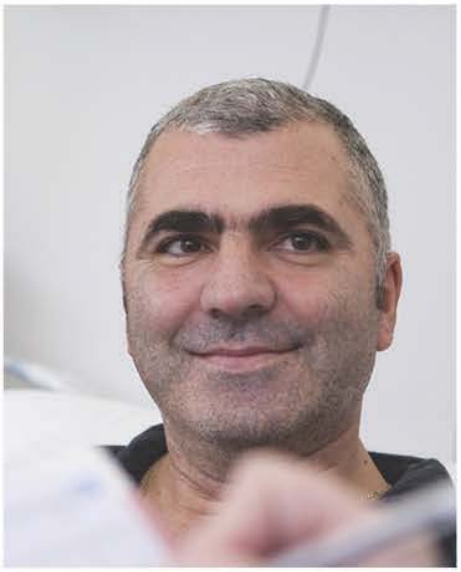
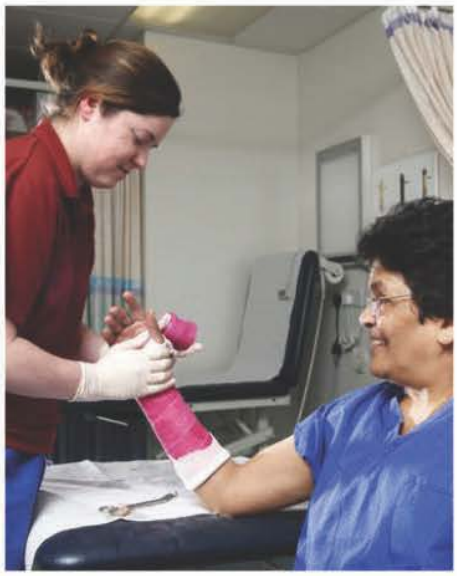
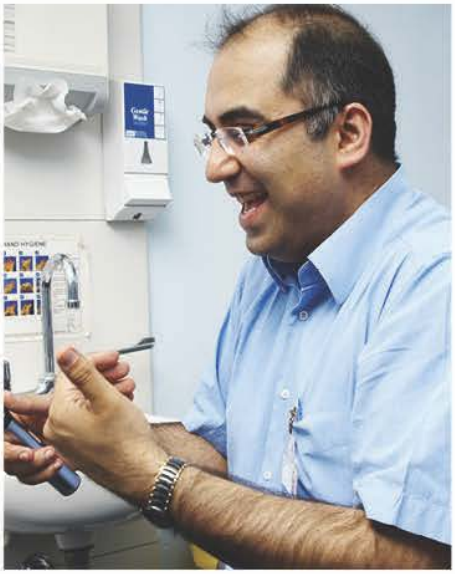
NHS Commissioning Board

Identification rules for prescribed specialised services: guide for trust information managers







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IDENTIFICATION RULES FOR PRESCRIBED SPECIALISED SERVICES

Guide for Trust Information Managers

1. Introduction

The introduction of the Identification Rules for prescribed activity will for some provider organisations, require some operational changes to enable the accurate collection and identification of prescribed service activity. This document has been written specifically to provide tailored support and guidance to trust Information Managers in particular to share some of the knowledge gathered in the testing phase and hopefully minimise the possible disruption that this reporting change may impose.

The Identification Rules guidance document describes how specialist activity can be identified from standard and non-standard data flows. The software tool(s) supplied with the Identification Rules guidance document enable the automated identification of specialist activity from standard Inpatient and Outpatient data flows only. The experience of pilot sites involved in the testing of the Identification Rules is that the application of SQL, Oracle, Microsoft Access code to Inpatient and Outpatient trust data took only minutes to execute. On the first occasion of running these software tools, pilot sites then used the remainder of the working day to review the outputs from the software solutions and sense check the content against local knowledge and expectations.

The challenge for all organisations relates to gathering activity information from non-standard data flows. The Prescribed services manual provides detailed descriptions of specialist services and the main Identification Rules guidance document attempts to describe methods of identifying activity from non-standard data flows. For a very small number of specialist services the only accurate method of identifying specialist activity is to create a local method of recording, perhaps by the creation of a local clinical registries etc.

The first part of this document will focus on the technical elements of the Identification Rules and will describe how to use the different software tools available to identify specialist activity from standard Inpatient and Outpatient data flows. This section will include details of necessary input files, outputs received and how to deal with service overlaps.

The remainder of this document will attempt to impart additional and focused knowledge and intelligence about prescribed services informatics reporting so that service specific issues are highlighted. This section explores known data quality issues and elaborates on the use of clinical databases.

2. Overview to the software products

The software tools associated with the Identification Rules are for use with Inpatient and Outpatient data. The rules look for the presence of certain clinical codes, specialty codes and / or provider organisation codes to locate specialist activity. The codes and rules have been developed and approved by the NHSl Commissioning Board (NHS CB).

The Identification Rules have been replicated in four different software tools - SQL, Oracle Microsoft Excel and Microsoft Access. Separate user guides for each product are included below. The SQL, Oracle and Access products all use the same input datasets and formats, and produce the same outputs.

The output datasets identify those episodes, spells and outpatient attendances that are considered to be specialist. The output files have been constructed so that episodes, spells and outpatient attendances can be linked back to CDS/SUS datasets based on the Record_ID or Spell_ID or fields. With effect from 1st April 2013 where the output file has flagged the activity as specialist then the responsible commissioner for that activity should be set to the relevant Area Team of the NHS CB.

The software tools do not directly identify adult critical care periods that are considered to be specialist. Providers will need to link the adult critical care periods to spells - any adult critical care period that is linked with a specialist spell is considered to be specialist.

