

DATA SET CHANGE NOTICE

Reference No:	DSCN 04/2008 ROCR/OR/0080/FT6/002
Version No:	1.0
Subject:	Genitourinary Medicine Clinic Activity Data Set
Type of Change:	Introduction of an Information Standard Change to an approved Information Standard
Implementation Date:	1 st September 2008
Business Justification:	<p>The KC60 central return is an established data set that supports the National Strategy for Sexual Health and HIV which seeks an improvement to the currently poor level of sexual health in England.</p> <p>The justification for the current change is to improve the way that the data is extracted and submitted to the Health Protection Agency (HPA) and should improve the timeliness of data outputs from the HPA.</p>
Effect on other Information Standards:	None

Introduction

The overall aim of the proposed change is to enhance the current KC60 return and thereby increase the value of its output for:

- (1) Developing, adapting and refining interventions;
- (2) Monitoring the effectiveness of sexual health policies; and,
- (3) Better planning and management of services at the local level.

To achieve this, the main changes proposed are to:

- Transfer the current KC60 return to a disaggregate patient-level reporting system
- Incorporate new items within the data transfer

These changes will also improve the way that the data is extracted and submitted to the Health Protection Agency (HPA) and should improve the timeliness of data outputs from the HPA.

Background

Sexual ill health costs the NHS more than £700 million a year. The cost to individuals can range from a brief period of discomfort to pelvic inflammatory disease, infertility and, in some cases, death as a result of HIV/AIDS. Sexual ill health also affects certain groups of people more than others. Factors such as age, gender, ethnicity, deprivation, country of birth, a history of concurrent or repeat infections, and sexual orientation all have an impact on the level of risk.

The current system of sexually transmitted infection (STI) surveillance in England, i.e. KC60 reporting, is based on quarterly forms that aggregate the number of each infection by GUM clinic providing service, gender, age band, and sexual orientation (the latter two for selected conditions only).

The HPA assimilates the data and generates reports identifying national and regional trends in the burden of infection. These are distributed to the Department of Health, SHAs, PCTs, GUM clinics and local Health Protection Units and are used for formulating sexual health policy, planning sexual health services, identifying public health priorities, and monitoring sexual health targets. However, since

there is currently no information provided on patient area of residence, ethnicity, deprivation, country of birth and concurrent or repeat infections, and only partial information provided on age group and sexual orientation, the data are of limited use, especially for local planning, monitoring local sexual health targets and for epidemiological analysis to inform intervention and control.

To address these issues, an STI surveillance system based on KC60 disaggregated patient-level data collection, plus additional data items, is required.

Details of Change

The new elements of the revised KC60 return (now referred to as Genitourinary Medicine Clinic Activity Data Set - GUMCAD) are:

- To transfer the current KC60 return to a disaggregate patient-level reporting system
- Incorporate new items within the data transfer:
 - Ethnicity
 - Country of Birth
 - PCT of residence
 - Lower Super Output Area

The following table provides an overview of the new return:

Position*	Field Name	Description	NHS Data Dictionary Data Element	Data items currently collected by KC60	Variable Length [#]	Example [‡]
1	ClinicID	Clinic ID code	SITE CODE (OF TREATMENT)	Yes	AN(5)	RCC25
2	PatientID	Local patient identifier number	LOCAL PATIENT IDENTIFIER	No, but generated at clinic	AN(10)	PAT123
3	KC60	KC60 code	GENITOURINARY EPISODE TYPE	Yes	AN(4)	C10A
4	Gender	Gender	PERSON GENDER CURRENT	Yes	N(1)	1
5	Age	Age at attendance date in years	AGE AT ATTENDANCE DATE	Yes – as Age-group for selected conditions	N(3)	16
6	Sex_Ori	Sexual orientation	SEXUAL ORIENTATION (CURRENT)	Yes (for selected conditions)	N(1)	1
7	Ethnicity	Patient's ethnic category	ETHNIC CATEGORY	No, but collected at clinic	AN(2)	A0
8	Country_Birth	Patient's country of birth	COUNTRY CODE (BIRTH)	No, but collected at clinic	A(3)	GBR
9	PCT	PCT of residence code	ORGANISATION CODE (PCT OF RESIDENCE)	No, but postcode collected at clinic can be mapped to PCT	AN(3)	5K9
10	LSOA	Lower Super Output Area of residence code	LOWER LAYER SUPER OUTPUT AREA (RESIDENCE)	No, but postcode collected at clinic can be mapped to LSOA	AN(9)	E01000001
11	First_Attendance	Attendance type	FIRST ATTENDANCE	Yes – in KC60 PART C	N(1)	1
12	AttendanceDate	Date of attendance	ATTENDANCE DATE	Yes – as quarter and year	N(10) CCYY-MM-DD	2007-10-31

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

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

[‡]Example of field content, also used to illustrate extract format expected

Parallel operation

It will be necessary for both the revised KC60 (GUMCAD) and the old paper based KC60 collection to run in parallel for a period of six months (i.e. 2 KC60 returns). This will entail minimal additional burden for data recording at the clinics as the returns are submitted quarterly and the data provided on the old KC60 return is a subset of data on the new GUMCAD return. Additional burden, where applicable, should be no more than 10 minutes per clinic for each quarter during parallel operation.

