

Inpatient Census 2018

**Hospital Based Complex Clinical Care & Long Stay
Census *(for patients who are not occupying Mental Health,
Addiction and Learning Disability Inpatient Beds)* (Part 3)**

Document Version 2018/1.0



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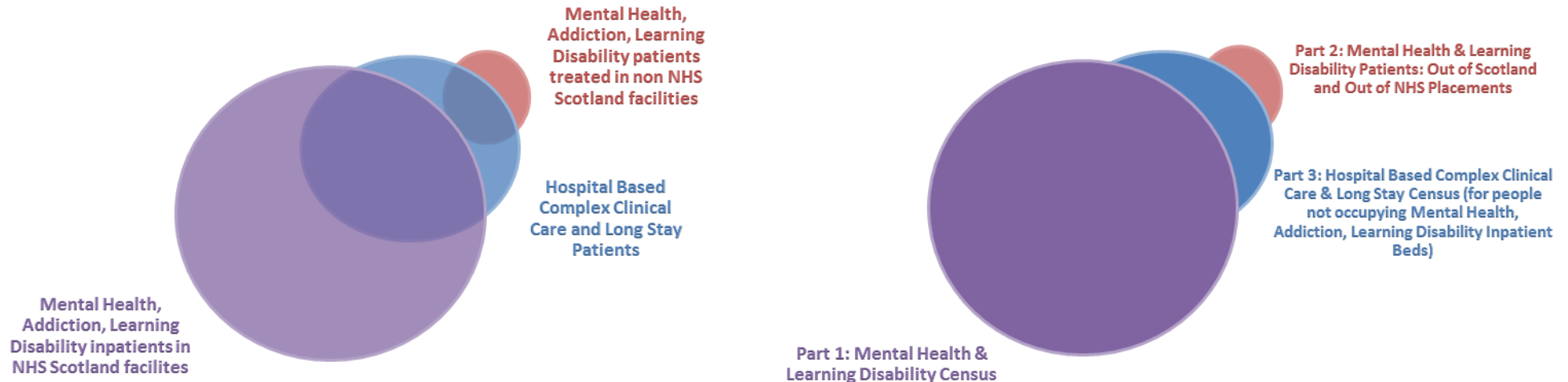
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Scope of the Inpatient Census

The Inpatient Census consists of 3 parts:

1. Mental Health and Learning Disability Inpatient Bed Census (Part 1)
2. Mental Health, Addiction and Learning Disability Patients: Out of NHS Scotland Placements Census (Part 2)
3. Hospital Based Complex Clinical Care & Long Stay Census (*for patients who are not occupying Mental Health, Addiction and Learning Disability Inpatient Beds*) (Part 3)

Those completing any aspect of the Inpatient Census should carefully read the inclusion and exclusion criteria for the 3 parts to the census. Patients should only appear in one part of the census.



Mental Health and Learning Disability Inpatient Bed Census (Part 1)

Inclusion Criteria

Information to be returned for every patient who is occupying a **psychiatric, addiction or learning disability inpatient bed** on the census date (midnight, (end of) 28th March 2018).

The Mental Health and Learning Disability Bed Census should include every dementia, learning disability, addiction, mental health, child mental health and forensic inpatient who is occupying psychiatric, addiction or learning disability bed on the census date.

Each NHS Board is responsible for supplying data for the **psychiatric, addiction or learning disability inpatient beds** within the NHS facilities in their area irrespective of where the patient being treated is from. For example, if a NHS Forth Valley patient is being treated in a NHS Greater Glasgow & Clyde psychiatric bed, then NHS Greater Glasgow & Clyde would be responsible for returning the information for that patient.

Inpatient bed must be within the NHS Scotland estate.

- Excluded are NHS Scotland funded patients who are treated:
 - outwith Scotland (e.g. in NHS England facilities)
 - in local authority, private and voluntary sector care homes
 - in private hospitals

Guidance notes and other key documents for the **'Mental Health and Learning Disability Inpatient Bed Census (Part 1)'** can be found here: <http://www.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/InpatientCensus2018>

Mental Health, Addiction and Learning Disability Patients: Out of NHS Scotland Placements Census (Part 2) Inclusion Criteria

Information must be returned on every learning disability, addiction or mental health patient who NHS Scotland funds, but is treated either out of Scotland or out of NHS (e.g. in a private care home or private hospital) on the census day (midnight, (end of) 28th March 2018).

