

Subject(s):	<i>KC64 – Community Dental Service Wales Return</i>
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<p>Please address enquiries about this Data Dictionary Change Notice to the Data Standards Team in NHS Wales Informatics Service.</p> <p>E-mail: data.standards@wales.nhs.uk Tel: 029 2050 2539/2540</p>	
<p>The NHS Wales Data Dictionary can be accessed via the following link:</p> <p>http://www.datadictionary.wales.nhs.uk/</p>	

Reason for Change

[DSCN 2011/03](#) introduced a revised KC64 proforma for the annual collection of non-sensitive data about the Community Dental Service for its publication in associated Welsh Government statistical releases.

In that DSCN it was stated that changes to the NHS Wales Data Dictionary associated with the introduction of the revised return would be handled separately via a DDCN. This is the first of two DDCNs to cover these changes.

There are many references to the KC64 return included throughout data dictionary, a number of which are shown in a non-standard way. Furthermore, the introduction of the new proforma necessitates a review of the data definitions associated with the KC64 return. Therefore it has been decided that a two-stage approach to refreshing the data dictionary in relation to the KC64 would be sensible.

This first DDCN will cover the removal of all KC64 references from the data dictionary. A second DDCN will cover the introduction of new content.

Description of Change

To remove all references to the KC64 return in the NHS Wales Data Dictionary in preparation for a further DDCN to reflect the introduction of the new annual CDSWR.

Section 1: Table reflecting areas that are impacted as a result of this DDCN

The following table shows all parts of the dictionary, including data sets, data items, terms and associated areas that are linked with the changes documented within this DDCN.

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

Data Definition Type	Name	New/Retired/Changed	Page
Aggregate Proformas	Korner – Data Items	Changed	4
Aggregate Proformas	Korner – Terms	Changed	4-8
Data Items (A-Z)	Care Group (Community Dental Services)	Changed	9
Data Items (A-Z)	Type of Preventive Programme (Dental)	Changed	9
Terms (A-Z)	Age	Changed	10
Terms (A-Z)	Care Group (Cds)	Changed	10
Terms (A-Z)	Community Dental Services (Cds)	Changed	10-15
Terms (A-Z)	Contact (Community Dental Service)	Changed	15-16
Terms (A-Z)	Dental Health Education	Changed	16
Terms (A-Z)	Dental Health Programme	Changed	16
Terms (A-Z)	Dental Intervention	Changed	16
Terms (A-Z)	Dental Officer	Changed	16
Terms (A-Z)	Epidemiology	Changed	16
Terms (A-Z)	Episode of Care (Community Dental Services)	Changed	16-17
Terms (A-Z)	General Anesthetic	Changed	17
Terms (A-Z)	Handicap	Changed	17-18
Terms (A-Z)	Hours Worked	Changed	18-19
Terms (A-Z)	Hygienist	Changed	19
Terms (A-Z)	Intervention	Changed	19
Terms (A-Z)	Location of Contact	Changed	19-20
Terms (A-Z)	Population	Changed	22
Terms (A-Z)	Preventive Programmes (Cds)	Changed	22
Terms (A-Z)	Reason for Referral (Cds)	Changed	23
Terms (A-Z)	Screening Programmes	Changed	23
Terms (A-Z)	Target Numbers	Changed	23
Terms (A-Z)	Therapist (Cds)	Changed	23
Terms (A-Z)	Treatment (Cds)	Changed	23
Terms (A-Z)	Type of Intervention (Cds)	Changed	23

Section 2: 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.

Changes to Aggregate Proformas

Korner - Data Items

[Care Group \(Community Dental Services\)](#) - ~~KC64~~

[Function Code \(Day Care\)](#) - KH14

[Legal Status](#) - KP90

[Mental Category](#) - KP90

[Request Category \(Diagnostic Procedure\)](#) - KH12

[Type of Preventive Programme \(Dental\)](#) - ~~KC64~~

Korner – Terms

[Action Taken](#) - KO41(A)/KO41(B)

