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## **BASHH Information Group**

**Specifications for output reports from GUM clinics by PCT of residence**

**PHASE 1**

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Version 7

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## **BACKGROUND**

In England, the introduction of Payment by Results (PBR) for genitourinary medicine (GUM) clinics, and the monitoring of Primary Care Trust (PCT) Local Delivery Plans (LDPs) including GUM clinic waiting times, require data on patients attending GUM services by PCT of residence. Reducing waiting times at GUM clinics is a current NHS priority.

For PBR, PCTs are required to reimburse GUM clinics for each attendance by one of their residents on a monthly basis. Numbers of first and follow up attendances by PCT of residence are required as payments for these attendance types differ. Likewise, attendances for ongoing HIV-related care should be distinguished from 'standard' GUM clinic attendances. The reports should also provide some demographic profile information of the attendees to help inform PCT planning.

Waiting times at GUM clinics are currently monitored through an audit carried out by the Health Protection Agency (HPA) in association with the British Association of Sexual Health and HIV (BASHH). The audit collects data on waiting times for all GUM clinics in England for a period of one week every quarter using a patient-completed questionnaire. However, as an NHS priority, monthly monitoring of waiting times is necessary. Monthly monitoring could only be achieved through automated electronic reporting from GUM clinic software as the manual audit could not be completed within such a tight timeframe.

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

BASHH and the HPA, in consultation with the Department of Health, have collaborated to specify the minimum data needed to meet these requirements. Specifications will be developed in phases to allow the earliest introduction of the basic requirements during the first phase. Subsequent phases will include modifications to improve the quality and complexity of the data, and will correct any problems identified following the implementation of Phase 1. Collection and reporting of Phase 1 items should be possible at most GUM clinics and it is intended that Phase 1 should be fully operational by the end of 2006. This document specifies the minimum data set for Phase 1 only.

## **AIM OF DOCUMENT**

To provide specifications for Phase 1 output reports from genitourinary medicine clinic software which will inform PBR, GUM clinic waiting times and PCT LDPs.

## DATA EXTRACT AND REPORT SPECIFICATIONS

### Payment by Results ('PBR') Report – Phase 1

*Description:* Each GUM clinic will be required to generate a monthly summary report of counts of new (including 're-book') and follow-up attendances by patient PCT of residence, and a more detailed report with total attendances stratified by gender and age group. Part A includes monthly summary data on counts of attendances stratified by 'new' and 'follow-up', for GUM and HIV-related attendances, by PCT of residence. Part B contains monthly summary data on counts of total attendances for GUM and HIV-related attendances by PCT of residence stratified by gender and age group.

*Time period:* Reports A and B will cover one month.

*Frequency:* Reports will be run monthly at the start of the subsequent month.

*Format:* The proposed structures of reports A and B are shown in Figure 1.

*Transmission:* Reports will be printed off for submission to the relevant PCTs.

#### Notes:

- 1) *Definition of follow-up and re-book attendances:* All attendances by an individual patient within 6 weeks of a new face-to-face attendance will be routinely classified as a follow-up attendance by clinic software, unless manually altered on the system at the clinic. Likewise, all attendances by an individual patient at 6 weeks or later from a new face-to-face attendance will be routinely classified as a re-book attendance by clinic software, unless manually altered on the system at the clinic.
- 2) *Allocation to HIV or GUM related attendance:* HIV-related attendances will be identified from 'visit type' information collected at the patient attendance. If this information is not collected, KC60 "E" codes will be used to identify new HIV related attendances. All subsequent attendances in patients who have ever had a KC60 "E" code will be allocated as HIV attendances, unless the attendance has only a non-"E" code. Where a patient has an attendance which is both HIV and GUM-related, the attendance should not be counted twice but should be allocated to an HIV attendance.
- 3) *Allocation of missing PCT of residence:* Records where the patient's postcode has not been provided to generate PCT of residence should be allocated to PCTs using other information recorded about the patient according to the following hierarchy: Patient postcode > PCT/borough of residence > GP postcode. Where none of the latter information is available, PCT of residence should be allocated to "Not known". These records would be classed as "own residents" (i.e. PCT of clinic) for the purposes of PBR.
- 4) *Allocation of changing PCT of residence:* Reports should use the latest PCT of residence available.