The GUMCAD return has been extensively piloted and has been demonstrated to produce accurate data. Successful implementation of the query tool at a local level will be assessed by comparing GUMCAD with KC60.

Responsibilities:

As previously, the return is to be provided BY EACH CLINIC to the HPA on a quarterly basis.

The date by which all GUM clinics are required to supply the new GUMCAD return is **14th November 2008**.

Suppliers and clinics will need to work together to:

- Install upgraded software to enable collecting and reporting
- Train users, where applicable, in the updated software to ensure high quality collection and reporting

Data will 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. If data needs to be transferred using a portable device such as a CD or flash-drive, all electronic data transmission must be first encrypted to industry standard (128 bit).

The HPA, in conjunction with the Department of Health, will distribute an implementation letter plus user guidance documentation to all clinics within 2 weeks of the DSCN approval date.

Implementation timing

Milestone	Dates for implementation within GUM clinics
Data Set Change Notice (DSCN) issued	Early March 2008
Implementation letter and revised GUMCAD guidance documentation issued to GUM clinics.	Early March 2008
Further communication to SHAs, PCTs etc advising of DSCN, ministerial mandation and re-iterating the need to work with local clinics to ensure their suppliers provide the latest software to support these collections.	Early March 2008
IT system suppliers: Implementation of GUMCAD extract query within GUM clinics and integrated SH clinics	From April – September 2008 (see Table 2 below)
Providers/Clinics: Implementation of GUMCAD report	By 14 th November 2008 (for the quarter ending September 2008)*
Parallel reporting from GUMCAD and old KC60 for two calendar quarters.	14 th November 2008, 13 th February 2009.
Milestone	Dates for implementation within GUM clinics

KC60 Central Return will cease on 1 April 2009 (i.e. end of parallel operation).	April 2009
Assessment of the impact of GUMCAD on clinic staff and their patients by questionnaire survey.	February to April 2009

* GUMCAD and KC60 reports should be run and submitted quarterly, no later than six weeks after the end of the calendar quarter

The latest submission dates for each calendar quarter are as follows:

For the calendar quarter ending:	Latest submission date
September 2008	14 th November 2008 (GUMCAD and KC60)
December 2008	13 th February 2009 (GUMCAD and KC60)
March 2009	15 th May 2009 (GUMCAD only)
June 2009	14 th August 2009 (GUMCAD only)

Effects on Other Information Standards

This standard is compliant with data definitions as used within the Genitourinary Medicine Access Monthly Monitoring standard (GUMAMM) DSCN 39/2007.

Sponsor Details

Professor David Harper
 Director - Public Health,
 Health Improvement and Protection Directorate
 Department of Health

Further Information and Support

Further guidance on collecting, recording and reporting data for the KC60 return is available from:

KC60 Reporting Team, STI Section
 Department of STIs and Sexual Health
 Health Protection Agency Centre for Infections
 61 Colindale Avenue
 London
 NW9 5EQ

Tel: 020 8327 7469

Fax: 020 8200 7868

<http://www.hpa.org.uk>

Change Request

NHS Connecting for Health

NHS Data Model and Dictionary Service

Reference:	Change Request 925
Version No:	1.0
Subject:	Genitourinary Medicine Clinic Activity Data Set
Type of Change:	Data Standards - Genitourinary Medicine Clinic Activity Data Set
Effective Date:	1 September 2008
Reason for Change:	Introduce a new patient level Genitourinary Medicine Clinic Activity Data Set

Background:

This Data Set Change Notice introduces a Genitourinary Medicine Clinic Activity Data Set into the NHS Data Model & Dictionary. This patient level data set should be submitted by providers of genitourinary medicine services to the Health Protection Agency on a quarterly basis.

This data set includes essential data items, such as ethnic category, lower super output area of residence, Primary Care Trust of residence and country of birth which are required locally for planning and monitoring services and nationally for epidemiological analysis. This patient level data set provides more detailed analysis than is currently available in the existing KC60 aggregate Central Return.

Please note that the Genitourinary Medicine Clinic Activity Data Set will replace the KC60 Central Return following a period of parallel running. The KC60 Central Return will be retired on 1 April 2009.

Summary of changes:

Class Definitions

[GEOGRAPHIC AREA](#) Change to Relationships

Attribute Definitions

[COUNTRY CODE](#) Change to Description

[GENITOURINARY EPISODE TYPE](#) Change to Description

[GEOGRAPHIC AREA TYPE](#) Change to Description

[SEXUAL ORIENTATION CODE](#) Change to Aliases

Data Elements

[AGE AT ATTENDANCE DATE](#) New Data Element

[COUNTRY CODE \(BIRTH\)](#) New Data Element

[GENITOURINARY EPISODE TYPE](#) New Data Element

[LOWER LAYER SUPER OUTPUT AREA \(RESIDENCE\)](#) New Data Element

[ORGANISATION CODE \(PCT OF RESIDENCE\)](#) Change to Description

[PCT OF RESIDENCE](#) Marked as Retired

[SEXUAL ORIENTATION \(CURRENT\)](#) New Data Element

Dataset

[GENITOURINARY MEDICINE CLINIC ACTIVITY DATA SET](#) New Dataset

Supporting Information

[GENITOURINARY MEDICINE CLINIC ACTIVITY DATA SET OVERVIEW](#) New Supporting Information

[HEALTH PROTECTION AGENCY](#) New Supporting Information

[LOWER LAYER SUPER OUTPUT AREA](#) New Supporting Information

Date: 13 February 2008

Sponsor: Professor David Harper, Director Public Health, Health Improvement Directorate, Department of Health

Note: New text is shown with a blue background. Deleted text is crossed out. Within the Diagrams deleted classes and relationships are red, changed items are blue and new items are green.