[Admission](#) - KO36

[Age](#) - KO36, KC55, KC57, ~~KC64~~

[Ambulance Service](#) - KA34

[Assessment](#) - KC62

[Beds](#) - KO36

[Biopsy Referral Outcome](#) – KC61, KC65

[Cancers Diagnosed](#) - KC62

[Care Group \(Cds\)](#) - ~~KC64~~

[Category II Work](#) - KH12

[Cervical Cytology Screening](#) - KC53, KC61

[Colposcopy](#) – KC65

[Colposcopy Prime Procedure Type](#) – KC65

[Colposcopy Results Type](#) – KC65

[Colposcopy Visit Type](#) – KC65

[Community Dental Services \(Cds\)](#) – KC64

[Community Episode](#) - KC50-57

[Community-Type Residential Unit for the Mentally Handicapped](#) - KC55

[Complaint](#) - KO41(A)/KO41(B)

[Contact](#) - KC55-60, KT31

[Contact \(Community Dental Service\)](#) – KC64

[Contraception](#)- KT31

[Cross Section Analysis of Population Coverage within Period 1/4/XXXX – 31/3/XXXX](#) - KC63

[Cytology Results Type](#) – KC53, KC61

[Cytology Screening Action Type](#)– KC61

[Data Completeness Indicators](#) - KC62

[Day Care Attendance](#) - KH14

[Day Care Facility \(NHS\)](#) - KH14

[Day Care Function](#) - KH14

[Day Care Session](#) - KH14

[Day Case](#) - KO36

[Dental Health Education](#) – KC64

[Dental Health Programme](#) – KC64

[Dental Intervention](#) – KC64

[Dental Officer](#) – KC64

[Department](#) - KH12

[Detained Patient](#) - KP90

[Domiciliary Visit](#)- KC50-6364, KT31

[Dual Registration](#) - KO36

[Early Recalls](#) - KC62

[ECG \(Electrocardiogram\) Request](#) - KH12

[EEG \(Electroencephalogram\) Request](#) - KH12

[Emergency Call](#) - KA34

[Emergency Journey](#) - KA34

[Epidemiology](#) - KC64

[Episode Of Care \(Community Dental Services\)](#) - KC64

[Family Planning Clinic](#) - KT31

[First Contact](#) - KC55, KC57, KT31

[First Invitation for Routine Screening](#) - KC62

[Function](#) - KH14

[General Anesthetic](#) - KC64

[Group Session](#) - KC57

[Handicap](#) - KC64

[Hospice](#) - Kc55, KC57

[Hours Worked](#) - KC64

[Hygienist](#) - KC64

[Initial Contact](#) - KC57, KC60

[Intervention](#) - KC64

[Invitations and Outcomes](#) - KC62

[Isotope Procedure Request](#) - KH12

[Legal Status](#) - KP90

[Location Of Contact](#) - KC55, KC57, KC64

[Mental Category](#) - KP90

[Nurse \(Other\)](#) - KC55

[Operating Theatre](#) - KO36

[Outcome Measures](#) - KC62

[Patient Journey](#) - KA34

[Patient's Home](#) - KC55, KC57

[Percentile Time Values](#) - KA34

[Permanent Resident](#) - KO36

[Place Days](#) - KH14

~~[Population](#) - KC64~~

~~[Preventive Programmes \(Cds\)](#) - KC64~~

[Primary Course Of Immunisation](#) - KC50

[Priority Of Journey](#) - KA34

[Proxy Contact](#) - KC55, KC57

[Psychiatric Patient](#) - KP90

[Psychopathic Disorder](#) - KP90

~~[Reason For Referral \(Cds\)](#) - KC64~~

[Regular Attendee Episode](#) - KH14

[Regular \(Day\) Attendee](#) - KH14

[Request/Source Category](#) - KH12

[Request For Diagnostic Test](#) - KH12

[Resident](#) - KO36

[Resident Medical Staff](#) - KO36

[Residential Accommodation](#) - KC55, KC57

[Response Time](#) - KA34

[Routine Invitation to Previous Attendees \(last screen more than 5 years previously\)](#) - KC62

[Routine Invitation to Previous Attendees \(last screen within 5 years\)](#) - KC62

[Routine Invitation to Previous Non-attendees](#) - KC62

[School Premises](#) - KC55, KC57

[Screening Invitation Date](#) - KC53

[Screening Invitation Type](#) - KC53

~~[Screening Programmes](#) - KC53, KC64~~

[Screening Status](#) - KC53

[Screening Test Date](#) - KC53

[Self/GP Referrals of Women Not Screened Previously](#) - KC62

[Self/GP Referrals of Women Not Screened Previously \(last screen more than 5 years previously\)](#) - KC62