## GUM Waiting Times ('WT') Standard Report – Phase 1

*Description:* This report is to be provided by GUM clinics to monitor 48 hour access. This a basic report to be produced as part of Phase 1 of GUM access data collection. The report includes numbers rather than percentages which allows the monitoring of capacity and activity and therefore identify 'gaming' of the LDP target. In addition, this level of data allows for more in depth analysis than the minimum '% offered within 48 hours'.

*Time period:* The report will cover one month.

*Frequency:* Reports will be run monthly at the start of the subsequent month.

*Format:* The proposed structures of the reports is shown in Figure 2.

*Transmission:* Reports will be printed off for submission to the relevant PCTs.

### Notes:

#### 1) Definitions:

- a) *Number of new attendances seen within 48 hours:* Number of attendances for which the number of days (excluding weekends and bank holidays) from **Contact Date** to **Attendance Date** is less than or equal to 2.
- b) *Number of new attendances offered an appointment within 48 hours:* Number of attendances for which the number of days (excluding weekends and bank holidays) from **Contact Date** to **Date of First Appointment Offered** is less than or equal to 2.
- c) *Number of new attendances seen > 14 days:* Number of attendances for which the number of days (excluding weekends and bank holidays) from **Contact Date** to **Attendance Date** is greater than 14 days.
- d) *Number of DNAs offered an appointment within 48 hours:* Number of appointments for which the number of days (excluding weekends and bank holidays) from **Contact Date** to **Date of First Appointment Offered** is less than or equal to 2 and where the patients does not attend for the appointment. The number of DNAs plus the number of attendances will not necessarily equate to the number of appointments, as many appointments where patients do not attend will be 'reused' for another patient.
- e) *Follow-up and re-book attendances:* All attendances by an individual patient within 6 weeks of a new face-to-face attendance will be routinely classified as a follow-up attendance by clinic software, unless manually altered on the system at the clinic. Likewise, all attendances by an individual patient at 6 weeks or later from a new face-to-face attendance will be routinely classified as a re-book attendance by clinic software, unless manually altered on the system at the clinic.
- f) *Allocation of missing PCT of residence:* Records where the patient's postcode has not been provided to generate PCT of residence should be allocated to PCTs using other information recorded about the patient according to the

following hierarchy: Patient postcode > PCT/borough of residence > GP postcode. Where none of the latter information is available, PCT of residence should be allocated to “Not known” .

- g) *Allocation of changing PCT of residence*: Reports should use the latest PCT of residence available.
- 2) The report does not contain information on patient type/referral type and contact type. There have been varying opinions as to how these data should be collected and monitored in relation to the LDP (which does not distinguish between patient/contact/referral type). These items will be deferred for collection in Phase 2.
  - 3) ‘Date of first appointment offered’ will be collected in Phase 1 as this item is imperative for the LDP line and considered feasible by the BASHH Information Group for Phase 1.
  - 4) At present clinics record patient details when a patient (is offered and) accepts an appointment. This tends to be some basic patient identifiers (i.e. name, DOB). For the Phase 1 report PCT of residence should also recorded (either using postcode or town of residency, etc). ***For Phase 1, only those patients who accept appointments are required to have their identifying data recorded, but clinics should collect this information on all patients contacting the service if their current software permits.*** In phase 2 and 3 of data collection, data collection will be expanded to include all contacts.
  - 5) It is recognised that many clinics do not record ‘First appointment date offered’ at present but should be moving towards this with appropriate modification of software.
  - 6) In those clinics where ‘First appointment date offered’ and patient identifiers (PCT/Name/DOB) are not recorded when patients are offered an appointment, columns 3, 4 , 8 and 9 are not mandatory for the Phase 1 report. However, columns 3 and 4 data items should be produced for the clinic as a whole.

