

<b>NOTIFICATION OF CHANGE</b>  Change endorsed by the Information Requirements and Standards Sub Committee (IRSS)	Subject: <b>Admitted Patient Care Minimum Data Set 99 (APC MDS 99): Commissioning Serial Number</b>
	Implementation date: <b>1 April 2001</b>

### DATA SET CHANGE CONTROL PROCEDURE

This paper gives notification of changes to be included in the NHS Wales Data Dictionary.

#### Summary of change:

To identify all Out of Area Treatment (OATs) records by inserting the letters "OAT" (Mandated input as capitals) in the first three characters of the six character Commissioning Serial Number field of the Admitted Patient Care APC MDS 99 records.

<b>Change Proposal Reference No: n/a</b>
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The Information Requirements and Standards Sub Committee (IRSS) is responsible for approving information standards.

Please address enquiries about this DSCN to the Data Standards and Information Quality Team, HSW, Brunel House, 2 Fitzalan Road, Cardiff CF24 0HA Tel: 029 20502463 or E-mail [Alison.Jenkins@hsw.wales.nhs.uk](mailto:Alison.Jenkins@hsw.wales.nhs.uk)

*Data Set Change Notices are available at request from the above address. In the near future they will be available on the Intranet Service HOWTS.*

**DSCN numbering format** = sequence number/year of issue, (W) for Welsh DSCN's.

## **DATA SET CHANGE NOTICE 08/2001 (W)**

- Reference:** Not applicable
- Subject:** Use of the Commissioning Serial Number in the Admitted Patient Care Minimum Data Sets 99(APC MDS 99) to identify Out of Area Treatments (OATs)
- Type of Change:** Introduction of an identifier - OAT - for Out of Area Treatments (OATs)
- Reason for Change:** To improve the efficiency of managing OATs arrangements.
- Effective Date:** Mandatory from 1 April 2001, but where feasible, NHS Trusts are encouraged to implement as soon as possible.

### **Introduction:**

1. This DSCN is aimed at improving the methods by which the OATs system is administered.

### **Background:**

2. A background note on the arrangements for Out of Area Treatments (OATs) is at Annex A.
3. All NHS trusts need to identify patients treated under OATs arrangements. NHS trusts are also required to send all Admitted Patient Care MDS 99's to Patient Episodes Database Wales (PEDW), and to identify all relevant HAs and Local Health Groups/Trusts etc when addressing those records. Data sent to PEDW includes OATs activity. It is intended to use data sent to PEDW as the basis of future OATs adjustments to Health Authority allocations. This requires all OATs activity sent to PEDW to be identifiable as such.

### **New Requirement:**

4. To require NHS trusts to specifically identify all OATs records by inserting the letters "OAT" (Mandated input as capitals) in the first three characters of the six character Commissioning Serial Number field of the Admitted Patient Care MDS 99 records. The remaining three characters will continue to be defined locally.

### **Other Guidance:**

5. The Department of Health (FPB) has issued an Allocation Working Paper (AWP(01-02)HA07) which asked NHS Trusts to begin implementing the OATs Identifier for this financial year. NHS Trusts are encouraged to implement the Identifier, as soon as possible, where this is feasible.

**Argument:**

6. OATs are part of the new commissioning arrangements introduced to reduce the bureaucracy of Extra Contractual Referrals (ECR). However, the OATs adjustment arrangements have so far been placing a considerable administrative burden on the NHS. As this system is in place to reduce bureaucracy, it is essential that we reduce OATs administration and increase efficiency as soon as possible.

Therefore these arrangements have as far as possible been based on existing data collection systems and data flows (HSC 1998/198).

Using a specific OATs identifier in the MDS record will:

- (a) help HAs/LHG/Ts to identify where activity has taken place as an OAT;
- (b) enable OATs data to be downloaded from PEDW and validated locally and used to help establish OATs allocations adjustments.

The use of an OAT's identifier should improve the efficiency of managing OATs arrangements whilst at the same time reducing the burden on NHS trusts to maintain separate OATs data collection systems.

**Clearance:**

7. IRSS have been consulted and support the change to the Commissioning Serial Number.

**Additional Information:**

8. For further Information please contact:

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## Annex A

### **Background note on the arrangements for Out of Area Treatments (OATs):**

Extra Contractual Referrals (ECRs) were abolished on 1 April 1999 as part of the abolition of the internal market. The new arrangements for commissioning patient services will ensure that **all** referrals to hospitals are covered by either the new long term service agreements or the new arrangements for access to specialised services. The new arrangements are intended to strike a balance between coherent planning for service development, and responsiveness to individual needs.

Where there were consistent patterns of referrals to a service, whether a specialised service or more locally, these have been reflected in service agreements between LHGs/Ts/HAs and NHS trusts. Some 90% of what were ECRs have been built into service agreements.

Cases that do not fit this pattern (eg emergencies away from home) are covered by the Out of Area Treatment (OAT) arrangements. Where a hospital receives referrals of this sort, that pattern is reflected in the allocation of the Health Authority which is its main local commissioner and that Health Authority builds this funding into its own service agreement with the hospital, to cover these ad hoc cases. This has been achieved by Directions. Each NHS trust has a main commissioner. This is normally the local Health Authority with the highest total value of service agreements with the NHS trust.

The main commissioner Health Authority is funded for OATs through a non-recurrent adjustment to allocations. This is based on past referral levels.

These adjustments are:

- (a) added to the cash limit of the HA which is the main commissioner for the NHS Trust; and
- (b) deducted from the cash limit of the HA responsible for the patient.

However, the Out of Area Treatment arrangements are intended to be used primarily for emergencies, typically where an individual is admitted to hospital for treatment while they are away from home. Over time specialised services will be increasingly covered by more suitable specialised services commissioning arrangements. This may be through consortia or lead purchaser arrangements.

Cash limit adjustments for OATs are part of the overall process for setting cash limits for a particular financial year. NHS trusts should be paid by their main commissioners in line with the profile agreed for the service agreement(s) as a whole.

Managing activity above the level provided for in a service agreement is for local agreement. NHS trusts and main commissioners need to manage their service agreements to make sure that they do not prejudice routine, locally based services by overperforming on specialised services.