The Mental Health, Addiction and Learning Disability Patients: Out of NHS Scotland Placements Census should include every dementia, learning disability, addiction, mental health, child mental health and forensic inpatient who is occupying a bed out of Scotland or out with the NHS on the census day. Mental health, addiction or learning disability should be their primary diagnosis.

Each NHS Board is responsible for supplying data for the **psychiatric, addiction or learning disability inpatients who they are responsible for overseeing the care package and who receive treatment out of NHS Scotland** (e.g. in a private care home, local authority care home, private hospital, NHS England).

Information on patients who receive funding from NHS National Service Scotland for treatment out with Scotland or out of the NHS should be provided by the NHS Board who is responsible for overseeing the care package. This will usually be the territorial health board.

Guidance notes and other key documents for the *'Mental Health, Addiction and Learning Disability Patients: Out of NHS Scotland Placements Census (Part 2)'* can be found here:

<http://www.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/InpatientCensus2018>

Hospital Based Complex Clinical Care & Long Stay Census (Part 3)

Inclusion Criteria

Information to be returned for **every general acute inpatient** who:

- Is receiving Hospital Based Complex Clinical Care (HBCCC) as at the census date (midnight (end of) 28th March 2018).

OR

- Has been in hospital for at least 6 months (regardless if they are in receipt of HBCCC) and do not have a ready for discharge date as at the census date (midnight (end of) 28th March 2018).

For the Hospital Based Complex Clinical Care & Long Stay Census (part 3), the **patient will not have a ready for discharge date** (i.e. they cannot be a delayed discharge patient).

HBCCC is defined as:

- The **patient is eligible for HBCCC** (as decided by the responsible consultant or equivalent specialist informed by the Multi-Disciplinary Team, see [http://www.sehd.scot.nhs.uk/dl/DL\(2015\)11.pdf](http://www.sehd.scot.nhs.uk/dl/DL(2015)11.pdf) for further information). Essentially, **Hospital Based Complex Clinical Care refers to people who cannot have their care needs met in any setting other than hospital and require long-term complex clinical care.**

The Hospital Based Complex Clinical Care & Long Stay Census only includes patients who are receiving their treatment in a hospital:

- Within NHS Scotland fully funded and managed facilities (e.g. acute general hospitals, community hospitals), but see the 'excludes' section below.
- Out with NHS Scotland facilities but the patients are fully funded by NHS Scotland (e.g. they are treated in hospitals in other countries (e.g. a NHS England hospital), they are treated in a private hospital), but see the 'excludes' section below.

The above criteria must be met for inclusion in the Hospital Based Complex Clinical Care & Long Stay Census (part 3).

Exclude:

- Patients who are receiving HBCCC in psychiatric, addiction or learning disability inpatient beds as they will be recorded separately as part of the '*Mental health & Learning Disability Bed Census*' (part 1).
- Patients who have been in hospital for at least 6 months in psychiatric, addiction or learning disability inpatient beds as they will be recorded separately as part of the '*Mental health & Learning Disability Bed Census*' (part 1).
- Mental health, addiction or learning disability patients who are receiving HBCCC in non NHS Scotland facilities as they will be recorded separately as part of the '*Mental Health, Addiction and Learning Disability Patients: Out of NHS Scotland Placements Census*' (part 2).
- Mental health, addiction or learning disability patients who are being treated in non NHS Scotland facilities and have been having inpatient treatment for at least 6 months, as they will be recorded separately as part of the '*Mental Health, Addiction and Learning Disability Patients: Out of NHS Scotland Placements Census*' (part 2).
- Patients who are in care homes or hospices, regardless if they have part/all of their care paid for by NHS Scotland.