### **Local Delivery Plan (‘LDP’) Extract – Phase 1**

*Description*: Each GUM clinic will be required to generate a quarterly data extract of counts of all new episodes seen at GUM clinics (coded using KC60) by patient PCT of residence, gender, age group, sexual orientation and ethnicity for emailing to PCTs, SHAs and the HPA. (It is anticipated that this extract, once validated and with some modification, would eventually replace the KC60 statistical return).

*Time period*: The extract will cover one calendar quarter.

*Frequency*: Reports will be run quarterly, 3 months after the end of the quarter.

*Format*: Data returned should be formatted into a single comma delimited CSV file. The format of the CSV file is presented in figure 3. An example of the field content is also shown and is used to illustrate how the data should appear in the CSV file (figure 4).

*Transmission:* Electronic CSV files will be emailed to relevant recipients. Where possible, data should be returned to the HPA through the secure document gateway in the HPA website. This gateway enables organisations to distribute any type of files to previously identified users in a secure manner across the Internet. The document gateway can be found at: <https://www.hpa.org.uk/login.spl>. Connection to the gateway requires a login account name and password, which will be available from the project administrator at the Centre for Infections. The browser supports the Secure Sockets Layers (SSL) method of communication and passwords are changed every 3 months.

#### Notes:

##### 1) *Definitions:*

- a) *Definition of initial contacts for KC60:* All attendances by an individual patient within 6 weeks of a new face-to-face attendance (initial contacts) will be routinely classified as a follow-up attendance by clinic software, unless manually altered on the system at the clinic. Likewise, all attendances by an individual patient at 6 weeks or later from a new face-to-face attendance will be routinely classified as a re-book attendance by clinic software, unless manually altered on the system at the clinic. Therefore, for a patient diagnosed with gonorrhoea and coded B1 who returns 6 or more weeks later and is again diagnosed with gonorrhoea, this second attendance would be classified as an initial contact and would also be coded as B1.
  - b) *Allocation of missing PCT of residence:* Records where the patient's postcode has not been provided to generate PCT of residence should be allocated to PCTs using other information recorded about the patient according to the following hierarchy: Patient postcode > PCT/borough of residence > GP postcode. Where none of the latter information is available, PCT of residence should be allocated to "Not known" .
  - c) *Allocation of changing PCT of residence:* Reports should use the latest PCT of residence available.
- 2) If a patient's demographic details (e.g. ethnic group, sexual orientation etc.) are changed during a given month, the most recent entry should be allocated to the record being transmitted.
  - 3) Clinic software systems should avoid defaulting patients' sexual orientation to 'heterosexual'. Clinic staff should be encouraged to enter the relevant information wherever possible.
  - 4) KC60 codes should not be grouped as some currently are on the KC60 statistical return. Instead, each individual code should be transmitted separately. For example, 'C4A,C4C' should be transmitted separately as either C4A or C4C, as appropriate (see Appendix).
  - 5) Consideration will be given to the collection of Super Output Areas instead of, or in addition to, PCT of residence, in Phase 2.
  - 6) In Phase 2, data on subsequent attendances will also be specified, as required on part C of the KC60 statistical return.

## **DATA CODING SPECIFICATIONS**

The coding and formatting of the data items required in the reports and data extracts for PBR, WT and LDP monitoring are presented in figures 5-7. The full list of KC60 codes for the LDP extract is provided in the appendix. All fields specified are compliant with the proposed Common Data Set for Sexual Health ([www.cdssexualhealth.org.uk](http://www.cdssexualhealth.org.uk)) and are defined using the NHS data dictionary where possible.

## FIGURES

### Figure 1. PBR output report structure – Phase 1.

#### A. Summary report of patient attendances by PCT of residence.<sup>1</sup>

PBR Report from GUM Clinics						
Monthly counts of patient attendances by PCT of residence: Summary Report						
Clinic name		Clinic code				
Year		Month				
PCT of residence name	PCT of residence code	GUM attendances <sup>1</sup>		HIV-related attendances <sup>2</sup>		Total attendances
		New face-to-face attendances <sup>3</sup>	Follow-up face-to-face attendances <sup>4</sup>	New face-to-face attendances <sup>3</sup>	Follow-up face-to-face attendances <sup>4</sup>	
PCT local <sup>5</sup>						
PCT not known						
PCT1						
PCT2						
PCT3						
PCT4						
PCT5						
PCT6						
PCT7 etc.						

