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Project Plan: GUMCAD 2 in Enhanced Sexual Health Services (ESHSs)	
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2 BACKGROUND

Sexually transmitted infections (STIs) are recognised as a major public health concern in the United Kingdom. As a group of infections they are epidemiologically and clinically diverse, and the range of sexual health services responsible for their treatment and management is becoming more complex. Each year approximately 250,000 new episodes of chlamydia, gonorrhoea, syphilis, genital herpes and genital warts are diagnosed in genitourinary medicine (GUM) clinics in the UK. Despite effective STI surveillance systems based on data from GUM clinics and voluntary laboratory reports made to the Health Protection Agency (HPA), STI surveillance in England is limited by a lack of routine data from primary and community care.

The systematic collection of timely, representative data from primary and community care is needed to gain a clearer picture of priorities in sexual health and to improve service planning. Specifically, it is necessary to augment GUM clinic data with data from sexual health services outside of GUM clinics in order to determine the true burden of sexual ill health in the population, and the impact of changes in service delivery. Such data can also be used to determine how patients are treated and managed within these settings, and how this has evolved over time in response to the Department of Health's Sexual Health and HIV Strategy.

The HPA has successfully developed a new disaggregate surveillance systems in GUM clinics, the Genitourinary Medicine Clinic Activity Dataset (GUMCAD). The HPA in collaboration with the Department of Health and with the approval of the Information Standards Board (ISB) will pilot this new dataset in non-GUM settings offering sexual health care (aka enhanced sexual health services (ESHSs)). The pilot will examine the feasibility and acceptability of rolling out GUMCAD 2 to these services in order to improve and reduce the gap in STI surveillance.

For the purpose of the pilot and the associated survey on ESHSs, ESHSs were defined as services offering a level 2 or above sexual health service, as described by "The National Strategy for Sexual Health and HIV" (see figure 1). The criteria used to determine whether a service was commissioned as a level 2 sexual health service was whether the clinic tested for, diagnosed and treated sexually transmitted infections (STIs). Services which only provided level 2 contraceptive services (e.g. intrauterine device insertion) were not included.

Figure 1. Definition of level 2 sexual health service

– intrauterine device insertion (IUD)	– contraceptive implant insertion
– testing and treating sexually transmitted infections	– partner notification
– vasectomy	– invasive sexually transmitted infection testing for men (until non-invasive tests are available)

2.1 Aims and Objectives

To demonstrate the acceptability and feasibility of collecting GUMCAD 2 from ESHSs. An application to broaden the scope of the GUMCAD standard to include these services will be made to the ISB.

3 PROJECT PLAN OVERVIEW

3.1 Steering Group

The GUMCAD 2 Steering Group include a wide range of stakeholders (point 3.1.1), whose responsibility is to provide guidance and advice on how to run the pilot, to review the pilot findings and, if appropriate, oversee the submission to the ISB. The group will meet at least four times over the course of the pilot programme, with additional actions and decisions made via email.

3.1.1 Steering Group Members

Name	Organisation
Gwenda Hughes	Head of STI Section, HPA
Sam Bracebridge	Regional Epidemiologist, East of England HPA
Isabel Oliver	Regional Epidemiologist, South West HPA
Val Thomas	Commissioner, Cambridgeshire PCT
Janet Gallagher	Lead Associate Specialist Sexual Health Services Stanhope Parade Health Centre
David Powell	Cornwall General Practitioner
Melissa Sargaison	Luton General Practitioner
Jackie Vanderwall	Luton, Clinical Nurse
Ali Kubba	Family Planning Clinician, Lambeth PCT
Wendi Slater	South West Health Public Health Observatory
Geraldine Leong	Scientific Lead – GUMCAD Surveillance, HPA
Mandy Yung (Chair)	Scientific Lead on STI Surveillance in Primary Care, HPA
Jordana Peake	Pilot co-ordinator for GUMCAD 2, HPA