[Self/GP Referrals of Women Screened Previously \(last screen within 5 years\)](#) - KC62

[Sexually Transmitted Diseases](#) - KC60

[Short Stay Beds](#) - KO36

[Short Stay Resident](#) - KO36

[Skin Test](#) - KC50

[Smear Source Type](#) - KC61

[Source Of Referral \(Cds\)](#) - KA34

[Special Journey](#) - KA34

[Specialty Function](#) - KH14

[Staff Numbers](#) - KO36

[Standard Whole Time](#) - KO36

[Status of Cancer](#) - KC62

[Supported Resident](#) - KO36

[Target Numbers](#) - KC64

[Target Population](#) - KC50-53

[Therapist \(Cds\)](#) - KC64

[Treatment](#) - KC64

[Tuberculin Skin Test](#) - KC50

[Type Of Complaint](#) - KO41 (A)/KO41 (B)

[Type Of Intervention](#) - KC64

[Urgent Journey](#) - KA34

[Women with Open Episodes](#) - KC63

[Younger Physically Disabled](#) - KH14

Changes to Data Items

Care Group (Community Dental Services)

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

Data Set / Collection	Valid From	Valid To
KC64	-	-

This is the sector of the population at which the dental programme is targeted.

Format: 1 digit numeric

Value	Meaning
1	Pre-school children
2	Primary school children
3	Secondary school children
4	Expectant and nursing mothers
5	Elderly in residential homes
Space	Other, specified

See [COMMUNITY DENTAL SERVICES \(GDS\)](#).

Type of Preventive Programme (Dental)

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

Data Set / Collection	Valid From	Valid To
KC64	-	-

The type of preventive dental programme

Format: 1 digit numeric

Value	Meaning
1	Fluoride tablets
2	Fluoride rinses
3	Fissure sealants
Space	Other, specified

See [Community Dental Services](#)

Changes to Terms

Age

Where age is measured in years, this refers to whole years e.g. a patient or client aged 19 years and 11 months would be counted as 19 years old.

For KO36

Age on admission to the home

For KC55, 57

Age at first contact: the age of the patient (or client) even if the first contact in the period happens to be with the patients (or clients) proxy.

For KC64

Treatment by age group: the age of the patient recorded in the breakdown of contacts and episodes of care, is the age on the date of the first contact with the community dental services in the relevant financial year.

Care Group (Cds)

See [Community Dental Services \(CDS\)](#)

See Care Group (CDS)

Community Dental Services (Cds)

The activities of the community dental services (CDS) may be sub-divided into the following types of activity:

A.	Structured programmes: which may be:
i	Screening programmes: a screening programme is the process of covering a large population, using the simplest possible tests to identify those individuals in need of a full clinical examination in a dental surgery. These programmes are carried out to identify individuals who require dental care, including counselling and advice.
-	Number screened: the numbers of individuals who were contacted during the relevant year in each of the screening programmes identified as having been conducted in that year
-	Number referred: the number of those identified as having been screened in each screening programme considered to require more detailed examination. The destination of referral should be the destination intended at the time of screening i.e.:

	<p>[A] GDS: general dental service [B] GDS: community dental service [C] HDS: hospital dental service</p>
#	<p>Preventive programmes: a preventive programme is an activity through which individuals in a defined target group are identified and who receive some prophylactic or protective measure or advice designed to improve oral health in that target group. A single preventive programme can contain more than one type of programme activity. Each activity occurring as part of the programme should be identified (codes are listed under Type of Preventive Programme (Dental). Data Items (A – Z)</p> <p>Dental health education: a programme providing dental health education, advice or promotion which is given to a group of individuals. This activity occurs outside the dental surgery</p> <p>Fluoride tablets: a preventive programme in which fluoride tablets BPG are used</p> <p>Fluoride rinses: a preventive programme in which a mouth rinse containing a fluoride preparation as its active ingredient, is used</p> <p>Fissure sealants: a preventive programme in which a material normally used as a fissure sealant in dentistry is used as a preventive agent. Sealant restorations would not be included in this category</p> <p>Others: preventive methods not listed above</p>
-	<p>Care group refers to the sector of the population at which the programme is targeted. Codes are listed under Care Group (GDS), Data Items (A – Z)</p> <p>Pre-school children: any child who is born in the relevant year or who is under 5 years of age on September 1st in the relevant financial year, and is not yet admitted to a state maintained nursery or primary school.</p> <p>Primary school children: any child who is aged no more than 11 years on September 1st in the relevant financial year, and attends a state maintained nursery or primary school.</p> <p>Secondary school children: any child who is aged between 11 and 16 inclusive on September 1st in the relevant financial year, and attends a state maintained secondary school.</p> <p>Expectant and nursing mothers: any woman who is pregnant, or who has given birth during the past 12 months.</p> <p>Elderly in residential accommodation: any person who is at least 65 years of age and is living in supervised residential accommodation in the district, at the time of screening/treatment.</p> <p>Others: other groups should be similarly defined by characteristics which, if they vary over time, are related to a specific date or period of time.</p>
-	<p>Population: populations can be estimated from a variety of sources. Although school populations provide a convenient estimate for some of</p>

	the care groups named above, mid-year estimates may be a better source because they more closely relate to the district-resident population.
-	Target numbers: that part of the population group which the programme aimed to reach. Where a cycle of a programme spans more than one year, this number should relate only to those targeted in the financial year to which the return relates.

Notes for completion of KC64:

1. Where a programme is operated on a regular cycle, information should relate only to activities undertaken during the year to which the return relates. The return will not therefore contain data relating to activity which occurred as part of that cycle of the programme, but in a previous year.

2. Where schools outside the state system request to be included in the screening programme, figures for such schools should be included in the information given.

(b)	Epidemiology: dental Epidemiology comprises studies whose purpose is to investigate aspects of public dental health of a population as a whole or subsets thereof. It is distinguished from screening by being a more complex study with wider objectives than the identification of individuals requiring care.
(c)	Treatment: treatment consists of all therapeutic interventions carried out on a one-to-one basis for patients, by registered CDS staff, for the prevention or resolution of oral disease.
-	An intervention occurs when examination, preventive advice or treatment is undertaken within a contact.
-	Counting interventions: When a patient receives care at a single attendance or contact under more than one intervention heading, count each as a separate intervention. When a patient receives care at a single attendance from more than one clinician each counts as a separate intervention.
-	Treatment is classified according to the type of intervention: Examination only: patients undergo examination, but no treatment is required and no preventive counselling is provided Examination leading to prevention/treatment: patients undergo examination, but treatment or preventive counselling is also subsequently given. Preventive counselling: this may include detailed dietary, oral hygiene and fluoride supplement advice including, where necessary, the completion of diet sheets and tooth-brushing demonstration on the patient. NB: Include only those interventions which occur as part of an episode of care, exclude those which occur as part of a preventive programme. Topical fluoride: includes the application of topical fluoride gels to the

teeth. Excludes fluoride mouth rinsing as part of a preventive programme and fluoride mouth rinsing prescribed for home use.

Fissure sealants: a procedure where a recognized fissure sealant material is used as the primary agent. Excludes sealant restorations, which are classified as restorative treatment.

Gumshields/mouthguards: includes the construction and fitting of gumshields/mouthguards for the prevention of injury to the teeth in certain sporting activities.

Sealing and polishing: all procedures by which deposits are removed from the teeth by registered dental staff.

Restorative treatment: includes the provision of crowns, veneers, fillings, adhesive and sealant restoration.

Extraction – non-orthodontic: the removal from the mouth of the whole or part of a natural tooth, for reasons other than for orthodontic purposes.

Extraction – orthodontic: the removal from the mouth of the whole or part of a natural tooth, primarily for orthodontic reasons

Orthodontics: includes orthodontic impressions, fitting and adjusting of orthodontic appliances, as well as orthodontic diagnosis and treatment planning. Excludes radiographs.

Prosthetics: the provision of fixed or removable appliances, replacing one or more teeth. Includes bridges, removable dentures and obturators carrying teeth.

Periodontal treatment: this should include root planning, pocket irrigation, gingival surgery, etc., which was carried out by registered dental staff.

X-rays: the taking of intra-oral and/or extra-oral x-rays whether for orthodontic or other purposes.