Guidance notes and other key documents for the '*Hospital Based Complex Clinical Care & Long Stay Census (Part 3)*' can be found here: <http://www.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/InpatientCensus2018>

Hospital Based Complex Clinical Care & Long Stay Census (Part 3): Introduction and FAQs

IMPORTANT: This document provides guidance notes for the '*Hospital Based Complex Clinical Care & Long Stay Census (for patients who are not occupying Mental Health, Addiction and Learning Disability Inpatient Beds) (Part 3)*' **only**. If you are responsible for completing the '*Mental Health and Learning Disability Inpatient Bed Census (Part 1)*' and/or '*Mental Health, Addiction and Learning Disability Patients: Out of NHS Scotland Placements Census (Part 2)*' then please refer to their separate guidance notes which are available here:

<http://www.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/InpatientCensus2018>

Why are the Scottish Government and NHS Scotland undertaking a census?

The census collects information which is used by the Scottish Government and NHS Scotland to help plan for services in the short, medium and long term. For example, the information helps us understand if we have sufficient number of inpatient beds or if we need to provide more appropriate training for those people who are treating and caring for our patients. Furthermore, the analysis also lets the Scottish Government and NHS Boards understand if and why there are variations in how services are delivered across Scotland. Finally, the information is used by the Scottish Government to inform policy development and is used to evidence legislation.

Furthermore, on 2 May 2014, the then Cabinet Secretary for Health Wellbeing accepted the recommendations of the Independent Review into NHS Continuing Healthcare. The review was critical of the NHS Continuing Healthcare annual census. The review recommended that the census be replaced with a new census to monitor the shift of long term care venues from NHS to more homely care setting in all Health Boards.

Who will use information from the census?

Statistical analysis from the census is used by many people and organisations. For example:

- NHS Scotland
- Scottish Government
- Integration Partnerships

- Public
- Approved researchers working in the areas of complex clinical care.

Which part of the Scottish Government is responsible for the census?

Health & Social Care Analysis Division (HSCA) is one of a number of Analytical Services Divisions in the Scottish Government. HSCA's main objective is to continue to build the statistical, economic and research evidence base for health and care in Scotland, and to provide analytical support, briefing and advice to support policy development and service planning.

The census is the responsibility of independent government statisticians who report to the Chief Statistician. The statisticians have a professional code of practice¹ which will be followed for this census. In addition, the census is also the responsibility of the Principal Medical Officer for Mental Health / Senior Medical Officer (Scottish Government) as it contains health information.

The Scotxed Unit provide data collection and validation support for a number of statistical returns across the Scottish Government, including this census.

Scottish Government Policy Officers and Ministers have no access to the dataset, they only receive statistical analysis.

How is the data kept secure by the Scottish Government?

Information about how the Scottish Government collects, stores and restricts access to the datasets can be found in the Privacy Impact Assessment: <http://www.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/Census2016/PIA>

Who can I contact if I want to ask questions on the guidance notes?

Guy McGivern
Health & Social Care Analysis Division
Scottish Government
Telephone: 0131 244 5523
e-mail: SWStat@gov.scot

Ellen Lynch
Health & Social Care Analysis Division
Scottish Government
0131 244 4093
SWStat@gov.scot

¹<http://www.statisticsauthority.gov.uk/assessment/code-of-practice>

Who can I contact if I want to ask questions on IT/ ProcXed.Net?

Keith McFerran / Colin Gallacher
ScotXed Unit
Scottish Government
Telephone: 0131 244 2365
e-mail: ScotXed.ITSupport@gov.scot

When will the census happen?

Midnight, (end of) 28th March 2018

When do I have to submit the data by?

31st May 2018

Purpose of this document

These notes have been prepared by the Scottish Government and NHS Scotland to assist NHS Board and MIS (Management Information Systems) developer and support staff to complete the '*Hospital Based Complex Clinical Care & Long Stay Census (for patients who are not occupying Mental Health, Addiction and Learning Disability Inpatient Beds) (Part 3)*'. The document provides information on the requirements for and the uses to be made of data.

All key documents (for example, Guidance Notes, IT information, FAQs) to support the census can be found here: <http://www.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/InpatientCensus2018>.