3.2 Pilot Sites

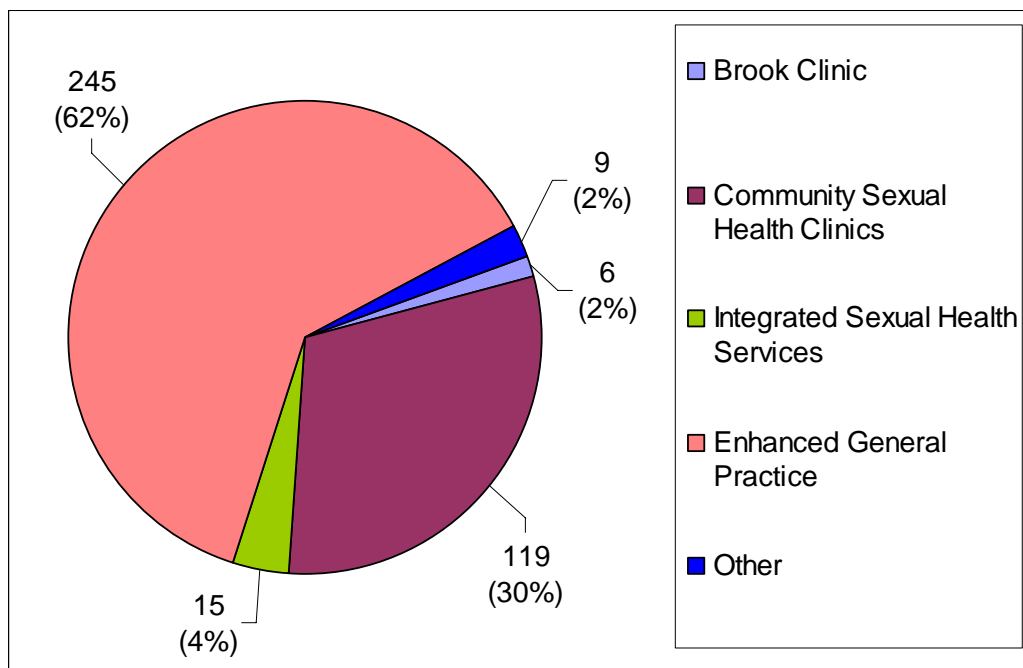
The number and type of pilot sites chosen for this pilot programme has been informed by the survey of ESHSs in England carried out by the STI section, Cfl. Out of the 152 PCTs in England, 128 (84%) PCTs responded giving information on 394 clinics offering level 2 services. The survey highlighted the heterogeneity in sexual health services provided. PCTs offer a variety of ESHSs ranging in numbers and type of service provided. For example, the contracts for Locally Enhanced Service General Practitioners varied, with some commissioned to provide only level 1 sexual health services (these have not been included), whilst others included level 2. The majority of ESHSs were offered by enhanced general practitioners.

Table 1 lists the number and type of services reported in the survey and the proposed number of pilot sites to target. The aim is to pilot GUMCAD 2 at 13 pilot sites covering the main service types and software used.

Table 1. Number and types of ESHSs in England and recommended number of pilot sites

Type of service	No. of clinics	% of total	No. of Pilot sites	% of total
Brook Clinic	6	2%	2	15%
Community Sexual Health Service (incl. CASH, Family Planning, Reproductive and Sexual Health Clinic)	119	30%	3	23%
Enhanced General Practice	245	62%	7	54%
Integrated Sexual Health Clinics	15	4%	1	8%
Other (incl. Community (Hospital, Outreach Programme), GPwSI, PAS/Termination Service, Pitstop Clinic, Practice Nurse led at GP Surgery)	9	2%	0	0%
TOTAL	394		13	

Figure 2. Percentage of ESHSs in England



3.3 Software Development

The pilot programme will be rolled out in two phases:

- I. Clinics using the same software systems as GUM clinics
- II. Clinics using non-GUM software systems

As with the GUMCAD pilot in GUM clinics, current software companies will be asked to develop programmes to extract the required data from the clinic's existing database.

It is envisaged that those clinics such as integrated sexual health and family planning and some community sexual health services use the same software providers as GUM clinics. As these providers would have already formulated an extract tool for GUM clinics it would be relatively easy to apply this to their ESHSs using the same system. These clinics will be able to take part in the pilot a lot sooner and will be part of phase 1.

Phase 2 of the pilot programme will include all remaining pilot sites, with enhanced GPs making up the majority. In collaboration with the corresponding software providers changes to their systems will be made in order to collect and/or extract the GUMCAD 2 items. This will be phase 2 of the programme.

3.4 Timescales

The pilot programme has an estimated 12-24 month timeframe with the majority of the time taken to developing clinic software to accommodate the GUMCAD 2 extraction. Table 2 provides timescales for the key milestones.

