

ISD(S)1

Data Manual

version 1.1

(revised April 1997)

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Information & Statistics Division
Scottish Health Service

Edinburgh 1997

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Designed and typeset by Chris Dunn

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ISD(S)1 Data Manual

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Introduction

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1 Background

ISD(S)1 is the scheme designation for a standard comprehensive set of summary statistics on resources and activity in hospitals and other health care settings in Scotland. The scheme covers:

- available and occupied bed numbers
- inpatients and day cases treated
- outpatients and ward attenders seen
- day patient places and day patients seen
- haemodialysis patients
- patients seen by professions allied to medicine and other technical departments

Data is returned to ISD Scotland each quarter. Some providers choose to process their data more frequently for their own local purposes.

Note

Responsibility for data recording and submission rests with the organisation contracted to provide the NHS health care. There are no limitations on the type of organisation which should submit ISD(S)1 forms - all non primary care activity should be reported.

Information drawn from ISD(S)1 is used widely throughout the NHS and the dataset is generally regarded as the definitive source for reporting absolute volumes of activity. The wide range of information recorded on ISD(S)1 includes many data items that are not currently recorded on any other central returns. The historic and current ISD(S)1 datasets held by ISD Scotland are frequently interrogated to monitor trends across different time periods and to compare activity between locations and NHS providers. Information from ISD(S)1 is regularly quoted in answers to Parliamentary Questions and ministerial enquiries, and is issued via a variety of publications and other outlets. *Ad hoc* analyses of the data held by ISD Scotland are available on request.

2 The Data Manual and ISD(S)1 Revision

1 Use of the Data Manual

This Data Manual sets out the rules and definitions for recording the ISD(S)1 dataset; information on data processing is also included. This manual should be utilised by all personnel involved in the recording and processing of ISD(S)1 returns. Data users may also find this manual helpful in their interpretation of ISD(S)1 information. Note that while the manual incorporates the definitions required for an understanding of ISD(S)1 data requirements, full details of definitions are contained in the ISD Scotland publication *Definitions and Codes for the NHS in Scotland*. Related information may also be published in the *COPPISH SMR Data Manual* and *COPPISH Update*.

2 Revision of ISD(S)1

ISD(S)1 has been subject to periodic revision since its inception. In 1996/97, as part of the COPPISH project, substantial changes were made to the form.

The main aims of the 1996/97 revision were to ensure:

- consistency, where appropriate, with definitions and recording instructions for COPPISH SMR returns
- construction of trend data comparable with historical records
- improvement/rationalisation of existing data items
- data is collectable from both computer and, where appropriate, manual systems
- ISD(S)1 becomes a 'test-bed' for proposed extension of COPPISH SMR patient-based returns

The main changes of the 1996/97 revision were as follows:

- introduction of provider codes
- introduction of facility codes
- revision of specialty codes
- revised recording of inpatient transfers
- expanded recording of day bed unit activity
- new sections added for recording of ward attenders and bedside consultations
- expanded recording of PAMs activity
- removal of redundant data items

3 Change Control and Updates to Data Manual

Proposals for future changes to the ISD(S)1 scheme should be raised with ISD Scotland. (ISD Scotland consults widely on changes, normally through a network of nominated contacts.)

Updates to the ISD(S)1 Data Manual will be issued as required, revisions to text are marked with a line in the adjacent margin. Information on revisions to definitions and data recording may also be contained in the *COPPISH Update* series of bulletins.

3 **Further Information**

Correspondence regarding ISD(S)1, including definitional queries and requests for data, should be directed to the following address:

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Key Data Items

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1 Transaction Type

1 One of the following valid codes should be entered:

- I insert
- A amend
- D delete
- R re-insert

Note that details regarding processing, including use of transaction type, are contained in Appendix F3.

2 Insert

This should be used when a record is being inserted for the first time, ie the record is not already present on file. All initial data submissions, whether manual forms or computerised, should be coded "I" for insert. Note that this code should also be used where a record is being resubmitted for processing following previous rejection, ie where the record has not been written to file.

3 Amend

This should be used to amend a field, or fields, in a record that has already been submitted and is present in an ISD(S)1 processing computer file. All records that require amendment, whether via manual or computerised returns, should be coded "A" for amend. Only the fields which require amendment should be completed. More detailed instructions regarding amendments are contained in Appendices B and F.

4 Delete

This should be used to delete a record that has already been submitted and is present in an ISD(S)1 processing computer file. All records that require deletion, whether via manual or computerised returns should be coded "D" for delete.

5 Re-insert

This should only be used for PAS submission where "R" (re-insertion) is derived. This code will overwrite matching records which are already present on file.

2 **Card Class**

- 1 This field indicates the type of activity recorded and the content and structure of computerised processing files. Card class is recorded to enable identification of data and equates to the “Part” sub-heading of the ISD(S)1 form. Manual forms are hard-coded; all returns should record one of the following codes:

- 1 Inpatient facilities
- 2 Day bed unit & day case others
- 3 Day patients
- 4 Consultant outpatients
- 5 Ward attenders & bedside consultations
- 6 Intermittent haemodialysis
- 7 Professions allied to medicine & other technical departments

3 Location Code

- 1 The code for the location where the care is **delivered** should be recorded. Locations include hospitals, health centres, clinics, GP surgeries, schools, etc.
- 2 A list of valid codes is maintained by ISD Scotland [and the General Register Office (Scotland)]. Should NHS healthcare be delivered at locations where activity has not previously been recorded, ISD Scotland Data Administration Unit (tel 0131-551 8322) should be notified to enable assignment of an appropriate code.
- 3 Where it is impracticable to record information separately by individual location (eg Professions Allied to Medicine outreach clinics) information may be recorded under a pseudo-location code assigned by ISD Scotland Data Administration Unit (tel 0131-551 8322). This enables recording of activity at a group of locations, under one 'location' code. It should be noted, however, that such aggregation means a loss of detail for local and central data analysis — ISD Scotland would encourage, wherever possible, recording of activity at the level of individual location.
- 4 Where healthcare is provided in the patient's home, the location code D201N (Domiciliary Location, Scotland) should be recorded, irrespective of the health board (or other) area of the location. Information on provider will be identifiable via provider code (see section 2.7).

2

4 **Period (Months)**

- 1 This field records the length of time, in months, to which the data relates. Data should be submitted to ISD Scotland on a quarterly basis and therefore all quarterly returns should include code “**03**”. For local monthly processing the code “01” may also be used.

5 **Period Ended (Month)**

- 1 Enter the end of the month to which the data relates. Data should be submitted to ISD Scotland on a quarterly basis and therefore for all quarterly returns, one of the following codes should be entered:

03, 06, 09, 12

- 2 For local monthly processing, the following codes may be used:

01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12

2

6 **Period Ended (Year)**

- 1 Enter the year to which the data relates. This should be the current year of processing, or the year immediately previous.

7 **Provider Code**

1 This is a UK national code which uniquely identifies a Health Care Provider acting as a direct provider of health care services — a list of valid provider codes is maintained by ISD Scotland.

2 When completing the provider code on ISD returns, the code of the provider unit *which actually provides clinical services must be recorded*. Note that this is a change in instruction, to be implemented from 1 April 1997.

If a purchaser has a contract with trust A, and trust A has a subcontract with trust B for part of the work, then trust B must be recorded as provider for that part of the work. If the purchaser contracts with one provider for clinical services and a second provider for support services and accommodation, the code of the clinical services provider must be recorded on ISD returns.

3 The responsibility for data recording and submission lies ultimately with the organisation providing the healthcare as described in section 2.7.2. For certain providers this may mean changes to existing recording and submission practice; for other providers, where for example healthcare is provided by Trust A on the premises of Trust B, liaison between providers may be necessary to ensure that all activity is recorded appropriately, and recorded once only.

8 Facility Code

1 Background and Definition

Facility code is introduced to ISD(S)1 from 1 April 1996 to ensure, wherever appropriate, compatibility with COPPISH SMR returns. On form ISD(S)1 the term 'Facility Code' equates to 'Significant Facility' in COPPISH. This is defined as:

A significant facility is a clinical facility which is of interest for clinical and or contracting reasons. [A clinical facility is a room, a suite of rooms or a vehicle equipped and available for clients/patients to receive health care].

Notes

A significant facility may be part of a ward, or may encompass more than one ward. For example, a geriatric ward may include a Geriatric Assessment Unit and a Long Stay Unit for Care of the Elderly.

Information below the level of significant facility is not recorded on ISD(S)1.

2 Card Class

Facility code is recorded for inpatient facilities, day patients and consultant outpatients (card classes, or parts 1, 3, 4 respectively). Valid facility codes for each part of the form are listed in Appendix 1. Facility code is not recorded on ISD(S)1 for : day bed unit and day case others (day bed unit activity takes place in the day bed unit facility and is included in the); ward attenders and bedside consultations (activity will take place in a ward); intermittent haemodialysis (dialysis type is recorded); or professions allied to medicine and other technical departments.

3 Inpatient Facilities

1 Specialty

Bed usage information should be recorded as the **specialty of the consultant in charge of the patient episode**. For recording of bed availability there are a number of options regarding allocation, borrowing and lending of beds between specialties and significant facilities. See sections 3.1 to 3.5 and Appendix D for further details.

2 Significant Facility 'Other'

This code (code 11) is a general code assigned to recording information for patients who receive their healthcare in *any* clinical facility which is not designated as "significant". Significant facility 'Other' includes Standard Specialty Wards and High Dependency Unit. **Note that Day Bed Unit data should not be included in significant facility 'Other' figures in the Inpatient Facilities section of the form. Day Bed Unit data should be recorded in Part 2 of the form (see Section 4 for more details).**

3 Significant facilities ICU (Intensive Care Unit) and CCU (Cardiac Care Unit)

Information previously recorded as *specialty* Intensive Therapy Unit (specialty code 48) should, on the revised ISD(S)1, be recorded as *significant facility* Intensive Care Unit (significant facility code 13). Exceptions to this change will include

hospitals which previously recorded Cardiac Care Unit (formerly Coronary Care Unit) information as specialty Intensive Therapy Unit — all such data should be recorded as significant facility Cardiac Care Unit (significant facility code 14). Information on bed usage and discharges should be recorded to the specialty of the consultant in charge of the patient episode, eg activity might be recorded to significant facility ICU, specialty anaesthetics.

4 Younger Physically Disabled Unit

Information previously recorded as *specialty* Young Chronic Sick should, on the revised ISD(S)1, be recorded as *significant facility* Younger Physically Disabled Unit (significant facility code 18). The specialty of the consultant in charge of the patient episode should be recorded - this will usually be Geriatric Medicine (specialty code AB).

5 Spinal Unit

Information previously recorded as *specialty* Spinal Paralysis should, on the revised ISD(S)1, be recorded as *significant facility* Spinal Unit (significant facility code 19). The specialty of the consultant in charge of the patient episode should be recorded.

6 Palliative Care Unit

A palliative care unit is a facility for the care of patients with active, progressive, far advanced disease who have a limited prognosis and for whom the focus of care is the quality of life. This includes care of patients with terminal illnesses, pain and other symptoms, and support for patients and their relatives. Information on palliative care would generally have previously been included in figures for pre-COPPISH *specialty* 'Other Acute'; information should now be recorded as *significant facility* Palliative Care Unit.

7 Geriatric Assessment Unit

A geriatric assessment unit is a facility for the assessment of the care required by patients of a consultant geriatrician. Information previously recorded as *specialty* Geriatric Assessment should on the revised ISD(S)1 be recorded as *significant facility* Geriatric Assessment Unit (significant facility code 1D). Note that the specialty of bed usage and activity should be Geriatric Medicine.

8 Long Stay Unit for Care of the Elderly

A long stay unit for care of the elderly is a facility for the treatment and long term care of patients over the age of 65. Information previously recorded as *specialty* Geriatric Long Stay should on the revised ISD(S)1 be recorded as *significant facility* Long Stay Unit for Care of the Elderly (significant facility code 1E). Note that the specialty of bed usage and activity will normally be Geriatric Medicine, but may also be Psychiatry of Old Age, GP Other than Obstetrics or other specialties.

9 Geriatric Orthopaedic Rehabilitation Unit (GORU)

Information on GORUs would generally have previously been included in figures for pre-COPPISH *specialty* Geriatric Assessment. Patients admitted to GORUs are managed by both geriatricians and orthopaedic surgeons, but one consultant, usually the geriatrician, is recognised as being formally responsible for the patient; the specialty of this consultant should be recorded as the specialty of bed usage and patient activity and the facility should be recorded as GORU (significant facility code 1A).

10 Rehabilitation Ward

Beds in a Rehabilitation Ward (significant facility code 1B) may be allocated to the specialty of Rehabilitation Medicine or to any other specialty. Other specialties most often associated with rehabilitation wards are general medicine, cardiology, geriatric assessment, neurology, neurosurgery and orthopaedic surgery. Note that geriatric rehabilitation (GORU) units are excluded.

11 Transplant Unit

From January 1997, a new significant facility of Transport Unit (code 1H) came into effect. A provisional definition is as follows:

A Transport Unit is a ward, or part of a ward, with associated treatment facilities, used for the care of:

- patients undergoing an organ or bone marrow transplant
- patients with a complication of, or other illness related to, organ or bone marrow transplantation and associated treatments.

The unit is used for the assessment and investigation of patients prior to transplantation and the post operative care of transplant cases.

Note

Intensive post-operative care may take place in an Intensive Care Unit.

This provisional definition covers heart, liver, kidney, lung and bone marrow transplantation but not corneal transplantation.

It should be noted that trusts recording activity under Transplant Unit should be aware of any changes in activity volume caused by the introduction of this significant facility.

12 Unallocated beds

An unallocated bed is a bed genuinely out of use, but is a facility which could be used (see *Definitions & Codes for the NHS in Scotland* for full definition).

Unallocated beds are recorded by using a pseudo-facility code 'XU' [this code is for use solely in ISD(S)1].

Note

*Only bed complement should be recorded for Unallocated beds - **no other information (including allocated beds) should be recorded for this pseudo-facility.***

4

Day Patient Facilities

1 Recording

A list of valid day patient facilities is continued in Appendix A. The majority of day patient activity is likely to take place in a day hospital setting - day patients may also, however, be seen in other facilities, eg hospital wards and health centres. Note that day patient activity should be recorded under the **specialty of the consultant/healthcare professional in charge of the patient episode.**

2 Significant facility 'Other'

This code (code 11), is a general code assigned to activity for patients who receive their healthcare in *any* clinical facility which is not designated as significant.

3 Change of Significant Facility

Note that a change of significant facility during a day patient episode does **not** generate a new day patient episode.

5 Consultant Outpatient Facilities

1 Recording

A list of valid consultant outpatient facilities is contained in Appendix A1. The majority of consultant outpatient activity is likely to take place in an outpatient department - consultant outpatients may also, however, be seen in other facilities eg health centres , GP surgery premises, inpatient wards. or in the patient's home.

Note

*Consultant outpatient activity should be recorded as **the specialty of the consultant/healthcare professional in charge of the patient episode.***

2 Significant Facility 'Other'

This code (code 11), is a general code assigned to activity for patients who receive their healthcare in *any* clinical facility which is not designated as significant.

3 Accident and Emergency (A&E) Department

All consultant outpatient activity that takes place in an A&E department should be recorded with facility code 32. This may include services other than A&E, for example, the ophthalmology eye casualty service. The following table demonstrates ISD(S)1 recording instructions for patients seen in A&E departments.

Patients seen at A&E departments — ISD(S)1 recording

Patient seen by	Record one attendance for [¶]
A&E doctor only	A&E specialty in A&E facility
A&E doctor <i>and</i> A&E nurse	A&E specialty in A&E facility
A&E nurse only	A&E specialty in A&E facility
A&E doctor <i>and</i> other (non-A&E) doctor	A&E specialty in A&E facility and other (non-A&E) specialty in A&E facility
A&E doctor <i>and</i> eye casualty nurse	A&E specialty in A&E facility and ophthalmology specialty in A&E facility
Eye casualty nurse only	Ophthalmology specialty in A&E facility

[¶] From 1 April 1996

4 Change of Significant Facility

A change of significant facility during an outpatient episode does **not** generate a new outpatient episode.

9 **Specialty Code**

1 **Specialty of Consultant**

The specialty/discipline of the consultant, or healthcare professional, who is in charge of the patient episode, should be recorded for all bed usage and patient activity data. If the consultant is formally recognised in more than one specialty, then the patient's condition should dictate the specialty. A list of valid specialty codes is contained in Appendix A2.

Note

The bed complement specialty may not necessarily be the same as the specialty of the patient episode. Information on recording specialty of beds is contained in sections 3.1 to 3.5 and in Appendix D.

2 **Specialty 'Unspecified'**

A pseudo-specialty 'Unspecified' (code 'XSU') is available to record bed complement and bed allocation (but not bed usage or inpatient activity) for facilities where specialty-specific bed complements do not exist; bed usage and inpatient activity should be recorded under the borrowing specialty, ie the specialty of the consultant or the healthcare professional in charge of the patient episode. [Note that this code is for use solely in ISD(S)1]. Further details on options for recording beds are contained in Appendix D6.

3 **Specialties within Facilities**

Certain specialties may be located in more than one facility within one hospital - for example, general surgery patients may be treated in an Intensive Care Unit **and** in Standard Wards. In such cases separate records would be returned for general surgery within **each** facility.

4 **Consultant Outpatient Specialties**

Note that ISD(S)1 records consultant outpatient information for the specialties accident and emergency (specialty code C2) and genito-urinary medicine (specialty code AA) — information for these specialties are not currently recorded in COPPISH SMR 00.

5 **Day Patient Specialties**

A list of valid day patient specialty codes is contained in Appendix A2. Also contained in Appendix A2 is a list of 'approved' day patient specialty codes. These are specialties which are normally associated with the provision of day case care. Validation software will query (not reject) any records with a specialty code that is not in the 'approved' list - the purpose of this check is to highlight the recording of the day patient activity in 'unexpected' day patient specialties.