3. General considerations

3.1 Dealing with overlaps

Since most admitted patient care episodes and spells are selected as specialised using diagnosis (ICD10) and procedure (OPCS) codes, there are many instances where an episode or spell can be selected by more than one of the specialised service rule. This has been termed an 'overlap'.

Where an episode is flagged as falling under more than one service, a series of steps are taken to identify the service that takes precedence over other services. These series of steps are:

- The relationship between the specialist service (as determined by the reported procedure diagnosis code) and Treatment Function code is investigated to establish a logical service attribution

- Where a very specific service (ie colorectal surgery) is flagged as well as a general service (ie cancer) the result of tackling the overlap will ensure that the very specific service takes precedence.

- The position of the specialist procedure in the record is taken into consideration (i.e. if one service is determined by the primary procedure code and another service is determined by a secondary procedure code, then the service determined by the primary procedure code 1 takes precedence)

In general, if one episode is identified as specialised, then the whole spell is identified as specialist, although the following conditions apply:

- Activity that is currently commission by the National Specialised Commissioning Team (commissioner = YDD82) is identified separately and excluded from the spells logic

- Where episode identified as specialised is a pre-grouper exclusion (see PbR guidance for a list of pre-grouper exclusions), this episode is excluded from the spells logic

For all other spells, where a spell consists of a single specialised episode or a spell consists of multiple episodes and only one is flagged as specialised, the specialised service of the episode will apply to the whole spell. Where a spell consists of multiple episodes flagged under different services, a service hierarchy is applied to establish which takes precedence. This service is reported against the whole spell.

3.2 Identification Rule content

Please note that while this package is complete at the point of release, clinical details of the following services are yet to be finalised. It is expected that changes to the rules for these services will be introduced as part of the feedback process and will be included in future iterations of the final product:

- Specialist Orthopaedics
- Specialist Ophthalmology
- Specialist Maternity
- Acute Kidney Injury
- Complex procedures on common cancers
- Vascular
- Dermatology

4. Input and output files

In order to use the Microsoft Access, SQL or Oracle versions of the Identification Rules two data files will need to be created (one based on Inpatient SUS flows and the other based on Outpatients):

The inpatient input file requires the following fields –

FIELD NAME FOR INPUT FILE	NHS DATA DICTIONARY FIELD NAME
[GENERATED_RECORD_ID]	= [locally created unique ID]
[AGE_EPISODE_START_D	=[derived field, calculated from episode start date (epistart) and date of birth (dob)]
[SEX]	PERSON GENDER CODE
[HOSPITAL_SPELL_NO]	HOSPITAL PROVIDER SPELL NUMBER
[PATIENT_CLASSIFICATION]	PATIENT CLASSIFICATION

[ADMISSION_METHOD]	ADMISSION METHOD
[PROVIDER_CODE]	ORGANISATION CODE (CODE OF PROVIDER)
[COMMISSIONER_CODE]	ORGANISATION CODE (CODE OF COMMISSIONER)
[COMMISSIONING_SERIAL_NUMBER]	COMMISSIONING SERIAL NUMBER
[MAIN_SPECIALTY_CODE]	MAIN SPECIALTY CODE
[TREATMENT_FUNCTION_CODE]	TREATMENT FUNCTION CODE
[PRIMARY_DIAGNOSIS_CODE_CLND]	PRIMARY (ICD-10)
[SECONDARY_DIAGNOSIS_CODE_1_CLND]	SECONDARY DIAGNOSIS (ICD)
[SECONDARY_DIAGNOSIS_CODE_2_CLND]	SECONDARY DIAGNOSIS (ICD)
[SECONDARY_DIAGNOSIS_CODE_3_CLND]	SECONDARY DIAGNOSIS (ICD)
[SECONDARY_DIAGNOSIS_CODE_4_CLND]	SECONDARY DIAGNOSIS (ICD)
[SECONDARY_DIAGNOSIS_CODE_5_CLND]	SECONDARY DIAGNOSIS (ICD)
[SECONDARY_DIAGNOSIS_CODE_6_CLND]	SECONDARY DIAGNOSIS (ICD)
[SECONDARY_DIAGNOSIS_CODE_7_CLND]	SECONDARY DIAGNOSIS (ICD)
[SECONDARY_DIAGNOSIS_CODE_8_CLND]	SECONDARY DIAGNOSIS (ICD)
[SECONDARY_DIAGNOSIS_CODE_9_CLND]	SECONDARY DIAGNOSIS (ICD)
[SECONDARY_DIAGNOSIS_CODE_10_CLND]	SECONDARY DIAGNOSIS (ICD)
[SECONDARY_DIAGNOSIS_CODE_11_CLND]	SECONDARY DIAGNOSIS (ICD)
[SECONDARY_DIAGNOSIS_CODE_12_CLND]	SECONDARY DIAGNOSIS (ICD)
[PRIMARY_PROCEDURE_CODE]	PRIMARY PROCEDURE (OPCS)
[SECONDARY_PROCEDURE_CODE_1]	PROCEDURE (OPCS)
[SECONDARY_PROCEDURE_CODE_2]	PROCEDURE (OPCS)
[SECONDARY_PROCEDURE_CODE_3]	PROCEDURE (OPCS)
[SECONDARY_PROCEDURE_CODE_4]	PROCEDURE (OPCS)
[SECONDARY_PROCEDURE_CODE_5]	PROCEDURE (OPCS)
[SECONDARY_PROCEDURE_CODE_6]	PROCEDURE (OPCS)
[SECONDARY_PROCEDURE_CODE_7]	PROCEDURE (OPCS)
[SECONDARY_PROCEDURE_CODE_8]	PROCEDURE (OPCS)

