

WELSH INFORMATION STANDARDS BOARD

DSC Notice:	DSCN 2020 / 17
Date of Issue:	9 th September 2020

Ministerial / Official Letter: N/A	Subject: Subsidiary ICD Diagnostic Code
Sponsor: N/A	
Implementation Date: Tuesday 27 th October APC Tuesday 20 th October OP	

DATA STANDARDS CHANGE NOTICE

A Data Standards Change Notice (DSCN) is an information mandate for a new or revised information standard.

This DSCN was approved by the Welsh Information Standards Board (WISB) on 20th August 2020.

WISB Reference: ISRN 2020 / 022

Summary:

To retire the Subsidiary ICD Diagnostic Code data item and replace with an additional secondary ICD field

Data sets / returns affected:

- Admitted Patient Care Data Set (APC Ds)
- Outpatient Data Set (OP Ds)

Please address enquiries about this Data Standards Change Notice to the Data Standards Team in NHS Wales Informatics Service

E-mail: data.standards@wales.nhs.uk

The Welsh Information Standards Board is responsible for appraising information standards. Submission documents and WISB Outcomes relating to the approval of this standard can be found at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=742&pid=24632>

DATA STANDARDS CHANGE NOTICE

Introduction

Due to the data dictionary definition of the subsidiary diagnosis field and its placement directly following the primary diagnosis field in the Admitted Patient Care dataset structure there is variation in how it is currently utilised by Health Boards.

Amongst a number of health boards, the field is used as the 2nd available diagnosis code, this is also how the data is stored in the NWIS tables and analyses. However, a number of others currently do not appear to populate this field, leaving it blank and then place the next code in the 1st secondary ICD field.

This makes analysis of the data significantly more difficult as all scripts need to be written to take into account the two ways that data appears in the submission.

With regard to clinical coding standards, the existence of the subsidiary diagnosis field is meaningless. It appears to have been created originally as a dedicated field for asterisk codes and external cause codes. As coding has become more flexible (and therefore more complex) over the last 15 years the use of a single field for these code types has become unnecessary, as they can be found more frequently in modern data and in almost any position in the data set.

Description of Change

To retire the data item Subsidiary ICD Diagnostic Code from both the APC and OP Data sets.

To add an additional secondary ICD field (13th Secondary (ICD)) to the APC data set.

To add an additional secondary ICD field (2nd Secondary (ICD)) to the OP data set.

Data Dictionary Version

Where applicable, this DSCN reflects changes introduced by DSCN and/or DDCN since the release of version 4.10 of the NHS Wales Data Dictionary.

The changes introduced by such DSCNs will be published in version 4.11 of the NHS Wales Data Dictionary.

Actions Required

Actions for Local Health Boards / Trusts:

- Update APC data submission to report ICD codes in line with the adjusted field mappings.

Existing data item		Proposed data item
Primary (ICD)	>	Primary (ICD)
Subsidiary (ICD)	>	1st Secondary (ICD)
1st Secondary (ICD)	>	2nd Secondary (ICD)
2nd Secondary (ICD)	>	3rd Secondary (ICD)
3rd Secondary (ICD)	>	4th Secondary (ICD)
4th Secondary (ICD)	>	5th Secondary (ICD)
5th Secondary (ICD)	>	6th Secondary (ICD)
6th Secondary (ICD)	>	7th Secondary (ICD)
7th Secondary (ICD)	>	8th Secondary (ICD)
8th Secondary (ICD)	>	9th Secondary (ICD)
9th Secondary (ICD)	>	10th Secondary (ICD)
10th Secondary (ICD)	>	11th Secondary (ICD)
11th Secondary (ICD)	>	12th Secondary (ICD)
12th Secondary (ICD)	>	13th Secondary (ICD)

- Update OP data submission to report ICD codes in line with the adjusted field mappings.

Existing data item	-	Proposed data item
Primary (ICD)	>	Primary (ICD)
Subsidiary (ICD)	>	1st Secondary (ICD)
1st Secondary (ICD)	>	2nd Secondary (ICD)

Actions for NHS Wales Informatics Service:

- Ensure the data warehouse infrastructure is updated for submission and processing.