There are three methods for NHS Boards to return data to the Scottish Government:

- Manually via eForm
- Bulk upload via XML spreadsheet template
- Bulk upload via XML file (Will require Health Board IT person to create MIS extract)

All three methods use the Scottish Government's secure data collection web tool: ProcXed.Net. Data will not be accepted by any other method. For NHS Boards which choose to use either the eForm or the XML spreadsheet template, or the MIS extract, precise

details of the format of items - such as dates - are part of this guidance. It is very important to familiarise yourself with the expected format before completing any data. Software developers will ensure that values held in the MIS are converted to the format specified in the appropriate schema. A schema for the collection will be made available to those health boards who are interested in XML file upload method. The schema will be available when the requirements and the web platform developments are complete. Please contact Keith McFerran on the details above should you be considering the XML file upload method.

NHS Boards should ensure that all data on mental health, addiction and learning disability inpatients held in NHS Board MIS is maintained, up-to-date and accurate. Validation checks are included within the web platform to help health boards identify data quality issues that require addressing at source. Good practice suggests that this can often be managed best by procedures and planning which spread the workload throughout the year. This can lead to advantages in dealing with the census in March / April.

Hospital Based Complex Clinical Care & Long Stay Census (Part 3): Census Questions and Definitions

Please note, that where a code is provided in the table below (for example in Q4, '01' for NHS Scotland), then the data validation and collection tool (ProcXed.Net) will accept '01' **OR** 'NHS Scotland'.

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
P3:Q1	Organisation Unique ID	<p>This is the code for the organisation which is uploading the data into ProcXed.net. It will either be the health board code (if your health board is uploading one dataset covering several hospitals) or it will be the location code of an individual hospital. This means that if you are a hospital, you will enter your hospital location code as the Organisation Unique ID as well as the Location Code (see directly below). If you are unsure, please contact Keith McFerran; (Keith.McFerran@gov.scot)</p> <p>For reference, Annex 1 contains a list of location codes. If a particular location is not included within the list, please select 'Other' (code 98).</p> <p>Health Board codes are;</p> <p>S08000001 NHS Ayrshire & Arran S08000002 NHS Borders S08000003 NHS Dumfries & Galloway S08000004 NHS Fife S08000005 NHS Forth Valley S08000006 NHS Grampian</p>		The location code should be entered with no spaces between the characters and need to be in upper case e.g. A101H..	DataProvider (Column A)

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		S08000007 NHS Greater Glasgow & Clyde S08000008 NHS Highland S08000009 NHS Lanarkshire S08000010 NHS Lothian S08000011 NHS Orkney Islands S08000012 NHS Shetland Islands S08000013 NHS Tayside S08000014 NHS Western Isles S08100008 The State Hospital			
P3:Q2	Location Code	<p>This is the code for the location where the patient is undergoing NHS health care.</p> <p>See Annex 1 for codes.</p> <p><u>Please ensure that each location code is used only once in the “Location” tab.</u> Where multiple wards exist in the same location, only one location entry is required in the “Location” tab and as such, no location code should be duplicated in this tab.</p> <p><u>Please note that location codes can be used more than once in the “Ward” tab as locations may have patients in several wards.</u> See Q6.</p>		The location code should be entered with no spaces between the characters and need to be in upper case e.g. A101H.	Location (Column A), Ward (Column A)
P3:Q3	Location Code Other Detail	If selected ‘Other’ in ‘Location Code’ (Q2), provide details of location as free text (including full address and postcode).			Location (Column B)
P3:Q4	Sector of Place of Treatment	01 - NHS Scotland 02 - NHS England 03 - Local Authority 04 - Private			Location (Column C)

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		05 - Voluntary 06 - Other (please specify)			
P3:Q5	Sector of Place of Treatment (Other Please Specify)	Free text – if selected ‘06 – Other (please specify)’ in ‘Sector of place of treatment’ (Q4).			Location (Column D)
P3:Q6	Ward	<p>Name of Ward/Number.</p> <p>A ward is a group of beds with associated treatment facilities which is managed by a senior nurse. It may comprise a number of rooms or one room may be divided into a number of wards.</p> <p>If a ward does not exist (e.g. the patient is being treated in a care home) then complete this field as ‘N/A’.</p> <p><u>Location codes can be used more than once on the “Ward” tab, as each location may have multiple wards providing data for the census.</u> Please record one entry for each relevant ward within your location in the “Ward” tab.</p> <p><u>Ward names may appear multiple times in the “Patient Details” tab, once for every patient in that ward.</u></p>			Ward (Column B), PatientDetails (Column A)
P3:Q7	Patient Identifier	A Patient Health Record Identifier is a code (set of characters) used to uniquely identify a patient	This must be completed.	Fatal error. Cannot submit	PatientDetails (Column B),

