SUS R13 PbR
Technical Guidance
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## Contents

### Introduction
- SUS PbR R13 5
- This document 5

### Inherited Liabilities
- Inherited liabilities in SUS R13 6
  - Spells closed before 1st April 2013 6
  - Open spells starting before 1st April 2013 6
  - Outpatients and Emergency Medicine 6
  - Spells starting after 1st April 2013 6
- Open Spells extract for inherited liabilities 7
  - Open Spells extract 7
- CCG access to inherited readmissions pathways 7
  - Implementation in SUS R13 7
  - ‘Dummy’ record derivation and structure 7

### Payment by Results
- Implementation of PbR policy 9
- DH PbR 2013/14 changes in SUS R13 9
- Unbundled outpatient diagnostic imaging 9
  - Diagnostic imaging in APC 10
  - Accessing unbundled outpatient diagnostic imaging information 10
- Application of APC exclusions to CDS 160 data flows 10
- New tariffs for regular attenders 10
  - Regular attender definition 10
  - New regular attender tariff 10
- Maternity pathway payment system 11

### Grouper Update
- Inclusion of HRG4 2013/14 Local Payment Grouper design 12
- Use of new CDS 6.2 fields in grouping 12
  - Specialist Palliative Care and Rehabilitation Days 12
  - Location in extracts 13
  - PbR final adjusted length of stay calculation 13
  - Calculation example 13
# Commissioning Data Sets version 6.2

<table>
<thead>
<tr>
<th>CDS 6.2</th>
<th>14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawal of CDS 6.0</td>
<td>14</td>
</tr>
<tr>
<td>Additional data items</td>
<td>14</td>
</tr>
<tr>
<td>Removed data items</td>
<td>14</td>
</tr>
<tr>
<td>Renamed data items</td>
<td>14</td>
</tr>
<tr>
<td>New data item values</td>
<td>14</td>
</tr>
<tr>
<td>CDS 6.2 data items in the online PbR mart</td>
<td>15</td>
</tr>
<tr>
<td>CDS 6.2 ward stay data items</td>
<td>15</td>
</tr>
<tr>
<td>CDS 6.2 extract in additional extracts</td>
<td>15</td>
</tr>
<tr>
<td>CDS 6.2 extract</td>
<td>15</td>
</tr>
<tr>
<td>New data items linked to existing repeating groups</td>
<td>16</td>
</tr>
<tr>
<td>Overseas visitor status data items</td>
<td>16</td>
</tr>
<tr>
<td>Non-repeating CDS 6.2 data items</td>
<td>16</td>
</tr>
</tbody>
</table>

## Usability Improvements

| Applications tab | 17 |
| Extract Configuration Screen | 18 |
| Reason for access | 18 |
| Financial period | 18 |
| Data Extracts screen (My Documents Tab) | 19 |
| Date Range extract type | 19 |
| Schedules tab | 20 |
| Scheduled Extract Details | 21 |

## Further Information

| DH Payment by Results (PbR) | 22 |
| Secondary Uses Service (SUS) | 22 |
| Healthcare Resource Groups (HRGs) | 22 |
Introduction

**SUS PbR R13**

Secondary Uses Service Payment by Results Release 13 (SUS PbR R13) supports healthcare providers, commissioners and other users in reconciliation, payment and performance monitoring for the 2013/14 financial year.

Key changes have been incorporated to support delivery of Department of Health 2013/14 PbR policy, extend functionality and improve usability.

R13 reflects grouper updates, includes CDS 6.2 changes and contains new features to assist with transition from Primary Care Trusts (PCTs) to Clinical Commissioning Groups (CCGs).

**This document**

This document identifies technical changes in SUS PbR R13 and highlights policy updates, technical amendments and usability improvements which may impact on SUS users.

R13 responds to the changing NHS landscape, incorporates PbR Policy and includes updates to the SUS Grouper and Commissioning Data Sets.

The following key areas affect functionality and output in R13. Corresponding sections in this document provide information about how these changes have been implemented.