Table 2. Key milestones for GUMCAD 2 pilot project

Key Milestones	Timescales for Completion
Establish GUMCAD 2 steering group.	July 2008
Develop GUMCAD 2 specification.	July 2008
Ascertain number, type and distribution of ESHSs in England to inform pilot.	July 2008
Recruit pilot sites: Phase 1 sites – site visits, training and data collection (8 wks piloting minimum).	September 2008 to March 2009
Phase 2 sites – develop software, site visits, training and data collection (8 wks piloting minimum).	September 2008 to September 2009
Verification and analysis of GUMCAD 2 data, qualitative analysis of pilot feedback.	March 2009 to December 2009
ISB application process (to include pilot results).	January to March 2010
GUMCAD 2 approved by ISB DSCN issued.	March to April 2010
Implementation of GUMCAD 2 by all ESHSs	From November 2010

4 GUMCAD 2 DATA ITEMS

The pilot programme will use the same GUMCAD specification as provided for GUM clinics. Please see Appendix A for GUMCAD specification. GUMCAD collects patient level information including a patient identifier number, gender, age, country of birth, ethnicity, PCT of residence and LSOA of residence (table 3). An observation will be produced for the patient on each visit to the clinician. This will record the date of the appointment, the attendance type (i.e. first, follow-up or rebook) and the diagnostic code assigned on that visit.

It is intended that this pilot will use the same GUMCAD items (table 3), with only a change in recording of the diagnostic codes.

Table 3. GUMCAD 2 data items.

Position	Field Name	Description
1	ClinicID	Clinic ID code
2	PatientID	Local patient identifier number
3*	KC60	KC60 code
4	Gender	Gender
5	Age	Age at attendance date in years
6	Sex_Ori	Sexual orientation
7	Ethnicity	Patient's ethnic category
8	Country_Birth	Patient's country of birth
9	PCT	PCT of residence code
10	LSOA	Lower Super Output Area of residence code
11	First_Attendance	Attendance type
12	AttendanceDate	Date of attendance

4.1 Item 3. KC60 Code

For enhanced GP clinics READ Codes will replace the KC60 code (READ Codes are a coded thesaurus of clinical terms used by GP computer systems). For all other service types, assessment of any in house coding system or other clinical coding system will be made and will probably be mapped to the KC60 code during the extraction process. Further work to investigate the variability in how clinics code diagnoses and tests will need to be carried out to assess the compatibility with the KC60 codes. SNOMED CT® (Systematised Nomenclature of Medicine Clinical Terms) coding may also need to be considered to ensure compatibility with Connecting for Health in the future.

5 LESSONS LEARNED FROM GUMCAD IN GUM CLINICS

5.1 Item Issues

5.1.1 Ethnic Group, Country of Birth and Sexual Orientation

Completion of ethnic group, country of birth and sexual orientation was variable between clinics, although most clinics acknowledged that they collected the data. Poor completion of these fields may have been associated with a number of factors:

- Certain clinics were not asking the patients for this information or recording the data items electronically.
- Some patients may have been reluctant to disclose the information. There was evidence from the questionnaire study that some patients expressed concern about supplying information on ethnic group, country of birth and sexual orientation. However, clinic staff routinely managed patients concerns regarding confidentiality and were still able to record at least one and usually two of these data items for at least 80% of patients, suggesting that collection of this information remains a realistic goal.
- Technical problems with staff recording sexual orientation as 'How acquired' in the GUM clinic system instead of in the 'Sexual Orientation' field led to poor completion of this item in some clinics. However, results from the questionnaire suggest that sexual orientation is usually recorded locally at clinics (i.e. in patient notes) but is not always recorded in the appropriate field in the software.

5.1.2 Lower Super Output Area (LSOA)

Many software providers experienced some problems mapping patient postcodes to LSOA of residence. Software providers and IT staff had no prior experience of LSOAs, and experienced problems locating the appropriate look-up table from the Office for National Statistics and introducing such a large file into the software. Once data was received at HPA, there were some issues with LSOAs and PCTs not mapping appropriately for some patient records. A major cause of this discrepancy was that some clinics were sending LSOA of residence and PCT of the registered general practitioner, resulting in a minority of records not matching. The problem was solved by ensuring software providers only mapped the postcode of residence to both PCT and LSOA.