GENITOURINARY MEDICINE CLINIC ACTIVITY DATA SET

Change to Dataset: New Dataset

[Genitourinary Medicine Clinic Activity Data Set](#)

[Genitourinary Medicine Clinic Activity Data Set Overview](#)

The Opt (Optionality) column indicates the NHS recommendation for the inclusion of data:

M = Mandatory - This data element is mandatory, the message will be rejected by the Health Protection Agency if this data element is absent

R = Required - data must be included **where** available

This data set provides essential public health information about sexually transmitted infection diagnoses, treatments and services provided by genitourinary medicine services.

Please note: A PATIENT may have more than one diagnosis, treatment and service per attendance, therefore a row should be transmitted for each GENITOURINARY EPISODE TYPE.

Opt	Genitourinary Medicine Clinic Activity Data Set Data Elements
M	SITE CODE (OF TREATMENT)
M	LOCAL PATIENT IDENTIFIER
R	GENITOURINARY EPISODE TYPE
R	PERSON GENDER CURRENT
R	AGE AT ATTENDANCE DATE
R	SEXUAL ORIENTATION (CURRENT)
R	ETHNIC CATEGORY
R	COUNTRY CODE (BIRTH)
R	ORGANISATION CODE (PCT OF RESIDENCE)
R	LOWER LAYER SUPER OUTPUT AREA (RESIDENCE)
R	FIRST ATTENDANCE
M	ATTENDANCE DATE

GENITOURINARY MEDICINE CLINIC ACTIVITY DATA SET OVERVIEW

Change to Supporting Information: New Supporting Information

[Genitourinary Medicine Clinic Activity Data Set Overview](#)

[Contextual Overview](#)

The Genitourinary Medicine Clinic Activity Data Set is used to:

- To inform public health response and policy formulation for England
- To monitor the effectiveness of the policies introduced as part of the National Strategy for Sexual Health and Human Immunodeficiency Virus (HIV)
- For performance management at Primary Care Trust, Strategic Health Authority and national level to ensure delivery of the national Public Service Agreement target on sexual health
- For better planning and management of services at local level
- To adapt and refine interventions, as appropriate

DATA EXTRACT SPECIFICATION

Description: The Health Protection Agency require NHS providers of specialised services, where the primary function of the specialist clinical multidisciplinary team is concerned with the provision of screening, diagnosis and management of sexually transmissible infections and related genital medical conditions.

NHS providers will be required to generate a data extract as per the Genitourinary Medicine Clinic Activity Data Set. All data elements are required.

Time period: The extract will cover one calendar quarter.

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

Format: Data returned should be formatted into a single comma separated variable (csv) file. The data elements should be transmitted in the order specified in the Genitourinary Medicine Clinic Activity Data Set.

Transmission: Electronic files will be transmitted to the Health Protection Agency through the secure document gateway in the Health Protection Agency 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.spf>

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 method of communication and passwords are changed every 3 months.

HEALTH PROTECTION AGENCY

Change to Supporting Information: New Supporting Information

Health Protection Agency

The Health Protection Agency is a Health Authority.

The Health Protection Agency is an independent body that protects the health and well-being of the population. The Agency plays a critical role in protecting people from infectious diseases and in preventing harm when hazards involving chemicals, poisons or radiation occur. The Agency also prepares for new and emerging threats, such as a bio-terrorist attack or virulent new strain of disease.

For more information on the Health Protection Agency please see their website <http://www.hpa.org.uk>

LOWER LAYER SUPER OUTPUT AREA

Change to Supporting Information: New Supporting Information

Lower Layer Super Output Area

A Lower Layer Super Output Area is a GEOGRAPHIC AREA.

Lower Layer Super Output Areas are a geographic hierarchy designed to improve the reporting of small area statistics in England and Wales.

Lower Layer Super Output Areas are built from groups of contiguous Output Areas and have been automatically generated to be as consistent in population size as possible, and typically contain from four to six Output Areas. The Minimum population is 1000 and the mean is 1500.

There is a Lower Layer Super Output Area for each POSTCODE in England and Wales. A pseudo code is available for Scotland, Northern Ireland, Channel Islands and the Isle of Man.

The National Administrative Codes Service (NACS) provide files which link postcodes to the Lower Layer Super Output Area. See the NACS website at Contact Details for the NHS Postcode Directory Gridlink ® Record Specification and data file.

See the Office for National Statistics website at <http://www.statistics.gov.uk/geography/soa.asp> for further information on Super Output Area geography.