**Inherited Liabilities**

R13 supports the transition from Primary Care Trusts to Clinical Commissioning Groups by providing new extracts and functionality to assist the newly created CCGs in understanding their inherited liability for patients and activity from the decommissioned PCTs.

**Payment by Results**

PbR policy for 2013/14, as specified in the DH PbR Guidance, has been implemented within SUS R13.

**Grouper Update**

The SUS Grouper in R13 uses the HRG4 2013/14 Local Payment Grouper design. The HRG classification is updated annually by the National Casemix Office at the HSCIC, to provide optimal performance in supporting PbR policy requirements and to ensure continued clinical relevance.

**Commissioning Data Sets version 6.2 (CDS 6.2)**

Commissioning Data Sets version 6.2 contains changes to support new and changing national policy and legislative requirements, support commissioning and meet wider needs of the NHS. Data item additions and removals allow CDS 6.2 to better support DH policy.

**Usability Improvements**

This includes screen label changes to marts and extracts and the addition of the new date period selection functionality.
Inherited Liabilities

Inherited liabilities in SUS R13

The newly formed Clinical Commissioning Groups (CCGs) need to be able to assess their inherited liabilities from the decommissioned Primary Care Trusts (PCTs) for open spells, starting before 1st April 2013.

Similarly, Local Area Teams (LAT) will require access to the activity inherited from the Strategic Health Authorities (SHA).

SUS R13 does this by deriving the required organisation codes in additional processing, using new organisation reference tables.

Spells closed before 1st April 2013

Identification of Organisation of Responsibility for spells that closed before 1st April 2013 is already covered by functionality implemented within in SUS Release 12.

In R12 derivation an Organisation of Responsibility is determined using the Personal Demographics Service (PDS) record to assign GP Practice code based on the submitted NHS Number of the first spell episode.

Where corresponding relational data items used for this derivation do not match, the submitted GP Practice Code is used for the derivation.

For activity completed before 1st April 2013, the derived Organisation of Responsibility will be a PCT.

Open spells starting before 1st April 2013

New functionality has been introduced to SUS in R13 to account for spells with an admission date before 1st April 2013 and a discharge date on or after 1st April 2013.

For these open spells starting before 1st April 2013, an additional processing step uses new organisation reference tables to ‘re-derive’ and assign the CCG Code as Organisation of Responsibility in place of the old PCT code.

Alongside this process, the historical Strategic Health Authority (SHA) is also replaced with the derived, corresponding Local Area Team (LAT), using organisation reference tables within SUS.

In Managed Service and Online Service extracts, spare fields are populated with the original, derived PCT and SHA codes.

- Spare 3 is used to display PCT code
- Spare 4 is used to display SHA code

The R13 PbR Extract Specification workbook contains full details of extract content.

The additional processing ensures that CCGs and LATs can access the required activity and correctly assess their inherited liabilities.

Outpatients and Emergency Medicine

The new derivation process applies only to APC spells that contain a discharge date and therefore does not apply to Outpatients or Emergency Medicine.

Spells starting after 1st April 2013

Spells whose first episode admission date is on or after 1st April 2013 will have a CCG code derived.

Records submitted using old codes

R13 does not contain functionality to resolve records submitted in error using old PCT codes.
Open Spells extract for inherited liabilities

Open Spells extract

In addition to requiring information about spells that have ended before 1st April 2013, covered in R12 functionality, CCGs also need to be able to access information about patients that were in hospital at 1st April 2013.

A new Open Spells extract has been created to deliver this requirement. This extract can be used throughout the 2013/14 financial year to inform commissioners and providers about patients for whom they have responsibility or are providing care.

Details of the extract structure can be found in the R13 PbR Extract Specification workbook on the PbR APC Open Spells worksheet.

The extract will provide:

- Commissioner Extract based on Organisation Code (Code of Commissioner)
- Provider Extract based on Organisation Code (Code of Provider)

CCG access to inherited readmissions pathways

The newly formed CCGs must be able to access the Readmissions Pathways (RAP) inherited from the decommissioned PCTs.

