

Guide to Admitted Patient Care Specification

Admitted patient care data should be collected for every patient treated. This data becomes the hospital's 'denominator data' against which adverse events and other measures will be calculated. It is the largest dataset and has several fields that may require you to implement new or update existing systems and processes.

Please review the [Admitted Patient Care Master Data Specification](#) (APC MDS) to ensure you are able to collect all the mandatory fields. Important points to note are highlighted below.

1. Provider and Site Identifiers

PHIN has created unique identifiers for both providers and their sites, which helps identify the location where a treatment occurred. A full list of identifiers is [available](#) from PHIN. Please [contact us](#) if you believe any of your sites are missing.

2. Clinical coding

The CMA [Order](#) requires that diagnostic and procedure coding should be applied to each record of patient care, to the same standard as the NHS.

The current standards are:

Coding requirement	Standard
Diagnostic	International Statistical Classification of Diseases and Related Health Problems (ICD)
Procedure	OPCS Classification of Interventions and Procedures

Clinical coding guidance and the national standards used by the NHS are available from the Technology Reference data Update Distribution (TRUD) [website](#), maintained by [NHS Digital](#). You will need to create an account to download the information. Please note, while NHS Digital represents England, the devolved nations also use the same coding standards.

The standards are reviewed regularly and new versions or editions are implemented periodically in the NHS. You will need to ensure you are using the same versions as the NHS. Implementation timetables are available on NHS Digital's website.

To ensure high levels of accuracy required to ensure data reflects yours and your consultants case mix complexity, clinical coding should be performed by qualified coders. If you do not employ coders, there are a number of organisations that provide coding services to hospitals. PHIN is not able to advise on specific clinical issues or coding.

Finally, PHIN has produced [guidance](#) on how to document cosmetic treatments as the NHS coding standards used elsewhere are not able to fully describe cosmetic interventions.

3. NHS Numbers

The CMA Order requires that the patient's [NHS Number](#), Community Health Index number (CHI) for patients of Scotland, should be included in each record passed to PHIN. This is a unique identifier, to help calculate three of their specified performance measures, as set out in the [Strategic Plan](#).

NHS Numbers are generated and maintained by the [Personal Demographics Service](#) (PDS) within the NHS national Spine.

NHS hospitals and many independent hospitals treating privately patients have access to the Spine and can trace a patient's NHS Number by searching on the PDS. If a hospital has no direct link to PDS, multiple records can be batched and submitted to the Demographics Batch Service (DBS), which will return the NHS numbers.

For organisations outside of the NHS, a Spine Mini Service (SMS) supplier can be used to trace NHS Numbers. This is a 'middleware' service that allows individual NHS Numbers to be looked up from within a facility.

A number of suppliers have developed SMS products that have been accredited by NHS Digital. The operating and charging model depends on the supplier. A full list of approved systems and suppliers is available on NHS Digital's [website](#).

Almost everyone registered with the NHS or who has received NHS treatment in England, Wales or the Isle of Man is likely to have been assigned an NHS Number.

However, there are cases where the patient may not have an NHS Number, for example if they are:

- An overseas visitor
- A patient registered in Scotland or Northern Ireland

You should still attempt to look up NHS Numbers for these patients, as a number may have been assigned if they have previously received NHS treatment in England, Wales or the Isle of Man.

However, if an NHS Number cannot be found for a patient, the following numbers should be collected in its place:

Origin of patient	Number to be recorded
Scotland	Community Health Index (CHI) Number
Northern Ireland	Health and Care (H&C) Number
Outside of UK	National Identity Number or Passport Number

For PHIN to use NHS Numbers in performance measure calculation, a [consent process](#) should be established in every hospital.

Where patient consent has been withdrawn or not given, the NHS Number should still be traced, but not passed to PHIN.

4. Anonymous and Sensitive Records

There are some patient admissions that are categorised as Extremely Sensitive or Sensitive by NHS Digital. For example, if the patient is attending an HIV clinic for treatment.

PHIN has adopted these definitions, the full list of the procedure and diagnostic codes that make up Extremely Sensitive or Sensitive cases are available from NHS Digital's [website](#).

If a patient's admission meets the Extremely Sensitive or Sensitive criteria, please anonymise the record by removing any data from the following patient identifiable fields in your dataset:

- NEWNHSNO – where NHS Numbers are held
- POSTCODE – contains the patient's postcode

An exception to this is for Assisted Conception Service (ACS) treatments, where the patient record should be removed entirely from your dataset. This was [agreed](#) with the CMA as the data should already be reported to the Human Fertilisation and Embryology Authority (HFEA), which maintains a list of ACS clinics for patients.