MIDDLE LAYER SUPER OUTPUT AREA

Change to Supporting Information: New Supporting Information

Middle Layer Super Output Area

A Middle Layer Super Output Area is a GEOGRAPHIC AREA.

Middle Layer Super Output Areas are a geographic hierarchy designed to improve the reporting of small area statistics in England and Wales.

Middle Layer Super Output Area are built from groups of contiguous Lower Layer Super Output Areas. The minimum population is 5000 and the mean is 7200.

The National Administrative Codes Service (NACS) provide files which link postcodes to the Lower Layer Super Output Area. See the NACS website at Contact Details for the NHS Postcode Directory Gridlink ® Record Specification and data file.

See the Office for National Statistics website at <http://www.statistics.gov.uk/geography/soa.asp> for further information on Super Output Area geography.

OUTPUT AREA

Change to Supporting Information: New Supporting Information

Output Area

An Output Area is a GEOGRAPHIC AREA.

Output Areas are built from clusters of adjacent unit POSTCODES in the United Kingdom and are the base unit for Census data releases. Due to their smaller size, Output Areas allow for a finer resolution of data analysis.

See the Office for National Statistics website at http://www.statistics.gov.uk/geography/census_geog.asp for further information on Output Area geography.

GEOGRAPHIC AREA

Change to Class: Change to Relationships

Each *GEOGRAPHIC AREA*

- must be the residential area for one and only one ORGANISATION
- may be the location for one or more ADDRESS IN GEOGRAPHIC AREA
- may be the association for one or more GEOGRAPHIC AREA ASSOCIATION
- may be the second party in one or more GEOGRAPHIC AREA RELATIONSHIP
- may be the first party in one or more GEOGRAPHIC AREA RELATIONSHIP
- may be related to one or more POSTCODE IN GEOGRAPHIC AREA
- may be related to one or more POSTCODE IN GEOGRAPHIC AREA

COUNTRY CODE

Change to Attribute: Change to Description

A unique code representing a COUNTRY.

References:

UK Government Data Standards Catalogue (GDSC), Version 2.0, Agreed 01.01.02. GDSC:
<http://www.govtalk.gov.uk/gdsc/html/default.htm>

International Organisation for Standardisation website for the ISO 3166-1 standard
<http://www.iso.org/iso/home.htm>

This attribute is also known by these names:

Context	Alias
plural	COUNTRY CODES

GENITOURINARY EPISODE TYPE

Change to Attribute: Change to Description

The medical condition or reason for a Genitourinary Episode.

National codes:

Diagnosis and/or treatment of infection or disease		
A1	Primary syphilis	This refers to primary infectious syphilis. Laboratory confirmation is required.
A2	Secondary syphilis	This refers to secondary infectious syphilis. Laboratory confirmation is required.
A3	Early latent syphilis	This refers to latent syphilis in the first two years of infection.
		For codes A4-A5, the patient is only coded once in each of these categories in the United Kingdom, i.e. the patient is not given this code again unless there is a new complication. For example, a diagnosis of cardiovascular syphilis after having been diagnosed as a case of late latent syphilis.
		Therefore patients attending for routine follow up of say, latent syphilis, are not re-coded in this category; and if they attend another clinic elsewhere in

		the country they are not coded as A4, A5, A6.
A4	Cardiovascular syphilis	This refers to cardiovascular syphilis
A5	Neurosyphilis	This refers to syphilis of the nervous system
A6	All other late and latent syphilis	This refers to latent syphilis after the first two years of infection and all other latent syphilis
A7	Congenital syphilis, aged under 2 years	
A8	Congenital syphilis, aged 2 years or over	
A9	Epidemiological treatment of suspected syphilis	This should include all cases where syphilis has not been confirmed, but epidemiological treatment is prescribed because the index patient (the partner) was found to be syphilis positive.
B1	Uncomplicated post-pubertal gonorrhoea	This includes all cases of uncomplicated gonorrhoea of the lower genitourinary tract, anorectum, mouth, throat, and adult conjunctivitis. Persistent/recurrent gonorrhoea: Treatment failures should not be given a new diagnosis Patients who are thought to be re-infected should be regarded as new cases, and investigated, treated and diagnosed/coded accordingly
B2	Uncomplicated Pre-pubertal gonorrhoea	This includes all cases of uncomplicated gonorrhoea of the lower genitourinary tract, anorectum, mouth, throat, and adult conjunctivitis. Persistent/recurrent gonorrhoea: Treatment failures should not be given a new diagnosis Patients who are thought to be re-infected should be regarded as new cases, and investigated, treated and diagnosed/coded accordingly
B3	Gonococcal ophthalmia neonatorum	
B4	Epidemiological treatment of suspected gonorrhoea	This should include all cases where gonorrhoea has not been confirmed, but where epidemiological treatment has been prescribed because the index patient (the partner) was found to be infected with gonorrhoea.
B5	Complicated gonococcal infection - including pelvic inflammatory disease and epididymitis	This includes all cases of complicated gonorrhoea e.g. upper genitourinary tract complications (such as pelvic inflammatory disease and epididymitis), and systemic complications. Where a patient has complications that are associated with both gonococcal and chlamydial infections, the patient should be included as B5 and as C4B.
C1	Chancroid	Specific confirmation is advisable for this condition.
C2	Lymphogranuloma venereum	Specific confirmation is advisable for this condition.
C3	Donovanosis	Specific confirmation is advisable for this condition.
C4A	Uncomplicated chlamydial infection of the lower genital tract	This includes all cases of uncomplicated chlamydial infections (diagnosed by culture or antigen detection) involving the lower genitourinary tract. Persistent/recurrent chlamydia: Treatment failures should not be given a new diagnosis Patients who are thought to be re-infected should be regarded as new cases, and investigated, treated and diagnosed/coded accordingly.
C4B	Complicated chlamydial infection - including pelvic inflammatory disease and epididymitis	This includes all cases of complicated chlamydial infections e.g. upper genitourinary tract complications (such as pelvic inflammatory disease and epididymitis), perihepatitis and arthritis. Diagnosis may be based on culture, antigen detection or high micro-immunofluorescence titre. Where a patient has complications that are associated with both gonococcal and chlamydial infections, the patient should be included as B5 and as C4B.