6 **Forensic Psychiatry**

This specialty was introduced on 1 April 1997 and is valid in card classes 1, 2, 3, 4 and 5 of ISD(S)1. Activity recorded under this specialty must be only the activity of consultants who practice Forensic Psychiatry (either as a primary contracted specialty or as a special interest contracted specialty) which is clearly distinguishable from other psychiatric specialty activity. It is the responsibility of clinicians to ensure that Forensic Psychiatry activity is distinguished from other psychiatric activity, for data recording purposes.

7 **Occupational Health**

This specialty was introduced on 1 April 1997 to allow the recording of activity arising from direct referrals of patients with work related ill-health by GPs and other consultants to Occupational Health physicians. Note that this specialty is valid for card class 4 only.

8 **Midwifery**

This specialty (code T2) was introduced as a valid specialty in card class 4 (outpatients) of ISD(S)1 in January 1997 (previously, this specialty was valid only for card classes 1 and 2). Recorded in the outpatient section of ISD(S)1 should be ante- and postnatal outpatient clinic activity carried out by midwives at 'Midwife only' Obstetric Units who are already recorded as the responsible HCP in SMR02. It must not be used to record outpatient activity carried out by Midwives at other Obstetric Units where a consultant is in overall charge of patients.

9 **Psychiatric specialties**

The distinctions between the Psychiatric specialties are not as clear cut as with medical and surgical specialties because of the nature of the patient problems involved.

Discussions took place during 1996 between ISD and the Scottish Division of the Royal College of Psychiatrists on the most appropriate criteria governing distinctions between Psychiatric specialties, and the following was agreed:

The attribution of an individual to a specialty for clinical, administrative and data recording purposes is always determined by the specialty of the responsible consultant. However, when a consultant is recognised in more than one psychiatric specialty, as is often the case, the patient's age at the time of admission or first contact determines the appropriate specialty as follows:

Child Psychiatry	0 - 12
Adolescent Psychiatry	13 - 17
General (Adult) Psychiatry	18 - 64
Psychiatry of Old Age	65+

Analysis of the clinical data in SMR04 inpatient and day case records will provide information about the relatively small proportion of patients whose age does not reflect the nature of their problem eg organic deterioration under the age of 65 (pre-senile dementia).

10 **Dialysis Type Code**

- 1 Information should be recorded against the appropriate dialysis type code. Valid dialysis types and their relevant codes are as follows:-

H1	Hospital Dialysis
H2	CAPD (Continual Ambulatory Peritoneal Dialysis)
H3	Home Dialysis

11 **Department Codes (PAMs & OTDs)**

- 1 Department codes are based on standard codes for healthcare professions. The code of the healthcare professional treating the patient should be recorded. A list of valid codes is contained in Appendix A3.

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Inpatient facilities (Part 1)

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1 **Bed Complement** [column (c)]

1 **Definition**

(see '*Definitions and Codes for the NHS in Scotland*' for a full definition).

The bed complement is the number of beds for the admission of inpatients and day cases. This excludes beds in day bed units, temporary beds and beds for day patients or haemodialysis patients.

2 **Recording**

The bed complement for a specialty *within* a facility *at the end of the period* should be recorded. For example, for the period ending 30 September 1996, the bed complement *at* 30 September 1996 should be recorded.

3 **Specialty Bed Complement**

Where beds are allocated to individual specialties *within a facility* the bed complement for each specialty should be recorded. Where specialty-specific bed complements do not exist, bed complement and bed allocation (but not bed usage or inpatient activity) may be recorded to pseudo-specialty 'Unspecified' (code 'XSU'); bed usage and inpatient activity should be recorded under the borrowing specialty, ie the specialty of the consultant or healthcare professional in charge of the patient episode. Further details on options for recording beds are contained in Appendix D.

Note

Data providers should note that frequent borrowing and lending between specialties may limit the use of derived statistics such as percentage occupancy, turnover interval and throughput.

2 **Allocated Staffed Bed Days** [column (d)]

1 **Definition**

(See '*Definitions and Codes for the NHS in Scotland*' for full definition)

An allocated bed is a bed from the specialty bed complement which is resourced for use by the specialty. Beds temporarily out of use remain part of the specialty bed complement but are not available for use.

Note

Allocated beds should not be recorded for beds designated as Unallocated (facility code 'XU') - data on bed complement only should be recorded for Unallocated facility.

2 **Recording**

The count of allocated bed days for a specialty within a facility over a fixed period of time is calculated by summing the number of allocated beds for each day of the period.

3 **Borrowed Staffed Bed Days and Lent Staffed Bed Days** [columns (e) and (f)]

1 **Borrowing/lending between specialties/facilities**

Beds may commonly be borrowed and lent between specialties *within* a facility. Beds may also, in certain circumstances, be borrowed and lent *between* facilities, however it is expected that this will be a relatively infrequent occurrence.

2 **Recording**

The count of borrowed and lent bed days for a specialty *within* a facility over a fixed period of time is calculated by summing the number of beds borrowed from and lent to, other specialties for each day of the period. Further details on options for recording beds are contained in Appendix D.

4 **Temporary Staffed Bed Days [column (g)]**

1 **Definition**

A temporary bed is a bed erected in a ward, additional to the bed complement of the ward. Temporary beds are not included in the bed complement or in allocated beds, but are included in available beds [column (h)].

2 **Recording**

The count of temporary bed days for a specialty over a fixed period of time is calculated by summing the number of temporary beds used during each day of the period.

Note

Certain recording systems may use the concept of 'temporary bed days' to increase the number of available bed days; this then enables the notional balance of available and occupied bed days, where occupied bed days were previously greater than available bed days. For example, where Patient A is on pass and Patient B uses Patient A's bed during the spell on pass, temporary bed days are created to avoid occupancy exceeding 100%. Unless recording systems require the creation of such artificial 'temporary bed days', data providers are requested not to follow this recording practice.

5 **All Beds Available to Specialty within Facility** [column (h)]

1 **Definition of ‘Available Staffed Bed’**

An available staffed bed is a bed which is resourced for inpatient or day case care. For any specialty this may be an allocated bed from the specialty bed complement, or a borrowed bed from another specialty (or facility) or a temporary bed.

2 **Recording**

The count of bed days available to a specialty within a facility over a fixed period of time is derived as:

	Allocated bed days
<i>plus</i>	Borrowed bed days
<i>minus</i>	Lent bed days
<i>plus</i>	Temporary bed days

Further details on options for recording beds are contained in Appendix D.

6 **Occupied Staffed Bed Days** [column (i)]

1 **Definition**

An occupied bed is an available staffed bed which is either being used to accommodate an inpatient or reserved for a patient on pass.

2 **Recording**

The count of occupied bed days for a specialty *within* a facility over a period of time is calculated by summing the number of occupied beds for each day of the period.
Occupied beds should be recorded to the specialty of the consultant/health care professional who is in charge of the patient episode.

Note

Occupied bed days should not be recorded for the pseudo-specialty 'Unspecified' (code 'XSU').

7 **Pass Days** [column (j)]

- 1 The count of pass days for a specialty over a fixed period of time is calculated by summing the number of patients on pass on each day of the period.

(See *Definitions and Codes for the NHS in Scotland* for definition of 'Patients on Pass'.)

Note

The number of pass days are included in the total number of occupied bed days.

3

8 **Inpatient Discharges (excluding Transfers-Out)** [column (k)]

- 1 An inpatient discharge (excluding transfers-out) marks the end of an inpatient episode and occurs when the patient is discharged to a location external to the NHS. Inpatient discharges include deaths.

9 **Transfers-Out** [columns (l), (m), (n), (o) and (q)]

1 **Background**

The revised ISD(S)1 form distinguishes four separate categories of transfers-out within the same hospital. The implementation of these categories aims to ensure consistency with COPPISH SMR returns and to enable information to be constructed that is compatible with historical ISD(S)1 returns. The rules for recording a transfer-out can be summarised as follows:

- change of specialty,
- or change involving significant facility,
- or change of consultant for medical reasons.

Full details on definitions and recording rules are contained in *Definitions and Codes for the NHS in Scotland* and the *COPPISH SMR Data Manual*.

2 **Hierarchy**

The hierarchy in recording of a transfer-out is as follows, in descending order:

- a) change of specialty, to a significant facility
- b) change of specialty, other
- c) no change of specialty, change involving significant facility
- d) no change of specialty, change of consultant for medical reasons (not elsewhere classified)

Each transfer-out should only be recorded once.

3 **Requirements**

Recording of the four categories of transfers-out is *mandatory* for all providers except where information is recorded manually.

Data providers recording inpatient facilities information manually have the option of recording either the four separate categories of transfers out or the Inpatient Transfers-Out - Total (see section 4.9.8) column; *either the four separate categories or the total must be recorded*. Where data providers dependent on manual returns are able to identify the separate categories of transfers they are requested to do so.

4 **Change of Specialty — To A Significant Facility**

Transfers-out where the patient changes specialty *and is also* transferred to a significant facility should be recorded in this field.

Example

	Episode 1		Episode 2
Specialty	General Medicine (A1)	<i>transfer-out to</i>	Anaesthetics (C3)
Significant Facility	Other (11)		Intensive Care Unit (13)

5 Change of Specialty — Other

Transfers-out where the patient changes specialty *but is not also* transferred to a significant facility should be recorded in this field.

Example

	Episode 1		Episode 2
Specialty	Cardiology (A2)	<i>transfer out to</i>	Cardiac Surgery (C41)
Significant Facility	Other (11)		Other (11)

6 No Change of Specialty — Change Involving Significant Facility

Transfers-out where the patient remains in the care of the same specialty (irrespective of whether there is a change of consultant) but whose transfer involves a change of significant facility should be recorded in this field.

Example

	Episode 1		Episode 2
Specialty	Geriatric Medicine (AB)	<i>transfer out to</i>	Geriatric Medicine (AB)
Significant Facility	Geriatric Assessment Unit (1D)		Long Stay Unit for Care of the Elderly (1E)

7 No Change of Specialty — Change of Consultant for Medical Reasons(not elsewhere classified)

Transfers-out where the patient's transfer does *not* involve a change of significant facility, where there is *no* change of specialty, *but where there is a change of consultant for medical reasons* should be recorded in this field.

Example

	Episode 1		Episode 2
Specialty	Child Psychiatry (G21)	<i>transfer out to</i>	Child Psychiatry (G21)
Significant Facility	Children's Unit (16)		Children's Unit (16)
Consultant	A		B

8 Inpatient Transfers-Out — Total

The total number of inpatient transfers-out should be recorded in this column. This column is optional and should only be used by data providers recording data manually. See sections 3.9.1 and 3.9.3 for details on requirements for recording transfers-out.

10 Day Cases [column (p)]

- 1 The total number of day cases for a specialty *within* each **inpatient facility** should be recorded in this field. Note that day cases in Day Bed Units and Day Case Others should be recorded in Part 2 of the form (see section 4) ; day cases in inpatient facilities should not be recorded in Part 2.

See *Definitions and Codes for the NHS in Scotland* for rules on recording of day cases.

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Day Bed Units (DBUs) and Day Case Others (Part 2)

CONTENTS

1	Beds Available	4-3
2	Type A (SMR) cases	4-4
3	Type B (non-SMR) cases	4-5
4	Summary of rules for recording Day Bed activity	4-6
5	Day Case Others	4-7

1 **Beds Available** [column (c)]

1 **Definition**

A Day Bed Unit (DBU) is a ward or part of a ward specifically organised to manage day cases. The beds are not included in the bed complement and are not staffed for overnight stay.

See *Definitions and Codes for the NHS in Scotland* for a full definition.

2 **Recording**

The number of day beds in a DBU at the *end of the period* should be recorded. If the end of the period falls on a weekend or on a day when the DBU is temporarily closed, record the number of beds that are normally available in the DBU. The total number of beds for all specialties should be recorded against the pseudo-specialty 'Total' (code '99'); beds should not be recorded against individual specialties using the DBU.

Note

No other information should be recorded against pseudo-specialty 'Total'.

2 **Type A (SMR) cases [columns (d) and (e)]**

1 **Background**

Day cases and inpatient episodes that occur in a DBU and which generate a COPPISH SMR episode for the spell in the DBU should be recorded. Note that while the majority of activity in DBUs is likely to be classed as activity, ISD(S)1 now facilitates recording of inpatient activity taking place in DBUs.

See *Definitions and Codes for the NHS in Scotland* and *COPPISH SMR Data Manual* for definitions of episodes.

2 **Day Cases**

The number of day cases (as defined) treated in the DBU, where stay in the DBU is a complete episode, should be recorded in this field.

See *Definitions and Codes for the NHS in Scotland* for a definition of day case.

Numbers of day cases should be recorded against each specialty using the DBU.

Note

Day cases treated in inpatient facilities should be recorded in Part 1 of the form - see section 3.10.

3 **Emergency Inpatients (entering and discharged from DBU in same day).**

The number of COPPISH SMR *inpatient episodes* that begin and end within the same day in the DBU should be recorded in this field. Local policy will determine whether the DBU is used to treat emergency inpatients - for many data providers this field will normally be nil. This inpatient activity should not be recorded in Part 1.

Note

Patients subsequently retained overnight in inpatient facilities under the care of the same consultant should not be recorded in this field and should be recorded in Part 2 column (g) 'Type B (non-SMR cases) - Others' (see section 4.3.3).

3 **Type B (non SMR) cases [columns (f) and (g)]**

1 **Background**

Type B (non SMR) cases do not generate a COPPISH SMR episode attributable to the stay in the DBU - these columns [Part 2 (f) and Part 2 (g)] are additional information whose recording on ISD(S)1 is aimed to facilitate a fuller understanding of DBU activity.

Note

Recording of 'Type B (non SMR)' DBU activity is optional for manual returns. The title 'non SMR' relates to the DBU spell only - the 'SMR' spell in inpatient facilities will be recorded in Part 1 of ISD(S)1.

2 **Patients from other wards using DBU (Inpatient episodes continuing in DBU)**

Patients in inpatient facilities may be moved for some purpose to the DBU under the clinical management of the same specialty and the same consultant as their spell in inpatient facilities. This use of the DBU is subsumed within the inpatient episode for COPPISH SMR recording purposes and, in these cases, a COPPISH SMR record will not be generated specifically for the time spent on the DBU. The number of spells in the DBU for these patients meeting the above criteria should be recorded in this field. The spell in inpatient facilities will be recorded in Part 1 of ISD(S)1.

3 **Others (Episodes beginning in DBU and subsequently continued in inpatient facilities)**

Patient episodes (normally day cases) which, beginning in the DBU, are subsequently continued in inpatient facilities under the care of the same consultant, should be recorded in this field. Usually the patient will remain overnight in the inpatient facility. The use of the DBU is subsumed within the subsequent inpatient part of the episode. A COPPISH SMR record will not be generated specifically for the time spent in the DBU. The spell in inpatient facilities will be recorded in Part 1 of ISD(S)1.

Summary of Rules for Recording DBU Activity

The following table summarises the recording of activity in DBUs.

Pre - DBU	Post - DBU	Record in column:
DAY CASES		
Admission to hospital	Discharge from hospital	(d)
Admission to hospital	Transfer-out - Other SMR episode	(d)
Admission to hospital	Transfer-out - Same SMR episode	(g)
Transfer-in — Other SMR episode	Discharge from hospital	(d)
Transfer-in — Other SMR episode	Transfer-out - Other SMR episode	(d)
Transfer-in — Other SMR episode	Transfer-out - Same SMR episode	(g)
Transfer-in — Same SMR episode	Discharge from hospital	(f)
Transfer-in — Same SMR episode	Transfer-out - Other SMR episode	(f)
Transfer-in — Same SMR episode	Transfer-out - Same SMR episode	(f)
INPATIENTS		
Admission to hospital	Discharge from hospital	(e)
Admission to hospital	Transfer-out - Other SMR episode	(e)
Admission to hospital	Transfer-out - Same SMR episode	(g)
Transfer-in — Other SMR episode	Discharge from hospital	(e)
Transfer-in — Other SMR episode	Transfer-out - Other SMR episode	(e)
Transfer-in — Other SMR episode	Transfer-out - Same SMR episode	(g)
Transfer-in — Same SMR episode	Discharge from hospital	(f)
Transfer-in — Same SMR episode	Transfer-out - Other SMR episode	(f)
Transfer-in — Same SMR episode	Transfer-out - Same SMR episode	(f)

5 **Day Case Others** [column (h)]

The number of day cases treated in designated areas other than inpatient facilities and day bed units should be recorded in this field at the level of specialty. Only day cases *as defined* should be recorded — see *Definitions and Codes for the NHS in Scotland*.

An example of a ‘day case other’ is a patient undergoing an inpatient stay in the specialty of nephrology, transferring to general surgery for a vascular access procedure. The patient is then transferred back to their inpatient bed in nephrology, on the same day, to resume the inpatient stay.

Another example are patients receiving dental treatment in a ‘dental suite’ (not a DBU), where treatment is provided solely in the dental suite and admission and discharge is direct to this room.

Note

Day case others will generate an SMR episode.

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Day Patients (Part 3)

CONTENTS

1	Places available.....	5-3
2	Place days available.....	5-4
3	New patients.....	5-5
4	Number of patients 'on books'	5-6
5	Total Attendances.....	5-7

1 **Places available** [column (c)]

- 1 A day patient place is the provision of sufficient resources at a day hospital to accommodate one patient.

Note

Day hospitals may be called day care facilities or day units - see Definitions and Codes for the NHS in Scotland for a full definition.

2 **Recording**

The maximum number of day patient places available for a specialty *within* a facility *at the end of the period* should be recorded. Where a day care facility is not formally recognised an estimated number of places available should be recorded. If a day care facility is only open for certain days of the week or certain times of the day, record the number of day patient places that would normally be available.

2 **Place Days Available** [column (d)]

- 1 The count of place days available for a specialty *within* a facility, over a fixed period of time, is calculated by summing the number of day patient place days available for each day of the period.

Note that this field allows the recording of day places that are available for only one-half of a day. Note that recording of place days available is in the tenths of a place ie no decimal point is recorded.