5.2 Extract Issues

There were persistent problems in the format of data extracts submitted to the HPA. All of these formatting problems were due to providers' programming errors and though easy to resolve caused delays in the pilot. However, the GUM software providers participating in the pilot are now all able to produce extracts according to the required specification.

5.3 Other Issues

Communication between the HPA, software providers and clinic staff in the pilot was inconsistent and caused some misunderstandings between key participants. It has been recommended that there should be a single contact person at the HPA who is responsible for co-ordinating all aspects of GUMCAD implementation, and to whom all queries from clinic staff and software providers can be addressed. The HPA should call regular meetings and/or teleconferences to discuss issues with key parties and should endeavour to update those concerned about any changes to agreed objectives.

APPENDIX A



The Revised KC60 Statistical Return: Genitourinary Medicine Clinic Activity Dataset (GUMCAD)

Technical guidance and specification for data extract from GUM clinics

28th February 2008

ISB Approved Version (13)

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BACKGROUND

In England, the monitoring of Primary Care Trust (PCT) Local Delivery Plans (LDPs) require data on patients attending GUM services by PCT of residence. Residence based rates of sexually transmitted infection (STI) diagnoses and testing are required to help monitor LDPs as well as to estimate the burden of infection and assess local STI screening practices. Currently, the only routinely available data on STI diagnosis and screening is compiled by data submitted to the HPA on the KC60 statistical return, but these returns collect no information on patient area of residence. Although some residence-based data have been extracted locally, there is currently no routine extraction of residence-based information across England on patients attending GUM services.

BASHH and the HPA, in consultation with the Department of Health, have collaborated to specify the minimum data needed to meet these requirements. The data specified will be compliant with the proposed Common Data Set for Sexual Health. Collection and reporting of the data items should be possible at most GUM clinics and it is intended that the implementation should begin in April 2008. This document specifies the minimum data set for the implementation.

AIM OF DOCUMENT

To provide specifications for the revised KC60 data extract, known as the Genitourinary Medicine Clinic Activity Dataset (GUMCAD), from genitourinary medicine clinic software.

DATA EXTRACT SPECIFICATION

Description

Each GUM clinic will be required to generate a quarterly data extract of all patient attendances and associated diagnoses (coded using KC60 codes) at GUM clinics by patient PCT of residence, Lower Super Output Area of residence, gender, age, sexual orientation, ethnicity and country of birth for emailing to PCTs, SHAs and the HPA. It is proposed that the GUMCAD extract, once validated and with some modification, will eventually replace the current KC60 statistical return. All specified fields will be mandatory.

Time period

The extract will cover one calendar quarter.

Frequency

Reports will be run quarterly, 6 weeks after the end of the quarter.

Format

Data returned should be formatted into a single comma delimited CSV file or in Microsoft Excel format. The format of the CSV/Excel file is presented in figure 1. An example of the field content is also shown and is used to illustrate how the data should appear in the CSV file (figure 2). The field content and field order should be identical for files in Excel format.

Transmission

Electronic files will be transmitted to the HPA. Where possible, data should be submitted to the HPA through the secure document gateway in the HPA website. This gateway enables organisations to distribute any type of files to previously identified users in a secure manner across the Internet. The document gateway can be found at: <https://www.hpa.org.uk/login.spl> .

Connection to the gateway requires a login account name and password, which will be available from the project administrator at the Centre for Infections. The browser supports the Secure Sockets Layers (SSL) method of communication and passwords are changed every 3 months.

Notes

1) *Definition of first attendances for GUMCAD*

First attendances refer to all new or re-book face-to-face attendances at the start of a genitourinary episode. All attendances by an individual patient less than 26 weeks after their last attendance will be routinely classified as a follow-up attendance by clinic software, unless manually altered on the system at the clinic. All attendances by an individual patient 26 weeks or more after their last attendance will be routinely classified as a re-book attendance by clinic

software, unless manually altered on the system at the clinic. When a clinician decides that an episode has been completed within the 26 week interval, clinic staff should manually close the episode using the clinic software. First attendances will be identified in the extract in the 'First_Attendance' field (which records attendance type). The majority of first attendances will have an associated KC60 code when transmitted. However, the KC60 field may occasionally be blank when transmitted where there has been a delay in diagnosis. All first attendances must eventually have an associated KC60 code.