[SECONDARY_PROCEDURE_CODE_9]	PROCEDURE (OPCS)
[SECONDARY_PROCEDURE_CODE_10]	PROCEDURE (OPCS)
[SECONDARY_PROCEDURE_CODE_11]	PROCEDURE (OPCS)
[SECONDARY_PROCEDURE_CODE_12]	PROCEDURE (OPCS)
[SPELL_ID]	= [may be created by SUS spell process]

The outpatient input file requires the following fields -

FIELD NAME FOR INPUT FILE	**NHS DATA DICTIONARY FIELD NAME**
[GENERATED_RECORD_ID]	= [locally created unique ID]
[AGE_AT_EVENT_DATE_D]	AGE AT ATTENDANCE DATE
[SEX]	PERSON GENDER CODE
[ATTENDANCE_STATUS]	ATTENDED OR DID NOT ATTEND
[SOURCE_OF_REFERRAL_FOR_OP]	SOURCE OF REFERRAL FOR OUT-PATIENTS
[COMMISSIONER_SERIAL_NO]	COMMISSIONING SERIAL NUMBER
[PROVIDER_CODE	ORGANISATION CODE (CODE OF PROVIDER)
[COMMISSIONER_CODE]	ORGANISATION CODE (CODE OF COMMISSIONER)
[MAIN_SPECIALTY_CODE]	MAIN SPECIALTY CODE
[TREATMENT_FUNCTION_CODE	TREATMENT FUNCTION CODE
[PRIMARY_PROCEDURE_CODE	PRIMARY PROCEDURE (OPCS)
[SECONDARY_PROCEDURE_CODE_1]	PROCEDURE (OPCS)
[SECONDARY_PROCEDURE_CODE_2]	PROCEDURE (OPCS)
[SECONDARY_PROCEDURE_CODE_3]	PROCEDURE (OPCS)
[SECONDARY_PROCEDURE_CODE_4]	PROCEDURE (OPCS)
[SECONDARY_PROCEDURE_CODE_5]	PROCEDURE (OPCS)
[SECONDARY_PROCEDURE_CODE_6]	PROCEDURE (OPCS)
[SECONDARY_PROCEDURE_CODE_7	PROCEDURE (OPCS)
[SECONDARY_PROCEDURE_CODE_8]	PROCEDURE (OPCS)

[SECONDARY_PROCEDURE_CODE_9]	PROCEDURE (OPCS
[SECONDARY_PROCEDURE_CODE_10]	PROCEDURE (OPCS)
[SECONDARY_PROCEDURE_CODE_12]	PROCEDURE (OPCS)

The Access, SQL and Oracle software packages will produce the following outputs

Output 1	All input episodes, flagged by IR logic (including non-specialised)
Output 2	Episodes flagged as specialised by IR logic
Output 3	Spell ID and service details for those spells containing one or more specialised episodes
Output 4	Record_ID and service details for OPs, flagged by IR logic (including non-specialised)
Output 5	Summary of specialised episodes, grouped by service
Output 6	Summary of specialised spells, grouped by service
Output 7	Summary of specialised attendances, grouped by service

5. Guide to using the Excel document

The Microsoft Excel version of the Identification Rules serves two purposes. It provides an opportunity to have easy sight of the rules used to describe prescribes services. Furthermore it can be used as a point of reference for organisations that need to build a replica of the Identification Rules from scratch (perhaps because alternative software tools are used by the organisation). The excel document includes 2 summary pages showing at a glance what logic is used to identify Inpatient and outpatient services. The remainder of the spread sheet tabs then describe in more detail (using reference tables etc.) how to identify specialist activity in data flows.

6. Guide to using the SQL package

6.1 Introduction

The scripts generate all the required reference and working tables within SQL server. The user must populate the working tables with their own CDS/SUS data supplying the required fields. The process has been tested in SQL Server 2005 and 2008 environments.

The Package includes:

Script 1 - This creates all the required reference tables and working tables

Script 2 – Is a template for insertion from user data sources to the required working tables for inpatients and outpatients. *This requires editing before use.*

Script 3 – This runs the inpatient flagging logic as documented in the Excel ‘rules and codes’ file

Script 4 - This runs the outpatient flagging logic as documented in the Excel ‘rules and code’ file

Script 5 – This queries the working tables to produce the required outputs

The process of running the SQL package will create the following tables:

Reference tables
- [SD_flag_providers]
- [SD_flag_OPCS]
- [SD_flag_OP_OPCS]
- [SD_flag_ICD10]
- [SD_childrens_exclusions]
- [SD_childrens_inclusions]
- [SD_Child_CC_ICD10]

Working tables
- [SD_IP_working_table]
- [SD_OP_working_table]
- [ranked_spells]
- [spell_tag_juggle]

Output tables
- [Specialised episodes only]
- [Spell_tags]

6.2 How to use

For flexibility, there is no prescribed way to import the data to be flagged into the working tables. Thus any source data can be used and the import can be within SQL if the data already exists in an SQL database, or can be imported from a CSV, excel file or access database using an SQL import task.

Similarly the scripts may be run within an existing SQL database, or a new database can be created.

Step 1 Run script ‘Click1’ to create reference tables and working tables

Step 2 Import data to [inpatient_table] and [outpatient_table]. Appendix 2 lists the required fields, and script ‘Click2’ may be adapted to assist where the source data already exists within SQL server

Step 3 Run script ‘Click3’ to apply the inpatient flagging logic

Step 4 Run script ‘Click4’ to apply the outpatient flagging logic

Step 5 Run script ‘Click5’ to query the working tables and produce the required outputs

Step 6 Use the ‘Spell Tags’ output to link to your PbR inpatient datasets by Spell_ID, this allows the identification of activity to be attributed to specialised services and describes the relevant service.