Appendix A: Table reflecting areas that are impacted as a result of this DSCN

The following table shows where there are changes to the scope and/or definitions of applicable data sets, data items, terms and other associated areas that are linked with the changes documented within this DSCN.

Each data definition type is listed in alphabetical order and is shown in the sequence in which it appears in this DSCN.

Data Definition Type	Name	New/Retired/Changed	Page Number
Data Set Structure	Admitted Patient Care Data Set (APC Ds)	Changed	6
Data Set Structure	Outpatient Data Set (OP Ds)	Changed	11
Data Item	Subsidiary ICD Diagnostic Code	Retired	14

Appendix B: Highlighted changes to be made to the NHS Wales Data Dictionary

Changes to the NHS Wales Data Dictionary are detailed below, with new text being highlighted in **blue** and deletions are shown with a **strikethrough**. The text shaded in **grey** shows existing text copied from the NHS Wales Data Dictionary.

Admitted Patient Care Data Set (APC Ds)

Data Set Structure

FIRST INTRODUCED 1ST APRIL 1999

Rating 1=mandatory 2=optional		PEDW data item	Format/length
1	Record Id		an1
	CONTRACT DETAILS		
1	Organisation Code (Code of Provider)	Yes	an5
1	Organisation Code (Code of Commissioner)	Yes	an5
1	Commissioning Serial Number	Yes	an6
1	Commissioners Reference Number		an17
	PATIENT DETAILS		
1	NHS Number	Yes	n10
1	NHS Number Status Indicator	Yes	n2
1	Patient's name	Yes	an70 or structured name with 2 an35 elements
1	Name Format Code	Yes	n1
1	Patient's Usual Address	Yes	an175 (5 lines each an35)
1	Postcode of Usual Address	Yes	an8
1	Organisation Code (LHB Area of Residence)		an3
1	Sex	Yes	n1
1	Marital Status (Mandatory for Psychiatric Patients)	Yes	an1
1	Birth Date	Yes	ccyymmdd
1	Birth Date Status	Yes	n1
1	General Medical Practitioner (code of registered GMP) *	Yes	an8
1	Local Patient Identifier	Yes	an10
1	Ethnic Group	Yes	an2
1	Legal Status Classification	Yes	n2 - Legal Status Classification and Administrative Category

			replaced Category of Patient in April 1999
	REFERRAL DETAILS		
1	Referrer Code	Yes	an8
1	Referring Organisation Code	Yes	an6
	PROVIDER SPELL DETAILS		
1	Hospital Provider Spell Number	Yes	an12
1	Administrative Category	Yes	n2 - Legal Status Classification and
1	Decision to Admit Date	Yes	ccyymmdd
1	Decision to Admit Date Status	Yes	n1
1	Start Date (Hospital Provider Spell)	Yes	ccyymmdd
1	Admission Method (Hospital Provider Spell)	Yes	n2
1	Duration of Elective Wait	Yes	n4
1	Intended Management	Yes	n1
1	Source of Admission (Hospital Provider Spell)	Yes	n2
1	Discharge Date (Hospital Provider Spell)	Yes	ccyymmdd
1	Discharge Date Status	Yes	n1
1	Discharge Method (Hospital Provider Spell)	Yes	n1
1	Discharge Destination (Hospital Provider Spell)	Yes	n2
1	Patient Classification	Yes	n1
1	Healthcare Resource Group	Yes	an3 –Health Resource Group (HRG) replaced (DRG) in April 2000
	CONSULTANT EPISODE DETAILS		
1	Episode Number	Yes	n2
1	Last Episode in Spell Indicator		n1
1	Site Code (of treatment)	Yes	an5
1	Ward Type at Start of Episode	Yes	n7
1	Start Date (Consultant Episode)	Yes	ccyymmdd
1	End date (Consultant Episode)	Yes	ccyymmdd
1	End Date Status	Yes	n1
1	Main Specialty (consultant)		n3
1	Treatment Function Code	Yes	n3