Examples of recording practice are shown below:

- (i) a day patient place available for a full working (4 hours or more) day
counted as 1.0 place days available.
recorded as 10 place days available.
- (ii) a day patient place available for one-half of a working day (less than 4 hours)
counted as 0.5 place days available
recorded as 5 place days available.
- (iii) a day care facility with 20 places available for less than half a day, 4 days a week
counted as 40.0 place days available (ie $20 \times 0.5 \times 4$)
recorded as 400 place days available

3 **New Patients** [column (e)]

1 **Definition**

A new day patient is a day patient attending for the first time in a day patient episode.
See *Definitions and Codes for the NHS in Scotland* for a full definition.

2 **Recording**

The count of new patients for a specialty *within* a facility, over a fixed period of time, is calculated by summing the number of new patients for each day of the period.

5

4 **Number of Patients ‘On Books’ [column (f)]**

1 **Definition**

A day patient is a patient who attends a day hospital (or day care facility or day unit) on a regular basis. A day patient ‘on the books’ is a patient who is still attending a day hospital and is expected to attend in the future within the same episode.

2 **Recording**

The number of day patient ‘on the books’ *at the end of a period*, for a specialty within a facility, should be recorded.

5 **Total Attendances** [columns (g) to (j)]

1 **Definition**

A day patient attendance is the occasion of a day patient attending a day hospital, or an inpatient ward for day patient care, for one day or part of a day. The attendance usually lasts at least half a day.

2 **Recording**

The count of total attendances for a specialty within a facility, over a fixed period of time, is calculated by summing the number of total attendances for each day of the period. Total attendances are recorded separately for the following categories:

- col (g) duration of 4 hours or more — inpatients
- col (h) duration of 4 hours or more — other than inpatients
- col (i) duration less than 4 hours — inpatients
- col (j) duration less than 4 hours — other than inpatients

Attendances by day patients who are also hospital inpatients should be recorded in column (g), or in column (i), as appropriate.

If the attendance is by a day patient who is not a hospital inpatient then the attendance should be recorded in column (h), or in column (j), as appropriate.

If a day patient attendance lasts less than 4 hours record the attendance in column (i), or in column (j), as appropriate; if an attendance is of duration of 4 hours or more then record in column (g), or in column (h), as appropriate.

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Consultant Outpatients (Part 4)

CONTENTS

1	Recording	6-3
2	New patients.....	6-4
3	Total attendances	6-5
4	Clinic sessions	6-6

1 **Recording**

- 1 Rules and examples of recording attendances in consultant outpatient clinics and professions allied to medicine and other technical departments are contained in Appendix E.
- 2 Note that the Consultant Outpatients section of ISD(S)1 incorporates recording of attendances at A&E departments. Detailed guidance on recording of A&E attendances is contained in *Definitions and Codes for the NHS in Scotland*.

6

2 **New Patients** [column (c)]

- 1 The number of new patients, for a specialty within a facility, should be recorded.
See *Definitions & Codes for the NHS in Scotland* for definition of new outpatient.

Notes

For joint-specialty clinics one new patient, as appropriate, should be recorded for each specialty involved.

A change of location (including change of provider) on its own does not mean that a patient is classified as 'new' at the second location.

*A change of significant outpatient facility attended during an outpatient episode does **not** generate a new outpatient episode.*

3 **Total attendances** [column (d)]

- 1 The number of total outpatient attendances, for a specialty *within* a facility, should be recorded. This includes new outpatients and follow-up (return) attendances.
See *Definitions & Codes for the NHS in Scotland* for definitions of outpatient attendances.

Notes

*Bedside consultations and ward attendances are **not** outpatient attendances.*

For joint-specialty clinics one attendance should be recorded for each specialty involved.

6

4 **Clinic sessions** [column (e)]

- 1 The total number of consultant clinics, for a specialty *within* a facility, should be recorded. For joint-specialty clinics one clinic session should be recorded for each specialty involved.

See *Definitions & Codes for the NHS in Scotland* for definitions of clinic sessions and joint-specialty clinics.

Ward Attenders and Bedside Consultations (Part 5)

CONTENTS

1	Ward attenders — total	7-3
2	Ward attenders — seen by medical staff	7-4
3	Ward attenders — seen by nursing staff	7-5
4	Bed Consultations — medical	7-6
5	Bed Consultations — specialist nurse	7-7

1 Ward attenders - total [column (c)]

- 1 The total number of ward attenders, within a specialty, should be recorded. This should be the total of the number of ward attenders seen by junior medical staff and of ward attenders seen by nursing staff.
See section 7.2 and 7.3 for definitions.

2 **Ward attenders - seen by medical staff** [column (d)]

1 **Definition**

A ward attender (medical) is a patient from outwith the hospital or an inpatient from another specialty who attends a ward on an individual basis, either by appointment or casually, and is seen by a junior doctor with or without a nurse.

Note

Ward attenders may be distinguished from outpatients by the fact that the ward attendances are outwith clinic sessions and the patients are usually seen by a junior doctor rather than by a consultant or a senior member of the team.

2 **Recording**

The total number of medical ward attenders , within a specialty, should be recorded.

3 **Ward attenders - seen by nursing staff** [column (e)]

1 **Definition**

A ward attender (nurse only) is a patient from outwith the hospital or from another specialty, who attends a ward on an individual basis, either by appointment or casually, and is seen by a member of the nursing staff.

Note

A ward attendance (nurse only) is distinguished from a nurse only clinic attendance by the fact that the ward attendance is not part of a clinic.

2 **Recording**

The total number of nurse only ward attenders , within a specialty, should be recorded.

4 **Bedside consultations - medical [column (f)]**

1 **Definition**

A bedside consultation (medical) is a visit by a medical/dental consultant to an inpatient in another specialty for the purpose of consultation, treatment, counselling or advice. The visit is usually initiated by the consultant in charge of the inpatient episode.

Note

A bedside consultation is *not* an outpatient attendance — unless the inpatient is already receiving outpatient care in the second specialty : then the meeting is an outpatient attendance, not a bedside consultation.

2 **Recording**

The number of bedside consultations (medical) within a specialty should be recorded.

Notes

Activity should be attributed to the specialty of the consultant providing the bedside consultation — *not* the specialty of the concurrent inpatient episode.

RECORDING OF THIS FIELD IS OPTIONAL.

5 **Bedside consultations - specialist nurse** [column (g)]

1 **Definition**

A specialist nurse bedside consultation is a visit by a specialist nurse to an inpatient for the purpose of consultation, treatment, counselling or advice. The visit is usually initiated by the consultant in charge of the inpatient episode.

Specialist nurses include stoma nurses, mastectomy nurses, nurse counsellors, diabetic nurses and dialysis nurses.

Note

All nursing care which is an integral part of the inpatient episode is excluded.

2 **Recording**

The number of specialist nurse bedside consultations, within a specialty, should be recorded.

Notes

Activity should be attributed to the specialty of the care provided during the bedside consultation — *not* the specialty of the concurrent inpatient episode.

RECORDING OF THIS FIELD IS OPTIONAL.

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Intermittent Haemodialysis (Part 6)

CONTENTS

1	Available staffed haemodialysis places	8-3
2	Total number of haemodialysis places available	8-4
3	New patients	8-5
4	Number of patients on books	8-6
5	Total attendances	8-7

1 Available Staffed Haemodialysis Machines [column (c)]

1 Definition

A haemodialysis place is one machine staffed and available for one haemodialysis session.

Note that this definition is for haemodialysis *place* - the field on form ISD(S)1 is titled haemodialysis *machine*. See section 8.12 for recording details

2 Recording

The maximum number of haemodialysis places available *at the end of the period* should be recorded. If machines are only available for certain days of the week or certain times of the day, record the number of haemodialysis machines that would normally be available.

Note

Available staffed haemodialysis machines should be recorded for hospital dialysis (dialysis type code H1) only.

2 **Haemodialysis Places Available** [column (d)]

- 1 The count of haemodialysis places available over a fixed period of time is calculated by summing the number of available staffed haemodialysis machines for each day of the period.

Note

Haemodialysis places available should be recorded for hospital dialysis (dialysis type code H1 only).

This field allows the recording of haemodialysis places that are available for only one-half of a day. Note that recording of haemodialysis places available is in tenths of a place ie no decimal point is recorded.

Examples of recording practice are shown below:

- (i) Haemodialysis machine available for one full working day (4 hours or more)
counted as 1.0 haemodialysis places available
recorded as 10 haemodialysis days available.
- (ii) Haemodialysis machine available for one half of a working day (less than 4 hours)
counted as 0.5 haemodialysis days available
recorded as 5 haemodialysis days available.
- (iii) Dialysis unit with 10 machines available for a full day, 5 days a week; and with 5 machines available for less than half a day, 5 days a week
counted as $(10 \times 5) + (5 \times 5 \times 0.5) = 62.5$ haemodialysis places available
recorded as 625 haemodialysis places available

3 **New Patients** [column (e)]

1 **Definition**

A new haemodialysis patient is a haemodialysis patient making a first attendance for haemodialysis.

2 **Recording**

The count of new haemodialysis patients over a fixed period of time is calculated by summing the number of new patients for each day of the period.

4 **Number of Patients ‘On Books’** [column (f)]

1 **Definition**

A haemodialysis patient is a patient who attends regularly for haemodialysis during the day or overnight. A haemodialysis patient ‘on the books’ is a patient who is attending a dialysis unit and is expected to attend in the future.

2 **Recording**

The number of haemodialysis patients ‘on the books’ *at the end of the period* should be recorded.

5 **Total attendances** [column (g)]

1 **Definition**

A haemodialysis patient attendance is the occasion of a haemodialysis patient attending for dialysis. The attendance may be during the day or overnight.

2 **Recording**

The count of total attendances over a fixed period of time is calculated by summing the number of total attendances for each day of the period.

Note

Total attendances should be recorded for hospital dialysis (dialysis type code H1) only.

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Professions Allied to Medicine

(PAMs) *and*

Other Technical Departments

(OTDs)

(Part 7)

CONTENTS

1	Definitions	9-3
2	Recording	9-5

9

1 Definitions

For full definitions see *Definitions and Codes for the NHS in Scotland*.

Note

For ISD(S)1 recording, the PAMs definitions below also apply to OTDs.

1 PAM patient

For information purposes, PAM patients include

- PAM inpatients
- PAM outpatients
- PAM day patients
- PAM direct access patients *and*
- PAM community patients.

2 PAM episode

For information purposes, classification of PAM patients may vary at each contact.

For example

A physiotherapy episode may begin while the patient is an inpatient and continue when the patient goes home; in this case, at some contacts a patient is a physio inpatient and at others a physio outpatient.

Note

The change in classification from PAM inpatient to PAM outpatient does not constitute a new physio episode.

If the patient continues to receive services from a specific profession but the location of the group of staff providing the care changes, then the patient begins a new episode. This latter situation usually arises when a patient moves from hospital to community care or from one hospital to another.

Note : Diagnostic radiology

An episode is not defined for diagnostic radiology as this is not normally identifiable in practice. Therefore, on ISD(S)1 only counts of total attendances should be recorded; new patients for diagnostic radiology should not be recorded.

3 PAM inpatient

A PAM inpatient is an inpatient who is in receipt of services from hospital PAM personnel.

Note

On ISD(S)1 PAM day cases should be recorded in the PAM inpatient column.

4 PAM day patient

A PAM day patient is a day patient who is in receipt of services from hospital PAM personnel.

5 PAM outpatient

A PAM outpatient is a patient who comes from outwith the hospital (except if already defined as PAM day patient, PAM day case, PAM direct access or PAM community patient) and is in receipt of services from hospital PAM personnel.

PAM outpatients are usually referred from a consultant clinic or are continuing PAM care subsequent to an inpatient episode.

Note

On ISD(S)1 PAM outpatients are recorded as 'PAM consultant outpatients'.

6 PAM direct access patient

A PAM direct access patient is a patient who is referred directly to a hospital PAM department by a General Medical Practitioner (GMP).

A hospital direct access service is a hospital PAM or technical service to which GMPs may refer patients directly or a laboratory service which the GMP may use directly.

7 PAM community patient

A PAM community patient is a patient in receipt of services from PAM personnel who are community health staff.

Notes

The contact usually takes place in the patient's home, in a health centre or in other community premises.

On ISD(S)1, PAM community patients exclude PAM direct access patients.

2 Recording

Rules and examples of recording attendances in PAMs & OTDs and consultant outpatient attendances are contained in Appendix E. A list of valid department codes are contained in Annex A3.

1 New patients

New patients should be recorded at the level of healthcare professional ('diagnostic code') separately for each of the following patient categories:

- inpatients
- day patients
- others (not elsewhere classified)
- consultant outpatients (*optional*)
- direct access (*optional*)
- community (excluding direct access) (*optional*)

The total number of new patients over the period should be recorded.

Note

The recording of new patients for the patient categories of consultant outpatients, direct access and community (excluding direct access) is optional.

Where possible, data providers are requested to record activity separately for these columns; where this is not possible data providers should record the total of these patient categories in the 'Others (n.e.c.)' columns.

The recording of new patients for 'Others (n.e.c.)' is mandatory, irrespective of recording of the optional patient sub-categories.

2 Total attendances

Total attendances should be recorded at the level of healthcare professional ('diagnostic code') separately for each of the following patient categories:

- inpatients
- day patients
- others (not elsewhere classified)
- consultant outpatients (*optional*)
- direct access (*optional*)
- community (excluding direct access) (*optional*)

The total number of total attendances over the period should be recorded.

Note

The recording of total attendances for the patient categories of consultant outpatients, direct access and community (excluding direct access) is optional.

Where possible, data providers are requested to record activity separately for these columns; where this is not possible data providers should record the total of these patient categories in the 'Others (n.e.c.)' columns.

The recording of total attendances for 'Others (n.e.c.)' is mandatory, irrespective of recording of the optional patient sub-categories.

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Valid Codes

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A1 Valid FACILITY Codes

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A3 Valid DEPARTMENT Codes

PAMs and OTDs	A3-1
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A

Valid FACILITY Codes

Inpatient Facilities (Card class 1)

11	Other (comprising all Standard Specialty Wards, High Dependency Unit)
12	Postnatal Cot
13	Intensive Care Unit
14	Cardiac Care Unit
15	Neonatal Unit
16	Children's Unit
17	Accident and Emergency Ward
18	Younger Physically Disabled Unit
19	Spinal Unit
1A	Geriatric Orthopaedic Rehabilitation Unit (GORU)
1B	Rehabilitation Ward (except GORU)
1C	Burns Unit
1D	Geriatric Assessment Unit
1E	Long Stay Unit for Care Of The Elderly
1F	Convalescent Unit
1G	Palliative Care Unit
1L	Adolescent Unit
1M	Transplant Unit (from 01/04/97)
XU	Unallocated
XN	Not known (note - not valid for input format)

A1

Valid FACILITY Codes

Day Bed Unit and Day Case Others (Card class 2)

Facility code not recorded on ISD(S)1

Day Patients (Card class 3)

- 11 Other (including all Standard Specialty Wards, High Dependency Unit)
- 31 Outpatient Department
- 33 Day Hospital
- 34 Health Centre
- 35 GP Surgery Premises
- 36 Patient's Home
- 37 Other Community Premises

Consultant Outpatients (Card class 4)

- 11 Other (including all Standard Specialty Wards, High Dependency Unit)
- 31 Outpatient Department
- 32 Accident & Emergency Department
- 33 Day Hospital
- 34 Health Centre
- 35 GP Surgery Premises
- 36 Patient's Home
- 37 Other Community Premises

Valid FACILITY Codes

Ward Attenders and Bedside Consultations (Card class 5)

Facility code not recorded

Intermittent Haemodialysis (Card class 6)

Facility code not recorded

PAMs and OTDs

Facility code not recorded

A1

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Valid SPECIALTY Codes

Inpatient Facilities (Card class 1)

A1	General Medicine	D8	Paediatric Dentistry
A2	Cardiology	E11	GP Obstetrics
A3	Clinical Genetics	E12	GP Other than Obstetrics
A6	Communicable Diseases	F2	Gynaecology
A7	Dermatology	F3	Obstetrics
A8	Endocrinology	G1	General Psychiatry
A9	Gastroenterology	G3	Forensic Psychiatry (from 01/04/97)
AA	Genito-Urinary Medicine	G4	Psychiatry of Old Age
AB	Geriatric Medicine	G5	Learning Disability
AC	Homeopathy	G21	Child Psychiatry
AD	Medical Oncology	G22	Adolescent Psychiatry
AF	Medical Paediatrics	H1	Diagnostic Radiology
AG	Nephrology	H2	Clinical Oncology
AH	Neurology	J4	Haematology
AM	Palliative Medicine	R1	Chiropody
AP	Rehabilitation Medicine	R11	Surgical Podiatry
AQ	Respiratory Medicine	T2	Midwifery
AR	Rheumatology	T21	Community Midwifery
C1	General Surgery	XSU	Unspecified
C11	General Surgery (excluding Vascular)		
C12	Vascular Surgery		
C2	Accident & Emergency		
C3	Anaesthetics		
C4	Cardiothoracic Surgery		
C41	Cardiac Surgery		
C42	Thoracic Surgery		
C5	Ear, Nose and Throat		
C6	Neurosurgery		
C7	Ophthalmology		
C8	Orthopaedics		
C9	Plastic Surgery		
CA	Surgical Paediatrics		
CB	Urology		
D1	Community Dental Practice		
D3	Oral Surgery		
D4	Oral Medicine		
D5	Orthodontics		
D6	Restorative Dentistry		

A2

Valid SPECIALTY Codes

Day Bed Unit and Day Case Others (Card class 2)

A1	General Medicine	D8	Paediatric Dentistry
A2	Cardiology	E11	GP Obstetrics
A3	Clinical Genetics	E12	GP Other than Obstetrics
A6	Communicable Diseases	F2	Gynaecology
A7	Dermatology	F3	Obstetrics
A8	Endocrinology	G1	General Psychiatry
A9	Gastroenterology	G3	Forensic Psychiatry (from 01/04/97)
AA	Genito-Urinary Medicine	G4	Psychiatry of Old Age
AB	Geriatric Medicine	G5	Learning Disability
AC	Homeopathy	G21	Child Psychiatry
AD	Medical Oncology	G22	Adolescent Psychiatry
AF	Medical Paediatrics	H1	Diagnostic Radiology
AG	Nephrology	H2	Clinical Oncology
AH	Neurology	J4	Haematology
AM	Palliative Medicine	R1	Chiropody
AP	Rehabilitation Medicine	R11	Surgical Podiatry
AQ	Respiratory Medicine	T2	Midwifery
AR	Rheumatology	T21	Community Midwifery
C1	General Surgery	99	Total
C2	Accident & Emergency		
C3	Anaesthetics		
C4	Cardiothoracic Surgery		
C5	Ear, Nose and Throat		
C6	Neurosurgery		
C7	Ophthalmology		
C8	Orthopaedics		
C9	Plastic Surgery		
C11	General Surgery (excluding Vascular)		
C12	Vascular Surgery		
C41	Cardiac Surgery		
C42	Thoracic Surgery		
CA	Surgical Paediatrics		
CB	Urology		
D1	Community Dental Practice		
D3	Oral Surgery		
D4	Oral Medicine		
D5	Orthodontics		
D6	Restorative Dentistry		

