

# Optional and superior feeds

Information requirements extension

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

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### Accompanying costing standard

- Standard CM3: Non-admitted patient care

### Data source

1. This data may come from the source used at your organisation for the nationally collected Outpatient CDS.1

### Feed detail

2. 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.
3. This feed is for guidance and should be used only if you are costing 'did not attends' for local business intelligence.
4. This standalone feed is **not** matched to patient episodes, attendances or contacts.
5. This feed is optional as some providers will receive DNA information within their NAPC feed and do not require a separate information stream.
6. Full detail can be found at the end of this document [here](#).

<sup>1</sup> Mental health DNA data may come from the MHSDS and Community DNA data may come from the CSDS.

## Feeds 6d: Critical care transport

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### Accompanying costing standard

- Standard CM6: Critical care

### Data source

7. This data needs to be collected locally.

### Feed detail

8. Scope: All patients who are conveyed by critical care transport.
9. Full detail can be found at the end of this document [here](#).

## Feed 11: Clinical photography

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### Data source

10. This data may be available from local systems.

### Feed detail

11. Scope: all material<sup>2</sup> clinical photography performed within the costing period.
12. 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.
13. Full detail can be found at the end of this document [here](#).

<sup>2</sup> Materiality for this feed can be based on cost or volume.

## Feed 7: Supporting contacts

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14. 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.<sup>3</sup>
15. All patients who had contacts from anyone other than the principal healthcare professional within the costing period

### Data source

16. This data needs to be collected locally.

### Feed detail

17. Scope: all patients who had contacts from healthcare professionals other than the named person<sup>4</sup> on the master record or those staff within the ward/clinic costs within the costing period. The costing process will match supporting contacts to any relevant master feed event.
18. A patient often receives multiprofessional services during their admission episode, outpatient or A&E attendance or community care contact. The supporting contacts feed (feed 7) 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.
19. 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,

<sup>3</sup> 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.

<sup>4</sup> CDS, MHSDS, CSDS and CCMDS records (all ages) all have a named clinical professional for the activity unit.

work with the service to record the necessary supporting contacts electronically.

- 20. 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.
- 21. 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

- 22. Full detail can be found at the end of this document [here](#).

## IR1.2 Technical Document Extract

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IR OS Feed  
IR1.2.xlsx

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