General anesthetic: excludes such therapies as relative analgesics, intravenous sedation, other sedative techniques, hypnosis, electric stimulation anesthetic or local anesthetic.

Sedation: a technique in which the use of a drug or combination of drugs produces a state of depression of the central nervous system without loss of basic protective reflexes, enabling treatment to be carried out such that the patient will respond to command throughout the period of sedation. The drugs, and techniques used, should carry a margin of safety, wide enough to render unintended loss of consciousness unlikely.

- **Source of referral** for treatment by the community dental services may be:

Recall: patients who attend as part of a recall system following previous episode of care in the CDS.

Screening: patients whose initial contact in an episode was initiated by a screening programme.

	<p>GDP: patients whose initial contact in an episode was initiated by referral from a general dental practitioner.</p> <p>Hospital: patients whose initial contact in an episode was initiated by referral from a hospital dental practitioner.</p> <p>Self-referral: patients whose initial contact in an episode was initiated at the request of the patient or their proxy (e.g. a relative looking after an elderly person).</p> <p>Other health professional: patients whose initial contact in an episode was initiated by referral from another health professional e.g. health visitor, general medical practitioner, etc., including other community dental officer.</p> <p>Other: any other source of referral for an initial contact.</p>
-	<p>Reasons for referral to the community dental services are classified for specific reasons only:</p> <p>Unable to obtain treatment in the GDS: patients for whom there is evidence of inability, for any reason, to obtain treatment from the general dental service (GDS). Excludes referrals from the GDS which should be classified in the relevant category below.</p> <p>Emergency: patients attending because of toothache, pain, facial swelling, fractured incisors etc.</p> <p>Orthodontic care: patients for whom the prime reason for referral is orthodontic treatment or diagnosis.</p> <p>Extractions under general anaesthetic: patients referred for the removal of a tooth under general anaesthetic.</p> <p>Restorative treatment under general anaesthetic/sedation: patients referred for restorative treatment under general anaesthetic or sedation.</p>
-	<p>Locations of contacts with the community dental services for treatment are defined:</p> <p>Health centre/clinic: a dental surgery used for CDS purposes in a health centre, clinic, hospital or school.</p> <p>Mobile surgery: any towable or self-drive vehicle containing a dental surgery.</p> <p>Domiciliary: contacts made as part of a domiciliary visit or consultation at other than clinical premises.</p> <p>Hospital: contacts occurring on a hospital site, excluding the use of a surgery for GDS purposes. See also terms Age, Handicap, Episode of Care (GDS), Contact (GDS)</p>
(d)	<p>Administration: relates to sessions or part sessions spent on administration, other than essential administration within clinical sessions. It also includes dental officer and staff meetings. Meetings to</p>

	arrange the provision of educational opportunities and schemes should be included here. Excludes meetings at which some educational element is undertaken e.g. the development of administrative skills necessary to execute the work of the CDS. These should be counted as education and training.
(e)	Education and training: includes all postgraduate continuing education, higher training and academic study for which study leave is required that takes place during working hours. This will include meetings of the CDS Group – Welsh Division, BASCOD, etc.
(f)	Audit: includes time spent on group audit sessions, including pre-meeting case selections. Also includes any peer-group clinical review sessions.

Interventions, contacts and hours worked are counted by **grade of staff:**

a.	Dental officer: any registered dentist employed by the CDS.
b.	Therapist: any registered dental therapist employed by the CDS.
c.	Hygienist: any registered dental hygienist employed by the CDS.
d.	Other CDS staff: individuals on the budget of the CDS, who are not in one of the above categories, but carry out activities in dental health promotion or preventive programmes involving direct contact with a target population subgroup, or who are involved in the administration of the service, such as dedicated receptionists, secretaries or executive officers who provide non-clinical support services.

See also [Hours Worked](#)

Contact (Community Dental Service)

A contact is a patient visit, and occurs each time a patient is seen face-to-face by a member of the community dental service (CDS) for the purpose of examination, treatment, or prevention of oral disease (including advice). When a patient receives care at a single attendance from more than one clinician, each counts as a separate contact.

First contact in the financial year: the first contact between the patient and the CDS during the relevant financial year.

Initial contact: the first visit in an episode of care.

Subsequent contact: any contact other than the initial contact in an episode of care.