1	Local Sub Specialty	Yes	an3
1	Consultant Code	Yes	an8
1	First Regular Day or Night Admission	Yes	n1
1	Neonatal Level of Care	Yes	n1
1	Psychiatric Patient Status	Yes	n1
	Diagnostic Codes		
	Mandatory ICD-10 diagnostic coding		
1	Primary (ICD)	Yes	an6
1	Subsidiary (if necessary) (ICD)	Yes	an6
1	1st Secondary (ICD)	Yes	an6
1	2nd Secondary (ICD)	Yes	an6
1	3rd Secondary (ICD)	Yes	an6
1	4th Secondary (ICD)	Yes	an6
1	5th Secondary (ICD)		an6
1	6th Secondary (ICD)		an6
1	7th Secondary (ICD)		an6
1	8th Secondary (ICD)		an6
1	9th Secondary (ICD)		an6
1	10th Secondary (ICD)		an6
1	11th Secondary (ICD)		an6
1	12th Secondary (ICD)		an6
1	13th Secondary (ICD)		an6
1	Histological Diagnosis	Yes	an6
1	Source of Histological Diagnosis	Yes	n1
	Patient Procedure Codes		
1	Operation Status		n1
	Mandatory OPCS procedure coding (up to 12 Operative Procedures per episode)		
1	Primary Procedure (OPCS)	Yes	an4
1	Procedure Date	Yes	ccyymmdd
1	Procedure Date Status	Yes	n1
1	2nd Procedure (OPCS) - 12th Procedure (OPCS) items as for Primary Procedure (OPCS)	Yes (up to 4th procedure for PEDW)	an4
1	Record Type	Yes	n2
	PREGNANCY & DELIVERY DETAILS		
1	General Medical Practitioner (code of GMP)	Yes	an8

	responsible for Antenatal care)		
1	First Antenatal Assessment Date	Yes	ccyymmdd
1	First Antenatal Assessment Date Status	Yes	n1
1	Pregnancy : Total Previous Pregnancies	Yes	n2
1	Delivery Place Type (actual)	Yes	n1
1	Delivery Date		ccyymmdd
1	Delivery Place Type (intended)	Yes	n1
1	Delivery Place Change Reason	Yes	n1
1	Gestation Length	Yes	n2
1	Labour / Delivery Onset Method	Yes	n1
1	Delivery Method	Yes	n1
1	Status of Person Conducting Delivery	Yes	n1
1	Anaesthetic given during Labour/Delivery	Yes	n1
1	Anaesthetic given Post Labour/Delivery	Yes	n1
1	Number of Babies	Yes	n1
	Birth details (up to 6 births from one pregnancy)		
	1st Baby		
1	Sex	Yes	n1
1	Birth Order	Yes	n1
1	Live or Still Birth	Yes	n1
1	Birth Weight	Yes	n4
1	Resuscitation Method	Yes	n1
1	Birth Date (baby)	Yes	ccyymmdd
1	Birth Date (mother)		ccyymmdd
1	Birth Date Status (mother)		n1
	2nd Baby, 3rd Baby, 4th Baby, 5th Baby and 6th Baby : Items as 1st Baby		
	Waiting List Details		
1	Waiting List Date	Yes	ccyymmdd
1	Waiting List Date Status	Yes	n1
	GP Practice Details		
1	Code of Registered GP Practice	Yes	an6
	Time Details		
1	Start Time (Hospital Provider Spell)		hh:mm:ss

1	Discharge Time (Hospital Provider Spell)		hh:mm:ss
1	Start Time (Consultant Episode)		hh:mm:ss
1	End Time(Consultant Episode)		hh:mm:ss

* Where no data is present, the field must be populated with spaces due to the fixed field length format of the submitted file. However, if necessary 'General Medical Practitioner (Code of Registered GMP)' may still be included in the submitted file.

