

Changes to 11th January 2006 Version of 2006 Guidance

Issued April 2006

Page 11 – Paragraph 39 and 40

Observation wards – This activity now needs to be separately identified.

Now Reads:

Costing of Admission / Pre-Admission Wards, Assessment Units, Observation Wards

- 39 The approach that was adopted in 2003 for the costing of these types of ward and units has now changed. In order to re-align reference costs with NHS data standards, admission/pre-admission, assessment units and observation wards activity now needs to be separately identified in all cases, regardless of the admission type. Admission/pre-admission, assessment units and observation wards admissions that go on to be admitted to the main body of the hospital should now be counted and costed separately. This change will help make the tariff more consistent.
- 40 Thus, the reporting requirement is as follows:
- All activity should be counted as a Finished Consultant Episode (FCE), allocated to an appropriate (V-prefix) version 3.5 HRG and costed accordingly. A separate sheet on the Accident and Emergency collection file enables this activity to be clearly identified and reported.

Page 16 – Paragraph 73

Minor change to the paragraph to read:

“Note that, in line with tariff requirements, cost and activity data for discrete Coronary Care units will form part of the admitted patient care HRG cost and activity in 2007, rather than being separately identified as part of critical care services. However, separate reporting for Coronary Care units will continue”

Page 17 , Paragraph 82

Clarification over treatment of MH Liaison Services and A&E (see also paragraph 177)
Paragraph 82 now reads:

“The Reference Costs 2006 collection covers all services that fall within the sphere of Accident and Emergency Services. The definitions used are consistent with the full NHS data dictionary definitions which give three types of classification for A&E services. **Please note that activity by Mental Health Liaison services should not be included in A&E activity, as this is covered in the Mental Health Specialist Teams (MHST) collection.**”

Page 26 – Paragraph 121 and Appendix 7 (section 7 – outpatients)

Emphasis on the new mandatory collection of non face to face information in 2006

Page 30, Paragarph 142 – Table of Outpatient Procedures

“OP SIS1 - Subcutaneous injection / introduction of substance into skin” has now changed to

“OP SIS1 - Subcutaneous injection”

Outpatient procedures have been removed from the table to reflect what is now required to be collected.

The changes are as follows: (red line and stikeout show lines shows outpatient procedures no longer required for reference costs collection 2005-06.

OP Procedure Code	Procedure Narrative
OPAIJ1	Aspiration / Injection into Joint
OPANG1	Angiography
OPAPT1	Apicectomy of Tooth
OPBCU1	Biopsy of Cervix Uteri
OPBCY1	Bronchoscopy
OPBVV1	Biopsy of Vulva
OPCAR1	Carpal Tunnel Release
OPCON1	Colonoscopy
OPCOP1	Colposcopy
OPCRT1	Cataract Replacement
OPCYY1	Cystoscopy
OPDEL1	Diagnostic Endoscopic Examination of Larynx
OPDEP1	Diagnostic Endoscopic Examination of Pharynx
OPDMA1	Drainage of Middle Ear
OPEPI1	Epidural Injections (for Pain Services, specifically not to be used for Obstetrics)
OPFNB1	Fine needle biopsy of breast
OPFSI1	Flexible Sigmoidoscopy
OPHYS1	Hysteroscopy
OPLDL1	Laser Destruction of Lesion of Skin
OPMTM1	Medical Termination
OPNBP1	Needle biopsy of prostate
OPRSI1	Rigid Sigmoidoscopy
OP SIS1	Subcutaneous injection / introduction of substance into skin
OPSRT1	Surgical Removal of Tooth
OPUDS1	Urodynamic Studies
OPUGE1	Upper Gastro Endoscopy

Page 30 - Paragraph 144

To clarify the treatment of costs for the outpatient procedures no longer required, the final paragraph included, reading:

Costs for the outpatient procedures that are no longer required for the reference costs collection should remain in the outpatient specialty/cost group.

Page 32 – Paragraph 158

DSPD Category – not to be collected in 2005-06 (these units are not fully operational yet)

158 Based on feedback from NHS providers of High and Maximum Secure Unit Services, refinements were included for this group of specialist units in 2003. These refinements continue to form part of the 2006 collection. Activity is thus required on an occupied bed day basis, split over five clinical groups: -

- ◆ Women's Services
- ◆ Mental Health/Psychosis
- ◆ Learning Disabilities
- ◆ Personality Disorder &
- ◆ Dangerous and Severe Personality Disorder [for Maximum Secure Units only]. Please note that you will not need to provide any reference costs data for the 2005-06 collection, for DSPD, as these units are not yet fully operational. Please treat as in 2004-05 collection exercise.