In order to see a Readmission Pathway, an organisation needs to be present on that pathway. Existing processing, introduced in R11, combined with new processing in SUS R13, allows CCGs full access to their inherited readmission pathways.

Implementation in SUS R13

To enable CCG access to inherited readmissions pathways, a ‘dummy’ record, containing the new CCG code, is inserted as the first record in each pathway. The CCG code is determined using the R12 derivation process.

The presence of the CCG code within the Readmissions Pathway now allows CCGs to view the entire pathway using functionality introduced in R11 which allows access for all organisations recorded within the pathway.

A ‘dummy’ record is also inserted for new pathways created after 1st April 2013 for events with a spell source before 1st April 2013. Events creating pathways starting on or after 1st April 2013 will already have a CCG code derived.

The ‘dummy’ record appears in all Readmissions extracts with a sequence value of zero. The Spell that was used to derive the CCG can be identified in the Readmissions extract under data item RAP Parent Spell Identifier.

‘Dummy’ record derivation and structure

The GP Practice Code from the final spell in a pathway, that satisfies qualifying criteria, is used to derive the Organisation Code (Code of Commissioner). If no match is found, a default value of Q99 is assigned. If no record fulfils the criteria, no dummy record is created.
Readmissions pathway (RAP) ‘dummy’ record structure

<table>
<thead>
<tr>
<th>Data Item</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAP Identifier</td>
<td>Unique Readmission Pathway ID</td>
<td>RAP being processed</td>
</tr>
<tr>
<td>RAP Sequence Number</td>
<td>Sequence of Spell within each RAP</td>
<td>’0’ (ZERO)</td>
</tr>
<tr>
<td>RAP Eligible Parent</td>
<td>-</td>
<td>NULL</td>
</tr>
<tr>
<td>RAP Eligible Child</td>
<td>-</td>
<td>NULL</td>
</tr>
<tr>
<td>RAP DH Tariff Adjustment Parent</td>
<td>-</td>
<td>NULL</td>
</tr>
<tr>
<td>RAP DH Tariff Adjustment Child</td>
<td>-</td>
<td>NULL</td>
</tr>
<tr>
<td>RAP Spell Type</td>
<td>-</td>
<td>ERROR</td>
</tr>
<tr>
<td>RAP Parent Spell Identifier</td>
<td>Spell ID of GP Practice code used for CCG code derivation</td>
<td></td>
</tr>
<tr>
<td>RAP Spell Source</td>
<td>-</td>
<td>NULL</td>
</tr>
<tr>
<td>Organisation Code (Code of Commissioner)</td>
<td>Derived CCG code</td>
<td>CCG Code</td>
</tr>
</tbody>
</table>
Payment by Results

Implementation of PbR policy

Activity from 1\textsuperscript{st} April 2013 is processed in line with 2013/14 Payment by Results (PbR) policy. This includes pricing, adjustments and application of exclusions.

Previous financial year activity is processed according to PbR policy for the relevant financial year.

SUS PbR only processes current year and two previous financial years, so activity from 2010/11 or before, submitted after 1\textsuperscript{st} April 2013 will not be processed in the PbR marts.

2013/14 Payment by Results Guidance can be found on the Department of Health Payment by Results website. www.gov.uk/government/publications/payment-by-results-pbr-operational-guidance-and-tariffs

DH PbR 2013/14 changes in SUS R13

The key PbR policy changes that affect SUS R13 are:

- Unbundled outpatient diagnostic imaging
- Application of APC exclusions to CDS 160 data flows

Other changes which have less impact with regard to SUS are:

- New tariffs for regular attenders
- Introduction of mandatory maternity pathway payment system

Unbundled outpatient diagnostic imaging

DIAGNOSTIC IMAGING:

Treatment Function Code: 812

Description: The production and interpretation of high quality images of the body to diagnose injuries and disease, e.g. x-rays, Ultrasound Scan, MRI Scan, PET Scan or CT Scan.