Step 7 Use the ‘Spell Tags’ output to link to you non-PbR datasets to identify critical care and devices linked to those spells

Step 8 Use the ‘OP Tags’ to link to your outpatient datasets by Attendance_ID, this allows the identification of activity to be attributed to specialised services and describes the relevant service.

Step 9 Complete the templates for the other datasets as per Sch B14

7. Guide to using the Access Rules Package

7.1 Introduction

Two MS Access databases are included in this package - one for inpatients and one for outpatients. Both databases work in the same way. Users will need to run the databases in an Windows 2007 environment.

Reference tables are already included in the databases. The databases also include 'load' tables ('Episode_load_table' in the inpatient database and 'OP_load_table' in the outpatient database), which users need to populate with their own CDS/SUS data (see section 4 'Input files').

At the end of the processing, users will need to export the output datasets (see section 4 'Output files').

The Package includes:

- Inpatient database
- Outpatient database

7.2 How to use

The starting point for the process is to replace the 'load' tables (Episode_load_table or OP_load_table) with CDS/SUS data. The 'load' table names and the datafield names (see Section 4, Input datasets) within the 'load' tables must not change. Users can choose whether to create the 'load' tables within or outside the Access databases.

When running the queries in the Access database, users can choose to run the Macros or can run each individual query in the order that they appear in the database.

To run the inpatient database:

Step 1 Import SUS/CDS datasets (or 'Episode_load_table') to the database, ensuring that datasets include the data-fields required by the product. Either:

- Replace the 'Episode_load_table' in the database with the imported 'Episode_load_table' - only if the datafields are an exact match; or

- Change the data-field names in your SUS/CDS dataset to match the data-field names in 'Episode_load_table', and rename your SUS/CDS dataset as 'Episode_load_table'; or

- Create an Access query to append your SUS/CDS data to the empty 'Episode_load_table' dataset

Step 2 Run Macro '1 DeleteMacro' to empty working datasets

Step 3 Run the query '1a Append Episodes'. This appends your SUS/CDS data to the working datasets. Also run the query '1b Duplicate RecID check'. This checks to ensure that there are no duplicate Record ID values - duplicate values will result in inaccurate processing. If duplicate Record ID values exist, these must be changed.

Step 4 Run Macro '2 ServMacro' to apply the inpatient identification logic

Step 5 Run Macro '3 OverlapMacro' to run the overlap logic

Step 6 Run Macro '4 OutputMacro' to produce the output datasets

Step 7 Export the output datasets for further use.

Step 8 Use the ‘Output3_spell_tags’ output to link to your PbR inpatient datasets by Spell_ID, this allows the identification of activity to be attributed to specialised services and describes the relevant service.

Step 9 Use the ‘Output3_spell_tags’ output to link to you non-PbR datasets to identify critical care and devices linked to those spells

Step 10 Use the ‘Output1_all_data' or 'Output2_specialised_episodes' to link to your episode datasets by Record_ID, this allows the identification of activity to which you should place the NSHCB as commissioner for your submission of dataset to SUS.

Step 11 Complete the templates for the other datasets as per Sch B14

To run the outpatient database:

Step 1 Import SUS/CDS datasets (or 'OP_load_file') to the database, ensuring that datasets include the data-fields required by the product. Either:

- Replace the 'OP_load_table' in the database with the imported 'OP_load_table' - only if the datafields are an exact match; or

- Change the data-field name in your SUS/CDS dataset to match the data-field names in 'OP_load_table', and rename your SUS/CDS dataset as 'OP_load_table'; or

- Create a query to append your SUS/CDS data to the empty 'OP_load_table' dataset

Step 2 Run Macro '1 DeleteMacro' to empty working datasets

Step 3 Run the query '1b Append OP_load_table'. This appends your SUS/CDS data to the working datasets. Also run the query '1c Duplicate RecID check'. This checks to ensure that there are no duplicate Record ID values - duplicate values will result

	in inaccurate processing. If duplicate Record ID values exist, these must be changed.
Step 4	Run Macro '2 Serv_OverlapMacro' to apply the outpatient identification logic and the overlap logic
Step 5	Run Macro '3 OutputMacro' to produce the output datasets
Step 6	Export the output datasets for further use.
Step 7	Use the 'Output6_OP_tags' output to link to your PbR outpatient datasets by Record_ID, this allows the identification of activity to be attributed to specialised services and describes the relevant service. This link also allows the identification of activity to which you should place the NSHCB as commissioner for your submission of dataset to SUS.
Step 8	Complete the templates for the other datasets as per Sch B14

8. Guide to using the Oracle Rules Package

8.1 Introduction

This software version of the Identification Rules has been tested against Oracle 10g and 11g. The Oracle zip folder includes the following files:

0_Readme.txt	This is the instructions file (also replicated here)
1_Speccom_User.sql	This file contains Create User and Account Privileges
2_Speccom_Create_Tables.sql	This file creates the working tables and reference tables
3_Speccom_Inserts.sql	This file populates the reference tables
4_Insert_Data.txt	This file indicates a break in the process for the user to input data
5_Speccom_Process_IP.sql	This file updates the inpatient working table with the specialist service attributes
6_Speccom_Process_OP.sql	This file updates the outpatient working table with the specialist service attributes

8.2 How to use

Step One	Unzip/Save these documents to a local drive on your client machine, eg c:/
Step two	Amend the scripts 2 & 5 above, so that "@servicename" is replaced with the database/sid name. This can be achieved by:
	Open 2_Speccom_Create_Tables.sql in notepad.