C4C	Uncomplicated chlamydial infection, other sites	<p>This includes all cases of uncomplicated chlamydial infections (diagnosed by culture or antigen detection) involving all other sites and including adult conjunctivitis.</p> <p>Persistent/recurrent chlamydia:</p> <p>Treatment failures should not be given a new diagnosis</p> <p>Patients who are thought to be re-infected should be regarded as new cases, and investigated, treated and diagnosed/coded accordingly.</p>
C4D	Chlamydial ophthalmia neonatorum	
C4E	Epidemiological treatment of suspected chlamydia	<p>This should include all cases where chlamydia has not been confirmed, but where epidemiological treatment has been prescribed because the index patient (the partner) was found to be chlamydia positive. If a male partner presents as a contact of C4A and has non-specific urethritis, he should be coded as C4H only and not C4E.</p>
C4H	Uncomplicated non-gonococcal/non-specific urethritis in males, or treatment of mucopurulent cervicitis in females	<p>In males, this is diagnosed in the absence of gonorrhoea and laboratory confirmed chlamydia and the presence of polymorphonuclear leucocytes at >5 per high power field. Also, if a male partner presents as a contact of C4A and has non-specific urethritis, he should be coded as C4H only and not C4E.</p> <p>Females being treated for non-specific mucopurulent cervicitis are also to be coded C4H.</p> <p>Persistent/recurrent urethritis:</p> <p>Treatment failures should not be given a new diagnosis</p> <p>Patients who are thought to be re-infected should be regarded as new cases, and investigated, treated and diagnosed/coded accordingly.</p>
C4I	Epidemiological treatment of non-specific genital infection	<p>This diagnosis is used for either males or females; e.g. the female would be diagnosed as C4I if she tested negative for gonorrhoea and chlamydia and is treated because her partner had been diagnosed with uncomplicated or complicated non-specific infection (C4H or C5).</p> <p>Similarly, the male partner is diagnosed as C4I if he tested negative for gonorrhoea and chlamydia and is treated because the female partner has been diagnosed as C4H or C5.</p>
C5	Complicated infection (non-chlamydial/non-gonococcal) - including pelvic inflammatory disease and epididymitis	<p>This includes all cases of complicated non-specific infections requiring treatment and negative tests for gonorrhoea and chlamydia e.g. upper genitourinary tract complications (such as pelvic inflammatory disease and epididymitis), prostatitis and arthritis.</p>
C6A	Trichomoniasis	<p>If associated with bacterial vaginosis then code C6A only should be used.</p>
C6B	Anaerobic/Bacterial vaginosis and anaerobic balanitis	<p>Diagnosis of bacterial vaginosis is generally based on microscopy, pH vaginal fluid and the amine test. This diagnosis is very rarely appropriate in males and used only if the patient has confirmed anaerobic balanitis. Other and non-confirmed anaerobic balanitis should be coded as C6C. Asymptomatic patients who do not require treatment should not be coded C6B.</p>
C6C	Other vaginosis/vaginitis/ balanitis	
C7A	Anogenital candidosis	<p>This is diagnosed only when there is microscopic or culture evidence of Candida infection. Asymptomatic patients who do not require treatment should not be coded C7A.</p>
C7B	Epidemiological treatment of C6 and C7	<p>This should include all cases where C6 and C7 have not been confirmed, but where epidemiological treatment has been prescribed.</p>
C8	Scabies	<p>This includes cases treated on either a clinical or epidemiological basis.</p>
C9	Pediculosis pubis	<p>This includes cases treated on either a clinical or epidemiological basis.</p>
C10A	Anogenital Herpes simplex: first attack	<p>An episode should be recorded here only if the patient has never (as far as can be ascertained) been previously diagnosed with anogenital herpes at</p>