1. All routine attendances at a GUM clinic excluding those for ongoing HIV-related care and management.
2. All attendances at a GUM clinic relating to HIV care and management.
3. All new face-to-face attendances at a GUM clinic, including all new 're-book' attendances i.e. all initial contacts for an episode, as defined in the NHS Data Dictionary under [FIRST ATTENDANCE](#). This excludes all telephone and telemedicine consultations.
4. All follow-up face-to-face attendances at a GUM clinic i.e. all subsequent contacts for an episode, as defined in the NHS Data Dictionary under [FIRST ATTENDANCE](#). This excludes all telephone and telemedicine consultations. All attendances within 6 weeks of a new face-to-face attendance will be routinely classified as follow-up attendances.
5. PCT of the clinic

<sup>1</sup> All coding and formatting of data required in the reports are presented in figure 4.

**B. Total patient attendances by PCT of residence and patient demographic details.<sup>2</sup>****Monthly counts of total patient attendances by PCT of residence and patient demographic details**

<b>Clinic name</b>		<b>Clinic code</b>	
<b>Year</b>		<b>Month</b>	

<b>PCT of residence name:</b>		PCT local <sup>5</sup>		<b>PCT of residence code:</b>							
<b>Attendance type</b>	<b>Gender</b>	<b>Age group</b>									<b>Total</b>
		<15	15	16-19	20-24	25-34	35-44	45-64	>64	NS/ NK	
GUM New <sup>1,3</sup>	Male										
	Female										
	Not specified										
GUM Follow-up <sup>1,4</sup>	Male										
	Female										
	Not specified										
HIV New <sup>2,3</sup>	Male										
	Female										
	Not specified										
HIV Follow-up <sup>2,4</sup>	Male										
	Female										
	Not specified										
<b>TOTAL</b>											

<b>PCT of residence name:</b>		PCT not known etc.		<b>PCT of residence code:</b>							
<b>Attendance type</b>	<b>Gender</b>	<b>Age group</b>									<b>Total</b>
		<15	15	16-19	20-24	25-34	35-44	45-64	>64	NS/ NK	
GUM New <sup>1,3</sup>	Male										
	Female										
	Not specified										
GUM Follow-up <sup>1,4</sup>	Male										
	Female										
	Not specified										
HIV New <sup>2,3</sup>	Male										
	Female										
	Not specified										
HIV Follow-up <sup>2,4</sup>	Male										
	Female										
	Not specified										
<b>TOTAL</b>											

1. All routine attendances at a GUM clinic excluding those for ongoing HIV-related care and management.
2. All attendances at a GUM clinic relating to HIV care and management.
3. All new face-to-face attendances at a GUM clinic, including all new 're-book' attendances i.e. all initial contacts for an episode, as defined in the NHS Data Dictionary under [FIRST ATTENDANCE](#). This excludes all telephone and telemedicine consultations.
4. All follow-up face-to-face attendances at a GUM clinic i.e. all subsequent contacts for an episode, as defined in the NHS Data Dictionary under [FIRST ATTENDANCE](#). This excludes all telephone and telemedicine consultations. All attendances within 6 weeks of a new face-to-face attendance will be routinely classified as follow-up attendances.
5. PCT of the clinic.

<sup>2</sup> All coding and formatting of data required in the reports are presented in figure 4.