2) *Definition of subsequent attendances*

Subsequent attendances refer to all follow-up attendances within a genitourinary episode. Dates of subsequent attendances will be included in the GUMCAD extract to allow generation of part C of the current KC60 statistical return. Subsequent attendances will be identified in the extract in the 'First_Attendance' field (which records attendance type). The majority of subsequent attendances should not have a KC60 code as they are related to previously recorded diagnoses (they are not new diagnoses) and for these visits the 'KC60' field should remain blank. There are two exceptions (1). Where a patient receives a new diagnosis during a follow up attendance for an existing condition. (2). Where a new KC60 code is appropriate for a change in disease status e.g. E1B, E2B and E3B. All follow up attendances (regardless of whether they have a KC60 code or not) should be recorded as such in the 'First Attendance' field.

3) *Allocation of missing PCT of residence*

Records where the patient's postcode has not been provided to generate PCT of residence should be allocated to 'not known' and coded "Q99". Postcodes outside of England (overseas visitors, Wales, Scotland or Northern Ireland) should be allocated to 'not applicable' and coded as "X98".

4) *Allocation of missing LSOA of residence*

There is a Lower Layer Super Output Area for each postcode in England and Wales. Postcodes in Scotland, Northern Ireland, Channel Islands or Isle of Man should be coded "Z99999999". Records where the patient's postcode has not been provided to generate LSOA of residence should be allocated to 'not known' and coded "X99999999". Postcodes outside the United Kingdom should be allocated to 'not applicable' and coded "X99999998".

5) *Allocation of changing PCT/LSOA of residence*

Reports should use the latest PCT/LSOA of residence available.

6) *Allocation of changing patient details*

If a patient's demographic details (e.g. ethnic group, sexual orientation etc.) are changed during a given month, the most recent entry should be allocated to the record being transmitted.

7) ***Recording sexual orientation***

Clinical staff taking sexual histories are advised to enter accurate information during the clinical consultation or as soon as possible thereafter. Clinic software systems should avoid defaulting patients' sexual orientation to 'heterosexual', rather software should default to 'Not known'. To improve the quality of sexual orientation information recorded, software should prevent completion of data entry until sexual orientation has been recorded.

8) ***Recording and transmission of KC60 codes***

KC60 codes should not be grouped as some currently are on the KC60 statistical return. Instead, each individual code should be transmitted separately. For example, 'C4A,C4C' should be transmitted separately as either C4A or C4C, as appropriate (see Appendix).

9) ***Coding and formatting***

The coding and formatting of the data items required are presented in figure 1. The full list of KC60 codes for the GUMCAD extract is provided in the appendix. All fields specified are compliant with the proposed Common Data Set for Sexual Health (www.cdssexualhealth.org.uk) and are defined using the NHS data dictionary where possible.

DATA CODING SPECIFICATION

Figure 1. Format for the GUMCAD extract

Position *	Field Name	Description	NHS Data Dictionary Data Element	Variable Length [‡]	Example [±]
1	ClinicID	Clinic ID code	SITE CODE (OF TREATMENT)	AN(5)	RCC25
2	PatientID	Local patient identifier number	LOCAL PATIENT IDENTIFIER	AN(10)	PAT123
3	KC60	KC60 code	GENITOURINARY EPISODE TYPE	AN(4)	C10A
4	Gender	Gender	PERSON GENDER CURRENT	N(1)	1
5	Age	Age at attendance date in years	AGE AT ATTENDANCE DATE	N(3)	16
6	Sex_Ori	Sexual orientation	SEXUAL ORIENTATION (CURRENT)	N(1)	1
7	Ethnicity	Patient's ethnic category	ETHNIC CATEGORY	AN(2)	A0
8	Country_Birth	Patient's country of birth	COUNTRY CODE (BIRTH)	A(3)	GBR
9	PCT	PCT of residence code	ORGANISATION CODE (PCT OF RESIDENCE)	AN(3)	5K9
10	LSOA	Lower Super Output Area of residence code	LOWER LAYER SUPER OUTPUT AREA (RESIDENCE)	AN(9)	E01000001
11	First_Attendance	Attendance type	FIRST ATTENDANCE	N(1)	1
12	AttendanceDate	Date of attendance	ATTENDANCE DATE	N(10) CCYY-MM-DD	2007-10-31

*Refers to the horizontal position of the field within CSV format

[‡]AN = Alpha-numeric, N = Numeric, A = Character. Number in brackets denotes the string length.