Valid SPECIALTY Codes

Day Patients (Card class 3)

A1	General Medicine	E11	GP Obstetrics
A2	Cardiology	E12	GP Other than Obstetrics
A3	Clinical Genetics	F2	Gynaecology
A6	Communicable Diseases	F3	Obstetrics
A7	Dermatology	F31	Obstetrics Antenatal
A8	Endocrinology	F32	Obstetrics Postnatal
A9	Gastroenterology	G1	General Psychiatry
AA	Genito-Urinary Medicine	G3	Forensic Psychiatry (from 01/04/97)
AB	Geriatric Medicine	G4	Psychiatry of Old Age
AC	Homeopathy	G5	Learning Disability
AD	Medical Oncology	G21	Child Psychiatry
AF	Medical Paediatrics	G22	Adolescent Psychiatry
AG	Nephrology	H1	Diagnostic Radiology
AH	Neurology	H2	Clinical Oncology
AM	Palliative Medicine	J3	Clinical Chemistry
AP	Rehabilitation Medicine	J4	Haematology
AQ	Respiratory Medicine	R1	Chiropody
AR	Rheumatology	R11	Surgical Podiatry
C1	General Surgery		
C2	Accident & Emergency		
C3	Anaesthetics		
C4	Cardiothoracic Surgery		
C5	Ear, Nose and Throat		
C6	Neurosurgery		
C7	Ophthalmology		
C8	Orthopaedics		
C9	Plastic Surgery		
C11	General Surgery (excluding Vascular)		
C12	Vascular Surgery		
C41	Cardiac Surgery		
C42	Thoracic Surgery		
CA	Surgical Paediatrics		
CB	Urology		
D3	Oral Surgery		
D4	Oral Medicine		
D5	Orthodontics		
D6	Restorative Dentistry		
D8	Paediatric Dentistry		

A2

Valid SPECIALTY Codes

Consultant Outpatients (Card class 4)

A1	General Medicine	D8	Paediatric Dentistry
A2	Cardiology	E11	GP Obstetrics
A3	Clinical Genetics	E12	GP Other than Obstetrics
A6	Communicable Diseases	F2	Gynaecology
A7	Dermatology	F3	Obstetrics
A8	Endocrinology	F31	Obstetrics Antenatal
A9	Gastroenterology	F32	Obstetrics Postnatal
AA	Genito-Urinary Medicine	G1	General Psychiatry
AB	Geriatric Medicine	G3	Forensic Psychiatry (from 01/04/97)
AC	Homeopathy	G4	Psychiatry of Old Age
AD	Medical Oncology	G5	Learning Disability
AF	Medical Paediatrics	G21	Child Psychiatry
AG	Nephrology	G22	Adolescent Psychiatry
AH	Neurology	H1	Diagnostic Radiology
AK	Occupational Health (from 01/04/97)	H2	Clinical Oncology
AM	Palliative Medicine	J3	Clinical Chemistry
AP	Rehabilitation Medicine	J4	Haematology
AQ	Respiratory Medicine	R1	Chiropody
AR	Rheumatology	R11	Surgical Podiatry
C1	General Surgery	T2	Midwifery
C2	Accident & Emergency		
C3	Anaesthetics		
C4	Cardiothoracic Surgery		
C5	Ear, Nose and Throat		
C6	Neurosurgery		
C7	Ophthalmology		
C8	Orthopaedics		
C9	Plastic Surgery		
C11	General Surgery (excluding Vascular)		
C12	Vascular Surgery		
C41	Cardiac Surgery		
C42	Thoracic Surgery		
CA	Surgical Paediatrics		
CB	Urology		
D3	Oral Surgery		
D4	Oral Medicine		
D5	Orthodontics		
D6	Restorative Dentistry		

Valid SPECIALTY Codes

Ward Attenders and Bedside Consultations (Card class 5)

A1	General Medicine	E11	GP Obstetrics
A2	Cardiology	E12	GP Other than Obstetrics
A3	Clinical Genetics	F2	Gynaecology
A6	Communicable Diseases	F3	Obstetrics
A7	Dermatology	F31	Obstetrics Antenatal
A8	Endocrinology	F32	Obstetrics Postnatal
A9	Gastroenterology	G1	General Psychiatry
AA	Genito-Urinary Medicine	G3	Forensic Psychiatry (from 01/04/97)
AB	Geriatric Medicine	G4	Psychiatry of Old Age
AC	Homeopathy	G5	Learning Disability
AD	Medical Oncology	G21	Child Psychiatry
AF	Medical Paediatrics	G22	Adolescent Psychiatry
AG	Nephrology	H1	Diagnostic Radiology
AH	Neurology	H2	Clinical Oncology
AM	Palliative Medicine	J3	Clinical Chemistry
AP	Rehabilitation Medicine	J4	Haematology
AQ	Respiratory Medicine	R1	Chiropody
AR	Rheumatology	R11	Surgical Podiatry
C1	General Surgery		
C2	Accident & Emergency		
C3	Anaesthetics		
C4	Cardiothoracic Surgery		
C5	Ear, Nose and Throat		
C6	Neurosurgery		
C7	Ophthalmology		
C8	Orthopaedics		
C9	Plastic Surgery		
C11	General Surgery (excluding Vascular)		
C12	Vascular Surgery		
C41	Cardiac Surgery		
C42	Thoracic Surgery		
CA	Surgical Paediatrics		
CB	Urology		
D3	Oral Surgery		
D4	Oral Medicine		
D5	Orthodontics		
D6	Restorative Dentistry		
D8	Paediatric Dentistry		

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Valid SPECIALTY Codes

Intermittent Haemodialysis (Card class 6)

97 Intermittent Haemodialysis

Approved SPECIALTY Codes

Day Patients (Card class 3)

AB	Geriatric Medicine
AF	Medical Paediatrics
AP	Rehabilitation Medicine
E12	GP Other than Obstetrics
G4	Psychiatry of Old Age
G1	General Psychiatry
G5	Learning Disability
G21	Child Psychiatry
G22	Adolescent Psychiatry
G3	Forensic Psychiatry (from 01/04/97)

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Valid DEPARTMENT Codes

PAMs and OTDs (Card class 7)

H1	Diagnostic Radiology
R1	Chiropodists/Podiatrists
R2	Clinical Psychologists
R3	Dieticians
R4	Occupational Therapists
R5	Physiotherapists
R6	Speech and Language Therapists
R9	Medical Physicists
R11	Surgical Podiatrists
R41	Industrial Therapists
R81	Hearing Aids
R82	Audiometry
RB	Physiologists
RC	Dental Hygienists
RD	Dental Surgery Assistants
RE	Physiological Measurement Technicians
RF	Prosthetists/Orthotists
RG	Dispensing Opticians
RH	Optometrists
RJ	Orthoptists
RK1	Electroencephelography
RK2	Electrocardiography
RK3	Ultrasonics
RK4	Nuclear Medicine
RL	Therapeutic Radiographers
RM	Medical Photographers
RS	Dental Therapists
XX	Others

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Data Validation

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Validation checks

1 Key Items

Item	Col.	Validation	Reject/ Query	Reject/ Query Code
1.1 Transaction Type	1	Must be equal to one of the following: A, D, I, R	Reject	R001
1.2 Card Class	2	Must be equal to one of the following: 1,2,3,4,5,6,7	Reject	R002
1.3 Location Code	3-7	Must be 'open' during the Period (Months)/Period Ended	Reject	R019
1.4 Location Code (Card Class 1,2)	3-7	Last character must be equal to : H, J, K, V	Reject	R023
1.5 Period (Months)	8-9	Must be equal to one of the following: 01, 03	Reject	R004
1.6 Period Ended	10-13	i) If Period (Months) = 01 then must be equal to one of the following: 01,02,03,04,05,06,07,08, 09,10,11,12	Reject	R006
		ii) If Period (Months) = 03 then must be equal to one of the following: 03, 06, 09, 12	Reject	R006
1.7 Period Ended	10-13	Must be equal to one of the following: current year,[(current year) -1]	Reject	R006
1.8 Provider Code	14-18	Must be 'open' during the Period (Months)/Period Ended	Reject	R014
1.9 Facility Code	(a) 19-20	Must be valid (See Appendix 1.1)	Reject	R010
1.10 Specialty Code	(b) 21-23	Must be valid (See Appendix 1.2)	Reject	R022
1.11 Specialty Code (Card Class 3)	(b) 21-23	Should be 'approved' (See Appendix 1.2)	Query	Q006
1.12 Dialysis Type (Card Class 6)	(a) 19-20	Must be equal to one of the following: H1, H2, H3	Reject	R011
1.13 Department Code (Card Class 7)	(b) 21-23	Must be valid (See Appendix 1.3)	Reject	R013
1.14 Transaction Type, Card Class, Location Code, Period (Months), Period Ended, Provider Code, Facility Code, Specialty Code	1-23	If Transaction Type = 'I' then combination of items must not exist on master file	Reject	R015

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Validation checks

contd. 1 **Key Items**

Item	Col.	Validation	Reject/ Query	Reject/ Query Code
1.15 Transaction Type, Card Class, Location Code, Period (Months), Period Ended, Provider Code, Facility Code, Specialty Code	1-23	If Transaction Type = 'A', 'D' or 'R' then combination of items must exist on master file	Reject	R016
1.16 Location Code	3-7	Must be valid (ie must exist on Location Reference file)	Reject	R003
1.17 Provider Code	14-18	Must be valid (ie must exist on Provider Reference file)	Reject	R009
1.18 Facility Code (Card Classes 2,5,7)	(a) 19-20	Must be blank	Reject	R067

Validation checks

2 Inpatient Facilities (Card class 1)

Item	Col.	Validation	Reject/ Query	Reject/ Query Code
2.1 Bed Complement	(c) 24-27	Must be numeric	Reject	R024
2.2 Allocated Beds	(d) 28-33	Must be numeric	Reject	R025
2.3 Allocated Beds	(d) 28-33	Must be greater than or equal to Lent Beds	Reject	R026
2.4 Borrowed Beds	(e) 34-38	Must be numeric	Reject	R027
2.5 Lent Beds	(f) 39-43	Must be numeric	Reject	R028
2.6 Temporary Beds	(g) 44-47	Must be numeric	Reject	R029
2.7 Available beds	(h) 48-53	Must be numeric	Reject	R030
2.8 Available beds	(h) 48-53	Must be equal to : Allocated Beds <i>plus</i> Borrowed Beds <i>minus</i> Lent Beds <i>plus</i> Temporary Beds	Reject	R031
2.9 Available Beds	(h) 48-53	If equal to 0 then Occupied Beds must equal 0	Reject	R032
2.10 Available Beds	(h) 48-53	If greater than 0 then Occupied Beds should be greater than 0	Query	Q008
2.11 Occupied Beds	(i) 54-59	Must be numeric	Reject	R033
2.12 Occupied Beds	(i) 54-59	Must be greater than or equal to Pass Days	Reject	R034
2.13 Occupied Beds	(i) 54-59	Must be greater than or equal to : Discharges <i>plus</i> TOTAL Transfers Out (<i>ie either sum of cols (l+m+n+o) or col (q)</i>)	Query	Q009
2.14 Occupied Beds	(i) 54-59	Should be less than or equal to Available Beds	Query	Q003
2.15 Pass Days	(j) 60-64	Must be numeric	Reject	R035

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Validation checks

contd. 2 Inpatient Facilities (Card class 1)

Item	Col.	Validation	Reject/ Query	Reject/ Query Code
2.16 Discharges (excluding Transfers-Out)	(k) 65-69	Must be numeric	Reject	R036
2.17 Transfers-out (Change of Specialty, to a Significant Facility)	(l) 70-74	Must be numeric	Reject	R037
2.18 Transfers-out (Change of Specialty, Other)	(m) 75-79	Must be numeric	Reject	R038
2.19 Transfers-out (No Change of Specialty, Change Involving Significant Facility)	(n) 80-84	Must be numeric	Reject	R039
2.20 Transfers-out (No Change of Specialty, Change of Consultant for Medical Reasons)	(o) 85-89	Must be numeric	Reject	R040
2.21 Day Cases	(p) 90-94	Must be numeric	Reject	R041
2.22 Transfers-out (Total)	(q) 95-99	Must be numeric	Reject	R042
2.23 Transfers-out (Total)	(q) 95-99	If greater than 0 and [sum of cols (l+m+n+o)] is greater than 0, then must equal [sum of cols (l+m+n+o)]	Reject	R043
2.24 Selected	(c)-(q) 24-99	Sum of columns must be greater than 0	Reject	R044
2.25 Selected	(d)-(q) 28-99	Sum of columns must not be greater than 0 if specialty = XSU (Unspecified) and Facility = XU (Unallocated)	Reject	R045
2.26 Selected	(i)-(q) 54-99	Sum of columns must not be greater than 0 if specialty = XSU (Unspecified)	Reject	R066

Validation checks

3 Day Bed Units and Day Case Other (Card class 2)

Item	Col.	Validation	Reject/ Query	Reject/ Query Code
3.1 Beds Available	(c) 24-27	If Specialty = 99 (Total) then must be numeric	Reject	R024
3.2 Beds Available	(c) 24-27	If Specialty = 99 (Total) then must be greater than 0	Query	Q010
3.3 Type A — Day Cases	(d) 28-33	Must be numeric	Reject	R025
3.4 Type A — Emergency Inpatients	(e) 34-39	Must be numeric	Reject	R027
3.5 Type B — Patients from Other Wards	(f) 40-45	Must be numeric	Reject	R028
3.6 Type B — Others	(g) 46-51	Must be numeric	Reject	R029
3.7 Total Day Case Others	(h) 52-56	Must be numeric	Reject	R030
3.8 Selected	(d)-(h) 24-99	If Specialty is not equal to 99 then sum of columns [(d) to (h)] must be greater than 0.	Reject	R020

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Validation checks

4 Day Patients (Card class 3)

Item	Col.	Validation	Reject/ Query	Reject/ Query Code
4.1 Places Available	(c) 24-28	Must be numeric	Reject	R024
4.2 Places Available	(c) 24-28	If greater than 0 then Number of Patients On Books should be greater than 0	Query	Q011
4.3 Places Available	(c) 24-28	If equal to 0 then Number of Patients On Books should equal 0	Query	Q012
4.4 Place Days Available	(d) 29-36	Must be numeric	Reject	R025
4.5 Place Days Available	(d) 29-36	If equal to 0 then Total Attendances [sum of cols (g+h+i+j)] should = 0	Reject	R046
4.6 Place Days Available	(d) 29-36	Should be greater than or equal to: [Sum of cols (g+h)]+ [Sum of cols (i+j)]/2	Query	Q013
4.7 Place Days Available	(d) 29-36	Should be less than or equal to: [Places Available x number of days in period]	Query	Q014
4.8 New Patients	(e) 37-41	Must be numeric	Reject	R027
4.9 New Patients	(e) 37-41	Must be less than or equal to Total Attendances [sum of cols (g+h+i+j)]	Reject	R047
4.10 Number of Patients On Books	(f) 42-46	Must be numeric	Reject	R028
4.11 Number of Patients On Books	(f) 42-46	If equal to 0 then Total Attendances [sum of cols (g+h+i+j)] should equal 0	Query	Q015
4.12 Number of Patients On Books	(f) 42-46	If greater than 0 then Total Attendances [sum of cols (g+h+i+j)] should be greater than 0	Query	Q016
4.13 Total Attendances (4 hours or more, Inpatients)	(g) 47-51	Must be numeric	Reject	R029
4.14 Total Attendances (4 hours or more, Other than Inpatients)	(h) 52-56	Must be numeric	Reject	R030
4.15 Total Attendances (Less than 4 hours, Inpatients)	(i) 57-61	Must be numeric	Reject	R033
4.16 Total Attendances (Less than 4 hours, Other than Inpatients)	(j) 62-66	Must be numeric	Reject	R035
4.17 Selected	(c)-(j) 24-66	Sum of columns must be greater than 0.	Reject	R048

Validation checks

5 Consultant Outpatients (Card class 4)

Item	Col.	Validation	Reject/ Query	Reject/ Query Code
5.1 New Patients	(c) 24-28	Must be numeric	Reject	R024
5.2 New Patients	(c) 24-28	Must be less than or equal to Total Attendances	Reject	R049
5.3 New Patients	(c) 24-28	If equal to 0 then Total Attendances should equal 0	Query	Q017
5.4 Total Attendances	(d) 29-34	Must be numeric	Reject	R025
5.5 Clinic Sessions	(e) 35-40	Must be numeric	Reject	R027
5.6 Clinic Sessions	(e) 35-40	If equal to 0 then [sum of cols (c+d)] should equal 0	Query	Q018
5.7 Clinic Sessions	(e) 35-40	If greater than 0 then [sum of cols (c+d)] should be greater than 0.	Query	Q019
5.8 Selected	(c)-(e) 24-40	Sum of columns must be greater than 0	Reject	R050

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Validation checks

6 Ward Attenders and Bedside Consultations (Card class 5)

Item	Col.	Validation	Reject/ Query	Reject/ Query Code
6.1 Ward Attenders — Total	(c) 24-28	Must be numeric	Reject	R024
6.2 Ward Attenders — Total	(d) 24-28	Must be equal to [Sum of cols (d+e)]	Reject	R051
6.3 Ward Attenders — Medical Staff	(c) 29-33	Must be numeric	Reject	R025
6.4 Ward Attenders — Nursing Staff	(e) 34-38	Must be numeric	Reject	R027
6.5 Bedside Consultations — Medical	(f) 39-43	Must be numeric	Reject	R028
6.6 Bedside Consultations — Specialist Nurse	(g) 44-48	Must be numeric	Reject	R029
6.7 Selected	(c)-(g) 24-48	Sum of columns must be greater than 0	Reject	R052