**Figure 2. GUM WT Standard output report structure – Phase 1.****Waiting Times Report from GUM Clinics**

<b>Clinic name</b>		<b>Clinic code</b>	
<b>Year</b>	2006	<b>Month</b>	May
<b>For Appointments from:</b>	01/05/2006	<b>To:</b>	31/05/2006

PCT of residence name (1)	PCT of residence code (2)	No of booked appointments (3)	No of DNAs (4)	No of new GUM attendances <sup>1</sup> (5)	No of new GUM attendances seen ≤ 48 hours (6)	No of new GUM attendances seen > 2 weeks (7)	No of new GUM attendances offered ≤ 48 hours (8)	No of DNAs offered within 48 hours (9)
PCT local <sup>2</sup>								
PCT1								
PCT2								
PCT3								
PCT4								
PCT5 etc.								
PCT not known	n/a							
<b>Clinic Total</b>	n/a							

1. All new face-to-face attendances at a GUM clinic, including all new 're-book' attendances i.e. all initial contacts for an episode, as defined in the NHS Data Dictionary under [FIRST ATTENDANCE](#). This excludes all telephone and telemedicine consultations. All attendances 6 weeks or later after a new face-to-face attendance will be routinely classified as a new attendance.
2. PCT of the clinic.

**Figure 3. Format for the LDP monitoring extract – Phase 1**

Position*	Field Name	Description	Return Code <sup>‡</sup>	Variable Length <sup>‡</sup>	Example <sup>±</sup>
1	ClinicID	Clinic ID code	Yes	AN(10)	RCC25
2	PatientID	Local patient identifier number	Yes	AN(10)	PAT123
3	KC60	KC60 code	Yes	AN(4)	C10A
4	Gender	Gender	Yes	N(1)	1
5	Age	Age at Initial Contact in years	Yes	N(2)	16
6	Sex_Ori	Sexual orientation	Yes	N(1)	1
7	Ethnicity	Patient's ethnic category	Yes	AN(2)	A0
8	PCT	PCT of residence code	Yes	AN5	005K9
9	Year	Year of Initial Contact	-	N(4) – ccyy	2006
10	Month	Month of Initial Contact	-	(N)2	02

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

<sup>‡</sup>Indicates whether field contents should be returned as a code. Please refer to Data Specification tables for code mapping.

<sup>‡</sup>AN = Alpha-numeric, N = Numeric, CHAR = Character. Number in brackets denotes the string length.

<sup>±</sup>Example of field content, also used to illustrate extract format expected (see figure 4)

**Figure 4. Example of CSV format for the LDP monitoring extract (for one row of data)**

```
ClinicID, PatientID, KC60, Gender, Age, Sex_Ori, Ethnicity, PCT, Year, Month
RCC25, PAT123, C10A, 1, 16, 1, A0, 005K9, 2006, 02
```

**Figure 5. Coding specification for PBR report**

<b>Data item</b>	<b>NHS data dictionary name</b>	<b>Definition/comments</b>
Clinic ID code (code to identify clinic/service provider)	<b>CLINIC OR FACILITY CODE</b>	<b>Format/length:</b> an10 An identifier for a <a href="#">CLINIC OR FACILITY</a> .
PCT of residence code	<b>PCT OF RESIDENCE</b>	<b>Format/length:</b> an5 Derived from POSTCODE using mapping from the National Administrative Codes Service (NACS) <a href="http://www.connectingforhealth.nhs.uk/technical/standards/nacs">http://www.connectingforhealth.nhs.uk/technical/standards/nacs</a> Records where the patient's postcode has not been provided to generate PCT of residence should be allocated to PCTs using other information recorded about the patient according to the following hierarchy: Patient postcode > PCT/borough of residence > GP postcode. Where none of the latter information is available, PCT of residence should be allocated to "Not known". <b>Notes:</b> A 00 suffix should be used when a 5-character code is required for a Trust and no other 5-character code is available. PCT OF RESIDENCE is the same as the attribute <a href="#">ORGANISATION CODE</a> . See <a href="#">Primary Care Trust</a> (PCT) for the definitions of this <a href="#">ORGANISATION</a> .
Year of attendance	<b>NEW</b>	<b>Format/length:</b> n4 - cyy To be derived from the <a href="#">ATTENDANCE DATE</a> . ATTENDANCE DATE is the same as attribute <a href="#">ACTIVITY DATE</a> of <a href="#">ACTIVITY DATE TIME</a> where the <a href="#">ACTIVITY DATE TIME TYPE</a> is National Code 33 'Attendance Date'
Month of attendance	<b>NEW</b>	<b>Format/length:</b> n2 - mm To be derived from the <a href="#">ATTENDANCE DATE</a> . ATTENDANCE DATE is the same as attribute <a href="#">ACTIVITY DATE</a> of <a href="#">ACTIVITY DATE TIME</a> where the <a href="#">ACTIVITY DATE TIME TYPE</a> is National Code 33 'Attendance Date'
Patient attendance count	<b>N/A</b>	<b>Format/length:</b> n6 Notes: This is the absolute count of patient attendances falling within each category of the report.