	Edit>Replace insert @servicename into Find What and insert "@YourDatabaseSID"
	Replace with and click replace all.
	Repeat this for script 5
	If the database sid is not known then this can be identified by connecting to your database and running the following statement:
	SELECT SYS_CONTEXT('USERENV','DB_NAME') FROM DUAL;
Step Three	Log on to a sql session as Sys, or any user with dba privileges and run @c:\1_Speccom_User.sql
	Once its finished run
	@c:\2_Speccom_Create_Tables.sql and
	@c:\3_Speccom_Inserts.sql
	(Please change c:/ to reflect the relevant saved file location)
Step Four	Insert the Inpatient/Outpatient CDS data - See 4_Insert_Data.txt for details
Step Five	Start a sql session,
	Run @c:\5_Speccom_Process_IP.sql followed by @c:\6_Speccom_Process_OP.sql.
	This will create log files on the root of the c drive.

PART 2 SERVICE SPECIFICE ITEMS

9. Locating specialist activity in outpatient services

In order to accurately capture specialist services provided in the outpatient setting the following services require specialist diagnosis codes to be present:

Rheumatology

Endocrinology

Allergy

Dermatology

Immunology

The list of expected diagnosis codes are documented in the Inpatient patient rule for that service. In recognition that the majority of provider organisations have not yet implemented the capture of diagnosis codes in the outpatient setting the Identification Rules tools allows for an alternative method of identification. Clinicians involved in the creation of the service specifications are satisfied that selecting outpatient attenders originally referred by another clinician (ie source of referral 5) is a good proxy for 'specialist' activity. This is not a perfect solution and it is acknowledged that this approach will still include some non-specialist activity. It should be noted that the Identification Rules for 2014/15 commissioning are unlikely to include this temporary interim reporting solution.

For some outpatient services there is a requirement / suggestion for a local patient registry / list of patients who meet the criteria of 'specialist' (as described in the Prescribed Services Manual) to be managed locally by provider organisations. These patient lists / registries are often required because current coding conventions (OPCS / ICD10) are not granular enough to describe the specialist element of care, or maybe a treatment function code for the service does not yet exist. The following services have been singled out as requiring the creation of locally held patient registries / lists to manage the service:

Complex home ventilation

Severe and difficult to control asthma

Specialist pain (adults and children) – OPCS and ICD10 insufficient

Renal transplantation

Metabolic services (adults)

Neuropsychiatry (until TFC comes into being)

Interstitial lung disease

10. Reporting and identification of highly specialist activity

The method of identification and the format of reporting of highly specialist services (currently commissioned by the National Specialised Commissioning Team) will not change for 2013/14. Because these services are well known to the providers currently supplying these services and robust reporting mechanisms currently exist the Identification Rules document contain very limited text on these services.

11. Clinical databases

Clinical databases play a pivotal role in the clinical management of specialised patients. They collect information about rare diseases, conditions and treatments at a much more granular level than is possible in core Trust Patient Administration Systems (PAS). Clinical areas use the databases to inform their clinical accreditation process, support research and audit, and when performance is benchmarked with other similar organisations aids identification of areas for clinical improvement. It formulates / facilities the creation of clinical support networks (both nationally and in some instances worldwide) of clinicians who specialise in similar conditions.

Similarly, clinical databases have a part to play in the commissioning process. In some instances the physical content of a clinical registry is used as the main source of information for the contract planning round (i.e. Haemophilia and Cystic Fibrosis registries are used to create an annual patient tariff). In some instances the content of a clinical database will require cross-referencing with commissioning information to ensure that patients have been identified in core data flows as being specialist. For some clinical databases their content is used to populate core data flows (for example BadgerNet information can populate the neonatal critical care data extensions of the Admitted Patient Care Commissioning Dataset). Many of the organisations who provide the clinical databases also produce regular reports (at least annually) that are used by commissioning services to support strategic planning and evaluation of services.

The following list illustrates the clinical database that are currently used to support provision of clinical service and / or the commissioning process:

- British Thoracic Society (BTS) Difficult **Asthma** Database
- National **Bariatric Surgery** Registry
- British Society for **Bone and Marrow Transplants** (BSBMT) Data Registry
- International **Burns Injury** Database
- All National Audits, CQUINS (Peer Review), **Cancer** Registries
- **CAHMS Tier 4** Dataset
- Central **Cardiac** Audit Database (CCAD)
- Specialised **Cardiology Services** Databases
    - British Cardiovascular Society Intervention Study (BCIS) Database
    - Heart Rhythm UK Database
    - Transcatheter Aortic Valve Implant (TAVI) Database
- **CRANE** Database
- The UK **Cystic Fibrosis** Trust Patient Registry
- **Einstein** Secure
- **Endocrinology** Databases
    - Acromegaly
    - Congenital Adrenal Hyperplasia (CAH)
    - Cushing's
    - Neuroendocrine Tumour
    - Turner's Syndrome
- National **Hemoglobinopathy** Registry

- National **Haemophilia** Database
- Collaborative **HIV** Paediatric Study (CHIPS)
- National Study of **HIV** in Pregnancy (NSHPC)
- Survey of Prevalent **HIV** Infections Diagnosed (SOPHID)
- National **Intestinal Failure** Registry
- National **Immunoglobulin** Database
- National **Neonatal** Database
- Viewpoint (GE) or Astraia **Obstetrics**
- **Paediatric Intensive Care** Audit Network Database (PICANet)
- **PET – CT** Database
- National Audit of **Pulmonary Hypertension**
- National **Radiotherapy** Dataset (RTDS)
- The UK **Rehabilitation** Outcomes Collaborative (UKROC)
- **Renal Dialysis**
- UK **Renal** Registry (UKRR) Database
- National **Spinal Cord Injury** Database
- UK **Thrombotic Thrombocytopenia Purpura** Registry
- UK **Transplant** Registry
- **Trauma** Audit, Research Network (TARN)
- National **Vascular** Database
- UK **Vasculitis** Study

The following tables provide further details about these clinical databases.