From April 2013, unbundled diagnostic imaging, carried out within an outpatient attendance, qualifies for a separate unbundled tariff.

These costs were previously included in the outpatient attendance tariffs.

It is hoped that providing separate diagnostic imaging tariffs in outpatients will also help to promote greater clinical integration and development of clinical pathways between primary and secondary care.

In R13 unbundled outpatient diagnostic imaging is paid in addition to any core HRG tariff where the Core HRG is:

- An attendance-based HRG (Subchapter WF, Non-admitted Consultations)

\textit{or}

- A procedure-based HRG (not in Subchapter WF) that does not have a mandatory tariff

Where activity is reported as a procedure based HRG (not in Subchapter WF) with a mandatory tariff, no additional unbundled diagnostic imaging is payable.

The application of these rules in SUS PbR R13 is consistent with PbR 2013/14 policy, as detailed in the Department of Health 2013/14 Payment by Results Guidance.
**Diagnostic imaging in APC**
Unbundled diagnostic imaging activity reported in Admitted Patient Care data is not used for tariffing.

**Accessing unbundled outpatient diagnostic imaging information**
Outpatient Diagnostic Imaging activity is captured in the Unbundled HRG data item in extracts.

Further information can be found in the R13 PbR Extract Specification workbook.

**Application of APC exclusions to CDS 160 data flows**
It is a requirement that all records that flow into SUS PbR need to be passed through the various pre and post grouper exclusions.

Historically, records that flowed from CDS160 (Other Delivery Event) into SUS did not have the normal APC exclusions applied.

As a result of these records being passed directly into the pricing process, records that fulfilled the requirements for being excluded were not only flagged as qualifying for tariff but also received tariff and needed to be resolved through local negotiation.

SUS R13 resolves this inconsistency in PbR processing and ensures that the appropriate APC exclusions are applied.

**New regular attender definition**
A regular attender is defined by the following rules:

- An Elective Admission
- Patient Classification 3 (regular day admission) with an Episode Length of Stay of less than 1 or
- Patient Classification 4 (regular night admission) with an Episode Length of Stay of less than 2

All records that qualify as regular attender (REG) form single episode spells.

All Patient Classifications of 3 or 4 that do not qualify as regular attender continue to be excluded from SUS PbR.

**New regular attender tariff**
Renal dialysis for chronic kidney disease will continue to use the national renal dataset which is currently outside of SUS.

As the mandatory tariffs for the unbundled chemotherapy delivery and external beam radiotherapy activity have been introduced in a staged way, SUS PbR will not apply a mandatory tariff to this activity.

The only mandatory tariffs for regular attender activity are where the core HRG is one of the five zero priced (£0) HRGs. These will be priced in SUS PbR and are shown below.

- LA08E, Chronic Kidney Disease with length of stay 1 day or less associated with Renal Dialysis
- PB03Z, Healthy Baby
- SB97Z, Same Day Chemotherapy Admission or Attendance

In line with PbR’s commitment to extending coverage of new types of activity, new tariffs have been developed for chemotherapy delivery and external beam radiotherapy.

All activity for regular attenders was previously outside of the scope of PbR and was excluded from SUS PbR based on Patient Classification (CLASSPAT) values 3 (regular day admission) and 4 (regular night admission).
SC97Z, Same Day External Beam Radiotherapy Admission or Attendance

UZ01Z, Data Invalid for Grouping

All other core HRG activity for regular day and night attenders, will continue to be negotiated locally, as in previous years.

For further information please refer to the 2013/14 Payment by Results Guidance available on the Department of Health PbR website.


Maternity pathway payment system

PbR has introduced a new maternity pathway system from 2013/14. This system splits activity into 3 modules:

- Antenatal
- Delivery / Birth
- Postnatal

The Antenatal and Postnatal modules are based on the new maternity dataset and as such the activity will not be priced in SUS PbR.

The Delivery / Birth module will however continue to be priced in SUS PbR as in previous years.