**Figure 6. Coding specification for the WT Standard report**

Data item	NHS data dictionary name	Definition/comments
Clinic ID code (code to identify clinic/service provider)	CLINIC OR FACILITY CODE	<b>Format/length:</b> an10 An identifier for a <a href="#">CLINIC OR FACILITY</a> .
PCT of residence code	PCT OF RESIDENCE	<b>Format/length:</b> an5 Derived from POSTCODE using mapping from the National Administrative Codes Service (NACS) <a href="http://www.connectingforhealth.nhs.uk/technical/standards/nacs">http://www.connectingforhealth.nhs.uk/technical/standards/nacs</a> Records where the patient's postcode has not been provided to generate PCT of residence should be allocated to PCTs using other information recorded about the patient according to the following hierarchy: Patient postcode > PCT/borough of residence > GP postcode. Where none of the latter information is available, PCT of residence should be allocated to "Not known" . <b>Notes:</b> A 00 suffix should be used when a 5-character code is required for a Trust and no other 5-character code is available. PCT OF RESIDENCE is the same as the attribute <a href="#">ORGANISATION CODE</a> . See <a href="#">Primary Care Trust</a> (PCT) for the definitions of this <a href="#">ORGANISATION</a> .
Year of attendance	NEW	<b>Format/length:</b> n4 - cyy To be derived from the <a href="#">ATTENDANCE DATE</a> . ATTENDANCE DATE is the same as attribute <a href="#">ACTIVITY DATE</a> of <a href="#">ACTIVITY DATE TIME</a> where the <a href="#">ACTIVITY DATE TIME TYPE</a> is National Code 33 'Attendance Date'
Month of attendance	NEW	<b>Format/length:</b> n2 - mm To be derived from the <a href="#">ATTENDANCE DATE</a> . ATTENDANCE DATE is the same as attribute <a href="#">ACTIVITY DATE</a> of <a href="#">ACTIVITY DATE TIME</a> where the <a href="#">ACTIVITY DATE TIME TYPE</a> is National Code 33 'Attendance Date'
Patient attendance count	N/A	<b>Format/length:</b> n6 Notes: This is the absolute count of patient attendances falling within each category of the report.

**Figure 7. Coding specification for LDP monitoring extract**

Data item	NHS data dictionary name	Definition/comments
Clinic ID code (code to identify clinic/service provider)	CLINIC OR FACILITY CODE	<p><b>Format/length:</b> an10</p> <p>An identifier for a <a href="#">CLINIC OR FACILITY</a>.</p>
Patient ID number	LOCAL PATIENT IDENTIFIER	<p><b>Format/length:</b> an10</p> <p><b>Note:</b> This is a number used to identify a <a href="#">PATIENT</a> uniquely within a <a href="#">Health Care Provider</a>. It may be different from the Patient's case note number and may be assigned automatically by the computer system.</p>
KC60 code	N/A	<p><b>Format/length:</b> an4</p> <p><u>National Codes:</u> The national KC60 codes and their definitions are given in the appendix.</p> <p><b>Notes:</b> KC60 records the <a href="#">Initial Contacts</a> in the quarter for the diagnosis and/or treatment of an infection or disease, during a <a href="#">Genitourinary Episode</a>.</p> <p><a href="#">Initial Contact</a> is the first face to face <a href="#">CARE CONTACT</a> occasion on which a <a href="#">PATIENT</a> is seen. All attendances by an individual patient at 6 weeks or later from a new face-to-face attendance (<a href="#">Initial Contact</a>) will be routinely classified as a re-book attendance (i.e. a new <a href="#">Initial Contact</a>) by clinic software, unless manually altered on the system at the clinic. <a href="#">Genitourinary Episode</a> is an <a href="#">ACTIVITY GROUP</a> where the <a href="#">ACTIVITY GROUP TYPE</a> is National Code 18 '<a href="#">Genitourinary Episode</a>'.</p>
Gender	<a href="#">PERSON GENDER CURRENT</a>	<p><b>Format/length:</b> n1</p> <p><u>National Codes:</u></p> <p>0 Not Known 1 Male 2 Female 9 Not Specified</p> <p><b>References:</b> UK Government Data Standards Catalogue (GDSC), Version 2.0, Agreed 11.09.03. GDSC: <a href="http://www.govtalk.gov.uk/gdsc/html/default.htm">http://www.govtalk.gov.uk/gdsc/html/default.htm</a></p> <p><a href="#">PERSON GENDER CURRENT</a> is the same as <a href="#">PERSON GENDER CODE</a> where the <a href="#">PERSON GENDER TYPE</a></p>

