



Health Protection Agency Centre for Infections
British Association for Sexual Health and HIV

GUMCAD

Genitourinary Medicine Clinic Activity Dataset

Technical guidance and specification for data extract from GUM clinics

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1. BACKGROUND

The Department of Health (DH) requires information on diagnoses made and services provided by Genitourinary Medicine (GUM) Clinics. These data are submitted by GUM clinics to the Health Protection Agency (HPA) which has responsibility for collating the data and providing epidemiological and public health updates on diagnoses of sexually transmitted infections (STIs) and the provision of STI related services to the DH, primary care trusts (PCTs) and all those involved in health protection. This information was formerly collected on the KC60 Central Return Form, a paper-based system collecting aggregated data. It is now provided as anonymised, patient-level electronic data in the Genitourinary Medicine Clinic Activity Data Set (GUMCAD) (DSC Notice: 04/2008). The justification for the change was to improve the way that the data are extracted and submitted to the HPA and the quality and timeliness of data outputs from the HPA.

Diagnoses made and services provided by GUM clinic services are currently coded using KC60 codes (also known as GU episode types). These codes are used by clinics for patient management and audit, and for coding the data which is reported to the HPA. They are therefore the means through which specific activities within clinics are described and monitored. Following a broad consultation these codes were recently revised and have been renamed Sexual Health and HIV Property Type (SHHAPT) codes. A full specification of the KC60 code revision including the rationale for change can be found in the 'KC60 (SHHAPT) code specification' document (available at www.hpa.org.uk/gumcad). The new codes are also summarised in the Appendix of this document.

Comprehensive behavioural guidance on completing and transmitting the GUMCAD return for GUM clinic staff is available at www.hpa.org.uk.

2. AIM OF DOCUMENT

To provide specifications for the recording and extraction of GUMCAD data including the revised KC60 (SHHAPT) codes from GUM clinic software.

3. DATA EXTRACT SPECIFICATION

3.1. Description

Each GUM clinic is required to generate a quarterly data extract of all patient attendances and associated diagnoses (coded using SHHAPT 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. All specified fields are mandatory.

3.2. Time period

The extract will cover one calendar quarter.

3.3. Frequency

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

3.4. Format

Data returned should be formatted into a single comma delimited CSV file¹. The format of the CSV 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).

3.5. Transmission

Electronic files will be transmitted to the HPA. Where possible, data must be submitted to the HPA through the HPA web portal. This portal enables organisations to distribute files to previously identified users in a secure manner across the Internet. The web portal can be found at: <https://www.hpawebservices.org.uk/mesh/login.aspx>. Use of the portal requires a login account name and password, which will be available from the project administrator at the Centre for Infections. The portal supports the Secure Sockets Layers (SSL) method of communication. Requests for user accounts should be sent to: gumcad@hpa.org.uk.

3.6. Notes

3.6.1. *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 (6 months) or more after their last attendance will be

¹ HPA are working with software providers towards changing GUMCAD files to XML format to be compliant with eGIF standards.

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 SHHAPT code when transmitted. However, the KC60 (SHHAPT) field may occasionally be blank when transmitted where there has been a delay in diagnosis. All first attendances must eventually have an associated SHHAPT code.

3.6.2. Definition of subsequent attendances

Subsequent attendances refer to all follow-up attendances within a genitourinary episode. 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 SHHAPT code as they are related to previously recorded diagnoses (they are not new diagnoses) and for these visits the 'KC60' (or 'SHHAPT') field should remain blank. However, this is with the exception of when a patient receives a new diagnosis during a follow up attendance for an existing condition. All follow up attendances (regardless of whether they have a SHHAPT code or not) should be recorded as such in the 'First Attendance' field.

3.6.3. Definition of a genitourinary episode

The revised definition of GU episode is as follows:

“A period of time [comprising of one or more out-patient attendances associated with sexual infection] during which a PATIENT attends a Consultant Clinic or a Nurse Clinic for screening, diagnosis and management of sexually transmissible infections and related genital medical conditions. A number of GENITOURINARY EPISODE TYPEs may be recorded during a single Genitourinary Episode. However, attendances for HIV infection related care must be recorded as a separate Genitourinary Episode to that of other sexual health care. A PATIENT may have more than one Genitourinary Episode for the same GENITOURINARY EPISODE TYPEs 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.”

3.6.4. Recording and transmission of SHHAPT codes

The list of SHHAPT codes is given in the appendix. All SHHAPT codes are to be used once per episode only. The exception is code H2 which should be used every time a patient attends for HIV related care (i.e. it is attendance based). This is because H2 codes may be used to extract information for SOPHID (Survey of Prevalent HIV Infections Diagnosed) patients in the future.