For further information please refer to the 2013/14 Payment by Results Guidance available on the Department of Health PbR website.

Grouper Update

Inclusion of HRG4 2013/14 Local Payment Grouper design

Activity from 1st April 2013 will be grouped using the HRG4 2013/14 Local Payment Grouper design. Activity relating to previous financial years will be grouped according to the HRG design for the corresponding financial year.

The HRG4 2013/14 Local Payment Grouper Design includes the following key changes:

Base design

The HRG4 2013/14 Local Payment Grouper design is based on the HRG4 2010/11 Reference Costs design and this should be taken into consideration when comparing designs.

3% increase in the number of HRGs

The number of HRGs has increased by 49 (+3.2%) from 1,527 in the HRG4 2012/13 Local Payment Grouper to 1,576 in the HRG4 2013/14 Local Payment Grouper to accommodate DH policy requirements, reflect clinical practice and support service redesign.

Subchapter updates

All Subchapters have been reviewed for clinical relevance and accuracy. This has resulted in a number of code remaps between existing HRGs, Procedure Hierarchy changes, and list and flag updates.

Subchapter redesigns

A number of subchapters have been redesigned following analysis and clinical review.

Revision of HRG4 labels and flags

Labels and flags have been revised to clarify clinical content and remove ambiguity.

SUS Grouper and HRG4 2013/14 Local Payment Grouper

The SUS Grouper is based on the HRG4 2013/14 Local Payment Grouper and has been assured as part of the testing process that, when presented with the same data and conditions, it produces the same output as the Local Payment Grouper.

For more information about the HRG4 2013/14 Local Payment Grouper design, please refer to the National Casemix Office page of the HSCIC website.

www.hscic.gov.uk/casemix

Use of new CDS 6.2 fields in grouping

Specialist Palliative Care and Rehabilitation Days

SPC Days (Specialist Palliative Care) and REHAB Days (Rehabilitation) are new CDS 6.2 data items that are now used in grouping to derive PbR Final Adjusted Length of Stay.

Data item values are reported at episode level and the sum of the values for all episodes within the spell is used to calculate PbR Final Adjusted Length of Stay.
Location in extracts

The new SPC Days and REHAB Days CDS 6.2 data items have been incorporated into the APC Episodes and APC Spells Managed Service Extracts and APC Full Online Service Extracts using the Spare 1 and Spare 2 data items.

- Spare 1 is used to display REHAB Days
- Spare 2 is used to display SPC Days

Details of location and extract sequence position are displayed in the table below.

<table>
<thead>
<tr>
<th>Service</th>
<th>Extract</th>
<th>Seq. No</th>
<th>Display Name</th>
<th>CDS 6.2 Data Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managed Service</td>
<td>PbR APC Spells</td>
<td>194</td>
<td>Spare 1</td>
<td>REHAB Days</td>
</tr>
<tr>
<td>Managed Service</td>
<td>PbR APC Spells</td>
<td>195</td>
<td>Spare 2</td>
<td>SPC Days</td>
</tr>
<tr>
<td>Managed Service</td>
<td>PbR APC Episode</td>
<td>176</td>
<td>Spare 1</td>
<td>REHAB Days</td>
</tr>
<tr>
<td>Managed Service</td>
<td>PbR APC Episode</td>
<td>177</td>
<td>Spare 2</td>
<td>SPC Days</td>
</tr>
<tr>
<td>Online Service</td>
<td>APC Full</td>
<td>468</td>
<td>Spare 1</td>
<td>REHAB Days</td>
</tr>
<tr>
<td>Online Service</td>
<td>APC Full</td>
<td>469</td>
<td>Spare 2</td>
<td>SPC Days</td>
</tr>
</tbody>
</table>

PbR final adjusted length of stay calculation

The derived data item, PbR Final Adjusted Length of Stay is the sum of all included episode length of stay durations, minus the PbR included episode values for Adult, Paediatric and Neonatal Critical Care Days, REHAB Days and SPC Days. Values from PbR excluded activity are not considered.