		any Genitourinary Medicine clinic. Laboratory confirmation is essential.
C10B	Anogenital Herpes simplex: recurrence	This should include all other episodes of anogenital herpes. If there has been previous confirmation, then clinical judgement is enough for this diagnosis.
C11A	Anogenital warts infection: first attack	An episode should be recorded here only if the patient has never (as far as can be ascertained) been previously treated for anogenital warts at any Genitourinary Medicine clinic. C11A diagnosis refers to macroscopic warts, not acetowhite patches or abnormalities revealed by acetowhite staining, nor is the cytological finding of wart virus change sufficient to use this code.
C11B	Anogenital warts infection: recurrence	This should include patients in whom warts reappeared after a wart-free interval of at least 3 months. C11B diagnosis refers to macroscopic warts, not acetowhite patches or abnormalities revealed by acetowhite staining, nor is the cytological finding of wart virus change sufficient to use this code.
C11C	Anogenital warts: Re-registered cases	This is to be used for a patient previously diagnosed as C11A or C11B in whom warts persist and treatment continues for longer than three months, or which recur within 3 months of apparent eradication. This code is not to be re-entered for the same patient more than once every 3 months. C11C diagnosis refers to macroscopic warts, not acetowhite patches or abnormalities revealed by acetowhite staining, nor is the cytological finding of wart virus change sufficient to use this code.
C12	Molluscum contagiosum	
C13A	Viral hepatitis B: Hepatitis B surface antigen (HbsAg) positive: First diagnosis	C13A records a first diagnosis of antigen positive hepatitis B.
C13B	Viral hepatitis B: Hepatitis B surface antigen (HbsAg) positive: Acute viral hepatitis B at first diagnosis	C13B is a subset of C13A, so that a patient coded C13B must also be coded C13A. C13B records the number of first diagnoses of hepatitis B infections that were acute, where this is known. The definition of acute hepatitis B is newly identified HBsAg positive with Hepatitis B core antigen (anti-HBc) Immunoglobulin M (IgM) positive (>200 iu/l) or discrete onset of jaundice or anicteric illness accompanied by deranged Liver function tests (LFTs) (Aspartate aminotransferase (AST) / Alanine aminotransferase (ALT) >2x normal range) accompanied by HBsAg and Hepatitis B core antigen (anti-HBc) Immunoglobulin M (IgM) positive.
C13C	Viral hepatitis B: subsequent presentation	All subsequent presentations of hepatitis B that require management, or known carriers of hepatitis B who present at a clinic for the first time, should be coded as C13C. Subsequent attendances by carriers that are unrelated to hepatitis B management should not be coded as C13C.
C14	Viral hepatitis C: first diagnosis	This code records the first diagnosis of hepatitis C, defined as anti-HCV positive or Hepatitis C virus (HCV) Ribonucleic acid (RNA) positive. All other hepatitis diagnoses should be coded as D2B/D3.
D2A	Urinary Tract Infection	
D2B	Other conditions requiring treatment at GUM clinic	
E1A	New Human Immunodeficiency Virus (HIV) diagnosis: asymptomatic	This is a new HIV diagnosis in a patient without symptoms who is not known to have been diagnosed previously at any Genitourinary Medicine clinic. It includes patients with seroconversion illness. A patient can receive this code only once and it is mutually exclusive of E2A and E3A1.
E2A	New Human Immunodeficiency Virus (HIV) diagnosis: symptomatic (not AIDS)	This is a new HIV diagnosis in a patient with symptoms who is not known to have been diagnosed previously at any Genitourinary Medicine clinic. It excludes patients with seroconversion illness (see code E1A). A patient can receive E2A only once and it is mutually exclusive of E1A and E3A1.
E1B	Subsequent asymptomatic Human Immunodeficiency Virus (HIV) presentation (not AIDS)	Includes all subsequent presentations by an asymptomatic patient who has been diagnosed with HIV previously (and therefore excludes those with AIDS). The patient should be given this code only once during any quarterly period.
E2B	Subsequent symptomatic Human Immunodeficiency Virus (HIV) presentation	Includes all subsequent presentations by a symptomatic patient who has been diagnosed with HIV previously, but excludes those with AIDS. The patient should be given this code only once during any quarterly period.