Validation checks

7 Intermittent Haemodialysis (Card class 6)

Item	Col.	Validation	Reject/ Query	Reject/ Query Code
7.1 Available Staffed Haemodialysis Machines	(c) 24-28	Must be numeric	Reject	R024
7.2 Available Staffed Haemodialysis Machines	(c) 24-28	If greater than 0 then Dialysis Type must be 'H1'	Reject	R053
7.3 Available Staffed Haemodialysis Machines	(c) 24-28	If greater than 0 then Number of Patients On Books should be greater than 0	Query	Q011
7.4 Available Staffed Haemodialysis Machines	(c) 24-28	If equal to 0 and Dialysis Type is 'H1', Number of Patients On Books should be equal to 0	Query	Q012
7.5 Total Haemodialysis Places Available	(d) 29-36	Must be numeric	Reject	R025
7.6 Total Haemodialysis Places Available	(d) 29-36	If greater than 0 then Dialysis Type must be 'H1'.	Reject	R054
7.7 Total Haemodialysis Places Available	(d) 29-36	If equal to 0 and Dialysis Type = 'H1', Total Attendances should be equal to 0	Reject	R055
7.8 Total Haemodialysis Places Available	(d) 29-36	Should be less than or equal to : [Available Staffed Haemodialysis Machines x number of days in period]	Query	Q014
7.9 New Patients	(e) 37-41	Must be numeric	Reject	R027
7.10 New Patients	(e) 37-41	Must be less than or equal to Total Attendances	Reject	R056
7.11 New Patients	(e) 37-41	If equal to 0 Total Attendances should equal 0	Reject	Q021
7.12 Number of Patients On Books	(f) 42-46	Must be numeric	Reject	R028
7.13 Number of Patients On Books	(f) 42-46	If greater than 0 and Dialysis Type = 'H1', then Total Attendances should be greater than 0.	Query	Q001
7.14 Number of Patients On Books	(f) 42-46	If equal to 0 then Total Attendances should be equal to 0	Query	Q002
7.15 Total Attendances	(g) 47-51	Must be numeric	Reject	R029
7.16 Total Attendances	(g) 47-51	If greater than 0 then Dialysis Type must be 'H1'	Reject	R053
7.17 Selected	(c)-(g) 24-51	Sum of columns must be greater than 0	Reject	R052

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Validation checks

8 PAMs and OTDs (Card class 7)

Item	Col.	Validation	Reject/ Query	Reject/ Query Code
8.1 Inpatients - New Patients	(c) 24-29	Must be numeric	Reject	R024
8.2 Inpatients - New Patients	(c) 24-29	Must be less than or equal to Inpatients - Total Attendances	Reject	R049
8.3 Inpatients - Total Attendances	(d) 30-35	Must be numeric	Reject	R025
8.4 Day Patients - New Patients	(e) 36-41	Must be numeric	Reject	R027
8.5 Day Patients - New Patients	(e) 36-41	Must be less than or equal to Day Patients - Total Attendances	Reject	R057
8.6 Day Patients - Total Attendances	(f) 42-47	Must be numeric	Reject	R028
8.7 Others - Total - New Patients	(g) 48-53	Must be numeric	Reject	R029
8.8 Others - Total - New Patients	(g) 48-53	Must be less than or equal to Others - Total - Total Attendances	Reject	R058
8.9 Others - Total - New Patients	(g) 48-53	Must be greater than or equal to [sum of cols (i+k+m)]	Reject	R059
8.10 Others - Total - Total Attendances	(h) 54-59	Must be numeric	Reject	R030
8.11 Others - Total - Total Attendances	(h) 54-59	Must be greater than or equal to [sum of cols (j+l+n)]	Reject	R060
8.12 Others - Consultant Outpatients - New Patients	(i) 60-65	Must be numeric	Reject	R033
8.13 Others - Consultant Outpatients - New Patients	(i) 60-65	Must be less than or equal to Others - Consultant Outpatients - Total Attendances	Reject	R061
8.14 Others - Consultant Outpatients - Total Attendances	(j) 66-71	Must be numeric	Reject	R035
8.15 Others - Direct Access - New Patients	(k) 72-77	Must be numeric	Reject	R036
8.16 Others - Direct Access - New Patients	(k) 72-77	Must be less than or equal to Direct Access - Total Attendances	Reject	R062
8.17 Others - Direct Access - Total Attendances	(l) 78-83	Must be numeric	Reject	R037

Validation checks

contd. 8 **PAMs and OTDs** (Card class 7)

Item	Col.	Validation	Reject/ Query	Reject/ Query Code
8.18 Others - Community - New Patients	(m) 84-89	Must be numeric	Reject	R038
8.19 Others - Community - New Patients	(m) 84-89	Must be less than or equal to Community - Total Attendances	Reject	R063
8.20 Others - Community - Total Attendances	(n) 90-95	Must be numeric	Reject	R039
8.21 Selected	(c)-(n) 24-95	Sum of columns must be greater than 0.	Reject	R064

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Validation checks

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Validation reports

1 Introduction

There are six sections to ISD(S)1 validation reports:

- Control Report
- Rejection Report
- Query Report
- Comparison Report
- Aggregate Report
- File Listing

The following pages contain specimen copies of the above reports, including examples of Rejection and Query reports for each card class. Note that validation reports sort information by provider code (not location code).

2 Control Report

The Control Report details the number of records read, rejected, queried and added to the file for each provider code that has been processed during the validation run. This report is for information only and should not be used as a processing turnaround document

3 Rejection Report

Records which have been rejected, ie **records which have not been added to file**, are listed showing input details of all fields. Rejection reports may be used as turnaround documents for resubmission of data - see Appendix F.2.3 for further processing details. Fields which have triggered rejections are asterisked. Rejection codes and descriptions are listed below the input details. Also shown are record number (of the batch processed - shown top left) and processing date(shown top right).

4 Query Report

Records which have been queried, ie **records which have been added to file but are flagged as having a query**, are listed showing input details of all fields. Note that not all records that are queried will require amendment and that queries which do not require amendment do not require any further action - confirmation of 'no amendment' is not required and should not be submitted for processing. Query reports may be used as a turnaround documents for resubmission of data - see Appendix F.2.3 for further processing details. Fields which have triggered queries are asterisked. Query codes and descriptions are listed below the input details. Also shown are record number (of the batch processed - shown top left) and processing date(shown top right).

5 Comparison Report

The Comparison Report compares the current monthly/quarterly file with the monthly/quarterly file immediately previous. Records which exist on the current file but not the previous file, and vice versa, are listed. The comparison of current and previous records is based on a combination of card class, location, provider, facility and specialty. This report is for information only and should not be used as a processing turnaround document.

6 Aggregate Report

The Aggregate Report provides summary information of the status of the current monthly/quarterly file in comparison with the monthly/quarterly file immediately previous. This report is intended to provide users with a quick overview of the completeness of data held on file. The report is listed by provider and presents key statistics for each card class. This report is for information only and should not be used as a processing turnaround document.

7 File Listing

All records held on the current monthly/quarterly file for the processing trust(s) are listed in the File Listing. Information is grouped by provider, card class and location. This report is for information only and should not be used as a processing turnaround document.

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Validation reports

SPECIMEN CONTROL REPORT		
XHSN20 V9.99	NATIONAL HEALTH SERVICE IN SCOTLAND INFORMATION AND STATISTICS DIVISION ISD(S)1 CONTROL REPORT - PROVIDER CODE XXXXX	PROCESSING DATE

A. RECORDS READ	ZZZZ9	
B. NO OF RECORDS REJECTED	ZZZZ9	
C. NO OF QUERIED RECORDS	ZZZZ9	
D. NO OF RECORDS ADDED TO FILE	ZZZZ9	

XHSN20 V9.99

NATIONAL HEALTH SERVICE IN SCOTLAND
INFORMATION AND STATISTICS DIVISION
ISD(S)1 CARD CLASS 1 REJECTION REPORT

PROCESSING DATE

[illegible]

TRANSACTION TYPE	X *** []
CARD CLASS	X *** []
LOCATION CODE	XXXXX *** []
PERIOD LENGTH	XX *** []
PERIOD END MONTH	XX *** []
" " YEAR	XX *** []
PROVIDER CODE	XXXXX *** []
(a) FACILITY CODE	XX *** []
(b) SPECIALTY CODE	XXX *** []
(c) BED COMPLEMENT	ZZZ9 *** []
(d) STAFFED BED DAYS - ALLOCATED BEDS	ZZZZZ9 *** []
(e) STAFFED BED DAYS - BORROWED BEDS	ZZZZ9 *** []
(f) STAFFED BED DAYS - LENT BEDS	ZZZZ9 *** []
(g) STAFFED BED DAYS - TEMPORARY BEDS	ZZZZ9 *** []
(h) STAFFED BED DAYS - ALL BEDS AVAIL.	ZZZZZ9 *** []
(i) TOTAL OCCUPIED BED DAYS	ZZZZZ9 *** []
(j) TOTAL PASS DAYS	ZZZZ9 *** []
(k) DISCHARGES (Excl Trans out within Hosp)	ZZZZ9 *** []
(l) TRANSFERS OUT TO SIGNIFICANT FACILITY	ZZZZ9 *** []
(m) TRANSFERS OUT (OTHER)	ZZZZ9 *** []
(n) TRANSFERS OUT - CHANGE SIG FAC	ZZZZ9 *** []
(o) TRANSFERS OUT - CHANGE CONSULTANT	ZZZZ9 *** []
(p) DAY CASES	ZZZZ9 *** []
(q) INPATIENT TRANSFERS OUT - TOTAL	ZZZZZ9 *** []

[illegible]

Validation reports

PROCESSING DATE

[illegible]

XHSN20 V9.99

NATIONAL HEALTH SERVICE IN SCOTLAND
INFORMATION AND STATISTICS DIVISION
ISD(S)1 CARD CLASS 3 REJECTION REPORT

PROCESSING DATE

[illegible]

TRANSACTION TYPE	X *** []
CARD CLASS	X *** []
LOCATION CODE	XXXXX *** []
PERIOD LENGTH	XX *** []
PERIOD END MONTH	XX *** []
" " YEAR	XX *** []
PROVIDER CODE	XXXXX *** []
(a) FACILITY CODE	XX *** []
(b) SPECIALTY CODE	XXX *** []
(c) PLACES AVAILABLE	ZZZZZ *** []
(d) PLACE DAYS AVAILABLE	ZZZZZZZ *** []
(e) NEW PATIENTS	ZZZZZ *** []
(f) NO OF PATIENTS 'ON BOOKS'	ZZZZZ *** []
(g) TOTAL ATTENDANCES > 4 HRS INPAT	ZZZZZ *** []
(h) TOTAL ATTENDANCES > 4 HRS OTHERS	ZZZZZ *** []
(i) TOTAL ATTENDANCES < 4 HRS INPAT	ZZZZZ *** []
(j) TOTAL ATTENDANCES < 4 HRS OTHERS	ZZZZZ *** []

[illegible]

Validation reports

PROCESSING DATE

	TRANSACTION TYPE	X	***	[]
	CARD CLASS	X	***	[]
	LOCATION CODE	XXXXX	***	[]
	PERIOD LENGTH	XX	***	[]
	PERIOD END MONTH	XX	***	[]
	" " YEAR	XX	***	[]
	PROVIDER CODE	XXXXX	***	[]
(a)	FACILITY CODE	XX	***	[]
(b)	SPECIALTY CODE	XXX	***	[]
(c)	NEW PATIENTS	ZZZZ9	***	[]
(d)	TOTAL ATTENDANCES	ZZZZ9	***	[]
(e)	CLINIC SESSIONS	ZZZZ9	***	[]

[illegible]

XHSN20 V9.99

NATIONAL HEALTH SERVICE IN SCOTLAND
INFORMATION AND STATISTICS DIVISION
ISD(S)1 CARD CLASS 5 REJECTION REPORT

PROCESSING DATE

[illegible]

	TRANSACTION TYPE	X *** []
	CARD CLASS	X *** []
	LOCATION CODE	XXXXX *** []
	PERIOD LENGTH	XX *** []
	PERIOD END MONTH	XX *** []
	" " YEAR	XX *** []
	PROVIDER CODE	XXXXX *** []
(b)	SPECIALTY CODE	XXX *** []
(c)	WARD ATTENDERS TOTAL	ZZZZ9 *** []
(d)	WARD ATTENDERS SEEN BY MED STAFF	ZZZZ9 *** []
(e)	WARD ATTENDERS SEEN BY NUR STAFF	ZZZZ9 *** []
(f)	BEDSIDE CONSULTATIONS MEDICAL	ZZZZ9 *** []
(g)	BEDSIDE CONSULTATIONS SPEC NURSE	ZZZZ9 *** []

[illegible]

Validation reports

PROCESSING DATE

TRANSACTION TYPE	X *** []
CARD CLASS	X *** []
LOCATION CODE	XXXXX *** []
PERIOD LENGTH	XX *** []
PERIOD END MONTH	XX *** []
" " YEAR	XX *** []
PROVIDER CODE	XXXXX *** []
(a) DIALYSIS TYPE CODE	XX *** []
(b) SPECIALTY CODE	XXX *** []
(c) NO OF AVAILABLE STAFFED HAEMODIALYSIS MACHINES	ZZZZ9 *** []
(d) TOTAL NUMBER OF HAEMODIALYSIS PLACES AVAILABLE	ZZZZZZZ9 *** []
(e) NEW PATIENTS	ZZZZ9 *** []
(f) NUMBER OF PATIENTS 'ON BOOKS'	ZZZZ9 *** []
(g) TOTAL ATTENDANCES	ZZZZ9 *** []

[illegible]

SPECIMEN REJECTION REPORT - CARD CLASS 7

NATIONAL HEALTH SERVICE IN SCOTLAND
INFORMATION AND STATISTICS DIVISION
ISD(S)1 CARD CLASS 7 REJECTION REPORT

PROCESSING DATE

[illegible]

TRANSACTION TYPE	X	***	[
CARD CLASS	X	***	[
LOCATION CODE	XXXXX	***	[
PERIOD LENGTH	XX	***	[
PERIOD END MONTH	XX	***	[
" " YEAR	XX	***	[
PROVIDER CODE	XXXXX	***	[
(b) DEPARTMENT CODE	XXX	***	[
(c) INPATIENTS - NEW PATIENTS	ZZZZZ	***	[
(d) INPATIENTS - TOTAL ATTENDANCES	ZZZZZ	***	[
(e) DAY PATIENTS - NEW PATIENTS	ZZZZZ	***	[
(f) DAY PATIENTS - TOTAL ATTENDANCES	ZZZZZ	***	[
(g) OTHERS - TOTAL NEW PATIENTS	ZZZZZ	***	[
(h) OTHERS - TOTAL ATTENDANCES	ZZZZZ	***	[
(i) CONSULTANT OUTPATIENTS NEW PATIENTS	ZZZZZ	***	[
(j) CONSULTANT OUTPATIENTS TOTAL ATTENDANCES	ZZZZZ	***	[
(k) DIRECT ACCESS NEW PATIENTS	ZZZZZ	***	[
(l) DIRECT ACCESS TOTAL ATTENDANCES	ZZZZZ	***	[
(m) COMMUNITY NEW PATIENTS	ZZZZZ	***	[
(n) COMMUNITY TOTAL ATTENDANCES	ZZZZZ	***	[

[illegible]

PROCESSING DATE

[illegible]

TRANSACTION TYPE	X *** []
CARD CLASS	X *** []
LOCATION CODE	XXXXX *** []
PERIOD LENGTH	XX *** []
PERIOD END MONTH	XX *** []
" " YEAR	XX *** []
PROVIDER CODE	XXXXXX *** []
(a) FACILITY CODE	XX *** []
(b) SPECIALTY CODE	XXX *** []
(c) BED COMPLEMENT	ZZZ9 *** []
(d) STAFFED BED DAYS - ALLOCATED BEDS	ZZZZZ9 *** []
(e) STAFFED BED DAYS - BORROWED BEDS	ZZZZ9 *** []
(f) STAFFED BED DAYS - LENT BEDS	ZZZZ9 *** []
(g) STAFFED BED DAYS - TEMPORARY BEDS	ZZZZ9 *** []
(h) STAFFED BED DAYS - ALL BEDS AVAIL.	ZZZZZ9 *** []
(i) TOTAL OCCUPIED BED DAYS	ZZZZZ9 *** []
(j) TOTAL PASS DAYS	ZZZZ9 *** []
(k) DISCHARGES (Excl Trans out within Hosp)	ZZZZ9 *** []
(l) TRANSFERS OUT TO SIGNIFICANT FACILITY	ZZZZ9 *** []
(m) TRANSFERS OUT (OTHER)	ZZZZ9 *** []
(n) TRANSFERS OUT - CHANGE SIG FAC	ZZZZ9 *** []
(o) TRANSFERS OUT - CHANGE CONSULTANT	ZZZZ9 *** []
(p) DAY CASES	ZZZZ9 *** []
(q) INPATIENT TRANSFERS OUT - TOTAL	ZZZZ9 *** []

[illegible]

XHSN20 V9.99

NATIONAL HEALTH SERVICE IN SCOTLAND
INFORMATION AND STATISTICS DIVISION
ISD(S)1 CARD CLASS 2 QUERY REPORT

PROCESSING DATE

[illegible]

TRANSACTION TYPE	X *** []
CARD CLASS	X *** []
LOCATION CODE	XXXXX *** []
PERIOD LENGTH	XX *** []
PERIOD END MONTH	XX *** []
" " YEAR	XX *** []
PROVIDER CODE	XXXXX *** []
(b) SPECIALTY CODE	XXX *** []
(c) BEDS AVAILABLE AT PERIOD END	ZZZ9 *** []
(d) TYPE A DAY CASES	ZZZZZ9 *** []
(e) TYPE A EMERGENCY INPATIENTS	ZZZZZ9 *** []
(f) TYPE B PATIENTS FROM OTHER WARDS	ZZZZZ9 *** []
(g) TYPE B OTHERS	ZZZZZ9 *** []
(h) TOTAL DAY CASE OTHERS	ZZZZ9 *** []