Outpatient Data Set (OP Ds)

Data Set Structure

FIRST INTRODUCED APRIL 1999

Rating 1=mandatory 2=optional		Format/length
1	Record Id	an1
	CONTRACT DETAILS	
1	Organisation Code (Code of Provider)	an5
1	Organisation Code (Code of Commissioner)	an5
1	Commissioning Serial Number	an6
2	Health Care Contract Line Number	an10
1	Commissioners Reference Number	an17
	PATIENT DETAILS	
1	NHS Number	n10
1	NHS Number Status Indicator	n2 - from April 1999
1	Patient's Name	an70 or structured name with 2 an35 elements
1	Name Format Code	n1
1	Patient's Usual Address	an175 (5 lines each an35)
1	Postcode of Usual Address	an8
1	Organisation Code (LHB Area of Residence)	an3
1	Sex	n1
2	Carer Support Indicator	an2
1	Birth Date	ccyymmdd
1	Birth Date Status	n1
2	† (see below)	an8
1	Code of Registered GP Practice	an6
1	Local Patient Identifier	an10
	REFERRAL DETAILS	
1	Referrer Code	an8
1	Referring Organisation Code	an6
1	Service Type Requested	n1
1	Date of Patient Referral	ccyymmdd
1	Patient Referral Date Status	n1
1	Clinical Referral Date	ccyymmdd

1	Clinical Referral Date Status	n1
1	Priority Type (new patients)	n1
	EPISODE DETAILS	
1	Source of Referral: Outpatients	an2
1	Main Specialty (consultant)	n3
1	Treatment Function Code	n3
2	Local Sub-Specialty	an3
1	Clinic Purpose	an15
1	Consultant Code	an8
	APPOINTMENT AND ATTENDANCE DETAILS	
1	Attendance Identifier	an12
1	Administrative Category	n2
1	Location Type Code	n2
1	Site Code (of Treatment)	an5
1	Medical Staff Type Seeing Patient	an2
1	Attendance Date	ccyymmdd
1	Attendance Date Status	n1
1	Attendance Category	n1
1	Attended or Did Not Attend	n1
1	Outcome of Attendance	n1
1	Last DNA or Patient Cancelled Date	ccyymmdd
1	Last DNA or Patient Cancelled Date Status	n1
	Patient Diagnostic Codes (optional)	
2	Primary (ICD)	an6
2	Subsidiary (ICD)	an6
2	1st Secondary (ICD)	an6
2	2nd Secondary (ICD)	an6
	Patient Procedure Codes	
1	Operation Status (per attendance)	n1
	OPCS procedure coding	
1	Primary Procedure Code (OPCS)	an4
1	Procedure Code 2 (OPCS)	an4
1	Procedure Code 3 (OPCS)	an4
1	Procedure Code 4 (OPCS)	an4
1	Procedure Code 5 (OPCS)	an4

1	Procedure Code 6 (OPCS)	an4
1	Procedure Code 7 (OPCS)	an4
1	Procedure Code 8 (OPCS)	an4
1	Procedure Code 9 (OPCS)	an4
1	Procedure Code 10 (OPCS)	an4
1	Procedure Code 11 (OPCS)	an4
1	Procedure Code 12 (OPCS)	an4
	Waiting List Details	
1	Waiting List Date	ccyymmdd
1	Waiting List Date Status	n1

† Where no data is present, the field must be populated with spaces due to the fixed field length format of the submitted file. However, if necessary 'General Medical Practitioner (Code of Registered GMP)' may still be included in the submitted file.

Subsidiary ICD Diagnostic Code

This data item is / was included in the following data sets / collections between the dates shown:

Data Set / Collection	Valid From	Valid To
APC ds99	1 st April 1999	TBC
OP ds	1 st April 1999	TBC

This is the subsidiary diagnosis code. A subsidiary field can be used for the recording of asterisk codes (when linked to the primary dagger code) or for external cause codes when linked to primary diagnosis. Any other secondary diagnosis is entered into the 1st, 2nd, 3rd secondary fields.

It is a classification of diseases, injuries and causes of death according to the 10th Revision of International Statistical Classification of Diseases and Health Related Problems (ICD10).

ICD Version	Valid From	Valid To
ICD-9		30 th September 1994
ICD-10	1 st August 1994	30 th June 2012
ICD-10 4 th Edition	1 st July 2012	

Format: 6 character alpha-numeric

Value	Meaning
ANNXXX	ICD10 code (or compatible code)
Spaces	Not applicable
Character position	Valid Values
1	A-Z
2-3	00-99
4	0-9, or 'X' if absent
5	0-9, or space if absent
6	A, D or space