	(not AIDS)	
E3A1	AIDS: first presentation - new Human Immunodeficiency Virus (HIV) diagnosis	An AIDS diagnosis is used for HIV infected patients with one or more AIDS indicator diseases. It is necessary to discriminate between first AIDS presentations that are also the first HIV diagnosis and those for which HIV was diagnosed previously. E3A1 is a first presentation of AIDS where HIV has not been diagnosed previously. The patient (as far as can be ascertained) should not have been given an HIV or AIDS diagnosis at any clinic in the United Kingdom. This patient cannot be coded E1 or E2 ever again. E3A1 is mutually exclusive of E3A2.
E3A2	AIDS: first presentation - Human Immunodeficiency Virus (HIV) diagnosed previously	E3A2 is a first presentation of AIDS where HIV has been diagnosed previously. The patient (as far as can be ascertained) should not have been given an AIDS diagnoses at any clinic in the United Kingdom. This patient cannot be coded E1 or E2 ever again. E3A2 is mutually exclusive of E3A1.
E3B	AIDS: subsequent presentation	The patient who has had an AIDS diagnosis at any time in the past should be given this code only once during any quarterly period and cannot be coded E1, E2 or E3A ever again.
P4A	Cervical cytology: minor abnormality	This includes inflammatory smears, warts virus infection only, borderline changes and mild dyskaryosis.
P4B	Cervical cytology: major abnormality	This includes moderate or severe dyskaryosis, or worse.
Services Provided		
<u>National codes:</u> The services provided codes are used to code patients receiving services or undergoing tests. For example, if a patient is offered a sexual health screen he/she would be coded S1 or S2 . If, as a result of that screen, a chlamydial infection was found, he/she would also be coded C4A or C4C. If, following the screen, no infections were found, the patient would be coded S1 or S2 and D3.		
S1	Sexual health screen (no Human Immunodeficiency Virus (HIV) antibody test)	S1 should only be used where a full sexual health screen is given (i.e. including gonorrhoea and chlamydia testing) and should not be used to record tests for recurrent candidosis/ bacterial vaginosis etc. It will be used to count all patients who are given a sexual health screen excluding an HIV test. (This may be because the patient refuses or is not offered an HIV test. However, if the patient is known to be HIV antibody positive, he/she can be coded S1 and one of E1B/E2B/E3A2/E3B). S1 is mutually exclusive of S2 and P1A.
S2	Human Immunodeficiency Virus (HIV) antibody test and sexual health screen	S2 is used to count all patients who are given a sexual health screen including an HIV test. It should only be used where a full sexual health screen is given (i.e. including gonorrhoea and chlamydia testing) and should not be used to record tests for recurrent candidosis/ bacterial vaginosis etc. If the patient tests positive for HIV antibody then they would be coded S2, E1A. S2 is mutually exclusive of S1, P1A and P1B.
P1A	Human Immunodeficiency Virus (HIV) antibody test (no sexual health screen)	This code refers to all HIV antibody testing done in patients who refuse or who are not offered a general sexual health screen (regardless of whether counselling was given). This code is mutually exclusive of S1, S2 and P1B.
P1B	Human Immunodeficiency Virus (HIV) antibody test offered and refused	This code refers to all patients who are offered an HIV test and who refuse the test (regardless of whether counselling was given). This code is mutually exclusive of S2 and P1A.
P2	Hepatitis B vaccination (1st dose only)	Only the 1st dose of any new Hepatitis B vaccination course should be included. This would include those patients who may have been vaccinated some time in the past but are now receiving the first dose of a new course of vaccination. Subsequent doses and boosters should be coded as D2B.
P3	Contraception (excluding condom provision)	This code will be used to record contraception (females only), including prescribing and family planning advice, and excluding condom provision.
D3	Other episodes not requiring treatment	D3 is used to code any new patient episode where no treatment is given, whether or not a sexual health screen and/or an HIV test are/is performed. D3 can therefore be used to record an episode where a patient tests negative for all tests done, or where testing the patient is not indicated and otherwise no treatment is given. D3 may also be used to record any other contact with a patient for clinical purposes but which does not result in treatment. Patients who do not attend appointments may be coded D3 if a) they have already been triaged, or b) they have had contact with a health advisor. Otherwise patients who do not attend should not be coded D3.

National Code mapping list to KC60 Central Return:**Diagnosis and/or treatment of infection or disease:**

A1	Primary infectious syphilis
A2	Secondary infectious syphilis
A3	Early latent syphilis (first 2 years)
A4, A5, A6	Other acquired syphilis
A7	Congenital syphilis, aged under 2
A8	Congenital syphilis, aged 2 and over
A9	Epidemiological treatment of suspected syphilis
B1, B2	Uncomplicated 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, C4C	Uncomplicated chlamydial infection
C4B	Complicated chlamydial infection - including PID and epididymitis
C4D	Chlamydia ophthalmia neonatorum
C4E	Epidemiological treatment of suspected chlamydia
C4H	Uncomplicated non-gonococcal/non-specific urethritis in males or treatment of mucopurulent cervicitis in females
C4I	Epidemiological treatment of non-specific gonococcal infection
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 from C13A 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 Genitourinary Medicine clinic
E1A	New HIV diagnosis: asymptomatic
E2A	New HIV diagnosis: symptomatic (not AIDS)
E1B, 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

Services Provided:

S1	Sexual health screen (no HIV antibody test)
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S2	HIV anti-body test and sexual health screen
P1A	HIV anti-body test (No sexual health screen)
P1B	HIV anti-body test offered and refused
P2	Hepatitis B vaccination (1st dose only)
P3	Contraception (excluding condom provision)
D3	Other episodes not requiring treatment

This attribute is also known by these names:

Context	Alias
plural	GENITOURINARY EPISODE TYPES

GEOGRAPHIC AREA TYPE

Change to Attribute: Change to Description

The classification of a GEOGRAPHIC AREA.

Classification: **National Codes:**

e.	HA Area
01	HA Area
b.	REO Area
02	REO Area
c.	Catchment Area
03	Catchment Area
d.	Enumeration District
04	Enumeration District
e.	Electoral Ward
05	Electoral Ward
f.	Polling District
06	Polling District
g.	Parish Local Authority
07	Parish Local Authority
h.	District Local Authority
08	District Local Authority
i.	County Local Authority
09	County Local Authority
j.	Mental Health Act Sector
10	Mental Health Act Sector
k.	GP Practice Area
11	GP Practice Area
l.	Metropolitan Area
12	Metropolitan Area
m.	Country
13	Country
14	Output Area
15	Lower Layer Super Output Area
16	Middle Layer Super Output Area

This attribute is also known by these names:

Context	Alias
plural	GEOGRAPHIC AREA TYPES

SEXUAL ORIENTATION CODE

Change to Attribute: Change to Aliases

The SEXUAL ORIENTATION of a PATIENT.