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
	Number (e.g. PIMS number) (not CHI Number)	within a health register or a HEALTH RECORDS SYSTEM, e.g. PIMS.		data unless this has been completed.	MultipleResponses (Column A)
P3:Q8	CHI	<p>The Community Health Index (CHI) is a population register, which is used in Scotland for health care purposes. The CHI number uniquely identifies a person on the index.</p> <p>The current CHI number consists of the 6 digit Date of Birth (DDMMYY) followed by a 3 digit sequence number and a check digit. The 9th digit is always even for females and odd for males.</p>	<p>This information will be encrypted one way once the data has been uploaded to ProcXed.Net to protect patient privacy.</p> <p>This means the Scottish Government will not be able to see the CHI number, but instead a string of numbers.</p> <p>The encryption method will be shared with the CHI Team at ISD Scotland to enable data linkage (e.g. to SMR04) in the future.</p>	10-digit number.	PatientDetails (Column C)
P3:Q9	Patient Forename	ProcXed.Net will convert into BLOCK CAPITALS for encryption purposes. NHS Boards will not need to convert to BLOCK CAPITALS in advance of uploading/manually	This is additional information for quality assurance purposes and to		PatientDetails (Column D)

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		entering data into ProcXed.Net.	<p>enable matching to other data.</p> <p>This information will be encrypted one way once the data has been uploaded to ProcXed.Net to protect patient privacy.</p> <p>This means the Scottish Government will not be able to see the patient's forename, but instead a string of numbers.</p> <p>The encryption method will be shared with the CHI Team at ISD Scotland to enable data linkage (e.g. to SMR04) in the future.</p>		
P3:Q10	Patient Middle Names	ProcXed.Net will convert into BLOCK CAPITALS for encryption purposes. NHS Boards will not need to convert to BLOCK CAPITALS in advance of uploading/manually entering data into ProcXed.Net.	<p><u>OPTIONAL Data Item</u></p> <p>This is additional information for</p>		PatientDetails (Column E)

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
			<p>quality assurance purposes and to enable matching to other data.</p> <p>This information will be encrypted one way once the data has been uploaded to ProcXed.Net to protect patient privacy.</p> <p>This means the Scottish Government will not be able to see the patient's middle names, but instead a string of numbers.</p> <p>The encryption method will be shared with the CHI Team at ISD Scotland to enable data linkage (e.g. to SMR04) in the future.</p>		
P3:Q11	Patient Surname	ProcXed.Net will convert into BLOCK CAPITALS for encryption purposes. NHS Boards will not need to convert to BLOCK	This is additional information for quality assurance		PatientDetails (Column F)

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		CAPITALS in advance of uploading/manually entering data into ProcXed.Net.	<p>purposes and to enable matching to other data.</p> <p>This information will be encrypted one way once the data has been uploaded to ProcXed.Net to protect patient privacy.</p> <p>This means the Scottish Government will not be able to see the patient's surname, but instead a string of numbers.</p> <p>The encryption method will be shared with the CHI Team at ISD Scotland to enable data linkage (e.g. to SMR04) in the future.</p>		
P3:Q12	Date of Birth	The date on which a person was born, or is officially deemed to have been born, as recorded on the Birth Certificate.	All dates must be entered in the format DD/MM/CCYY, using either dashes (PatientDetails (Column H)

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		<p>If only the patient's age is known, the year of birth should be calculated and the day and month put as zero e.g. an Age of 55 in 2000 would be 00-00-1945.</p> <p>If all avenues have been explored and neither the date of birth nor age is available then the clinician's or nursing staff's estimate of age should be used to calculate the year of birth, with zero entered for the day and month of birth. If this is not possible, refer to your Health Records Manager.</p>	<p>-) or forward slashes (/) as the separator, e.g. 09-02-1942 or 09/02/1942 for 9th February 1942.</p> <p>All dates must consist of eight digits by entering preceding zeros for single digits in day or month and the full four-digit year must be recorded.</p> <p>It is essential that date of birth is completed as accurately as possible to enable analysis by age to be undertaken.</p>		
P3:Q13	Gender	1 - Male 2 - Female 98 - Other			PatientDetails (Column I)
P3:Q14	Ethnicity	Codes and Values: Ethnicity Code 1 – White 1A - White Scottish 1B - White Other British 1C - White Irish			PatientDetails (Column J)