		<p>equals '02 - Person Gender Current'.</p> <p>The e-GIF standard PERSON GENDER CURRENT should be used for all new and developing systems and for XML messages. For existing CDS EDIFACT messages however, <a href="#">SEX</a> should be used.</p>
Age	N/A	<p><b>Format/length:</b> n2</p> <p><b>Notes:</b> This is the age at <a href="#">Initial Contact</a> which is calculated from patient date of birth and date of <a href="#">Initial Contact</a>.</p>
Sexual orientation (males & females)	SEXUAL ORIENTATION CODE	<p><b>Format/length:</b> n1</p> <p><u>National Codes:</u></p> <p>1 Heterosexual</p> <p>2 Homosexual</p> <p>3 Bi Sexual</p> <p>The <a href="#">SEXUAL ORIENTATION</a> of a <a href="#">PATIENT</a></p> <p>This coding option would need to be added into the NHS Data Dictionary if required: 9 = Not known / Not stated</p>
Ethnicity	ETHNIC CATEGORY	<p><b>Format/length:</b> an2</p> <p>The ethnicity of a <a href="#">PERSON</a>, as specified by the PERSON.</p> <p><u>National Codes:</u></p> <p>White</p> <p>A British</p> <p>B Irish</p> <p>C Any other White background</p> <p>Mixed</p> <p>D White and Black Caribbean</p> <p>E White and Black African</p> <p>F White and Asian</p> <p>G Any other mixed background</p> <p>Asian or Asian British</p> <p>H Indian</p> <p>J Pakistani</p> <p>K Bangladeshi</p> <p>L Any other Asian background</p> <p>Black or Black British</p> <p>M Caribbean</p> <p>N African</p> <p>P Any other Black background</p>

		<p>Other Ethnic Groups  <b>R</b> Chinese  <b>S</b> Any other ethnic group</p> <p><b>Z</b> Not stated</p> <p><b>Note:</b> <a href="#">ETHNIC CATEGORY</a> is the classification used for the 2001 census, replacing <a href="#">ETHNIC GROUP</a> in the flows through the NHS-wide Clearing Service.</p>
PCT of residence code	<b>PCT OF RESIDENCE</b>	<p><b>Format/length:</b> an5</p> <p>Derived from POSTCODE using mapping from the National Administrative Codes Service (NACS) <a href="http://www.connectingforhealth.nhs.uk/technical/standards/nacs">http://www.connectingforhealth.nhs.uk/technical/standards/nacs</a></p> <p>Records where the patient's postcode has not been provided to generate PCT of residence should be allocated to PCTs using other information recorded about the patient according to the following hierarchy: Patient postcode &gt; PCT/borough of residence &gt; GP postcode. Where none of the latter information is available, PCT of residence should be allocated to "NK" .</p> <p><b>Notes:</b> A 00 suffix should be used when a 5-character code is required for a Trust and no other 5-character code is available. PCT OF RESIDENCE is the same as the attribute <a href="#">ORGANISATION CODE</a>. See <a href="#">Primary Care Trust</a> (PCT) for the definitions of this <a href="#">ORGANISATION</a>.</p>
Year of initial contact	<b>NEW</b>	<p><b>Format/length:</b> n4 - ccy</p> <p>The year of the <a href="#">Initial Contact</a> for the episode. Item should be calculated from <a href="#">ATTENDANCE DATE</a> when patient has a first face-to-face attendance at the clinic for this episode (i.e. when <a href="#">FIRST ATTENDANCE</a> = '1'). <a href="#">ATTENDANCE DATE</a> is the same as attribute <a href="#">ACTIVITY DATE</a> of <a href="#">ACTIVITY DATE TIME</a> where the <a href="#">ACTIVITY DATE TIME TYPE</a> is National Code 33 'Attendance Date'</p>
Month of initial contact	<b>NEW</b>	<p><b>Format/length:</b> n2 - mm</p> <p>The month of the <a href="#">Initial Contact</a> for the episode. Item should be calculated from <a href="#">ATTENDANCE DATE</a> when patient has a first face-to-face attendance at the clinic for this episode (i.e. when <a href="#">FIRST ATTENDANCE</a> = '1'). <a href="#">ATTENDANCE DATE</a> is the same as attribute <a href="#">ACTIVITY DATE</a> of <a href="#">ACTIVITY DATE TIME</a> where the <a href="#">ACTIVITY DATE TIME TYPE</a> is National Code 33 'Attendance Date'</p>

