



Optional and superior feeds¹

Version 1, March 2022

Feed 5: Non-admitted patient care – Did not attend (DNA)

1. This feed is an optional feed for local business intelligence.

Accompanying costing standard

- Standard CM3: Non-admitted patient care

Data source

2. This data may come from the source used at your organisation for the nationally collected Outpatient CDS.²

Feed detail

3. Scope: All patients who did not attend or, in the case of children or vulnerable adults, were not brought to their outpatient appointment within the costing period.
4. This feed is for guidance and should be used only if you are costing 'did not attends' for local business intelligence.
5. This standalone feed is **not** matched to patient episodes, attendances or contacts.
6. This feed is optional as some providers will receive DNA information within their NAPC feed and do not require a separate information stream.

¹ Full details of the feeds can be found in the technical document extract at the end of this document

² Mental health DNA data may come from the MHSDS and Community DNA data may come from the CSDS.

Feeds 6d: Critical care transport

7. This feed supports a superior method.

Accompanying costing standard

- Standard CM6: Critical care

Data source

8. This data needs to be collected locally.

Feed detail

9. Scope: All patients who are conveyed by critical care transport.

Feed 7: Supporting contacts

10. This feed supports a superior method.

Data source

11. This data needs to be collected locally.

Feed detail

12. Scope: All patients who had contacts from healthcare professionals other than the named person³ on the master feed patient event or the staff within the ward/clinic costs within the costing period. The costing process will match supporting contacts to any relevant master feed event.

13. This information feed is a superior method as the detail and accuracy of the final patient cost are improved by including these activities in the costing process.⁴

14. A patient often receives multiprofessional services during their admission episode, outpatient or emergency department attendance or community care contact. Feed 7: Supporting contacts is designed to reflect the multiprofessional nature of the patient's pathway and costs associated with it – for example, physiotherapists working with burns patients on a ward.

³ CDS, MHSDS, CSDS and CCMDs records (all ages) all have a named clinical professional for the activity unit.

⁴ In response to feedback about the burden on clinicians of having to start collecting this information, we now consider this feed to be a superior method. We will keep this decision under review.

15. There is no national source data for this feed:
- where data is already available from the service, there may be multiple sources for the different types of supporting contact activities. For example, physiotherapy supporting contacts will be from a different source from the critical care outreach team contacts. They should all be brought into a single feed using the feed structure in Spreadsheet IR1.2
 - where no electronic data is available, you should consider the materiality of the cost allocation. If the PLICS steering group consider it to be material, work with the service to record the necessary supporting contacts electronically.
16. An admitted patient can be expected to have contact with their named care professional during their admission as part of standard ward rounds and ward care. These do not need to be included as supporting contacts.
17. Examples of healthcare professionals who may provide supporting contacts as part of a multidisciplinary care pathway are listed in Table IR1.2 below. For a full list, see spreadsheet CP3.3.

Table IR1.2: Examples of healthcare professionals who perform supporting contacts

Advanced nurse practitioner	Consultant
Art therapist	Dietitian
Audiologist	Non-consultant medical staff
Chiropodist	Occupational therapist
Psychologist	Physiotherapist
Community nurse	Speech and language therapist

Feed 11: Clinical photography

Data source

18. This data may be available from local systems.

Feed detail

19. Scope: all material⁵ clinical photography performed within the costing period.
20. Clinical photography services can be used to chart a patient's progress during treatment, eg for cleft palate, and to document evidence in the case of suspected non-accidental injury to a child. They may also provide non-clinical medical illustration services for providers and external parties.

IR1.2 Technical document extract



IR OS Feed
IR1.2.xlsx

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⁵ Materiality for this feed can be based on cost or volume.