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		1K - White Gypsy/Traveller 1L - White Polish 1Z - Other white ethnic group 2A - Any mixed or multiple ethnic groups 3 - Asian, Asian Scottish or Asian British 3F - Pakistani, Pakistani Scottish or Pakistani British 3G - Indian, Indian Scottish or Indian British 3H - Bangladeshi, Bangladeshi Scottish or Bangladeshi British 3J - Chinese, Chinese Scottish or Chinese British 3Z - Other Asian, Asian Scottish or Asian British 4D - African, African Scottish or African British 4Y - Other African 5C - Caribbean, Caribbean Scottish or Caribbean British 5D - Black, Black Scottish or Black British 5Y - Other Caribbean or Black 6A - Arab, Arab Scottish or Arab British 6Z - Other ethnic group 98 - Refused/Not provided by patient 99 - Not Known			
P3:Q15	Postcode of Patient's Home Address Prior to	Up to 8 characters. Will show the patient's Postcode on admission.	This is the postcode of the private home, care home or hospice where the		PatientDetails (Column K)

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
	Admission		<p>patient resided when they were admitted. Every effort should be made to accurately record this data item.</p> <p>The postcode should be left justified and include the space, e.g. KY4 8DW, EH12 8JH, G4 6HR.</p> <p>If a postcode cannot be found using the Postcode Directory, the appropriate Postcode Enquiry Office should be contacted. Where a patient's address is not known and all reasonable means of attempting to trace the address have been exhausted, the following entry should be put in the postcode field: NK01 0AA.</p> <p>If the patient has no</p>		

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
			fixed abode, NF1 1AB should be recorded for the postcode.		
P3:Q16	Postcode of Patient's Home Address on Date of Census if Changed From Admission	Up to 8 characters. Will show the patient's Postcode at the time of the census.	Can include hospital postcode if relevant. The postcode should be left justified and include the space, e.g. KY4 8DW, G4 6HR.		PatientDetails (Column L)
P3:Q17	Health Board Responsible for Funding	<p>The NHS Board area where the patient usually resides.</p> <p>In cases where the patient does not usually reside in Scotland, codes have been assigned for these specific circumstances.</p> <p>S08000001 NHS Ayrshire & Arran S08000002 NHS Borders S08000003 NHS Dumfries & Galloway S08000004 NHS Fife S08000005 NHS Forth Valley S08000006 NHS Grampian S08000007 NHS Greater Glasgow & Clyde S08000008 NHS Highland S08000009 NHS Lanarkshire S08000010 NHS Lothian S08000011 NHS Orkney Islands S08000012 NHS Shetland Islands S08000013 NHS Tayside S08000014 NHS Western Isles</p>			PatientDetails (Column M)

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		S08100008 The State Hospital S08200001 England/Wales/Northern Ireland S08200002 No Fixed Abode S08200003 Not Known S08200004 Outside U.K.			
P3:Q18	Specialty	<p>A specialty is defined as a division of medicine or dentistry covering a specific area of clinical activity and identified within one of the Royal Colleges or Faculties.</p> <p>This field should be coded to the specialty/discipline of the consultant/GP/HCP who is in charge of the patient receiving HBCCC.</p> <p>More than one speciality can be provided.</p> <p>Annex 2 contains a list of common specialty codes.</p>			MultipleResponses (Column B)
P3:Q19	Admission Date	<p>An inpatient admission is the date the patient first presents to the Emergency Department or to the hospital and undergoes the full admission procedure and is accepted by the hospital. The full admission procedure may be defined as the completion of all registration documents including the recording of the patient's name in the admission register or system. This marks the start of an inpatient episode and spell.</p> <p>The patient may then be transferred to another ward, hospital etc. The date of admission therefore may differ from the date the patient</p>		Must be on or before date of census.	PatientDetails (Column N)