[±]Example of field content, also used to illustrate extract format expected (see figure 2)

Figure 2. Example of CSV format for the GUMCAD extract (for one row of data)

```
ClinicID, PatientID, KC60, Gender, Age, Sex_Ori, Ethnicity, Country_Birth, PCT, LSOA, First_Attendance, AttendanceDate
RCC25, PAT123, C10A, 1, 16, 1, A0, GBR, 5K9, E01000001, 1, 2007-10-31
```

Figure 3. Coding specification for GUMCAD extract

Data item	NHS data dictionary name	Definition/comments
Clinic ID code (code to identify clinic/service provider)	SITE CODE (OF TREATMENT)	Format/length: an5 An identifier for a CLINIC OR FACILITY .
Patient ID number	LOCAL PATIENT IDENTIFIER	Format/length: an10 Note: This is a number used to identify a PATIENT uniquely within a Health Care Provider . It may be different from the Patient's case note number and may be assigned automatically by the computer system.
KC60 code	GENITOURINARY EPISODE TYPE	Format/length: an4 National Codes: The national KC60 codes and their definitions are given in the appendix. Notes: KC60 records the FIRST ATTENDANCE for the diagnosis and/or treatment of an infection or disease, during a Genitourinary Episode . This field is usually only completed for the first attendance relating to a genitourinary episode – the majority of follow-up attendances should not have a KC60 code and for these visits this field should remain blank. (The main exceptions will be for codes E1B, E2B and E3B.) A FIRST ATTENDANCE is an indication of whether the face to face contact is the first occasion on which a PATIENT is seen by any staff group of the Health Care Provider. It begins an episode of care which comprises all the contacts made by the relevant staff of the Health Care Provider regardless of changes of LOCATION . A genitourinary episode is a period of time during which a PATIENT attends a Consultant Clinic or a Nurse Clinic for a genitourinary problem. Each episode will be for one GENITOURINARY EPISODE TYPE . It is therefore possible for a PATIENT to have concurrent Genitourinary Episodes. A PATIENT may also have more than one Genitourinary Episode for the same GENITOURINARY EPISODE TYPE over time. An episode is terminated either by a PATIENT being formally discharged or not being in face-to-face contact with the service for at least six months
Gender	PERSON GENDER CURRENT	Format/length: n1 National Codes: 0 Not Known - means that the gender of the person has not been recorded. 1 Male 2 Female 9 Not Specified – means indeterminate, i.e. unable to be classified as either male or female References: UK Government Data Standards Catalogue (GDSC), Version 2.0, Agreed 11.09.03. GDSC: http://www.govtalk.gov.uk/gdsc/html/default.htm PERSON GENDER CURRENT is the same as PERSON GENDER CODE where the PERSON GENDER TYPE equals '02 - Person Gender Current'. The e-GIF standard PERSON GENDER CURRENT should be used for all new and developing systems and for XML messages. For existing CDS EDIFACT messages however, SEX should be used.
Age	AGE AT ATTENDANCE	Format/length: n3 This is usually derived as the number of completed years between the PERSON BIRTH DATE of the PATIENT and

Data item	NHS data dictionary name	Definition/comments
	DATE	the ATTENDANCE DATE . However, age can be manually entered in the absence of patient date of birth. Not known = 999, i.e. date of birth not known and age cannot be estimated
Sexual orientation (males & females)	SEXUAL ORIENTATION (CURRENT)	<p>Format/length: n1</p> <p>See SEXUAL ORIENTATION CODE for the National Codes</p> <p>The current SEXUAL ORIENTATION of a PERSON</p> <p><u>National Codes:</u></p> <p>1 Heterosexual 2 Homosexual 3 Bi Sexual 9 Unknown</p> <p>The SEXUAL ORIENTATION of a PATIENT</p>
Ethnicity	ETHNIC CATEGORY	<p>Format/length: an2</p> <p>The ethnicity of a PERSON, as specified by the PERSON.</p> <p><u>National Codes:</u></p> <p>White</p> <p>A British B Irish C Any other White background</p> <p>Mixed</p> <p>D White and Black Caribbean E White and Black African F White and Asian G Any other mixed background</p> <p>Asian or Asian British</p> <p>H Indian J Pakistani K Bangladeshi L Any other Asian background</p> <p>Black or Black British</p> <p>M Caribbean</p>

