services for children and young | Children | B06 |
|--|----------|-----|
| people with infectious diseases | | B07 |

HIV AIDS B06

Data flows

The data flows used to support this service are:

- Providers are required to upload data to both SOPHID and the HIV and AIDS reporting System (HARS)
- All children diagnosed with HIV in the UK are reported to the NSHPC (National Study of HIV in Pregnancy and Childhood) and are followed up as the CHIPS cohort (Collaborative HIV Paediatric Study).
- Inpatient activity via SUS
- Outpatient attenders via SUS.
- Drug usage via local data flow

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

- 1. Inpatient activity can be identified by selecting activity meeting the list of procedure and diagnosis codes at the HIV centres.
- It may be possible to identify outpatient attendances by applying the same list of diagnosis codes to outpatient data. It is more probable that the Trust has a local method of identifying these activities.
- 3. The identification rules identifies that high cost drugs used to support the clinical management of HIV patients are chargeable to commissioners of prescribed specialised services. Trusts are encouraged to use their prescribing systems to identify the amount and cost of drugs used for this patient cohort.

INFECTIOUS DISEASES

B07

Data flows

The data flows used to support this service are:

- Inpatient activity via SUS
- ITU activity via SUS

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

1. The list of ICD 10 codes in the identification rules in conjunction with the associated treatment function code 256 (Paediatric infectious disease) will identify specialised infectious diseases in the inpatient setting

| Specialist services for complex liver, | Adults | A02 |
|--|--------|-----|
| biliary and pancreatic disease in adults | | |

The data flows to support the service are:

- Inpatient activity via SUS
- Intensive care activities via SUS
- Drug usage via local data flow

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

- 1. Using the list of diagnosis codes and procedures codes it is possible to identify accurately inpatient activities that may be specialist. Note that it is the severity of the liver disease that provides the best indication that the clinical care provided to the patient is specialist. Unfortunately diagnosis codes do not indicate the severity of the condition and so purely lifting activity based on the presence of these codes will produce an over indication of specialist services. Trusts are encouraged to review the output produced and cross reference with service provider clinicians and / or create a local patient list of service users to aid accurate identification.
- 2. Any critical care activities associated with the inpatient spells identified at 1 will require identification and flagged as specialist.
- 3. The identification rules identifies that high cost drugs used support the clinical management of specialist liver, biliary and pancreatic patients are chargeable to commissioners of prescribed specialised services. Trusts are encouraged to use their prescribing systems to identify the associated drug usage and cost for these patients.
- 4. The outpatient identification rule provides a pragmatic method of identifying largely specialist activity based on the presence of the appropriate treatment

| Specialist services for haemophilia and | All ages | B05 |
|---|----------|-----|
| other related bleeding disorders | | |

Data flows

The data flows used to support the service are:

- Regular recording of patient information and treatments onto the United Kingdom Haemophilia Centre Doctors Organisation (UKHCDO) database
- Blood product usage via local data flow
- Home delivery blood product usage via local data flow
- Outpatient attendances via SUS
- Inpatient spells via SUS

How the activity for this service is identified

This service includes specified activity at specified centres.

- All Haemophilia patients (with the exception of those that refuse) should be recorded on the United Kingdom Haemophilia Centre Doctors Organisation (UKHCDO) database. The content of this database should be cross-referenced with reported trust activities.
- 2. Subject to commissioning decision if an infrastructure grant is used as a payment mechanism for the service and that infrastructure grant covers the cost of all outpatient appointments associated with haemophilia care then all outpatient activity under the treatment function code 309 (Haemophilia) should be identified as non-chargeable under PbR (using the = sign in the commissioner serial ID field) and the data submitted to SUS. Else, if the commissioning arrangement is to charge for each outpatient attendance separately then all outpatient activity reported under the treatment function code 309 (Haemophilia) should be identified as chargeable to the NHS CB
- 3. The identification rules identifies that all blood products used to support the clinical management of haemophilia and other related bleeding disorder patients are chargeable to commissioners of prescribed specialised services. Trusts are encouraged to use their prescribing systems to identify the amount and cost blood products use and use a local data flow to share this information with commissioners.
- 4. Any blood product usage delivered via a home care service will require identification and reporting.
- Inpatient activities chargeable to commissioners of prescribed specialised services can be identified by searching for inpatient spell activity where the primary diagnosis of the patient matches the list of diagnosis codes and the

totality of the spell was reported under treatment function code 309 (Haemophilia). Only inpatient admissions used for the clinical management of a haemophilia patient are chargeable to the NHS CB.

| Specialist services for severe personality | Adults | C07 |
|--|--------|-----|
| disorders in adults | | |

Data flows

The data flows used to support the service are:

Local data flow

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

1. There is no Identification Rule for this service. The prescribed services manual provides a description of the prescribed service. Specialist providers and commissioners are required to agree a commissioning process to secure provision of service supported by locally agreed data flows.

| Specialist services to support patients | All ages | D01 |
|---|----------|-----|
| with complex physical disabilities | | |

PROSTHETICS

Data flows

The data flow used to support provision of service is:

· Local exchange of data

How the activity for this service is identified

This service includes specified activity.

