

Clinical directed enhanced services (DESS) for GMS contract 2008/09

Guidance and audit requirements

March 2009



Clinical directed enhanced services (DESS) for GMS contract 2008/09: guidance and audit requirements

Introduction

NHS Employers and the General Practitioners Committee of the BMA agreed five new clinical directed enhanced services (DESS) as part of the 2008/09 contract negotiations. These DESS focus on health and service priorities of the Department of Health (DH) that will benefit patients and are for:

- heart failure
- alcohol
- learning disabilities
- osteoporosis
- ethnicity

All of the DESS started with effect from 1 April 2008 and will run for two years, with the exception of heart failure, which is a one-year DESS. An indicator measuring prescribing of beta blockers for heart failure is being included in the QOF from 1 April 2009. The DESS are applicable in England only.

This document provides primary care trusts and practices with updated information to help support the implementation of the new DESS, in particular on the requirements in the DESS for audits. It supersedes the guidance published in August 2008.

Amendments to the Directed Enhanced Services Directions and to the Statement of Financial Entitlements to underpin the DESS are available on the Department of Health website (linked below). The detailed requirements for taking part in the DESS are set out in the directions. PCTs and practices taking part should ensure they have read and understood the requirements in the directions as well as the guidance in this document.

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_094165

The appendices provide detailed guidance and audit requirements for each DESS:

Appendix 1 - Heart failure

Appendix 2 - Alcohol

Appendix 3 - Learning disabilities

Appendix 4 - Osteoporosis

Appendix 5 - Ethnicity

Appendix 1

Guidance and audit requirements for the heart failure treatment scheme

Background and purpose

Heart failure is an important cause of morbidity and mortality. Prevalence of heart failure increases steeply with age, so that while around 1% of men and women aged under 65 have heart failure, this increases to about 7% of those aged 75-84 years and 15% of those aged 85 and above. Based on these figures, it is estimated that as many as 570,000 people in England are affected. It is also estimated that of patients with a current diagnosis of heart failure, 50% will be due to left ventricular systolic dysfunction (LVSD) and will benefit from the appropriate prescribing of beta-blockers (see further information, below). There is clear evidence to support the clinical and cost effectiveness of this intervention.

Introduction

A pre-requisite for taking part in this DES is that the practice holds and maintains a register of patients with heart failure (HF), which is already rewarded through the Quality and Outcomes Framework (QOF). It is the responsibility of the contractor to demonstrate that they have systems in place to maintain a high-quality register and PCTs will be expected to verify this, comparing reported prevalence with expected prevalence.

Practices will be rewarded for the number of patients with a current diagnosis of HF due to LVD who are not recorded as intolerant or having a contraindication to beta-blockers and who are currently treated with a beta-blocker.

This DES will be current for one year (2008/09). From 2009/10, this DES will be succeeded by a specific QOF indicator – HF 4.

Coding

Patients with heart failure due to LVD can be identified from practices' QOF registers. The same codes will apply, as detailed in the QOF Business Rules. Details can be accessed via:

<http://www.pcc.nhs.uk/145>

Codes for beta-blockers (derived from the current QOF Business Rules), but including only those licensed for treating heart failure (bisoprolol, carvedilol and nebivolol) are as follows:

	Read v2	Read CTV3	Snomed-CT
Beta blockers	bdf..% bdl..% bdm..%	x01C1% bdl..% bdm..%	108548008% 108551001% 318638009%

On or after 31 March 2009 practices will need to establish a one-off computer search which will identify all of those patients on the heart failure register, who were taking a beta-blocker on 31 March 2009.

Switching from a beta blocker not licensed for heart failure is difficult because of the need to titrate from low doses and small increments over repeated visits. If a patient is being prescribed a beta blocker not listed above and is in a stable condition, and the GP judges that it would be dangerous for that patient to make a switch, then the patient may be included in the achievement data for the DES. Practices will want to record a list of patients where this applies, as well as marking their notes and then to agree this list with the PCT medical director.

For the purpose of preparing for the changes in QOF from April 2009, practices may wish to be aware of the codes for recording beta-blocker intolerance which will be used:

	Read v2	Read CTV3	Snomed-CT
Beta blocker intolerance	14LL. TJC6.% U60B7 ZV14C 8I26. 8I36. 8I62. 8I73.	XaJ5x Xa5jo% Xa5LL% TJC6.% U60B7 XaJ8U XaFt0 XaFsB XaFvr XaJ5d	407577009, 293962009%, 292419005%, 223065001, 407591003, 315062004, 315020006, 315214003, 882010000001 05

Validation and payment

Practices taking part will be required to provide the PCT with a report of the number of patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction (who are not recorded as intolerant or having a contraindication to beta blockers) who are being treated with a beta-blocker as at 31 March. This report needs to be supplied within 28 days of the 31 March.

Practices will receive £35 per patient treated under the terms of this DES.

Further information

1. Kitzman DW, Gardin JM, Gottdiener JS et al. Importance of heart failure with preserved systolic function in patients > or = 65 years of age. CHS Research Group. Cardiovascular Health Study. Am J Cardiol. 2001; 87:413-419.
2. Senni M, Tribouilloy CM, Rodeheffer RJ et al. Congestive heart failure in the community: a study of all incident cases in Olmsted County, Minnesota, in 1991. Circulation. 1998; 98:2282-2289.
3. Vasan RS, Larson MG, Benjamin EJ et al. Congestive heart failure in subjects with normal versus reduced left ventricular ejection fraction: prevalence and mortality in a population-based cohort. J Am Coll Cardiol. 1999; 33:1948-1955.