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		was admitted to the facility they are currently resident in.			
P3:Q20	Diagnosis as at Census Date – ICD10 Codes	<p>Include all co morbidities (physical and mental health).</p> <p>ICD10 codes should be used: http://apps.who.int/classifications/icd10/browse/2010/en</p> <p>Multiple codes are accepted.</p>	NHS Boards should provide the ‘*’ where the ICD10 code requires it e.g. F00.1*.		<p>PatientDetails (Column O – R)</p> <p>OR</p> <p>MultipleResponses (Column C) (if ICD10 codes only, without description, are being provided)</p>
P3:Q21	Diagnosis as at Census Date – Free Text	<p>If ICD10 codes are not recorded by your care home/hospital then free text diagnosis information can be provided instead.</p> <p>If entering more than one condition in the free text field, use a comma to separate the conditions.</p>			PatientDetails (Column S)
P3:Q22	Protected Patients	<p>At the request of the Caldicott Guardians to be able to flag any records in our dataset which require extra consideration prior to giving access to any researchers in safe havens. Due to the sensitive information contained in the dataset, any researcher (e.g. from academia) who applies for access will have their application carefully scrutinised. There may be a small number of records on the dataset which require extra consideration, for example:</p> <ul style="list-style-type: none"> The address of place of treatment is not in 			PatientDetails (Column T)

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		<p>the public domain (e.g. there are a small number of care homes which this applies to)</p> <ul style="list-style-type: none"> • The patient is at risk of harm by another person(s) • Their identity could be disclosed because they are the only patient either being treated at a facility, or they are the only patient which your health board sends to a facility. • Other reason <p>1 - Yes 0 - No</p>			
P3:Q23	Is the Patient in Receipt of Hospital Based Complex Clinical Care (HBCCC)?	<p>HBCCC patients cannot have a ready for discharge date (i.e. they cannot be a delayed discharge patient).</p> <p>HBCCC is defined as:</p> <ul style="list-style-type: none"> • The patient is eligible for HBCCC (as decided by the responsible consultant or equivalent specialist informed by the Multi-Disciplinary Team, see http://www.sehd.scot.nhs.uk/dl/DL(2015)11.pdf for further information). Essentially, Hospital Based Complex Clinical Care refers to people who cannot have their care needs met in any setting other than hospital and require long-term complex clinical care. <p>1 - Yes 0 - No</p>			PatientDetails (Column U)

Annex 1 – Location Codes

Location Code	Hospital / Care Home
NHS Ayrshire & Arran	
A105H	Kirklandside Hospital
A121V	Buckreddan Care Centre
A144V	Thorntoun Estate Nursing Home
A206H	Holmhead Hospital
A208H	Biggart Hospital
A213B	The Ayr Clinic
A217H	Woodland View
A215H	Community Hospital, Cumnock
NHS Borders	
B120H	Borders General Hospital
NHS Dumfries & Galloway	
Y121V	Allanbank Nursing Home
NHS Fife	
F709H	St Andrews Community Hospital
F710H	Randolph Wemyss Memorial Hospital
F805H	Queen Margaret Hospital
NHS Forth Valley	
V201H	Stirling Community Hospital
V216H	Clackmannanshire Community Healthcare Centre
NHS Grampian	
N102H	Woodend General Hospital
N121H	Royal Aberdeen Children's Hospital
N121R	Northfield Lodge Old Persons Home
N429S	Richmond Fellowship Residential Group Home
N501V	Glencairn Lodge
NHS Greater Glasgow & Clyde	
C122H	Campbeltown Hospital
C303H	Duncan McPherson Day Centre
C313H	Inverclyde Royal Hospital
C418H	Royal Alexandra Hospital
G105V	Greenfield Park Care Centre
G107H	Glasgow Royal Infirmary
G108H	Princess Royal Maternity
G109H	Lightburn
G203V	Four Hills Nursing Home
G207H	Stobhill Hospital
G303H	Mearnskirk House
G306H	New Victoria Hospital
G315V	Rowantree Nursing Home