3.6.5. Allocation of missing PCT of residence

There is a PCT (or equivalent) for each postcode in England, Wales, Scotland and Northern Ireland. 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 the UK (overseas visitors) should be allocated to 'not applicable' and coded as "X98".

3.6.6. 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".

3.6.7. Allocation of changing PCT/LSOA of residence

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

3.6.8. 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. Patients may not have inconsistent demographic details associated with same episode e.g. patients cannot be recorded as 'heterosexual' for one diagnosis and 'homosexual' for another, if both diagnoses are part of the same episode of patient care.

3.6.9. 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.

3.6.10. Coding and formatting

The coding and formatting of the data items required are presented in sections 4.1 - 4.3 under 'Data coding specification'. The full list of SHHAPT codes and suffixes for the GUMCAD extract is provided in sections 4.4 – 4.6. All fields specified are defined using the NHS data dictionary.

A complete list of KC60 and SHHAPT codes is held and maintained by the HPA.

4. DATA CODING SPECIFICATION

4.1. 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(12)	PAT123
3	KC60	SHHAPT code	GENITOURINARY EPISODE TYPE	AN(5)	C10AM or A1
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. Code entries which are shorter than the string length should not include leading zeroes or trailing spaces.

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

4.2. 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, C10AM, 1, 16, 1, A0, GBR, 5K9, E01000001, 1, 2007-10-31
```

4.3. 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: an12 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 (SHHAPT) code	SEXUAL HEALTH AND HIV ACTIVITY PROPERTY TYPE (SHHAPT)	Format/length: an5 <u>National Codes:</u> The national SHHAPT codes and their definitions are given in sections 4.4 – 4.6. Notes: SEXUAL HEALTH AND HIV ACTIVITY PROPERTY TYPE renamed from GENITOURINARY EPISODE TYPE
Gender	PERSON GENDER CURRENT	Format/length: n1 <u>National Codes:</u> 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 DATE	Format/length: n3 This is usually derived as the number of completed years between the PERSON BIRTH DATE of the PATIENT and 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 &	SEXUAL ORIENTATION (CURRENT)	Format/length: n1 See SEXUAL ORIENTATION CODE for the National Codes

Data item	NHS data dictionary name	Definition/comments
females)		<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 N African P Any other Black background</p> <p>Other Ethnic Groups</p> <p>R Chinese</p>

Data item	NHS data dictionary name	Definition/comments
		<p>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 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</p>

Data item	NHS data dictionary name	Definition/comments
		<p>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>There is a PCT (or equivalent) for each postcode in England, Wales, Scotland and Northern Ireland. 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 the UK (overseas visitors) 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</p>

Data item	NHS data dictionary name	Definition/comments
		<p>2 Follow-up attendance face to face 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>

4.4. SHHAPT codes and notes

SHHAPT Code	Description	Notes
A1	Primary syphilis	
A2	Secondary syphilis	
A3	Early latent syphilis	
A4	Cardiovascular syphilis	
A5	Neurosyphilis	
A6	All other late and latent syphilis	
A7A	Congenital syphilis	No age restriction
B	Gonorrhoea	Uncomplicated and complicated
C1	Chancroid	
C2	Lymphogranuloma venereum	
C3	Donovanosis	
C4	Chlamydial infection	Uncomplicated and complicated
C4N	Non-specific genital infection (NSGI)	Uncomplicated and complicated
C5A	Pelvic inflammatory disease / epididymitis	Any case of pelvic inflammatory disease or epididymitis.
C5B	Ophthalmia neonatorum	Any case of ophthalmia neonatorum.
C6A	Trichomoniasis	
C6B	Anaerobic/ Bacterial vaginosis and anaerobic balanitis	
C6C	Other vaginosis / vaginitis / balanitis	
C7	Anogenital candidosis	
C8	Scabies	
C9	Pediculosis pubis	
C10A	Anogenital Herpes simplex: first episode	
C10B	Anogenital Herpes simplex: recurrence	