Notes:

1. Each patient seen during the financial year counts as a first contact, regardless of how often they are seen, how many episodes of care they undergo, and how many CDS staff they are seen by.

2. Each patient may have only one first contact.

3. The number of first contacts is intended to indicate the numbers of patients receiving care during the financial year.

4. A visit as part of an episode which started in a previous financial year would be a subsequent contact, never an initial contact.

5. A patient who underwent an episode of care at the start of the year and was recalled six months later would have two initial contacts.

6. The first patient visit in the financial year counts as the first contact in the financial year, but need not be an initial contact as the episode may have started in a previous year.

Dental Health Education

See [Community Dental Services](#)

Dental Health Programme

See [Community Dental Services](#)

Dental Intervention

See [Community Dental Services](#)

Dental Officer

See [Community Dental Services](#)

Epidemiology

See [Community Dental Services](#)

Episode of Care (Community Dental Services)

An episode of care comprises of one or a series of contacts with community dental service staff relating to a treatment plan arising from an examination and diagnosis.

A patient may have concurrent episodes of care if, in the course of executing a treatment plan, a separate treatment need is identified. This will most often occur during a long course of treatment, probably orthodontic.

An episode of care may be:

- | | |
|----|---|
| a) | A contact for examination only where no treatment or preventive advice is required. |
|----|---|

b)	A contact where examination and preventive advice is given but no treatment.
e)	A series of contacts including treatment.

An episode of care may end as:

a)	A completed episode of care i.e. ending with the completion of the treatment plan or, where no treatment is required, with the completion of the examination/advice.
b)	A discontinued episode i.e. ending with the patient's failure to attend at two successive appointments for continuing care or the patient's failure to attend at an appointment for continuing treatment and in the ensuing three months.

For KC64

Count:

a)	Only those episodes which were completed in the relevant financial year.
b)	Under the intervention headings each completed episode which included that type of intervention (not the number of that type of intervention) irrespective of whether the intervention was made in the last financial year.
c)	Episodes involving care under more than one intervention heading as one completed episode per intervention heading.
d)	Each episode once only under a particular intervention heading, even if that intervention occurs more than once during an episode.

General Anesthetic

See [Community Dental Services](#)

See [Anesthetic](#)

Handicap

This is a disadvantage for a given individual, resulting from impairment or a disability that limits or prevents the fulfillment of a role that is normal (depending on age, sex and cultural factors) for that individual.

For KC64

A handicapped person has a disability which affects their oral condition, the time taken for, or their access to dental treatment. The determination of disability is for the judgment of the responsible dental officer and should not involve clinical measurement.

Notes:

1. The nature of treatment is deemed to be affected if the choice of treatment could differ because of disability. An effect on the time taken is not relevant unless it is significant in relation to the totality of dental treatment.

2. Access to dental treatment is most obviously affected by locomotive and seeing disabilities, but patients with other disabilities, for instance in the area of intellectual functioning, should also be included as handicapped if their attendance with the general dental service (GDS) might be affected by their disability.

Hours Worked

For KC64:

Hours worked: the actual time spent on each aspect of the service including education, audit and administration but excluding absences due to annual leave etc. It includes time spent on activities such as organisation and planning which are associated with the aspect of the service in question. Time should be rounded to the nearest whole number of hours for KC64. Travel time is accounted for separately. This should exclude journeys between home and base location.

For SBH50-59a:

Contracted hours: the weekly number of hours for which the officer is paid.

Notes:

1. For occasional sessional staff contracted as "part time in the community health service (paid at sessional rate)" add the result of the following calculation to the weekly hours for which the officer is contracted. Total hours paid at sessional rate in pay period ending 30th September in census year divided by the number of weeks (4 or 5) in pay period

2. For other occasional sessional staff enter the weekly number of hours for which the officer is contracted. In addition, a separate entry must be made for the occasional sessional hours - calculated as above. For this entry [NATURE OF CONTRACT = 7](#).

3. For honorary staff: the average weekly number of hours of work for which payment would have been made if the post was a paid one.