National Programmes of Care A: Digestion, Renal & Hepatobiliary and circulatory system

Service	**A01: Cystic Fibrosis**
Name of database	**Cystic Fibrosis Trust** http://www.cftrust.org.uk/aboutcf/publications/cfregistryreports/
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation Clinical audit Activity monitoring and reporting - inc: • Needed for annual year of care tariff • Database being the only source of truth for a clinical service band assessment changes in year. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	Clinical Data is collected in specialist CF Centres and network shared care clinics at the patient's Annual Review (with the consent of the patient) and entered into Port CF. Care should be taken on consent excluded patients

Service	**A03a: Endocrinology**
Name of database	http://demo.e-dendrite.com/csp/baes/FrontPages/baes.csp
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation Clinical audit Activity monitoring and reporting - inc: • Needed for annual year of care tariff • Database being the only source of truth for a clinical service band assessment changes in year. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	*Database not yet available for* Neuroendocrine tumour congenital adrenal hyperplasia (CAH) Turners syndrome Acromegaly Cushing

Service	A03d: Respiratory Medicine - PCD
Name of database	*Database not yet available*
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation Clinical audit Activity monitoring and reporting - inc: • Needed for attendance tariff • Database being the only source of truth for a clinical service activity. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	*Database not yet available*

Service	A03d: Respiratory Medicine - ILD
Name of database	*Database not yet available*
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation Clinical audit Activity monitoring and reporting - inc: • Needed for attendance tariff • Database being the only source of truth for a clinical service activity. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	*Database not yet available*

Service	A03d: Respiratory Medicine – Complex Asthma
Name of database	**http://demo.e-dendrite.com/csp/asthma/frontpages/asthmafront.csp**
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation Clinical audit Activity monitoring and reporting - inc: • Needed for attendance tariff • Database being the only source of truth for a clinical service activity. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	BTS Asthma *Database not yet available*

Service	**A03d: Respiratory Medicine – Home Vent**
Name of database	*Database not yet available*
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation Clinical audit Activity monitoring and reporting - inc: • Needed for attendance tariff • Database being the only source of truth for a clinical service activity. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	*Database not yet available*

Service	**A04: Vascular**
Name of database	**National Vascular Database** **http://www.vascularsociety.org.uk/national-vascular-database.html**
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation Clinical audit Activity monitoring and reporting
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	

Service	**A05: Morbid Obesity**
Name of database	**http://demo.e-dendrite.com/csp/bariatric/FrontPages/nbsrfront.csp**
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation Clinical audit Activity monitoring and reporting - inc: • Needed for annual year of care tariff • Database being the only source of truth for a clinical service activity. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	Management for surgical service delivery only

	Database not yet available ALSGBI (Association of Laparoscopic Surgeons of Great Britain and Ireland), AUGIS (Association of Upper Gastrointestinal Surgery), BOMSS (British Obesity & Metabolic Surgery Society) and Dendrite Clinical Systems

Service	**A06: Renal Dialysis**
Name of database	**UK renal Registry** **http://www.renalreg.com/n_portal/pages/main/registryportal.php**
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation Clinical audit Activity monitoring and reporting - inc: • Needed for annual year of care tariff • Database being the only source of truth for a clinical service band assessment changes in year. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	

Service	**A07: Renal Transplantation**
Name of database	**BTS** **http://www.organdonation.nhs.uk/ukt/default.asp**
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation Clinical audit Activity monitoring and reporting - inc: • Needed for annual year of care tariff • Database being the only source of truth for a clinical service band assessment changes in year. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	The Registry is fundamental to monitoring transplant outcomes, evaluating organ allocation schemes, and summarising all aspects of donation and transplant activity.

Service	A08a: Colorectal – Comp Surg Incontinence
Name of database	
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation Clinical audit Activity monitoring and reporting - inc: • Needed for annual year of care tariff • Database being the only source of truth for a clinical service band assessment changes in year. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	

Service	A08d: Colorectal – Intestinal Failure
Name of database	*Database not yet available*
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation Clinical audit Activity monitoring and reporting - inc: • Needed for annual year of care tariff • Database being the only source of truth for a clinical service band assessment changes in year. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	*Database not yet available. Pilot planned for Jan 2013* There is potential to widen the scope of the National Intestinal Failure Registry to cover Paediatric Intestinal Failure also, which would enable the NSCT to disinvest from the problematic paediatric British Intestinal Failure Survey. This direction is supported by the British Society of Paediatric Gastroenterology Hepatology and Nutrition (BSPGHAN).