**APPENDIX: KC60 CODES AND DESCRIPTIONS**

Code	Condition/episode
A1	Primary infectious syphilis
A2	Secondary infectious syphilis
A3	Early Latent syphilis (first 2 years)
A4	Other acquired syphilis
A5	Syphilis of the nervous system (neurosyphilis)
A6	Late latent syphilis
A7	Congenital syphilis, aged under 2
A8	Congenital syphilis, aged 2 or over
A9	Epidemiological treatment of suspected syphilis
B1	Uncomplicated gonorrhoea - genital
B2	Pre-pubertal gonorrhoea
B3	Gonococcal ophthalmia neonatorum
B4	Epidemiological treatment of suspected gonorrhoea
B5	Complicated gonococcal infection – including PID and epididymitis
C1	Chancroid
C2	LGV
C3	Donovanosis
C4A	Uncomplicated Chlamydial infection
C4C	Pre-pubertal Chlamydial infection
C4B	Complicated Chlamydial infection – including PID and epididymitis
C4D	Chlamydia ophthalmia neonatorum
C4E	Epidemiological treatment of suspected Chlamydia
C4H	Uncomplicated non-gonococcal/non-specific urethritis in males or treatment of mucopurulent cervicitis in females
C4I	Epidemiological treatment of NSGI
C5	Complicated infection (non-chlamydial/non-gonococcal) – including PID and epididymitis
C6A	Trichomoniasis
C6B	Anaerobic/Bacterial vaginosis & anaerobic balanitis
C6C	Other vaginosis/vaginitis/balanitis
C7A	Anogenital candidosis
C7B	Epidemiological treatment of C6 & C7
C8	Scabies
C9	Pediculosis pubis
C10A	Anogenital herpes simplex: first attack
C10B	Anogenital herpes simplex: recurrence
C11A	Anogenital warts: first attack
C11B	Anogenital warts: recurrence
C11C	Anogenital warts: re-registered cases
C12	Molluscum contagiosum
C13A	Viral hepatitis B (HbsAg positive): first diagnosis**
C13B	**number of which were acute viral hepatitis B
C13C	Viral hepatitis B: subsequent presentation
C14	Viral hepatitis C: first diagnosis
D2A	Urinary tract infection
D2B	Other conditions requiring treatment at GUM clinic
E1A	New HIV diagnosis: asymptomatic
E2A	New HIV diagnosis: symptomatic (not AIDS)
E1B	Subsequent HIV presentation (not AIDS)
E2B	Subsequent HIV presentation (not AIDS)
E3A1	AIDS: first presentation - new HIV diagnosis
E3A2	AIDS: first presentation - HIV diagnosed previously
E3B	AIDS: subsequent presentation
P4A	Cervical cytology: minor abnormality

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