Class 1/2/3 hours: for officers with a new style junior doctor's contract, time is measured in hours, classed as follows:

a)	Class 1: new style full shift contract. A full shift working arrangement is one under which practitioners; contracted in terms of basic hours, work a shift on a regular basis rotating around the shift pattern.
b)	Class 2: new style partial shift contract. A partial shift working arrangement involves practitioners, contracted in terms of basic hours, principally working normal weekdays, which might at intervals work a different duty e.g. a week on nights every fourth week.
c)	Class 3: new style "on call" contract. An on call rota working arrangement is where practitioners, contracted in terms of basic working hours or UMTs, work a normal day Monday to Friday and are on call in rotation for the

remainder of the 24 hour period and at weekends.

See [Notional Half Days](#)

See [Medical or Dental Officer](#)

Hygienist

See [Community Dental Services](#)

Intervention

See [Community Dental Services](#)

Location of Contact

This is the type of physical location at which contact occurs between a health care practitioner and a patient or client (or proxy).

Codes * and definitions have been devised to enable the classification of location type. Each location must be classified by only one location type, regardless of the type of activity, specialty or client involved. The location type should only be altered if there is a complete change in use.

- Location type codes are not used in the central returns and are therefore outside the scope of this volume.

Location types are classified as follows:

a)	Clients or patient's home: the private residence (temporary or permanent) of the client or patient.
	<i>Includes:</i> foster home, hotel, bed & breakfast accommodation, university halls of residence, staff accommodation (e.g. nurses home), sheltered accommodation and other accommodation which may be used as a client's home.
	<i>Excludes:</i> residential institutions mentioned elsewhere in this classification.
b)	Health centre: an NHS owned or leased facility for use by local GPs and supporting local related services.
c)	Other GP premises: premises mainly used by a GP practice for patient consultations. The distinguishing feature from a health centre is that no health care services, other than those provided directly by the GP practice, are based at the premises.
d)	<u>DAY CARE FACILITY</u> , managed by the NHS at any site.
e)	Other clinic premises managed by the NHS
i.	Consultant clinic premises: NHS managed premises used mainly for patients to attend for consultation, examinations, investigation

	and/or treatment including minor operative procedures. The distinguishing feature is that the main use of the premises is for hospital consultant/consultant firms and diagnostic health professionals employed by a Local Health Board, to come into face-to-face contact with their patients.
	<i>Includes:</i> Out-Patient departments, A & E, Radiotherapy, Radiology and Physiological measurement departments
	<i>Excludes:</i> Wards, premises used primarily for day care, Paramedical departments and any other premises separately identified, Pathology departments and other areas not usually used for face-to-face contacts.
ii.	Health clinic premises: † non-hospital premises used for clients to attend for consultation, examinations, assessment and/or treatment. The distinguishing feature is that the main use of the premises is for community medical officers (including community pediatricians), community nurses, health visitors, community dentists and other health professionals to come into face-to-face contact with their clients.
	<i>Includes:</i> Child guidance centres, child assessment centres, family planning clinics and other "client-contact" health premises.
	<i>Excludes:</i> location types defined elsewhere in this classification.
iii.	Resource centre premises: † non-residential premises for the use of multi-disciplinary or specialist teams to see clients or patients either as referrals or self-referrals for treatment, advice and information. The provision of Resource Centres is usually for the care of those persons with mental health or mental handicap problems.
	<i>Excludes:</i> location types defined elsewhere in this classification.
f)	Elsewhere on hospital site or community type residential site.
	NB. A community style residential site for the mentally handicapped is a facility staffed by the NHS and managed separately from any hospital, which is located in the community and provides not more than 24 residential places for persons with a mental handicap; the facility, using primarily locally based resources, provides the residents with staffed accommodation, room, board and supervision; it might also provide other services, e.g. day care, to other people with a mental handicap.
	Residents at such a site are defined as hospital inpatients.
	This category <i>includes:</i>
i.	Ward: all wards on a NHS managed hospital site inclusive of wards open day-time only. Includes wards in NHS Hospices and NHS GP Hospitals.
ii.	Paramedical department: † premises, not defined above, which are provided mainly for the use of paramedical professionals (inclusive of audiology technicians).
iii.	Other health or local authority site thus located.
g)	Nursing home:
i.	NHS nursing home: staffed by nurses 24 hours a day, with facilities for client/patient's requiring residential nursing care provided by the NHS. Medical care continues to be the