How to use the identification rules

 There is no Identification Rule for this service. Specialist providers and commissioners are required to agree a commissioning process to secure provision of service supported by locally agreed data flows.

SPECIALIST WHEELCHAIRS

Data flows

The data flow used to support provision of service is:

Local exchange of data

How the activity for this service is identified

This service includes specified activity.

How to use the identification rules

 There is no Identification Rule for this service. Specialist providers and commissioners are required to agree a commissioning process to secure provision of service supported by locally agreed data flows.

AUGMENTATIVE AND ALTERNATIVE COMMUNICATION AIDS

Data flows

The data flow used to support provision of service is:

Local exchange of data

How the activity for this service is identified

This service includes specified activity.

How to use the identification rules

 There is no Identification Rule for this service. Specialist providers and commissioners are required to agree a commissioning process to secure provision of service supported by locally agreed data flows.

ENVIRONMENTAL CONTROLS

The data flow used to support provision of service is:

Local exchange of data

How the activity for this service is identified

This service includes specified activity.

How to use the identification rules

1. There is no Identification Rule for this service. Specialist providers and commissioners are required to agree a commissioning process to secure provision of service supported by locally agreed data flows.

| Specialist surgery for children and young | Children | E02 | |
|---|----------|-----|--|
| people | | | |

Data flows:

The data flows used to support this service are:

- Inpatient activity via SUS
- ITU activity via SUS
- Outpatient attendances via SUS
- High cost drug information via local data flow
- Device information via a local data flow

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

1. Inpatient activity meeting the prescribed services definition can be identified by use of the listed diagnosis and procedure codes in the identification rules

- 2. If any ITU care is provided to the patient spells identified at 1 above then that activity will be deemed specialist and is covered in the neonatal or paediatric intensive care identification rule.
- 3. Outpatient activity can be identified by use of the appropriate treatment function code.
- 4. In order to identify the high cost devices used in the clinical care of the patient then trusts should liaise with the clinical area and finance teams to locate these activities / costs.
- 5. Where high cost drugs (see list of commissioned drugs) are used in the clinical management of the paediatric surgery patient the costs should be identified from local pharmacy systems and the charge raised to the specialised commissioning function.

| Specialist urology services for children | Children | E02 |
|--|----------|-----|
| and young people | | |

The data flows used to support this service are:

Inpatient activity via SUS

Outpatient attenders via SUS

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the identification rules

Please refer to specialist surgery for children and young people

| Spinal cord injury services | All ages | D12 |
|-----------------------------|----------|-----|
| | | |

Data flows

The data flows used to support this service are:

Uploading of information into the national spinal cord injury database

- Inpatient activity via SUS
- Outpatient activity via SUS
- ITU activity via SUS
- High cost drugs and device information via a local data flow exchange
- Local flows of data to inform 'in month' activities

How the activity for this service is identified

This service includes specified activity at specified centres.

How to use the Identification rules

- 1. Inpatient activity can be identified by selecting activity with the relevant treatment function code at the Spinal cord injury centres.
- 2. Any intensive care provided to patients identified in 1 above are specialist.
- 3. Outpatient activity can be identified by selecting outpatient attenders for the relevant treatment function at the spinal cord injury centres.
- 4. Any high cost drugs, devices, used in the clinical management of spinal cord injury patients are also deemed specialist.

| Stem cell transplantation service for | Children | |
|---|----------|--|
| juvenile idiopathic arthritis and related | | |
| connective tissue disorders | | |
| | | |

Data flows

The data flows used to support the service are:

- Referral and cases activity via local data flows
- Inpatient activity and OBDs via local data flows
- Transplant activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Stickler syndrome diagnosis service | All ages | |
|-------------------------------------|----------|--|
| | | |

Data flows

The data flows used to support the service are:

- Referral activity via local data flows
- MDT patient activity via local data flows
- Genetic Testing activity via local data flows
- Caseload activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Vein of Galen malformation service | All ages | |
|------------------------------------|----------|--|
| | | |

Data flows

The data flows used to support the service are:

- Referral activity via local data flows
- Diagnostic procedure activity via local data flows
- Interventional procedure activity via local data flows
- Inpatient activity via local data flows
- Outpatient activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Veterans' post traumatic stress disorder | Adults | |
|--|--------|--|
| programme | | |

Data flows

The data flows used to support the service are:

- Referral activity via local data flows
- Assessment activity via local data flows
- Treatment programme activity via local data flows
- Follow-up activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Wolfram syndrome service | All ages | |
|--------------------------|----------|--|
| | | |

Data flows

The data flows used to support the service are:

- Referral activity via local data flows
- Outpatient and MDT activity via local data flows
- Caseload and transition activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

| Xeroderma pigmentosum service | All ages | |
|-------------------------------|----------|--|
| | | |

Data flows

The data flows used to support the service are:

- Referral activity via local data flows
- Outpatient (new and follow-up) activity via local data flows
- Biopsy activity via local data flows
- Surgical activity via local data flows

How the activity for this service is identified

Activity is identified via local data flows, which apply to established designated centres only

How to use the identification rules

1. The identification rules do not include a methodology for identification of this service. Providers already providing this service are required to continue the data collection and reporting processes currently in use for this service.

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First published Date
Published to Name, in electronic format only.