Data item	NHS data dictionary name	Definition/comments
		<p>N African P Any other Black background</p> <p>Other Ethnic Groups R Chinese S Any other ethnic group</p> <p>Z Not stated</p> <p>Note: ETHNIC CATEGORY is the classification used for the 2001 census, replacing ETHNIC GROUP in the flows through the NHS-wide Clearing Service.</p>
Country of birth	COUNTRY CODE (BIRTH)	<p>Format/length: A(3)</p> <p>This is the country where the PATIENT was born.</p> <p>COUNTRY CODE (BIRTH) is the same attribute COUNTRY CODE</p> <p>Refer to the ISO 3166-1 standard for actual list of alphabetic codes and countries. The alphabetic code to be used is the 3-char alphabetic code available on the International Organisation for Standardisation website http://www.iso.org/iso/home.htm</p> <p>Note: The 2-char alphabetic code must not be used.</p> <p>Refer to the ISO 3166-1 standard for actual list of alphabetic codes and countries. Where country of birth is unknown please record this as ZZZ</p> <p>Notes: UK Government Data Standards Catalogue (GDSC), Version 2.0, Agreed 01.01.02. GDSC: http://www.govtalk.gov.uk/gdsc/html/default.htm</p> <p>Max 3 Characters</p> <p>Reference: http://www.iso.org/iso/home.htm</p>
PCT of residence code	ORGANISATION CODE (PCT OF RESIDENCE)	<p>Format/length: an3</p> <p>The ORGANISATION CODE (PCT OF RESIDENCE) is the same as the attribute ORGANISATION CODE where the ORGANISATION TYPE is national code PT - <i>Primary Care Trust</i>.</p> <p>This is the ORGANISATION CODE of the Primary Care Trust derived from the PATIENT's POSTCODE OF USUAL</p>

Data item	NHS data dictionary name	Definition/comments
		<p>ADDRESS.</p> <p>For the purposes of sending Commissioning Data Set (CDS) messages to the Secondary Uses Service (regardless of how local systems hold the data) it is essential at present to continue using a 3 character field, using the first 3 characters of the ORGANISATION CODE (PCT OF RESIDENCE) and following the same update rules relating to Prime Recipient as are currently in place. This is necessary primarily to preserve the integrity of the current NHS CDS message and the Prime Recipient which is derived from the ORGANISATION CODE (PCT OF RESIDENCE). The National Administrative Codes Service (NACS) provides postcode files which link postcodes to the Primary Care Trust. See NHS Postcode Directory.</p> <p>Records where the patient's postcode has not been provided to generate PCT of residence should be allocated to 'not known' and coded "Q99". Postcodes outside of England (overseas visitors, Wales, Scotland or Northern Ireland) should be allocated to 'not applicable' and coded as "X98".</p> <p>Notes: PCT OF RESIDENCE is the same as the attribute ORGANISATION CODE. See Primary Care Trust (PCT) for the definitions of this ORGANISATION.</p>
LSOA of residence code	LOWER LAYER SUPER OUTPUT AREA (RESIDENCE)	<p>Format/length: an9</p> <p>Notes: the Lower Layer Super Output Area for where the PATIENT is resident. This is the GEOGRAPHIC AREA CODE where the GEOGRAPHIC AREA TYPE is classification Lower Layer Super Output Area.</p> <p>There is a Lower Layer Super Output Area for each postcode in England and Wales. Postcodes in Scotland, Northern Ireland, Channel Islands or Isle of Man should be coded "Z99999999". Records where the patient's postcode has not been provided to generate LSOA of residence should be allocated to 'not known' and coded "X99999999". Postcodes outside the United Kingdom should be allocated to 'not applicable' and coded "X99999998".</p> <p>Lower Layer Super Output Areas are a geographic hierarchy designed to improve the reporting of small area statistics. Lower Layer Super Output Areas are built from groups of contiguous Output Areas and have been automatically generated to be as consistent in population size as possible, and typically contain from four to six Output Areas.</p> <p>List of English Lower Super Output Area codes are available at http://www.statistics.gov.uk/geography/soa.asp http://neighbourhood.statistics.gov.uk/dissemination/Info.do?page=SOAConstitutions.htm</p>
Attendance type	FIRST ATTENDANCE .	<p>Format/length: n1</p> <p>The National Codes for 'FIRST ATTENDANCE' in the NHS Data Dictionary are:</p> <p>1 First attendance face to face 2 Follow-up attendance face to face</p>