[illegible]

PROCESSING DATE

[illegible]

TRANSACTION TYPE	X *** []
CARD CLASS	X *** []
LOCATION CODE	XXXXX *** []
PERIOD LENGTH	XX *** []
PERIOD END MONTH	XX *** []
" " YEAR	XX *** []
PROVIDER CODE	XXXXX *** []
(a) FACILITY CODE	XX *** []
(b) SPECIALTY CODE	XXX *** []
(c) PLACES AVAILABLE	ZZZZZ *** []
(d) PLACE DAYS AVAILABLE	ZZZZZZZ *** []
(e) NEW PATIENTS	ZZZZZ *** []
(f) NO OF PATIENTS 'ON BOOKS'	ZZZZZ *** []
(g) TOTAL ATTENDANCES > 4 HRS INPATS	ZZZZZ *** []
(h) TOTAL ATTENDANCES > 4 HRS OTHERS	ZZZZZ *** []
(i) TOTAL ATTENDANCES < 4 HRS INPATS	ZZZZZ *** []
(j) TOTAL ATTENDANCES < 4 HRS OTHERS	ZZZZZ *** []

[illegible]

XHSN20 V9.99

NATIONAL HEALTH SERVICE IN SCOTLAND
INFORMATION AND STATISTICS DIVISION
ISD(S)1 CARD CLASS 4 QUERY REPORT

PROCESSING DATE

[illegible]

	TRANSACTION TYPE	X *** []
	CARD CLASS	X *** []
	LOCATION CODE	XXXXX *** []
	PERIOD LENGTH	XX *** []
	PERIOD END MONTH	XX *** []
	" " YEAR	XX *** []
	PROVIDER CODE	XXXXX *** []
(a)	FACILITY CODE	XX *** []
(b)	SPECIALTY CODE	XXX *** []
(c)	NEW PATIENTS	ZZZZ9 *** []
(d)	TOTAL ATTENDANCES	ZZZZZ9 *** []
(e)	CLINIC SESSIONS	ZZZZZ9 *** []

[illegible]

Validation reports

[illegible]

XHSN20 V9.99

NATIONAL HEALTH SERVICE IN SCOTLAND
INFORMATION AND STATISTICS DIVISION
ISD(S)1 CARD CLASS 6 QUERY REPORT

PROCESSING DATE

[illegible]

TRANSACTION TYPE	X *** []
CARD CLASS	X *** []
LOCATION CODE	XXXXX *** []
PERIOD LENGTH	XX *** []
PERIOD END MONTH	XX *** []
" " YEAR	XX *** []
PROVIDER CODE	XXXXX *** []
(a) DIALYSIS TYPE CODE	XX *** []
(b) SPECIALTY CODE	XXX *** []
(c) NO OF AVAILABLE STAFFED HAEMODIALYSIS MACHINES	ZZZZ9 *** []
(d) TOTAL NUMBER OF HAEMODIALYSIS PLACES AVAILABLE	ZZZZZZZ9 *** []
(e) NEW PATIENTS	ZZZZ9 *** []
(f) NUMBER OF PATIENTS 'ON BOOKS'	ZZZZ9 *** []
(g) TOTAL ATTENDANCES	ZZZZ9 *** []

[illegible]

PROCESSING DATE

[illegible]

TRANSACTION TYPE	X	***	[]
CARD CLASS	X	***	[]
LOCATION CODE	XXXXX	***	[]
PERIOD LENGTH	XX	***	[]
PERIOD END MONTH	XX	***	[]
" " YEAR	XX	***	[]
PROVIDER CODE	XXXXX	***	[]
(b) DEPARTMENT CODE	XXX	***	[]
(c) INPATIENTS - NEW PATIENTS	ZZZZZ	***	[]
(d) INPATIENTS - TOTAL ATTENDANCES	ZZZZZ	***	[]
(e) DAY PATIENTS - NEW PATIENTS	ZZZZZ	***	[]
(f) DAY PATIENTS - TOTAL ATTENDANCES	ZZZZZ	***	[]
(g) OTHERS - TOTAL NEW PATIENTS	ZZZZZ	***	[]
(h) OTHERS - TOTAL ATTENDANCES	ZZZZZ	***	[]
(i) CONSULTANT OUTPATIENTS NEW PATIENTS	ZZZZZ	***	[]
(j) CONSULTANT OUTPATIENTS TOTAL ATTENDANCES	ZZZZZ	***	[]
(k) DIRECT ACCESS NEW PATIENTS	ZZZZZ	***	[]
(l) DIRECT ACCESS TOTAL ATTENDANCES	ZZZZZ	***	[]
(m) COMMUNITY NEW PATIENTS	ZZZZZ	***	[]
(n) COMMUNITY TOTAL ATTENDANCES	ZZZZZ	***	[]

[illegible]

Validation reports

SPECIMEN AGGREGATE REPORT

XHSN50 V9.99

NATIONAL HEALTH SERVICE IN SCOTLAND
INFORMATION AND STATISTICS DIVISION
ISD(S)1 AGGREGATE REPORT FOR X MONTH PERIOD ENDED XX/XX

PROCESSING DATE

PROVIDER XX

INDICATOR	INPATIENTS	CURRENT	PREVIOUS
BED COMPLEMENT		ZZZZZZZ9	ZZZZZZ9
AVERAGE AVAILABLE STAFFED BED DAYS		ZZZZZZZ9	ZZZZZZ9
AVERAGE OCCUPIED BED DAYS		ZZZZZZZ9	ZZZZZZ9
INPATIENT DISCHARGES		ZZZZZZZ9	ZZZZZZ9
INDICATOR	DAY CASES	CURRENT	PREVIOUS
TOTAL DISCHARGES		ZZZZZZZ9	ZZZZZZ9
INDICATOR	DAY BED UNITS	CURRENT	REVIOUS
BEDS AVAILABLE AT PERIOD END		ZZZZZZZ9	ZZZZZZZ9
INDICATOR	DAY PATIENTS	CURRENT	PREVIOUS
PLACES AVAILABLE AT PERIOD END		ZZZZZZZ9	ZZZZZZZ9
NEW PATIENTS		ZZZZZZZ9	ZZZZZZZ9
PATIENTS 'ON BOOKS' AT PERIOD END		ZZZZZZZ9	ZZZZZZZ9
TOTAL ATTENDANCES		ZZZZZZZ9	ZZZZZZZ9
INDICATOR	CONSULTANT OUTPATIENTS	CURRENT	PREVIOUS
NEW PATIENTS		ZZZZZZZ9	ZZZZZZZ9
TOTAL ATTENDANCES		ZZZZZZZ9	ZZZZZZZ9
INDICATOR	WARD ATTENDERS	CURRENT	PREVIOUS
TOTAL WARD ATTENDERS		ZZZZZZZ9	ZZZZZZ9
INDICATOR	INTERMITTENT HAEMODIALYSIS	CURRENT	PREVIOUS
NO OF AVAILABLE STAFFED MACHINES		ZZZZZZZ9	ZZZZZZZ9
NEW PATIENTS		ZZZZZZZ9	ZZZZZZZ9
PATIENTS 'ON BOOKS' AT PERIOD END		ZZZZZZZ9	ZZZZZZZ9
TOTAL ATTENDANCES		ZZZZZZZ9	ZZZZZZZ9
INDICATOR	PAMS & OTD's	CURRENT	PREVIOUS
TOTAL NEW PATIENTS		ZZZZZZZ9	ZZZZZZZ9
'TOTAL' TOTAL ATTENDANCES		ZZZZZZZ9	ZZZZZZZ9

SPECIMEN COMPARISON REPORT

PROCESSING DATE

[illegible]

XHSN60 V9.99 NATIONAL HEALTH SERVICE IN SCOTLAND PROCESSING DATE
INFORMATION AND STATISTICS DIVISION
ISD(S)1 DATA FOR PROVIDER XXXXX FOR X MONTH PERIOD ENDED XX/XX

[illegible]

B2

Validation reports

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Processing map forward

1 Background

Certain providers (ie those providers dependent on COMPAS inpatient/day case software) will submit 'old format' ISD(S)1 inpatient/day case for some periods during the 1996/97 financial year. During this transitional year, old-format input data will, during validation processing, be 'mapped-forward' to the structure of the new ISD(S)1. This procedure aims to streamline national processing during the 1996/97 year. Only the mapped-forward information will be held on file - input data in old formats will not be available. Data providers requiring a 'map back' of 'mapped-forward' data are advised to get in touch with ISD Scotland.

2 Specialties

'Old' specialty codes will be mapped forward to 'new' specialty and facility codes. Not that these new specialty codes will, in most cases, equate to COPPISH specialty code; many facility codes will not, however, be able to be derived from old specialty codes. Details of the map forward of old specialty codes are detailed in the following pages.

3 Other fields

For the majority of fields the map forward from old to new formats should be clear. The following points should, however, be noted:

- Provider code for inpatients/day bed unit is derived from location/specialty
- Inpatient transfers-out are mapped forward to card class1 column (m) [transfers-out - change of specialty - other]
- Beds in day bed unit are mapped forward from old card class 3, to new card class 2 specialty code '99'
- Day cases in inpatient facilities are mapped forward from old card class 4, to new card class 1 column (p)
- Day cases in day bed unit are mapped forward from old card class 4, to new card class 2 column (d) [Type A (SMR) cases - day cases]

Processing map forward

4 Map Forward of PRE-COPPISH specialties to COPPISH specialties/ facilities INPATIENT FACILITIES

PRE-COPPISH ISD(S)1		COPPISH ISD(S)1			
Specialty		Specialty		Significant facility	
01	General surgery	C1	General surgery	XN	Not known
02	Orthopaedic surgery	C8	Orthopaedics	XN	Not known
03	ENT surgery	C5	Ear, nose & throat	XN	Not known
04	Ophthalmology	C7	Ophthalmology	XN	Not known
05	Urology	CB	Urology	XN	Not known
06	Neurosurgery	C6	Neurosurgery	XN	Not known
07	Cardiothoracic surgery	C4	Cardiothoracic surgery	XN	Not known
08	Plastic surgery	C9	Plastic surgery	XN	Not known
11	Orthodontics & paediatric surgery	D5	Orthodontics	XN	Not known
12	Oral surgery & medicine	D3	Oral surgery	XN	Not known
13	Restorative dentistry	D6	Restorative dentistry	XN	Not known
16	General medicine	A1	General medicine	XN	Not known
17	Cardiology	A2	Cardiology	XN	Not known
18	Metabolic diseases	A8	Endocrinology	XN	Not known
19	Neurology	AH	Neurology	XN	Not known
21	Gastroenterology	A9	Gastroenterology	XN	Not known
22	Poisons	XSN	Not known	XN	Not known
23	Dermatology	A7	Dermatology	XN	Not known
24	Nephrology	AG	Nephrology	XN	Not known
25	Rheumatology	AR	Rheumatology	XN	Not known
26	Rehabilitation medicine	AP	Rehabilitation medicine	XN	Not known
28	Respiratory medicine	AQ	Respiratory medicine	XN	Not known
31	Communicable diseases	A6	Communicable diseases	XN	Not known
32	Genito-urinary medicine	AA	Genito-urinary medicine	XN	Not known
33	Diagnostic radiology	H1	Diagnostic radiology	XN	Not known
34	Radiotherapy	H2	Clinical oncology	XN	Not known
36	Homoeopathy	AC	Homoeopathy	XN	Not known
37	Medical oncology	AD	Medical oncology	XN	Not known
38	Spinal paralysis	XSN	Not known	19	Spinal Unit
39	Surgical paediatrics	CA	Surgical paediatrics	XN	Not known
40	Medical paediatrics	AF	Medical paediatrics	XN	Not known
41	Anaesthetics	C3	Anaesthetics	XN	Not known
42	Gynaecology	F2	Gynaecology	XN	Not known
43	Obstetrics - antenatal	F31	Obstetrics - antenatal	11	Other
44	Obstetrics - postnatal	F32	Obstetrics - postnatal	11	Other
45	GP obstetrics	E11	GP obstetrics	11	Other
46	Special care baby unit	AF	Medical paediatrics	15	Neonatal Unit
48	Intensive therapy unit	XSN	Not known	13	Intensive Care Unit
49	Accident & emergency	C2	Accident & emergency	XN	Not known
50	Geriatric assessment	AB	Geriatric medicine	1D	Geriatric Assessment Unit

Processing map forward

continued 4 **Map Forward of PRE-COPPISH specialties to COPPISH specialties/ facilities INPATIENT FACILITIES**

PRE-COPPISH ISD(S)1		COPPISH ISD(S)1	
Specialty		Specialty	Significant facility
51 Geriatric long stay		AB Geriatric medicine	1E Long Stay Unit for Care of the Elderly
52 Young chronic sick		XSN Not known	18 Ward for Younger Physically Disabled
53 Mental illness		G1 General psychiatry	XN Not known
54 Psychogeriatrics		G4 Psychiatry of old age	XN Not known
56 Child psychiatry		G21 Child psychiatry	XN Not known
57 Adolescent psychiatry		G22 Adolescent psychiatry	XN Not known
59 Mental handicap		G5 Learning disability	XN Not known
62 Haematology		J4 Haematology	XN Not known
66 Clinical genetics		A3 Clinical genetics	XN Not known
73 General practice		E12 GP other than obstetrics	XN Not known
76 Acute mixed		XSU Unspecified	XN Not known
78 Unallocated		XSU Unspecified	XU Unallocated
98 Other acute		AM Palliative medicine	XN Not known
not recorded		T2 Midwifery	
not recorded		T21 Community Midwifery	
not recorded		R1 Chiropody	
not recorded		R11 Surgical podiatry	

Processing map forward

5 Map Forward of PRE-COPPISH specialties to COPPISH specialties DAY BED UNITS/ DAY CASE OTHERS

PRE-COPPISH ISD(S)1	COPPISH ISD(S)1
Specialty	Specialty
01 General surgery	C1 General surgery
02 Orthopaedic surgery	C8 Orthopaedics
03 ENT surgery	C5 Ear, nose & throat
04 Ophthalmology	C7 Ophthalmology
05 Urology	CB Urology
06 Neurosurgery	C6 Neurosurgery
07 Cardiothoracic surgery	C4 Cardiothoracic surgery
08 Plastic surgery	C9 Plastic surgery
11 Orthodontics & paediatric surgery	D5 Orthodontics
12 Oral surgery & medicine	D3 Oral surgery
13 Restorative dentistry	D6 Restorative dentistry
16 General medicine	A1 General medicine
17 Cardiology	A2 Cardiology
18 Metabolic diseases	A8 Endocrinology
19 Neurology	AH Neurology
21 Gastroenterology	A9 Gastroenterology
22 Poisons	XSN Not known
23 Dermatology	A7 Dermatology
24 Nephrology	AG Nephrology
25 Rheumatology	AR Rheumatology
26 Rehabilitation medicine	AP Rehabilitation medicine
28 Respiratory medicine	AQ Respiratory medicine
31 Communicable diseases	A6 Communicable diseases
32 Genito-urinary medicine	AA Genito-urinary medicine
33 Diagnostic radiology	H1 Diagnostic radiology
34 Radiotherapy	H2 Clinical oncology
36 Homoeopathy	AC Homoeopathy
37 Medical oncology	AD Medical oncology
38 Spinal paralysis	XSN Not known
39 Surgical paediatrics	CA Surgical paediatrics
40 Medical paediatrics	AF Medical paediatrics
41 Anaesthetics	C3 Anaesthetics
42 Gynaecology	F2 Gynaecology
43 Obstetrics - antenatal	F31 Obstetrics - antenatal
44 Obstetrics - postnatal	F32 Obstetrics - postnatal
45 GP obstetrics	E11 GP obstetrics
46 Special care baby unit	AF Medical paediatrics
48 Intensive therapy unit	XSN Not known
49 Accident & emergency	C2 Accident & emergency
50 Geriatric assessment	AB Geriatric medicine

Processing map forward

continued 5 **Map Forward of PRE-COPPISH specialties to COPPISH specialties**
DAY BED UNITS/DAY CASE OTHERS

PRE-COPPISH ISD(S)1	COPPISH ISD(S)1
Specialty	Specialty
51 Geriatric long stay	AB Geriatric medicine
52 Young chronic sick	XSN Not known
53 Mental illness	G1 General psychiatry
54 Psychogeriatrics	G4 Psychiatry of old age
56 Child psychiatry	G21 Child psychiatry
57 Adolescent psychiatry	G22 Adolescent psychiatry
59 Mental handicap	G5 Learning disability
62 Haematology	J4 Haematology
66 Clinical genetics	A3 Clinical genetics
73 General practice	E12 GP other than obstetrics
98 Other acute	AM Palliative medicine
not recorded	R1 Chiropody
not recorded	R11 Surgical podiatry

B3

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Mapping

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1 **Background**

To enable comparative trend analyses to be made for ‘old’ (pre-COPPISH) and ‘new’ (COPPISH) ISD(S)1 datasets, information recorded on the new dataset is ‘mapped-back’ by ISD. This section outlines the current rules used in mapping back the new dataset.

2 Data items

1 Provider code

Provider code was not recorded on ISD(S)1 prior to 1 April 1996. Old ISD(S)1 data for inpatients/day cases was attributed to provider trusts using a combination of location, specialty and financial year. For other patient types, pre-1996/97 data was not attributable on ISD(S)1 to provider organisations.

2 Inpatient discharges

The sum of inpatient facilities column (k) [discharges (including deaths) excluding transfers-out within same hospital] and day bed unit column (e) [type (A) SMR cases - emergency inpatients entering and discharged from DBU in same day] are mapped-back to old ISD(S)1 inpatient discharges field.