Service	A09: Complex Invasive Cardiology
Name of database	
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation

	Clinical service accreditation Clinical audit Activity monitoring and reporting – inc: • Needed for annual year of care tariff • Database being the only source of truth for a clinical service band assessment changes in year. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	Databases for each of these procedures are being developed; these would be hosted by NICOR *Database not yet available*

Service	**A09: Complex Invasive Cardiology – Transcatheter Aortic Valve Implant (TAVI)**
Name of database	**http://www.bcis.org.uk/pages/page_box_contents.asp?pageid=694&navcatid=25**
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation Clinical audit Activity monitoring and reporting – inc: • Needed for annual year of care tariff • Database being the only source of truth for a clinical service band assessment changes in year. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	The new UK TAVI Dataset (version 4) to be collected from 1st January 2013 *Database not yet available*

Service	**A09: Complex Invasive Cardiology – percutaneous coronary interventional (PCI)**
Name of database	http://www.bcis.org.uk/pages/page_box_contents.asp?pageid=655&navcatid=25
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation Clinical audit Activity monitoring and reporting – inc: • Needed for annual year of care tariff • Database being the only source of truth for a clinical service band

	assessment changes in year. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	The latest PCI database is: **Version 16.0 (2010)** Compatible with BCIS-CCAD **Dataset Version 5.5.5**

Service	**A11: Pulmonary Hypertension**
Name of database	**National Audit of Pulmonary Hypertension** **http://www.ic.nhs.uk/services/national-clinical-audit-support-programme-ncasp/heart-disease/pulmonary-hypertension/getting-started**
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation Clinical audit Activity monitoring and reporting – inc: • Needed for annual year of care tariff • Database being the only source of truth for a clinical service band assessment changes in year. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	

National Programme of Care B: Infection, Cancer, Immunity and haematology

Service	**B01: Radio Therapy**
Name of database	**http://www.canceruk.net/rtservices/rtds/home.htm**
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation Clinical audit Activity monitoring and reporting – inc: • Needed for annual year of care tariff • Database being the only source of truth for a clinical service band assessment changes in year. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	The RTDS microsite provides access to radiotherapy

	reports and analyses using data submitted as part of the National Radiotherapy Dataset, which is supplied to NATCANSAT on a monthly basis by NHS Trusts providing Radiotherapy in the UK.

Service	**B02: PET-CT**
Name of database	
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation Clinical audit Activity monitoring and reporting – inc: • Needed for annual year of care tariff • Database being the only source of truth for a clinical service band assessment changes in year. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	*Database not yet available* PET CT – 9 (6+3) separate database supporting audit, staffing clinical care but currently not feeding into the procurement process

Service	**B03: Cancer**
Name of database	**Cluster?**
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation Clinical audit Activity monitoring and reporting – inc: • Needed for annual year of care tariff • Database being the only source of truth for a clinical service band assessment changes in year. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	

Service	**B04: BMT**
Name of database	**http://bsbmt.org/about-the-registry/**
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation

	Clinical service accreditation Clinical audit Activity monitoring and reporting – inc: • Needed for annual year of care tariff • Database being the only source of truth for a clinical service band assessment changes in year. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	British Society of Blood and Marrow Transplantation (BSBMT)

Service	**B05: Haemophilia & Bleeding Disorders**
Name of database	United Kingdom Haemophilia Centre Doctors' Organisation http://www.ukhcdo.org/nhd.htm Thrombotic thrombocytopenic purpura (TTP) http://www.ucl.ac.uk/haemostasis/hru-TTP_Reg.html
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation Clinical audit Activity monitoring and reporting – inc: • Needed for annual year of care tariff • Database being the only source of truth for a clinical service band assessment changes in year. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	The UKHCDO is required by the Department Of Health to collect data on diagnosis, management and complications of bleeding disorders. UK Thrombotic Thrombocytopenia Purpura Registry identifies all TTP cases in the UK.

Service	**B06: HIV**
Name of database	**http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HIV/HIVAndAIDSReportingSystem/**
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation

	Clinical audit Activity monitoring and reporting – inc: • Needed for annual year of care tariff • Database being the only source of truth for a clinical service band assessment changes in year. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	The Health Protection Agency has developed a new dataset, the HIV and AIDS Reporting System (HARS). This system will eventually replace SOPHID and new HIV diagnoses.

Service	**B08: Hemoglobinopathies**
Name of database	**http://www.nhr.nhs.uk/**
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation Clinical audit Activity monitoring and reporting – inc: • Needed for annual year of care tariff • Database being the only source of truth for a clinical service band assessment changes in year. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	The National Hemoglobinopathy Registry (NHR) is a database of patients with red cell disorders (mainly sickle cell disease and thalassanemia major) living in the UK.

Service	**B09: Immunology & Allergies**
Name of database	**https://nww.mdsas.nhs.uk/IgD/**
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation Clinical audit Activity monitoring and reporting – inc: • Needed for annual year of care tariff • Database being the only source of truth for a clinical service band assessment changes in year. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	The UK registry for Immunoglobulin collects information about patients being treated with Intravenous immunoglobulin, subcutaneous immunoglobulin.

National Programme of Care D: Traumatic injury, orthopaedics, head & neck and rehabilitation

Service	**D01: Comp Disability Equipment**
Name of database	
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation Clinical audit Activity monitoring and reporting – inc: • Needed for annual year of care tariff • Database being the only source of truth for a clinical service band assessment changes in year. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	*Database not yet available* Build from scratch registers for: • Wheelchairs • Communication • Prosthetics • Environmental Controls • Eyes

Service	**D02: Brain Injury & Comp Rehab**
Name of database	**UK Rehabilitation Outcomes Collaborative (UKROC)** **http://www.csi.kcl.ac.uk/ukroc-software.html**
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation Clinical audit Activity monitoring and reporting – inc: • Needed for annual year of care tariff • Database being the only source of truth for a clinical service band assessment changes in year. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	

Service	**D06: Burns**
Name of database	**http://www.ibidb.org/ibid**
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation

	Clinical audit Activity monitoring and reporting – inc: • Needed for annual year of care tariff • Database being the only source of truth for a clinical service band assessment changes in year. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	UK National Burn Care Group (NBCG) funded the creation of the UK.NBID, which included the creation of the iBID data collection system

Service	**D07: Cleft Lip & Palate**
Name of database	**CRANE Database** **https://www.crane-database.org.uk/**
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation Clinical audit Activity monitoring and reporting – inc: • Needed for annual year of care tariff • Database being the only source of truth for a clinical service band assessment changes in year. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	The CRANE database is a record of information on adults and children born with cleft lip and/or cleft palate throughout England and Wales. Care should be taken with commissioning of welsh patients!