If this calculation results in a negative value, a ‘floor’ value of zero is returned. A spell with no episodes will have a value of zero.

PbR Final Adjusted Length of Stay will be calculated in this way for all closed spells from April 2013 onwards.

Under the same input conditions, the PbR Final Adjusted Length of Stay value generated by the R13 SUS Grouper will always match the output of the HRG4 2013/14 Local Payment Grouper because it uses the same grouping process.

Calculation example

Example spell ‘A’ below contains two episodes. The first episode is entirely within Critical Care and the second episode contains an element of Rehabilitation that needs to be identified for PbR purposes.

Inclusion of the Critical Care episode is derived from submitted data. The rehabilitation element is taken directly from new CDS 6.2 data item ‘Rehab Days’.

Example spell ‘A’ below contains two episodes. The first episode is entirely within Critical Care and the second episode contains an element of Rehabilitation that needs to be identified for PbR purposes.

Episode 1 PbR Final Adjusted Length of Stay = Duration (10 days) minus Adjustment for Critical Care (10 days) = 0 days

Episode 2 PbR Final Adjusted Length of Stay = Duration (40 days) minus Adjustment for Rehabilitation (12 days) = 28 days

Spell PbR Final Adjusted Length of Stay = Episode 1 PbR Final Adjusted Length of Stay (0 days) plus Episode 2 PbR Final Adjusted Length of Stay (28 days) = 28 days

<table>
<thead>
<tr>
<th>Spell</th>
<th>Episode</th>
<th>LoS</th>
<th>Adjustment Reason</th>
<th>Adjustment</th>
<th>PbR Final Adjusted LoS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>1</td>
<td>10</td>
<td>Critical Care</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>A</td>
<td>2</td>
<td>40</td>
<td>Rehabilitation</td>
<td>12</td>
<td>28</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td>50</td>
<td></td>
<td>22</td>
<td>28</td>
</tr>
</tbody>
</table>
Commissioning Data Sets version 6.2

CDS 6.2
Commissioning Data Sets (CDS) version 6.2 incorporates changes which support national policy, commissioning and the wider needs of the NHS.

In SUS R13, CDS 6.2 data item additions and removals improve support for PbR, while code label changes add clarity and consistency across CDS schema versions.

Providers have been able to submit data to SUS using CDS 6.2 since the release of R12 in November 2012.

All providers should be submitting data to SUS using CDS 6.2 from April 2013 and must be fully conformant by April 2014, including the capture and flow of any new mandatory or required data items.

Full details of CDS 6.2 changes, including details of Additional, Removed and Renamed Data items and New Data Item Values can be found in the CDS 6.2 Human Behavioural, Organisational and Technical Guidance on the ISB website. www.isb.nhs.uk

Withdrawal of CDS 6.0
CDS version 6.0 has been withdrawn and the NHS has been informed of this through the SUS programme.

Full CDS version transition details can be found in the CDS 6.2 Implementation Plan on the ISB website. www.isb.nhs.uk

Additional data items
SUS R13 accepts and outputs all additional data items introduced in CDS version 6.2, and uses certain data items in processing.

Although not all new CDS 6.2 data items are currently utilised, their inclusion provides the flexibility to do so in future SUS PbR releases and can be used to add value to performance and analysis reporting.

Removed data items
CDS 6.1 data items that have been removed from CDS 6.2 will remain in the PbR mart in order to allow submission using either CDS version during 2013/14.

This will also support historical two year analysis and reporting requirements.

Renamed data items
Renamed data items continue to use existing data item names in extracts to reduce the need for user extract processing amendments. Therefore, display names in extracts appear in the same way as in R11.

For example, the renamed data item:

- ORGANISATION CODE (RESIDENCE RESPONSIBILITY)
  will continue to appear as
- ORGANISATION CODE (PCT OF RESIDENCE)

in SUS R13 extracts. Descriptions for all new data items are provided in the R13 PbR Extract Specification workbook.