3 Inpatient transfers-out

The sum of transfers-out columns (l), (m) and (n) [change of specialty - to a significant facility; change of specialty - other; no change of specialty - change involving significant facility] are mapped-back to the old ISD(S)1 transfers-out field. Transfers-out column (o) [no change of specialty - change of consultant for medical reasons] was not recorded on old ISD(S)1 and is not mapped-back for strict comparison purposes. Note that when comparing ISD(S)1 figures against SMR returns the 'consultant-only' transfers should be included in overall discharge/transfer figures; the 'consultant-only' transfers will also be included in any presentation of 'total' inpatient discharges.

4 Day bed unit day cases

The sum of columns (d) [type A (SMR) cases - day cases] and column (h) [day case others] are mapped-back to old ISD(S)1 day cases in day bed units.

3 Specialty / significant facility

1 Background

The following mapping-back rules adhere, where appropriate, to those in place for the mapping-back of COPPISH SMR returns. **It should be noted that these rules are current for ISD(S)1 and may be subject to future revision.** Also, these rules do not take account of any variance in local practice in recording of old ISD(S)1 data. For example, certain hospitals on old ISD(S)1 may have recorded Cardiac Care Unit inpatient activity under the specialties of cardiology or general medicine; other hospitals would previously have recorded activity under the old 'specialty' of intensive therapy unit. As the rules indicate that Cardiac Care Unit activity should be mapped-back to old 'specialty' intensive therapy unit (irrespective of new specialty), anomalies in trends may appear in certain hospitals. This is one example where care should be taken in comparing old and new datasets.

2 Inpatient facilities

If information is recorded against one of the following significant facilities then data should be mapped-back to the relevant old 'specialty' detailed below. Note that this mapping-back is applied irrespective of new specialty.

Significant facility	Old 'specialty'
12 Postnatal Cot	46 Special care baby unit
13 Intensive Care Unit	48 Intensive therapy unit
14 Cardiac Care Unit	48 Intensive therapy unit
15 Neonatal Unit	46 Special care baby unit
17 Accident & Emergency Ward	49 Accident & emergency
18 Younger Physically Disabled Unit	52 Young chronic sick
19 Spinal Unit	38 Spinal paralysis
1A Geriatric Orthopaedic Rehabilitation Unit	50 Geriatric assessment
1C Burns Unit	08 Plastic surgery
1D Geriatric Assessment Unit	50 Geriatric assessment
1E Long Stay Unit for Care of the Elderly	51 Geriatric long stay (unless new specialty is learning disability or a psychiatric specialty)
XU Unallocated	78 Unallocated

If information is recorded against one of the following significant facilities —

- 11 Other (comprising all Standard Specialty Wards, High Dependency Unit)
- 16 Children's Unit
- 19 Spinal Unit
- 1B Rehabilitation Ward
- 1E Long Stay Unit for Care of the Elderly
(only if new specialty is learning disability or a psychiatric specialty)
- 1F Convalescent Unit
- 1G Palliative Care Unit
- 1L Adolescent Unit
- 1M Transplant Unit

— then the following mapping-back, of new specialty to old specialty should be used:

New specialty	Old specialty
A1 General medicine	16 General medicine
A2 Cardiology	17 Cardiology
A3 Clinical genetics	66 Clinical genetics
A6 Communicable diseases	31 Communicable diseases
A7 Dermatology	23 Dermatology
A8 Endocrinology	18 Metabolic diseases
A9 Gastroenterology	21 Gastroenterology
AA Genito-urinary medicine	32 Genito-urinary medicine
AB Geriatric medicine	50 Geriatric assessment
AC Homeopathy	36 Homeopathy
AD Medical oncology	37 Medical oncology
AF Medical paediatrics	40 Medical paediatrics
AG Nephrology	24 Nephrology
AH Neurology	19 Neurology
AM Palliative medicine	98 Other acute
AP Rehabilitation medicine	26 Rehabilitation medicine
AQ Respiratory medicine	28 Respiratory medicine
AR Rheumatology	25 Rheumatology
C1 General surgery	01 General surgery
C11 General surgery (excludes vascular)	01 General surgery
C12 Vascular surgery	01 General surgery
C2 Accident & emergency	49 Accident & emergency
C3 Anaesthetics	41 Anaesthetics
C4 Cardiothoracic surgery	07 Cardiothoracic surgery

C41 Cardiac surgery	07 Cardiothoracic surgery
C42 Thoracic surgery	07 Cardiothoracic surgery
C5 ENT surgery	03 ENT surgery
C6 Neurosurgery	06 Neurosurgery
C7 Ophthalmology	04 Ophthalmology
C8 Orthopaedics	02 Orthopaedic surgery
C9 Plastic surgery	08 Plastic surgery
CA Surgical paediatrics	39 Surgical paediatrics
CB Urology	05 Urology
D1 Community dental practice	98 Other acute
D3 Oral surgery	12 Oral Surgery & medicine
D4 Oral medicine	12 Oral Surgery & medicine
D5 Orthodontics	11 Orthodontics & paediatric dentistry
D6 Restorative dentistry	13 Restorative dentistry
D8 Paediatric dentistry	11 Orthodontics & paediatric dentistry
E11 GP obstetrics	45 GP obstetrics
E12 GP other than obstetrics	73 General practice
F2 Gynaecology	42 Gynaecology
F3 Obstetrics	44 Obstetrics postnatal
G1 General psychiatry	53 Mental illness
G21 Child psychiatry	56 Child psychiatry
G22 Adolescent psychiatry	57 Adolescent psychiatry
G4 Psychiatry of old age	54 Psychogeriatrics
G5 Learning disabilities	59 Mental handicap
H1 Diagnostic radiology	33 Diagnostic radiology
H2 Clinical oncology	34 Radiotherapy
J4 Haematology	62 Haematology
R1 Chiropody	98 Other acute
R11 Surgical podiatry	98 Other acute
T2 Midwifery	44 Obstetrics postnatal
T21 Community midwifery	44 Obstetrics postnatal
XSU Unspecified	44 Acute mixed

3 Day bed unit

Data should be mapped-back, from new specialty to old specialty, as follows:

A1	General medicine	16	General medicine
A2	Cardiology	17	Cardiology
A3	Clinical genetics	66	Clinical genetics
A6	Communicable diseases	31	Communicable diseases
A7	Dermatology	23	Dermatology
A8	Endocrinology	18	Metabolic diseases
A9	Gastroenterology	21	Gastroenterology
AA	Genito-urinary medicine	32	Genito-urinary medicine
AB	Geriatric medicine	50	Geriatric assessment
AC	Homeopathy	36	Homeopathy
AD	Medical oncology	37	Medical oncology
AF	Medical paediatrics	40	Medical paediatrics
AG	Nephrology	24	Nephrology
AH	Neurology	19	Neurology
AM	Palliative medicine	98	Other acute
AP	Rehabilitation medicine	26	Rehabilitation medicine
AQ	Respiratory medicine	28	Respiratory medicine
AR	Rheumatology	25	Rheumatology
C1	General surgery	01	General surgery
C11	General surgery (excludes vascular)	01	General surgery
C12	Vascular surgery	01	General surgery
C2	Accident & emergency	49	Accident & emergency
C3	Anaesthetics	41	Anaesthetics
C4	Cardiothoracic surgery	07	Cardiothoracic surgery
C41	Cardiac surgery	07	Cardiothoracic surgery
C42	Thoracic surgery	07	Cardiothoracic surgery
C5	ENT surgery	03	ENT surgery
C6	Neurosurgery	06	Neurosurgery
C7	Ophthalmology	04	Ophthalmology
C8	Orthopaedics	02	Orthopaedic surgery
C9	Plastic surgery	08	Plastic surgery
CA	Surgical paediatrics	39	Surgical paediatrics
CB	Urology	05	Urology
D1	Community dental practice	98	Other acute
D3	Oral surgery	12	Oral Surgery & medicine

D4	Oral medicine	12	Oral Surgery & medicine
D5	Orthodontics	11	Orthodontics & paediatric dentistry
D6	Restorative dentistry	13	Restorative dentistry
D8	Paediatric dentistry	11	Orthodontics & paediatric dentistry
E11	GP obstetrics	45	GP obstetrics
E12	GP other than obstetrics	73	General practice
F2	Gynaecology	42	Gynaecology
F3	Obstetrics	44	Obstetrics postnatal
G1	General psychiatry	53	Mental illness
G21	Child psychiatry	56	Child psychiatry
G22	Adolescent psychiatry	57	Adolescent psychiatry
G4	Psychiatry of old age	54	Psychogeriatrics
G5	Learning disabilities	59	Mental handicap
H1	Diagnostic radiology	33	Diagnostic radiology
H2	Clinical oncology	34	Radiotherapy
J4	Haematology	62	Haematology
R1	Chiropractic	98	Other acute
R11	Surgical podiatry	98	Other acute
T2	Midwifery	44	Obstetrics postnatal
T21	Community midwifery	44	Obstetrics postnatal
XSU	Unspecified	76	Acute mixed

4 Day patients

Data should be mapped-back, from new specialty to old specialty, as follows:

A1	General medicine	16	General medicine
A2	Cardiology	17	Cardiology
A3	Clinical genetics	66	Clinical genetics
A6	Communicable diseases	31	Communicable diseases
A7	Dermatology	23	Dermatology
A8	Endocrinology	18	Metabolic diseases
A9	Gastroenterology	21	Gastroenterology
AA	Genito-urinary medicine	32	Genito-urinary medicine
AB	Geriatric medicine	50	Geriatric assessment
AC	Homeopathy	36	Homeopathy
AD	Medical oncology	37	Medical oncology
AF	Medical paediatrics	40	Medical paediatrics
AG	Nephrology	24	Nephrology
AH	Neurology	19	Neurology
AM	Palliative medicine	98	Other acute
AP	Rehabilitation medicine	26	Rehabilitation medicine
AQ	Respiratory medicine	28	Respiratory medicine
AR	Rheumatology	25	Rheumatology
C1	General surgery	01	General surgery
C11	General surgery (excludes vascular)	01	General surgery
C12	Vascular surgery	01	General surgery
C2	Accident & emergency	49	Accident & emergency
C3	Anaesthetics	41	Anaesthetics
C4	Cardiothoracic surgery	07	Cardiothoracic surgery
C41	Cardiac surgery	07	Cardiothoracic surgery
C42	Thoracic surgery	07	Cardiothoracic surgery
C5	ENT surgery	03	ENT surgery
C6	Neurosurgery	06	Neurosurgery
C7	Ophthalmology	04	Ophthalmology
C8	Orthopaedics	02	Orthopaedic surgery
C9	Plastic surgery	08	Plastic surgery
CA	Surgical paediatrics	39	Surgical paediatrics
CB	Urology	05	Urology
D1	Community dental practice	98	Other acute
D3	Oral surgery	12	Oral Surgery & medicine

D4	Oral medicine	12	Oral Surgery & medicine
D5	Orthodontics	11	Orthodontics & paediatric dentistry
D6	Restorative dentistry	13	Restorative dentistry
D8	Paediatric dentistry	11	Orthodontics & paediatric dentistry
E11	GP obstetrics	45	GP obstetrics
E12	GP other than obstetrics	73	General practice
F2	Gynaecology	42	Gynaecology
F3	Obstetrics	44	Obstetrics postnatal
G1	General psychiatry	53	Mental illness
G21	Child psychiatry	56	Child psychiatry
G22	Adolescent psychiatry	57	Adolescent psychiatry
G4	Psychiatry of old age	54	Psychogeriatrics
G5	Learning disabilities	59	Mental handicap
H1	Diagnostic radiology	33	Diagnostic radiology
H2	Clinical oncology	34	Radiotherapy
J4	Haematology	62	Haematology
R1	Chiropody	98	Other acute
R11	Surgical podiatry	98	Other acute
T2	Midwifery	44	Obstetrics postnatal
T21	Community midwifery	44	Obstetrics postnatal
XSU	Unspecified	76	Acute mixed

5 Consultant outpatients

Data should be mapped-back, from new specialty to old specialty, as follows. Note that, with the exception of new specialty GP other than obstetrics, this mapping is applied irrespective of significant facility:

A1	General medicine	16	General medicine
A2	Cardiology	17	Cardiology
A3	Clinical genetics	66	Clinical genetics
A6	Communicable diseases	31	Communicable diseases
A7	Dermatology	23	Dermatology
A8	Endocrinology	18	Metabolic diseases
A9	Gastroenterology	21	Gastroenterology
AA	Genito-urinary medicine	32	Genito-urinary medicine
AB	Geriatric medicine	50	Geriatric assessment
AC	Homeopathy	36	Homeopathy
AD	Medical oncology	37	Medical oncology
AF	Medical paediatrics	40	Medical paediatrics
AG	Nephrology	24	Nephrology
AH	Neurology	19	Neurology
AM	Palliative medicine	98	Other acute
AP	Rehabilitation medicine	26	Rehabilitation medicine
AQ	Respiratory medicine	28	Respiratory medicine
AR	Rheumatology	25	Rheumatology
C1	General surgery	01	General surgery
C11	General surgery (excludes vascular)	01	General surgery
C12	Vascular surgery	01	General surgery
C2	Accident & emergency	49	Accident & emergency
C3	Anaesthetics	41	Anaesthetics
C4	Cardiothoracic surgery	07	Cardiothoracic surgery
C41	Cardiac surgery	07	Cardiothoracic surgery
C42	Thoracic surgery	07	Cardiothoracic surgery
C5	ENT surgery	03	ENT surgery
C6	Neurosurgery	06	Neurosurgery
C7	Ophthalmology	04	Ophthalmology
C8	Orthopaedics	02	Orthopaedic surgery

C9	Plastic surgery	08	Plastic surgery
CA	Surgical paediatrics	39	Surgical paediatrics
CB	Urology	05	Urology
D1	Community dental practice	98	Other acute
D3	Oral surgery	12	Oral Surgery & medicine
D4	Oral medicine	12	Oral Surgery & medicine
D5	Orthodontics	11	Orthodontics & paediatric dentistry
D6	Restorative dentistry	13	Restorative dentistry
D8	Paediatric dentistry	11	Orthodontics & paediatric dentistry
E11	GP obstetrics	45	GP obstetrics
E12	GP other than obstetrics	73	General practice (if significant facility <i>not</i> Accident & Emergency Department)
		or 49	Accident & emergency (if significant facility Accident & Emergency Department)
F2	Gynaecology	42	Gynaecology
F3	Obstetrics	44	Obstetrics postnatal
G1	General psychiatry	53	Mental illness
G21	Child psychiatry	56	Child psychiatry
G22	Adolescent psychiatry	57	Adolescent psychiatry
G4	Psychiatry of old age	54	Psychogeriatrics
G5	Learning disabilities	59	Mental handicap
H1	Diagnostic radiology	33	Diagnostic radiology
H2	Clinical oncology	34	Radiotherapy
J4	Haematology	62	Haematology
R1	Chiropody	98	Other acute
R11	Surgical podiatry	98	Other acute
T2	Midwifery	44	Obstetrics postnatal
T21	Community midwifery	44	Obstetrics postnatal
XSU	Unspecified	76	Acute mixed

6 PAMs & OTDs

Data should be mapped-back, from new department code to old department code, as follows:

New department code	Old department code
H1 Diagnostic radiology	33 Diagnostic radiology
R1 Chiropodists / podiatrists	92 Chiropody
R11 Surgical podiatry	92 Chiropody
R2 Clinical psychologists	79 Clinical psychology
R3 Dieticians	90 Dietetics
R4 Occupational therapists	93 Occupational therapy
R41 Industrial therapists	96 Industrial therapy
R5 Physiotherapists	80 Physiotherapy
R6 Speech and language therapists	83 Speech therapy
R81 Hearing aids	84 Hearing aids
R82 Audiometry	85 Audiometry
R9 Medical physicists	98 Others
RB Physiologists	96 Industrial therapy
RC Dental hygienists	77 Dental ancillary staff
RD Dental surgery assistants	77 Dental ancillary staff
RE Physiological measurement technicians	98 Others
RF Prosthetists / orthotists	89 Surgical appliances
RG Dispensing technicians	87 Optical dispensing
RH Optometrists	86 Sight testing
RJ Orthoptists	88 Orthoptics
RK1 Electroencephalography	81 Electroencephalography
RK2 Electrocardiography	82 Electrocardiography
RK3 Ultrasonics	94 Ultrasonics
RK4 Nuclear medicine	95 Nuclear medicine
RL Therapeutic radiographers	91 Radiotherapy (treatment)
RM Medical photographers	98 Others
RS Dental therapists	77 Dental ancillary staff
XX Others	98 Others

Bed Recording

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D

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1 **Bed Usage — Consistency with COPPISH SMR returns**

Bed Usage (ie occupied bed days, discharges and transfers out) information recorded on ISD(S)1 should be consistent with information recorded on COPPISH SMR returns. The specialty recorded must be the specialty of the consultant or healthcare professional in charge of the patient episode, irrespective of the original 'bed complement specialty' of the beds being occupied. Transfers-out should only be recorded where the criteria for a change of COPPISH SMR episode is met - see section 3.9.1.

2 **Borrowing within facilities and between facilities**

In certain facilities beds may be allocated to one (or more) specialties and routinely lent out to the specialties of the consultant in charge of the patient episode. (Appendix D6 contains details of a common example of this scenario, Intensive Care Units).

1 **Borrowing and lending within a significant facility**

Where borrowing and lending takes place within a significant facility, the total number, for all specialties, of beds allocated and available within the significant facility is unchanged as a result of the borrowing and lending, and the total number of beds borrowed in the facility should equal the total number of beds lent.

2 **Borrowing and lending between significant facilities**

Certain hospitals may borrow and lend beds between significant facilities (Appendices D3 and D5 give examples).

Where borrowing and lending of beds takes place between significant facilities, the total number, for all specialties, of beds *allocated* within each significant facility will not change; the total number, for all specialties, of beds *available* within each significant facility will change and there will be a net loss or gain of beds borrowed and lent for each facility.

Across the hospital, the total number of beds borrowed will equal the total number of beds lent. (The total number of beds allocated and available *across the hospital* is unchanged as a result of the borrowing and lending.)