Page 32 – Paragraph 159

South London & Maudsley added to the list of providers of Child and Adolescent Secure Services.

Page 35 – Paragraph 177

Clarification over treatment of MH Liaison Services and A and E (see also para 82 (section 4))

In all instances, the unit cost of a face to face team contact, and the total number of face to face team contacts should be reported. Note that face to face team contacts are those with the patient, rather than face to face contacts with personnel about the patient. Also note that DNAs are not valid activity for this area of the collection, nor will such activity form part of the collection requirements. **Please note, as stated in paragraph 82 (section 4), that A&E Mental Health Liaison Services should not be included in the A&E activity – and should be reported under Mental Health Specialist Teams only.**

Page 41, Paragraph 211

Emphasis on the Community Therapy bullet point (originally the 4th bullet), and distinction with information clarified from section 7 (now the final 3 bullet points).

Page 42, Paragraph 215

Changed the text to reflect that non face to face activity is now a mandatory feature of the collection

Page 45, Paragraph 239

Deleted the word 'optional' next to non face to face contacts for District Nursing services. The Non face to face is now a **mandatory** collection.

Page 45, Paragraph 241

Deleted the word 'optional' next to non face to face contacts for Other health visitor activity. This is now **mandatory**.

Page 53, Paragraph 295, Chemotherapy

Clarification on Chemotherapy definition:

Anti-cancer chemotherapy includes cytotoxic, biological and targeted therapies but excludes purely hormonal treatments.

Page 69 – Appendix 1 – Starting points for reference costs

Confirmation of the correct Grouper and Trim points to be used, including relevant web links.

<http://www.ic.nhs.uk/casemix/toolkit/hrgtoolkit> – This software is updated regularly therefore, you should check that you are using the latest version. The latest version of the Grouper is V2006.2.0. You should use this version of the grouper for your reference costs 2005-06 submission. In using this grouper, please select the “Acute HRG Grouping V3.5 (October 2004)” for your reference costs. [The latest definition (“Adult Critical Care HRG Grouping (April 2006)”) option includes the new adult critical care groupings that are not required for the 2005-06 collection].

http://www.ic.nhs.uk/casemix/toolkit/hrgtoolkit/sub1/current_data_files – trimpoints are required for use with the Grouper (all activity over the trim point should be costed as excess bed days).

The Trimpoints for the 2005-06 collection will be available from 12th April 2006.

Page 70 - Appendix 1 - Excluded services

Email address change for queries – now pbrcomms@dh.gsi.gov.uk
(no longer refcosts@doh.gsi.gov.uk)

Page 79 – PFI Exclusions

Email address change for queries – now pbrcomms@dh.gsi.gov.uk
(no longer refcosts@doh.gsi.gov.uk)

Pages 80-82 – Appendix 6, OPCS Outpatient Procedure Mapping

Changes made to reflect that only 16 procedures are to be collected and also to show the relevant OPCS4.3 codes. (formerly 4.2)

Procedures no longer collected are:

RC Code	RC Narrative
OPAIJ1	Aspiration / Injection into Joint
OPANG1	Angiography
OPAPT1	Apicectomy of Tooth
OPCAR1	Carpal Tunnel Release
OPCON1	Colonoscopy
OPCRT1	Cataract Replacement
OPCYY1	Cystoscopy
OPMTM1	Medical Termination
OPSR1	Surgical Removal of Tooth
OPUGE1	Upper Gastro Endoscopy

Also, procedure OPSIS1 - Subcutaneous injection / introduction of substance into skin now reads “Subcutaneous injection”.

Other changes to OPCS 4.3 mappings are highlighted blue in the guidance document.

Page 83 - Appendix 7, Critical Care Services

Paragraph reference changed from 37 to 67 in below paragraph:

⇒ For all forms of adult intensive care / high dependency units, data is required using a classification relating to ‘levels of care’ (per the CCMDs) (paragraph 67 refers). There is no option to report ‘no detailed data available’ in 2006.

Page 88 – Annex 1 – SHA contacts

Annex 1 – SHA contacts.

Latest SHA details updated as per April 2006 – please see reference costs discussion forum for any further updates to this