	responsibility of the client/patient's GP. The premises may be used for nursing people suffering from sickness, injury or infirmity: pregnant women or women after childbirth: provision for certain services such as endoscopy or premises used for nursing or treatment for mentally disordered patients (mental nursing home).
h)	Hospice: non-NHS managed residential premises, voluntary or private, registered under section 23 of the Registered Homes Act 1984, for the provision of clinical pain relief and professional nursing care to resident patients who are terminally ill.
i)	Local authority residential accommodation: residential care homes which are managed by local authority:
i.	Group home: † Residential accommodation provided to cater for a small group of vulnerable persons (those with learning disabilities or who are mentally ill). Such premises are not normally staffed by nurses but may be staffed by care assistants during the day. Community nursing care is provided as required. In the event of the deterioration of health of one or more residents, 24 hour staff attendance may be provided on a temporary basis without affecting the status of the home.
	<i>Excludes:</i> sheltered accommodation.
ii.	Other residential care home: † any other residential accommodation providing board and personal care to the residents.
	<i>Includes:</i> homes for children, the elderly or physically disabled.
	<i>Excludes:</i> sheltered accommodation
j)	School premises: premises used primarily for primary and secondary education.
	<i>Includes:</i> Sixth form colleges, nursery schools and special schools
	<i>Excludes:</i> Nurseries, higher education establishments (i.e. those providing advanced courses leading to qualifications above GCE "A" Level)
k)	Other local authority premises: Premises not mentioned above which are managed by local authority:
i.	Day centre: † non-residential premises provided for the day care of vulnerable groups of persons e.g. the elderly, mentally ill, mentally handicapped and physically disabled.
	<i>Includes non-NHS managed:</i> Adult training centre's, work related/training for work project areas, nursery-type facilities and any other day care type facility provided for the support and maintenance of function of vulnerable persons.
	<i>Excludes:</i> Premises provided for the general public
ii.	Resource centre ‡ managed by local authority.
iii.	Paramedical department ‡ managed by local authority.
iv.	Other health or local authority site: † any other premises (departments or facilities) providing health or social service type care where face-to-face contacts occur regardless of the main purpose of the premises.
	<i>Includes:</i> Health education or social centres, nurseries or crèches (excluding those classifiable to "day to day care"), leisure activity centres and the offices and staff training premises of health or

	social service professionals.
l)	Residential facility provided by voluntary or private agency: residential care homes which are managed by voluntary or private agents:
i.	Group home ‡
ii.	Other residential care home ‡
m)	Other facility provided by voluntary or private agency: facilities not mentioned above which are managed by voluntary or private agents:
i.	Day centre ‡
ii.	Health clinic ‡
iii.	Resource centre ‡
iv.	Paramedical department ‡
v.	Other health or local authority site ‡ thus managed
n)	Other:
	Managed by the NHS off NHS Hospital or community type residential sites.
i.	Group home ‡
ii.	Paramedical department ‡
iii.	Other health or local authority site ‡ thus managed
iv.	Prison department establishment: includes detention centres, youth custody centres and prisons.
v.	Public place or street: includes Police Station.
vi.	Other location: <i>includes</i> : First aid rooms in factories, Health facilities in universities, the private homes of health or social service professionals, other locations not classified elsewhere

‡ Appears more than once, classified by the management of the premises.

‡ Defined above.

Locations of dental contacts for KC64 have a separate classification.

See [Community Dental Services](#)

Population

See [Surveillance](#)

See [Community Dental Services](#)

Preventive Programmes (Gds)

See [Community Dental Services](#)

Reason for Referral (Gds)

See [Community Dental Services](#)

Screening Programmes

A programme directed towards the detection of a specific disease or condition in a target group: e.g.

a)	Cervical cancer in women of a particular age group
b)	Hypertension in adults of a particular age group
c)	Hearing impairment in school children

Screening makes use of the tests which can be applied rapidly to apparently well persons as a means of distinguishing those who probably have the condition from those who probably do not.

An individual may require retesting after an initial test for technical reasons or due to an inconclusive result. The screening test is not complete until such re-tests have been satisfactorily completed.

See [Cervical Cytology Screening](#)

See [Community Dental Services](#)

Target Numbers

See [Community Dental Services](#)

Therapist (Gds)

See [Community Dental Services](#)

Treatment (Gds)

See [Community Dental Services](#)

Type of Intervention (Gds)

See [Community Dental Services](#)