Service	**Major Trauma**
Name of database	**TARN** **http://www.tarn.ac.uk/Login.aspx**
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation Clinical audit Activity monitoring and reporting – inc: • Needed for annual year of care tariff • Database being the only source of truth for a clinical service band assessment changes in year. • Information required to be cross-

	referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	As PbR payments for trauma are dependent on data returns to the database there is a high level of compliance and TARN is the counting system for paying Major trauma Centre activity. HES data are too non-specific and do not differentiate "major" trauma defined as ISS at 8+

Service	**D13: Spinal Cord Injury**
Name of database	**National Spinal Cord Injury Database** **Under development – Prototype expected Jan 2013**
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation Clinical audit Activity monitoring and reporting - inc: • Needed for annual year of care tariff • Database being the only source of truth for a clinical service band assessment changes in year. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	*Database not yet available*

National Programmes of Care D: Women & children's health, congenital and inherited diseases

Service	**E07: PICU**
Name of database	**http://www.picanet.org.uk/Documents/General/PICANet_%20Protocol_v2.pdf**
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation Clinical audit Activity monitoring and reporting - inc: • Needed for annual year of care tariff • Database being the only source of truth for a clinical service band assessment changes in year. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	

Service	E08: NICU
Name of database	**Badgernet SEND** **http://www.neonatal.org.uk/send**
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation Clinical audit Activity monitoring and reporting - inc: • Needed for annual year of care tariff • Database being the only source of truth for a clinical service band assessment changes in year. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	

Service	E12: Fetal Medicine
Name of database	**Viewpoint (GE) or Astraia Obstetrics**
Details of how the information is used to support commissioning	Database used for the following: Clinical dashboard creation Clinical service accreditation Clinical audit Activity monitoring and reporting - inc: • Needed for annual year of care tariff • Database being the only source of truth for a clinical service band assessment changes in year. • Information required to be cross-referenced to contract monitoring
Is clinical database flow mandatory?	Local compliance.
Any other relevant details	*Database not yet available* Solutions relate to x2 commercial obstetric PAS systems for care management and specifically supporting obstetric DMS.

12. Data Quality

The publication of the Prescribed Services Manual to healthcare providers and commissioners will enable an increased level of awareness of specialist services within the health economy. This heightened period of review and exploration will without doubt prompt all providers and commissioners to look carefully at the data flows submitted and received against the detail of the Prescribed Services Manual. The following section elaborates on some of the common problem areas.

11.1 Activity commissioned outside of the PbR regime

Where Inpatient and Outpatient activity is commissioned using non- PbR currencies (ie packages of care, annual tariffs etc.) providers are expected to demonstrate these deviations from PbR by including the '=' in the commissioner serial ID field of the relevant commissioning dataset flow to the Secondary Usage Service (SUS).

11.2 Kidney organ donation

Trusts undertaking the removal of kidneys for donation and implantation into other patients should ensure that the clinical coding demonstrates this. Analysis of national data would indicate that many providers are simply coding removal of kidney and not coding kidney donation (ie X451 Donation of kidney)

11.3 Multi-disciplinary outpatient attendances

Due to the complexity of establishing a patient diagnosis and establishing clinical care plans it is often necessary for a multitude of healthcare professionals to be present at outpatient appointments. Trusts are reminded to check that where multi-professional / disciplinary appointments are performed that these are documented correctly using the appropriate OPCS codes in the outpatient record. Trusts should also be reminded that these OPCS are due for retirement in April 2014 (to be replaced by the population of the relevant code in the Multi-professional or multidisciplinary code field of CDS v 6.2.

11.4 Use of Treatment function codes

For many of the identification rules the selection of specialised outpatient activity is based solely on the presence of the appropriate treatment function code. Providers should take great care to ensure that all treatment function codes that can be used by the trust are used. In particular note the following:

Paediatric medicine (420)

Commissioners of prescribed specialised services will not be buying any services under this treatment function code. If the provision of specialist medical paediatric services (ie paediatric haematology, paediatric haemophilia, paediatric endocrinology etc) are hidden away within paediatric medicine then the trust is advised to undertake appropriate action to record the clinical activity using the most appropriate treatment function code. Where corrective action is required this should be documented within a data quality improvement plan for inclusion within the NHS contract.

Paediatric Treatment Function codes

It is noted that some trusts have not implemented the full suite of paediatric treatment function codes. In recognition of this issue the identification rules will allow paediatric activity reported under the adult treatment function code to be identified as specialist. Where paediatric treatment function codes are not being documented correctly and corrective action is needed this should be documented within a data quality improvement plan for inclusion within the NHS contract

Spinal cord injuries

The treatment function code of 323Spinal Injuries should only be used by the 8 Spinal cord injury units.

Burns

The Burns (161) treatment function code should only be used by Burns centres, units and facilities. Any clinical care given to patients under the treatment function code of 160 Plastic Surgery will not be picked up by the Identification Rules.

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