New data item values
CDS 6.2 introduces new Data Item Values for the following Data Items:

- ADMISSION METHOD (HOSPITAL PROVIDER SPELL)
- TREATMENT FUNCTION CODE
- CRITICAL CARE DISCHARGE STATUS

System changes, applied in R12, allow SUS to accept and verify the new values in XML processing. However, before the inclusion of PbR reference data updates, HRG Code UZ01Z. Data Invalid for Grouping would have been assigned.
In R13 the inclusion of PbR reference data updates ensures that the new data values will be accepted for processing in SUS and the appropriate HRG code will be assigned.

**CDS 6.2 data items in the online PbR mart**

All new and changed CDS 6.2 data items are included in the Online PbR Mart, irrespective of whether they are used in PbR processing. This is to ensure that all incoming data is available to support existing and future system or extract processing.

**CDS 6.2 ward stay data items**

CDS 6.2 data items relating to ward stays have been added to the ward stay extracts.

**New CDS 6.2 Ward Stay Data Items**

- Ward Code
- Activity Location Type Code
- Ward Security Level
- Stay Start Time Ward Stay 'n'
- Stay End Time Ward Stay 'n'

**Ward Stay Extracts**

- APC Episode Extract - Ward Stay Data (APC Ep – Ward Stay)
- APC Episode Extract - Ward Stay Full Online (APC Ep – Ward Stay Full Online)

Details can be found in the R13 PbR Extract Specification workbook.

**CDS 6.2 extract in additional extracts**

The Additional Extracts tab in the PbR Configure Extract screen has enabled users to request Supplementary Extracts and Error Extracts alongside Main Extracts.

Supplementary Extracts contain data items which capture potential multiple recorded instances, such as multiple secondary diagnoses, procedures or unbundled HRGs, which exceed the allowed limit for the Admitted Patient Care Episodes, Outpatients or Emergency Medicine extracts.

For example, the **Admitted Patient Care Episodes** extract allows for a maximum of 12 instances of secondary diagnosis being recorded. Where these ‘repeating groups’ exceed the maximum allowed within the main extract, the excess instances are provided via the Supplementary Extract.

Error Extracts include every error that can occur throughout the process, including grouping, spell construction, tariff and exclusions.

Episode level error extracts can be produced in conjunction with APC Episodes, Emergency Medicine or Outpatients extract types.

**CDS 6.2 extract**

SUS R13 introduces a new **CDS 6.2 Extract** which contains all additional CDS 6.2 data items, with the exception of SPC Days and REHAB Days, which have been incorporated within the main extracts using the Spare 1 and Spare 2 data items, and ward stay data items which have been added to the ward stay extracts.
The **CDS 6.2 Extract** is essentially an additional supplementary extract that is linked and produced in the same way as the **Supplementary** and **Error** extracts.

Selecting **Yes** from the drop-down box will produce the additional extract alongside the main extract.

The main **Admitted Patient Care**, **Outpatient** and **Emergency Medicine** extracts have not been changed so that users will not need to amend existing processes to account for the addition of the new CDS 6.2 data items.

The **CDS 6.2 Extract** contains all current **CDS Types** and **Schema versions**. Data items common to CDS 6.1 and CDS 6.2 are populated for all records contained in the main extract.

For example, an **APC Episode Extract** with 500 CDS 6.2 records and 500 CDS 6.1 records would produce a CDS 6.2 Extract with 1000 records, thus enabling clear reconciliation between the main **APC Episodess** extract and its supplementary **CDS 6.2 Extract**.

---

### Overseas visitor status data items

The **Overseas Visitor Status** data items (below) are recorded as potentially repeating groups.

However, within SUS, a fixed limit of 5 instances for each item is applied and exported in the supplementary **CDS 6.2 Extract**.

- **OVERSEAS VISITOR STATUS CLASSIFICATION**
- **OVERSEAS VISITOR STATUS START DATE**
- **OVERSEAS VISITOR STATUS END DATE**

### Non-repeating CDS 6.2 data items

All other ‘non-repeating’ CDS 6.2 data items are included in the new **CDS 6.2 Extract**.