National codes:

- 1 Heterosexual
- 2 Homosexual
- 3 Bi-sexual

This attribute is also known by these names:

Context	Alias
plural	SEXUAL ORIENTATION CODES

AGE AT ATTENDANCE DATE

Change to Data Element: New Data Element

AGE AT ATTENDANCE DATE

Format/length:	n3
HES item:	
National Codes:	
Default Codes:	999 - Not known i.e. date of birth not known and age cannot be estimated

Notes:

This is derived as the number of completed years between the PERSON BIRTH DATE of the PATIENT and the ATTENDANCE DATE or the estimated age of the PATIENT.

COUNTRY CODE (BIRTH)

Change to Data Element: New Data Element

COUNTRY CODE (BIRTH)

Format/length:	a3
HES item:	
National Codes:	
Default Codes:	

This is the country where the PERSON was born.

COUNTRY CODE (BIRTH) is the same as attribute COUNTRY CODE.

Refer to the ISO 3166-1 standard for actual list of alphabetic codes and countries. The alphabetic code to be used is the 3-char alphabetic code available on the International Organisation for Standardisation website <http://www.iso.org/iso/home.htm>

Note: The 2-char alphabetic code **must not be used**.

GENITOURINARY EPISODE TYPE

Change to Data Element: New Data Element

GENITOURINARY EPISODE TYPE

Format/length:	an4
HES item:	
National Codes:	
Default Codes:	

The medical condition or reason for a GENITOURINARY EPISODE TYPE.

This data element is also known by these names:

Context	Alias
plural	GENITOURINARY EPISODE TYPES

LOWER LAYER SUPER OUTPUT AREA (RESIDENCE)

Change to Data Element: New Data Element

LOWER LAYER SUPER OUTPUT AREA (RESIDENCE)

Format/length:	annnnnnnn
HES item:	SOAL
National Codes:	
Default Codes:	Z99999999 - Scotland, Northern Ireland, Channel Islands, Isle of Man X99999998 - Not Applicable (outside the United Kingdom) X99999999 - Not Known

Notes:

The Lower Layer Super Output Area for where the PATIENT is resident. This is the GEOGRAPHIC AREA CODE where the GEOGRAPHIC AREA TYPE is national code 15 - Lower Layer Super Output Area.

There is a Lower Layer Super Output Area for each POSTCODE in England and Wales.

The National Administrative Codes Service (NACS) provide files which link postcodes to the Lower Layer Super Output Area. See the NACS website at [Contact Details](#) for the NHS Postcode Directory Gridlink ® Record Specification and data file.

ORGANISATION CODE (PCT OF RESIDENCE)

Change to Data Element: Change to Description

Format/length:	an3 - see ORGANISATION CODE
HES item:	PCTR
National Codes:	
Default Codes:	
Default Codes:	See Default Codes Summary Table

Notes:

~~For the purposes of sending Commissioning Data Set (CDS) messages to the NHS Wide Clearing Service (regardless of how local systems hold the data) it is essential at present to continue using a 3 character field, using the first 3 characters of the ORGANISATION CODE (PCT OF RESIDENCE) and following the same update rules relating to Prime Recipient as are currently in place.~~

The ORGANISATION CODE (PCT OF RESIDENCE) is the same as the attribute ORGANISATION CODE where the ORGANISATION TYPE is national code PT - *Primary Care Trust*.

This is the ORGANISATION CODE of the Primary Care Trust derived from the PATIENT's POSTCODE OF USUAL ADDRESS.

For the purposes of sending Commissioning Data Set (CDS) messages to the Secondary Uses Service (regardless of how local systems hold the data) it is essential at present to continue using a 3 character field, using the first 3 characters of the ORGANISATION CODE (PCT OF RESIDENCE) and following the same update rules relating to Prime Recipient as are currently in place. This is necessary primarily to preserve the integrity of the current NHS CDS message and the Prime Recipient which is derived from the ORGANISATION CODE (PCT OF RESIDENCE).

~~Default Code: X98 to be used where PCT not applicable until further notice.~~

The National Administrative Codes Service (NACS) provides postcode files which link postcodes to the Primary Care Trust. See NHS Postcode Directory.

For the NACS contact details, see Contact Details.

This data element is also known by these names:

Context	Alias
plural	ORGANISATION CODES (PCT OF RESIDENCE)

PCT OF RESIDENCE

Change to Data Element: Marked as Retired, DeletedRetired

SEXUAL ORIENTATION (CURRENT)

Change to Data Element: New Data Element

SEXUAL ORIENTATION (CURRENT)

Format/length:	n1
HES item:	
National Codes:	See SEXUAL ORIENTATION CODE for the National Codes
Default Codes:	

The current SEXUAL ORIENTATION of a PERSON.

This data element is also known by these names:

Context	Alias
plural	SEXUAL ORIENTATIONS (CURRENT)

For enquiries about this DSCN please email datastandards@nhs.net