Data item	NHS data dictionary name	Definition/comments
		<p>3 First telephone or telemedicine consultation 4 Follow up telephone or telemedicine consultation</p> <p>Notes: This indicates whether a patient is making a first or follow-up attendance. For Genitourinary Clinic Attendances a FIRST ATTENDANCE is the first in a series, or the only attendance by a PERSON at a Consultant Clinic.</p> <p>Re-book should still be collected locally. It is used to identify frequently repeat attendees recurring infections which are of significance in managing individual patient care and for protecting public health.</p>
Date of attendance	ATTENDANCE DATE	<p>Format/length: n10 – cyy-mm-dd</p> <p>ATTENDANCE DATE is the same as attribute ACTIVITY DATE of ACTIVITY DATE TIME where the ACTIVITY DATE TIME TYPE is National Code 33 'Attendance Date'</p> <p>UK Government Data Standards Catalogue (GDSC), Version 1.0, Agreed 01.01.02. GDSC: http://www.govtalk.gov.uk/gdsc/html/default.htm</p> <p>This is the e-GIF standard that should be used for all new and developing systems and for XML messages</p>

APPENDIX: KC60 CODES AND DESCRIPTIONS

Code	Condition/episode
A1	Primary infectious syphilis
A2	Secondary infectious syphilis
A3	Early Latent syphilis (first 2 years)
A4	Other acquired syphilis
A5	Syphilis of the nervous system (neurosyphilis)
A6	Late latent syphilis
A7	Congenital syphilis, aged under 2
A8	Congenital syphilis, aged 2 or over
A9	Epidemiological treatment of suspected syphilis
B1	Uncomplicated gonorrhoea - genital
B2	Pre-pubertal gonorrhoea
B3	Gonococcal ophthalmia neonatorum
B4	Epidemiological treatment of suspected gonorrhoea
B5	Complicated gonococcal infection – including pelvic inflammatory disease (PID) and epididymitis
C1	Chancroid
C2	Lymphogranuloma venereum
C3	Donovanosis
C4A	Uncomplicated Chlamydial infection
C4C	Pre-pubertal Chlamydial infection
C4B	Complicated Chlamydial infection – including PID and epididymitis
C4D	Chlamydia ophthalmia neonatorum
C4E	Epidemiological treatment of suspected Chlamydia
C4H	Uncomplicated non-gonococcal/non-specific urethritis in males or treatment of mucopurulent cervicitis in females
C4I	Epidemiological treatment of non-specific genital infection (NSGI)
C5	Complicated infection (non-chlamydial/non-gonococcal) – including PID and epididymitis
C6A	Trichomoniasis
C6B	Anaerobic/Bacterial vaginosis & anaerobic balanitis
C6C	Other vaginosis/vaginitis/balanitis
C7A	Anogenital candidosis
C7B	Epidemiological treatment of C6 & C7
C8	Scabies
C9	Pediculosis pubis
C10A	Anogenital herpes simplex: first attack
C10B	Anogenital herpes simplex: recurrence
C11A	Anogenital warts: first attack
C11B	Anogenital warts: recurrence
C11C	Anogenital warts: re-registered cases
C12	Molluscum contagiosum
C13A	Viral hepatitis B (Hepatitis B surface antigen positive): first diagnosis**
C13B	**number of which were acute viral hepatitis B
C13C	Viral hepatitis B: subsequent presentation
C14	Viral hepatitis C: first diagnosis
D2A	Urinary tract infection
D2B	Other conditions requiring treatment at GUM clinic
E1A	New human immunodeficiency virus (HIV) diagnosis: asymptomatic
E2A	New HIV diagnosis: symptomatic (not AIDS)
E1B	Subsequent HIV presentation: asymptomatic
E2B	Subsequent HIV presentation: symptomatic (not AIDS)
E3A1	AIDS: first presentation - new HIV diagnosis
E3A2	AIDS: first presentation - HIV diagnosed previously

E3B	AIDS: subsequent presentation
P4A	Cervical cytology: minor abnormality
P4B	Cervical cytology: major abnormality
S1	Sexual health screen (no HIV antibody test)
S2	HIV antibody test and sexual health screen
P1A	HIV antibody test (no sexual health screen)
P1B	HIV antibody test offered and refused
P2	Hepatitis B vaccination (1 st dose only)
P3	Contraception (excluding condom provision)
D3	Other episodes not requiring treatment