G405H	Queen Elizabeth University Hospital
G412V	Ross Hall
G501K	St Margaret's Hospice
G513H	Royal Hospital for Sick Children
G538V	Wyndford Locks Nursing Home
G608H	Waterloo Close, Kirkintilloch
G611H	Netherton, Glasgow
NHS Highland	
H202H	Raigmore Hospital
H208V	Fairburn House Nursing Home
H213V	Meallmore Lodge Nursing Home
H223H	New Craigs Hospital
H224H	Mid-Argyll Community Hospital and Integrated Care Centre
H231V	Moss Park Nursing Home
NHS Lanarkshire	
L102K	St Andrew's Hospice
L105H	Wester Moffat Hospital
L112V	Cumbernauld Nursing Home
L215V	Parksprings Care Centre
L302H	Hairmyres Hospital
L304H	Stonehouse Hospital
L308H	Wishaw General Hospital
L330V	Carrickstone House & Day Hospital
NHS Lothian	
S102H	Belhaven Hospital
S113H	Roodlands General Hospital
S114H	Royal Victoria Hospital
S208H	Gogarburn Hospital
S209H	Liberton Hospital
S225H	Royal Hospital for Sick Children
S305H	St Michael's Hospital
S314H	Royal Infirmary of Edinburgh at Little France
S318H	Midlothian Community Hospital
NHS Shetland	
Z102H	Gilbert Bain Hospital
NHS Tayside	
T101H	Ninewells Hospital
T107H	Royal Victoria Hospital
T117V	South Grange Nursing Home
T312H	Stracathro Hospital
T313H	Whitehills Hospital
T323H	Bluebell Intermediate Care Unit
NHS Western Isles	
W106H	St Brendans Cot Hospital

W107H	Western Isles Hospital
W108H	Uist & Barra Hospital
D201N	Domiciliary Location

Annex 2 – Speciality Codes

Full list can be found at: <http://www.ndc.scot.nhs.uk/Dictionary-A-Z/Definitions/index.asp?Search=S&ID=985&Title=Specialty Groupings for Admission/Discharge/Transfer - Codes>

General practice specialties	Radiology specialties
E1 - General Practice	H1 - Clinical Radiology
E11 - GP Obstetrics	H1A - Breast Screening Service
E12 - GP Other than Obstetrics	H2 - Clinical Oncology
Medical specialties	Surgical specialties
A1 - General Medicine	C1 - General Surgery
A11 - Acute Medicine	C11 - General Surgery (excl. Vascular, Maxillofacial)
A2 - Cardiology	C12 - Vascular Surgery
A21 - Paediatric Cardiology	C13 - Oral and Maxillofacial Surgery
A3 - Clinical Genetics	C2 - Accident & Emergency
A4 - Tropical Medicine	C3 - Anaesthetics
A5 - Clinical Pharmacology & Therapeutics	C31 - Pain Management
A6 - Infectious Diseases	C4 - Cardiothoracic Surgery
A7 - Dermatology	C41 - Cardiac Surgery
A8 - Endocrinology & Diabetes	C42 - Thoracic Surgery
A81 - Endocrinology	C5 - Ear, Nose & Throat (ENT)
A82 - Diabetes	C51 - Audiological Medicine
A9 - Gastroenterology	C6 - Neurosurgery
AA - Genito-Urinary Medicine	C7 - Ophthalmology
AB - Geriatric Medicine (see note 1)	C8 - Trauma & Orthopaedic Surgery
AC - Homeopathy	C9 - Plastic Surgery
AD - Medical Oncology	CA - Paediatric Surgery
AF - Paediatrics	CB - Urology
AFA - Community Child Health	CC - Intensive Care Medicine
AG - Renal Medicine	
AH - Neurology	
AK - Occupational Medicine	
AM - Palliative Medicine	
AN - Public Health Medicine	
AP - Rehabilitation Medicine	
AQ - Respiratory Medicine	
AR - Rheumatology	
AS - Sports & Exercise Medicine	
AT - Medical Ophthalmology	
AV - Clinical Neurophysiology	
AW - Allergy	
J1 - Histopathology	
J2 - Blood Transfusion	
J3 - Chemical Pathology	
J4 - Haematology	
J5 - Immunology	
J6 - Medical Microbiology & Virology	
J61 - Microbiology	
J62 - Virology	