3 **Systems implications**

The main PAS (COMPAS and HOMER) currently cannot support the borrowing of beds between significant facilities. COMPAS and HOMER base significant facilities on a ward or groups of wards and not at bed level. For example, when a patient is moved physically from a GAU to a Standard Ward, but no change in type of care takes place (ie the patient is still a geriatric medicine patient), then an extra SMR record (ie a transfer from GAU to Standard Ward) is generated by the PAS. Thus most hospitals currently have two options for recording bed borrowing between significant facilities:

(i) designating significant facilities correctly and thus raising additional SMRs (and transfers-out on ISD(S)1) when bed borrowing between facilities occurs (as described above).

(ii) designating non-acute significant facilities to code 11 (Other including Standard Wards) so that no additional SMRs are raised when bed borrowing between facilities occurs.

While in many hospitals the numbers of extra SMRs that may be created in option (i) above may be relatively small, a problem is presented where contracts are based on numbers of SMR episodes. If option (ii) above is followed then 'real' transfers between significant facilities might not be recorded - also, information on significant facility will be lost. Analysis of data will be inconsistent e.g. specialty AB Geriatric Medicine needs to be paired with the correct significant facility for accurate recording.

Note that other systems which, in effect, allow beds within wards to 'change' significant facility, should be able to record accurately bed borrowing between significant facilities. Hospitals recording information manually should also follow the guidance detailed elsewhere in this section.

Interim Recording Advice

ISD have discussed revisions that may be required to systems with COMPAS and HOMER. The COMPAS Authority Group and HOMER User Group have asked their suppliers to submit proposals. ISD in the interim accept that trusts may need to choose between the options (i) and (ii) above and the possible subsequent data inaccuracies. ISD would welcome comments on this issue together with information on the approaches being used regarding information recording and any evaluation of data inaccuracies. Note that this guidance is relevant as at April 1997 and is subject to revision.

3 Geriatric Medicine patients in Standard Wards

Note that this section should be read in conjunction with Appendix D2.3.

In some hospitals geriatric medicine patients may be located in wards not classed as part of a Geriatric Assessment Unit (GAU) or as part of a Long Stay Unit for Care of the Elderly (LSUCE) — for example, patients may be placed in Standard Wards (or other facilities). To ensure consistency with recording rules for SMR50, geriatric medicine patients who are classed as ‘long stay’ and would normally be situated in a LSUCE but are located, temporarily or otherwise, in Standard Wards (or other facilities) should be recorded in ISD(S)1 as significant facility LSUCE (code 1E). Similarly, it is advised that geriatric medicine patients who are classed as ‘assessment’ and would normally be situated in a GAU but are located in Standard Wards (or other facilities) should be recorded in ISD(S)1 as significant facility GAU (code 1D).

This approach involves the interpretation of a significant facility as a room or suite of rooms, or part of a room, or a combination of a room and parts of other rooms. In practice this may mean that occupied beds located in Standard Wards (or other facilities) will be recorded as part of the significant facilities of GAU and/or LSUCE. The borrowed beds shown against GAU and/or LSUCE may, in some circumstances, give an indication of the number of geriatric medicine beds that are situated in Standard Wards.

The following example shows geriatric medicine patients situated in beds in significant facility Other being recorded as part of GAU and LSUCE - this example shows the significant facilities of GAU and LSUCE borrowing beds from significant facility Other (ie the significant facility recorded for Standard Wards).

Facility	Specialty	Facility code	Specialty code	Bed complement	Allocated beds	Borrowed beds	Lent beds	Temporary beds	Available beds
Other	Gen. Med.	11	A1	40	3640	0	200	0	3440
Ger. Ass.	Ger. Med.	1D	AB	20	1820	160	0	0	1980
LSUCE	Ger. Med.	1E	AB	30	2730	40	0	0	2770

There are other options available in recording geriatric medicine patients in standard wards. These include :

- allocation of beds, situated in the same rooms as standard wards, as part of significant facilities GAU / LSUCE (this might minimise borrowing / lending between facilities)
- recording a (small) number of beds as temporary (rather than allocated) beds in GAU / LSUCE (this might eradicate borrowing / lending between significant facilities, while also indicating the number of beds situated in standard wards)

Note

It is advised that system implications should be considered when assessing the above options — see Appendix D2.3. Also, COPPISH recording rules for SMR01 and SMR50 should be adhered to (eg for patients whose care changes from acute to long stay).

4 **Younger Physically Disabled (YPD) Patients in Standard Wards**

Note that this section should be read in conjunction with Appendix D2.3.

Information on any YPD patients situated in Standard Wards should be recorded in a similar method to that described in Appendix D3 for geriatric medicine patients ie these patients should be recorded as significant facility Younger Physically Disabled Unit (code 18).

Similarly, YPD patients situated in LSUCE should also be recorded as significant facility YPD Unit.

5 **Acute patients in Assessment / Long Stay Units**

Note that this section should be read in conjunction with Appendix D2.3.

In some hospitals acute patients may occasionally be placed in a Geriatric Assessment Unit (GAU) or a Long Stay Unit for Care of the Elderly (LSUCE). The implications regarding recording of these patients on ISD(S)1 are not as complex as those for Geriatric Medicine patients in Standard Wards, as described in Appendix D3. Options for recording these patients include :

- borrowing / lending of beds between significant facilities, similar to the example in appendix D3.
- recording of acute patients in GAU, ie acute specialties borrowing beds from geriatric medicine in GAU (note that consistency with recording of COPPISH SMRs needs to be applied). This option is not applicable for acute patients situated in LSUCE.
- allocation of beds situated in GAU / LSUCE facilities as part of significant facility other (this might minimise borrowing / lending between facilities)
- recording a (small) number of beds as temporary (rather than allocated) beds in GAU (this might eradicate any borrowing / lending between significant facilities, while also indicating the number of acute beds situated in GAU). This option is not applicable for acute patients situated in LSUCE.

6 Intensive Care Units

Beds in certain significant facilities, for example Intensive Care Units (ICUs), may not always be allocated to specific specialties, but may be used by specialties to meet demand. In certain hospitals, ICU beds may be allocated to specialty anaesthetics and lent out to other specialties. In other hospitals, the ICU bed complement may be apportioned to several specialties - in this instance beds may be borrowed and lent between specialties within the ICU, depending on demand; alternatively, where the decision has been made not to attribute beds to any specialty, beds may be recorded under pseudo-specialty 'Unspecified' (code XSU) and lent to the specialty of the consultant in charge of the patient episode. The following is an example of this latter scenario:

Facility	Specialty	Facility code	Specialty code	Bed complement	Allocated beds	Borrowed beds	Lent beds	Temporary beds	Available beds
ICU	Unspecified	13	XSU	10	910	0	545	0	365
ICU	Anaesthetics	13	C3	0	0	450	0	0	450
ICU	Gen Medicine	13	A1	0	0	85	0	0	85
ICU	Neurology	13	AH	0	0	10	0	0	10

Note

The specialty of bed usage (occupied beds, discharges, transfers-out) should be the specialty of the consultant in charge of the patient episode - data should not be recorded in these fields for pseudo-specialty Unspecified.

D

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Recording of Consultant Outpatient and PAM & OTD Attendances

This appendix is sourced from '*Definitions & Codes for the NHS in Scotland*' .

Three types of attendances have been identified [in the previous section] of *Definitions & Codes for the NHS in Scotland*

- individual attendance
- group attendance
- family attendance

Currently these three types of attendances are aggregated together in ISD(S)1 and ISD community returns to provide an overall count of attendances. There is no distinction between the three types. All are called attendances.

Examples of recording attendances in ISD(S)1 and ISD community returns from 1 April 1996

Note

The parts of ISD(S)1 listed below relate to the 01.04.96 revision.

Type of attendance Information system Recorded as
--

Group session run by hospital physio

ISD(S)1, Part 7

ONE physio attendance for each patient present

Ante-natal group session run by community midwife

ISD(S)29/30

ONE attendance for each patient present

Bedside consultation by visiting consultant

Not recorded in national statistics

—

Ward attender

ISD(S)1, Part5

ONE attendance for each patient present, attributed to each specialty

E

contd.

Recording of Consultant Outpatient and PAM & OTD Attendances

Examples of recording attendances in ISD(S)1 and ISD community returns from 1 April 1996**Hospital nurse only diabetic clinic**

Not recorded in national statistics

—

Joint clinic run by radiotherapist and gynaecologist

ISD(S)1, Part 4

*One attendance for each patient, attributed to each specialty***Orthopaedic and rheumatology clinics run at the same time for convenience**

ISD(S)1, Part 4

*One attendance for each patient attending orthopaedic clinic;**and One attendance for each patient attending rheumatology clinic***Multidisciplinary team headed by consultant psychiatrist**

ISD(S)1, Part 4

*One attendance for each contact with each team member for each patient**referred to the team, credited to the consultant psychiatrist #***Group session run by community speech therapist**

ISD(S)31

*One speech therapy attendance for each patient present***Home visit to child by health visitor**

ISD(S)29/30

One attendance

When recording multidisciplinary team activity, only 1 SMR00 return can be completed per patient for any one day, regardless of the number of contacts with team members, otherwise duplicate records will occur. However, all the contacts can be recorded in Part 4 of ISD(S)1. ISD are addressing this discrepancy.

contd.

Recording of Consultant Outpatient and PAM & OTD Attendances

Examples of recording attendances in ISD(S)1 and ISD community returns from 1 April 1996

- * **Family session run by psychiatrist with one registered patient in family**

ISD(S)1, Part 4

One psychiatry attendance

- * **Family session run by psychiatrist with two registered patients in family**

ISD(S)1, Part 4

Two psychiatry attendances

- * **Family session run by psychiatrist and clinical psychologist with one registered patient in family**

For psychiatry — ISD(S)1, Part 4

For psychology — ISD(S)1, Part 7

One psychiatry attendance and One psychology attendance

- * **Family session run by psychiatrist and clinical psychologist with two registered patients in family**

For psychiatry, ISD(S)1

Part 4 For psychology, ISD(S)1, Part 7

Two psychiatry attendances and Two psychology attendances

- * The important point in recording workload which takes place via family sessions is to count, for each profession, one attendance for each family member who is a registered patient.

More than one member of a family can be registered with a specialty for a particular problem, therefore more than one attendance can be recorded.

The examples describe situations both where there is more than one registered patient and where there is more than one profession involved in the family session.

E

contd.

Recording of Consultant Outpatient and PAM & OTD Attendances

Examples of recording attendances in ISD(S)1 and ISD community returns from 1 April 1996

- ** A family of four attending a clinical genetics clinic
where blood samples are taken from two members of the family**

ISD(S)1, Part 4

Two clinical genetics attendances

- ** In the example of a clinical genetics family session blood samples are taken from two members for laboratory analysis. In this situation it is likely that the two members will be registered patients so that requests/reports can be identified.**

The criterion for recording number of attendances is number of registered patients. Those members of the family who are not registered patients are not recorded.

- *** A mother attending a psychiatrist on behalf of,
and in the absence of, her child who is a patient in psychiatry**

ISD(S)1, Part 4

One psychiatry attendance

- *** In mental illness specialties, relatives may attend a clinic on behalf of, and in the absence of, the registered patient. In this example the mother is not a registered patient but her child is a registered patient. An attendance is recorded because it is a mental illness specialty and the attendance is on the child's behalf.**

Processing

1 Timetables

1 Implementation Dates for 1996/97 revision

The revised ISD(S)1 was implemented during 1996/97. Precise implementation dates were dependent on types of computer systems in place in trusts and are summarised below:

Inpatient and day case data

System	Implementation date of new ISD(S)1
HOMER	1 April 1996
COMPAS	Date of implementation of COPPISH SMR software, no later than 1 April 1997
HBO	1 April 1996
Manual	1 April 1996
Mixed manual / computerised	Manual sections from 1 April 1996; computerised sections on date of implementation of COPPISH SMR software

All non-inpatient / day case data

All sites to implement recording of new ISD(S)1 from 1 April 1996. Note that a small number of trusts were unable to implement recording of new non-inpatient/day case data from this date — implementation dates were later during 1996/97.

2 Processing

Complete and fully validated quarterly data should be with ISD Scotland no later than 6 weeks following the reporting period. [Note that this timetable is accurate at date of writing; ISD Scotland will issue confirmation of deadlines for each processing quarter.] For data providers processing direct with CSC complete and fully validated data should be held at CSC by the deadline date. For data providers submitting data direct to ISD Scotland, disks/ tapes should be with ISD Scotland by the deadline. Further details on processing are contained in Appendix F.2.

2 Procedures

1 Options

ISD(S)1 returns are required to be submitted to ISD Scotland on a quarterly basis. Data providers may utilise CSC processing and validation software (for monthly and/or quarterly processing) or may submit quarterly (**not** monthly) returns direct to ISD Scotland.

2 Providers submitting direct to ISD

Any providers wishing to submit quarterly data direct to ISD Scotland should ensure that data meets the **national validation checks listed in Appendix 2**. Data should be in ASCII fixed-format files; file layout as the ISD(S)1 form (see Appendix 7). Note that all records should be 99 characters in length; card classes 2-7 should be zero-filled (not blank-filled) as appropriate. Disks should be accompanied by data submission forms which will be issued by ISD Scotland prior to quarterly deadlines. Providers submitting data direct to ISD Scotland are invited to forward test data prior to initial quarterly submission. **Note that no paper returns should be submitted to ISD Scotland.**

3 Providers utilising CSC software

CSC software has been designed to enable processing of monthly and/or quarterly ISD(S)1 processing. Information should be submitted to CSC (on tape, floppy disk, or forms) with a CSC waybill (see specimen copy of CSC run request form enclosed). Details of validation checks and reports are contained in Appendix B. The following summarises procedures for insertion, amendment, deletion and re-insertion of data. (See section 2.1 for details of coding of Transaction Type).

Data not previously submitted

Records should be coded 'I' for insert. Note that records with zero activity should not be submitted - these will be rejected. If data is submitted on pre-printed replica forms, records with zero activity should be scored out.

Data previously submitted but rejected

Records should be coded 'I' for insert - rejected records will not be present on file. Data may be re-submitted via the rejection ('turnaround') report, via the ISD(S)1 form (or replica) or via electronic means. For records that have been rejected, all fields should be resubmitted for processing.

Data previously submitted but queried

Records should be coded 'A' for amend. Data may be re-submitted via the query ('turnaround') report, via the ISD(S)1 form (or replica) or via electronic means. For records that have been queried, all key fields (ie all fields from card class to specialty/department code) should be re-submitted; all fields requiring amendment should also be re-submitted. For fields originally submitted with 'non-zero' data which requires amendment to zero, the field requiring amendments should be filled with '%'. For example, if card class 1 bed complement (4 characters) requires amendment to 0, the amendment should be entered as '% % % %'.

2 Procedures

contd. 3 Providers utilising CSC software

Data requiring amendment not previously queried/rejected

Records should be coded 'A' for amend. Data may be re-submitted via the ISD(S)1 form (or replica) or via electronic means; note that as no queries or rejections have been raised, no turnaround report will be available for re-submission. Should 'key' data fields (eg facility code, specialty code) require amendment, the appropriate records should be **deleted**, and then **inserted** with the revised data.

Data previously submitted from PAS

Data to be re-submitted from PAS maybe coded 'R' (re-insert). This code will overwrite any records already on file.

Queries

Queries regarding schedules for 'local' processing between providers and CSC, turnaround of data, data punching, data processing documentation and job request parameters should be directed to CSC at Trinity Park House at the following numbers:

CSC Helpdesk : tel: 0645-518-888 fax: 0131-551 5453

All other processing queries should be directed to ISD Scotland.

CSC SPECIMEN



ISD(S)1 RUN REQUEST

USER	XPHS
JOB TO BE RUN	XHSNVALJCP
NEW HELMSMAN I.D.	XHS_4000
PARAMETERS	See Below

JOB PARAMETERS:

PER	<input type="text"/>	Period Length in months Valid values: 01 or 03.
PEDATE	<input type="text"/>	Period End Date, month and year (MMYY, eg. 0197)
DAYSINPER	<input type="text"/>	Number of days in period (numeric, e.g. 31)
RUNTYPE	<input type="text"/>	Three values allowed are: FTF - Paper/Floppy Disk Submission PAS - Tape Input CONS - Consolidation of 3 Monthly files into 1 Quarterly file.
PROVCODE	<input type="text"/>	Provider code - must <u>always</u> be supplied for request to be processed.
TAPENO (Optional)	<input type="text"/>	Number of PAS Tape N.B. - Only use if RUNTYPE = PAS

These boxes will be completed by CSC:

INFILE (Optional)	<input type="text"/>	Name of mainframe data file N.B. - Only used if RUNTYPE = FTF
UNIQUE IDENTIFIER	<input type="text"/>	Job Tag which should be quoted when making enquiries regarding this run.

Run Request Details:

Request sent: ____ / ____ / ____	Requested by: _____
Tel. No.: _____	Address: _____
Fax No.: _____	

Specimen form ISD(S)1

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Form ISD(S)1
Revised April 1996

Hospital Activity Statistics

Part 1 — Inpatient Facility Bed Usage & Inpatient Statistics

[illegible]



Form ISD(S)1
Revised April 1996

Specimen form ISD(S)1

Part 2b — Day Case OtherAppendix G



Form ISD(S)1
Revised April 1996

Hospital Activity Statistics

Part 3 — Day Patients

[illegible]



Form ISD(S)1
Revised April 1996

Hospital Activity Statistics

[illegible]



Form ISD(S)1
Revised April 1996

Hospital Activity Statistics

Part 5 — Ward Attenders & Bedside Consultations

[illegible]



Information & Statistics Division
National Health Service in Scotland

Form ISD(S)1
Revised April 1996

Hospital Activity Statistics

	Transaction Type	Card Class	Location Code	Period (Months)	Period ended		Provider Code
Columns	1	2	3-7	8-9	Month	Year	14-18
		6					

Part 6 — Intermittent Haemodialysis Patients

Dialysis type	Dialysis type code	Specialty code	Number of available staffed haemodialysis machines (<i>at period end</i>)	Total number of haemo- dialysis places available	New patients	Number of patients 'on books' (<i>at period end</i>)	Total attendances
	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	19-20	21-23	24-28	29-36	37-41	42-46	47-51
Hospital dialysis	H1	97					
CAPD	H2	97					
Home dialysis	H3	97					



Form ISD(S)1
Revised April 1996

Hospital Activity Statistics

Part 7 — PAMs & Other Technical Departments

[illegible]