C11A	Anogenital warts infection: first episode	
C11D	Anogenital warts infection: recurrence	All recurrent episodes of anogenital warts.
C12	Molluscum contagiosum	
C13	Viral hepatitis B (HbsAg positive): First diagnosis	
C14	Viral hepatitis C: First diagnosis	
C15	Viral hepatitis A: acute infection	
D2A	Urinary tract infection	
D2B	Other conditions requiring treatment at GUM clinic	
H	HIV positive	Known HIV positive patient not attending for HIV care
H1	New HIV diagnosis	
H1A	New HIV diagnosis: Acute	
H1B	New HIV diagnosis: Late	New HIV diagnoses with clinical AIDS diagnosis.
H2	Attendance for HIV-related care	All attendances relating to HIV care.
P4A	Cervical cytology: minor abnormality	
P4B	Cervical cytology: major abnormality	
T1	Chlamydia test	Chlamydia test only.

SHHAPT Code	Description	Notes
T2	Chlamydia and gonorrhoea tests	Chlamydia & gonorrhoea testing only.
T3	Chlamydia, gonorrhoea and syphilis tests	Chlamydia, gonorrhoea and syphilis testing only.
T4	Full sexual health screen including HIV antibody test	Chlamydia, gonorrhoea, syphilis and HIV testing.
P1A	HIV antibody test	
P1B	HIV antibody test offered and refused	
P1C	HIV test inappropriate	All patients where an HIV test was not appropriate
P2A	Hepatitis B vaccination: 1 st dose	
P2B	Hepatitis B vaccination: 2 nd dose	
P2C	Hepatitis B vaccination: 3 rd dose	
P2I	Hepatitis B immune	All patients who are ineligible for hepatitis B vaccination because they are already immune.
P4	Cervical cytology done	All patients who had cervical cytology done, regardless of outcome.
W1	HPV vaccination: 1 st dose	
W2	HPV vaccination: 2 nd dose	
W3	HPV vaccination: 3 rd dose	
PN	Partner notification initiated	<u>Level 2 & Level 1 services only</u> : Partner notification has been initiated for this patient by this clinic.
PNC	Partner notification- related attendance: Chlamydia	<u>Presenting as a partner</u> of an index case diagnosed with chlamydia.
PNG	Partner notification- related attendance: Gonorrhoea	<u>Presenting as a partner</u> of an index case diagnosed with gonorrhoea.
PNS	Partner notification- related attendance: Syphilis	<u>Presenting as a partner</u> of an index case diagnosed with syphilis.
PNH	Partner notification- related attendance: HIV	<u>Presenting as a partner</u> of an index case diagnosed with HIV.
PEPS	Post exposure prophylaxis after sexual exposure (PEPSE)	New code to record patients given HIV prophylaxis following sexual exposure
P3	Contraception (excluding condom provision)	
D3	Other episodes not requiring treatment	
Z	Prisoner	Provision of a service to a patient known to be a current prisoner.
SW	Sex worker	Provision of a service to a patient known to be a current sex worker.

4.5. Suffixes to SHHAPT codes

The following suffix codes can only be used with a parent SHHAPT code:

SHHAPT Code Suffixes	Description	SHHAPT codes to be used with
R	Rectal infection	B, C4, C2, C4N
O	Pharyngeal infection	B, C4, C2
X	Diagnosed previously elsewhere	B, C4, H1, H1A, H1B
M	Medication given	B, C4, C10A, C10B, C11A, C11D.
Q	Quadrivalent HPV vaccine	W1, W2, W3

4.6. Permissible permutations of SHHAPT codes and their suffixes

SHHAPT Code & Suffix Combinations	Description		Service type²
BR	Gonorrhoea	Rectal infection	All
BO		Pharyngeal infection	All
BX		Diagnosed previously elsewhere	L3
BM		Medication given	L1,L2
BRX		Rectal infection, Diagnosed previously elsewhere	L3
BRM		Rectal infection, Medication given	L1,L2
BOX		Pharyngeal infection, Diagnosed previously elsewhere	L3
BOM		Pharyngeal infection, Medication given	L1,L2
C4R	Chlamydia	Rectal infection	L1,L2,L3
C4O		Pharyngeal infection	L1,L2,L3
C4X		Diagnosed previously elsewhere	L3
C4M		Medication given	L1,L2
C4RX		Rectal infection, Diagnosed previously elsewhere	L3
C4RM		Rectal infection, Medication given	L1,L2
C4OX		Pharyngeal infection, Diagnosed previously elsewhere	L3
C4OM		Pharyngeal infection, Medication given	L1,L2
C2R	LGV	Rectal infection	L1,L2,L3
C2O		Pharyngeal infection	L1,L2,L3
C4NR	NSGI	Proctitis	L1,L2,L3
H1X	HIV	Diagnosed previously elsewhere	L3
H1AX			L3
H1BX			L3
C10AM	HSV	Medication given	L1,L2
C10BM			L1,L2
C11AM	Warts	Medication given	L1,L2
C11DM			L1,L2
W1Q	HPV vaccine	Quadrivalent vaccine	L1,L2,L3
W2Q			L1,L2,L3
W3Q			L1,L2,L3

² L1 and L2 = Level 1 and level 2 commissioned sexual health services; L3 = Specialist Sexual Health and HIV (or genitourinary medicine clinic) services