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### New data items linked to existing repeating groups

‘Repeating groups’ are data items with potential multiple recorded instances such as procedures, diagnoses and ward stays.

Several new data items have been introduced that are linked to existing ‘repeating groups’ that are already included in extracts.

For example, new CDS 6.2 data item **Present on Admission Indicator** is a repeating group indicating that a recorded diagnosis was present on admission.

This data item is linked to secondary **diagnosis** and a corresponding record will exist for every instance.

These repeating 6.2 data items have been added to the Supplementary and Ward Stays extracts. Further information can be found in the **R13 PbR Extract Specification** workbook.
Usability Improvements
R13 includes a number of improvements to user interface and extracts. These have been made to improve clarity and usability, and add more intuitive functionality and features.

Applications tab
The existing 2012/2013 PbR application folder has been renamed to PbR. This is because 2012/13 and 2013/14 PbR Extracts use the same processing so both 2012/13 and 2013/14 extracts are now accessed from the single PbR folder.
Extract Configuration Screen

Again, the Configure Extract screen title has been changed from 2012/2013 PbR Extracts to PbR Extracts because it caters for PbR Extracts for both 2012/2013 and 2013/14 financial years.

Reason for access

The Reason for Access drop down has been updated to reflect the change from PCT of Residence Code to Organisation of Residence Code.

Financial period

The Financial Period drop down has been extended to include the 12 additional periods for the 2013/14 Financial Year.

CDS 6.2 extract

The CDS 6.2 Extract is available as a selectable option on the Additional Extracts tab with any Financial Period selected.
Data Extracts screen (My Documents Tab)

PbR 2012/2013 Output Format has been renamed to PbR Output Format in the Data Extracts Application search area and Application column.

Date Range extract type

The updated Date Range functionality now allows users to select date ranges between either 01/04/2012 and 31/03/2013 or 01/04/2013 and 31/03/2014. Date selections outside of or across these parameters are not allowed. For example, an extract with date parameters from 01/06/2012 to 01/06/2013 would not be allowed as it crosses the two financial years.

When Date Range is selected from the Extract Type drop down menu, ‘From Date’ and ‘To Date’ fields appear below it, allowing user selection via a pop-up calendar.
Schedules tab

Extracts requested via the Configure Extract screen now display the Extract Name as displayed in the Name column in the Data Extracts page. This helps to make the two entries easier to reconcile.

<table>
<thead>
<tr>
<th>Schedule Name</th>
<th>Frequency</th>
<th>Next Due Date</th>
<th>Owner</th>
<th>Scope</th>
<th>Status</th>
<th>User/Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>OS_PDecApril 2012_ENMan_SHG</td>
<td>one-off</td>
<td>2012-10-08 15:19</td>
<td>cpmike</td>
<td>User</td>
<td>Completed</td>
<td>Ardenia User</td>
</tr>
<tr>
<td>OS_Rac_April 2012_EPMan_SHG</td>
<td>one-off</td>
<td>2012-10-08 10:35</td>
<td>cpmike</td>
<td>User</td>
<td>Completed</td>
<td>Ardenia User</td>
</tr>
</tbody>
</table>
Scheduled Extract Details

The Name, Analysis and Title fields in the Scheduled Extract Details screen have also been amended to remove reference to 2012/13 financial year.
Further Information

DH Payment by Results (PbR)
Details of the arrangements for Payment by Results (PbR) in 2013/14


pbrcomms@dh.gsi.gov.uk

Secondary Uses Service (SUS)
SUS Guidance, Extract Specifications and other user support documentation is available from April 2013 on the SUS Pbr Guidance page of the HSCIC website:

www.hscic.gov.uk/sus

www.hscic.gov.uk/sus/pbrguidance

sus.helpdesk@bt.com

Healthcare Resource Groups (HRGs)
For Information about HRGs and Casemix visit the National Casemix Office page of the HSCIC website

www.hscic.gov.uk/casemix

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Published by the Health and Social Care Information Centre
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