Appendix 2

Guidance and audit requirements for the alcohol related risk reduction scheme

Background and purpose

It is a government priority to address the issue of illness associated with increasing alcohol consumption. This DES aims to reward practices for case finding in newly registered patients aged 16 and over. It also aims to deliver a simple brief intervention to help reduce alcohol related risk in adults drinking at hazardous and harmful levels, and specialist referral for dependent drinkers.

Introduction

This two-year DES does not include a requirement to set up a register of hazardous or harmful drinkers.

Practices will be required to screen newly registered patients aged 16 and over using either one of two shortened versions of the World Health Organisation (WHO) Alcohol Use Disorders Identification Test (AUDIT) questionnaire: FAST or AUDIT-C. FAST has four questions and AUDIT-C has three questions, with each taking approximately one minute to complete. Patients with a positive score should be given the full screening test, and offered brief intervention for a score between 8 and 20, or referral to specialist services for a score greater than 20.

Initial screening

Screening applies to all patients registered between 1 April 2008 and 31 March 2009, who are aged 16 or over at the time the short case finding test is applied. For the purposes of this DES the test must be applied within the financial year in which the patient registered. The following Read Codes are recommended:

	Read v2	Read CTV3	Snomed-CT
FAST alcohol screening test completed	9k16.	XaMwa	285411000000105
FAST alcohol screening test	388u.	XaNO9	303471000000106
Alcohol screen – AUDIT C test completed	9k17.	XaMwb	285441000000106
AUDIT C Alcohol screening test	38D4.	XaORP	335811000000106

There are currently no codes available which indicate a positive FAST or AUDIT-C test so it will be necessary to add a value to a field associated with the code (please consult your computer system supplier for details). A value of 3+ is regarded as positive for FAST and a value of 5+ is regarded as positive for AUDIT-C.

Full screening

If a patient is identified as positive, the remaining questions of the ten question AUDIT questionnaire should be used to determine hazardous, harmful or likely dependent drinking. The following codes are recommended:

	Read v2	Read CTV3	Snomed-CT
AUDIT test completed	9k15.	XaMwZ	285381000000108
AUDIT Alcohol screening test	38D3.	XM0aD	273265007

Again, a value should be added to a field associated with the code to record the score:

0 - 7	indicates sensible or lower risk drinking
8 - 15	indicates hazardous or increased risk drinking
16 - 20	indicates harmful or high risk drinking
20+	indicates dependence

Brief intervention

Those patients identified as drinking at hazardous or harmful levels (scores 8-20) should be offered a brief intervention. The recommended brief intervention is the basic five minutes of advice used in WHO clinical trial of brief intervention in primary care, using a programme modified for the UK context by the University of Newcastle – How Much is Too Much? The following codes are recommended for recording the intervention offered:

	Read v2	Read CTV3	Snomed-CT
Brief intervention for excessive alcohol consumption completed	9k1A.	XaPPv	366371000000105

For 2008/09 only the following codes will also be permissible for recording brief interventions.

	Read v2	Read CTV3	Snomed-CT
Health ed. – alcohol	6792.	6792.	408947007
Pregnancy alcohol advice	67A5.	67A5.	171057006
Lifestyle advice regarding alcohol	67H0.	XaJlr	408424003
Patient advised about alcohol	8CAM.	XaFvp	408947007
Alcohol consumption counselling	9k11.	XaKAC	413473000

Extended intervention

In some areas patients drinking at harmful levels (scores 16-20) may be referred for an extended intervention, for example from a community based counselling service, but this distinction is not recognised for the purposes of this DES. Practices may find the following codes helpful:

	Read v2	Read CTV3	Snomed-CT
Referral to community alcohol team	8H7p.	XaIPn	390857005
Extended intervention for excessive alcohol consumption completed	9k1B.	XaPPy	366421000000103

Referral for specialist advice

Patients identified as dependent drinkers (scores greater than 20) should be referred for specialist advice. Brief intervention is not effective for this group of patients. The following codes are recommended for recording specialist referral:

	Read v2	Read CTV3	Snomed-CT
Referral to specialist alcohol treatment service	8HkG.	XaORR	431260004

Validation and payment

Within 28 days of the end of the financial year (31 March) practices will be required to complete and send to the PCT an audit of:

- the number of newly registered patients aged 16 and over within the financial year who have had the short standard case finding test (FAST or AUDIT-C)
- the number of newly registered patients aged 16 and over who have screened positive using a short case-finding test (as above) during the financial year, who then undergo a fuller assessment using a validated tool (AUDIT) to determine hazardous, harmful or likely dependent drinking
- the number of hazardous or harmful drinkers who have received a brief intervention to help them reduce their alcohol-related risk
- the number of patients scoring 20+ on AUDIT who have been referred for specialist advice for dependent drinking.

Each year practices will receive £2.33 for each newly registered patient aged 16 and over (as defined above) who have received screening using either the FAST or AUDIT-C tool.

Further information

Further information regarding the audit tools and brief intervention can be found at:

www.ncl.ac.uk/ihs/news/item/?brief-interventions-alcohol-and-healthimprovement

Appendix 3

Guidance and audit requirements for the learning disabilities health check scheme

Background and purpose

There is good evidence that patients with learning disabilities (LD) have more health problems and die at a younger age than the rest of the population. The existing QOF registers do not differentiate LD by severity.

The DES is designed to encourage practices to identify patients aged 18 and over with the most complex needs and offer them an annual health check. Local Authority (LA) lists of people known to social services primarily because of their learning disabilities are to be used as the basis for identifying patients to be offered the checks. The rationale is to target people with the most complex needs and therefore at highest risk from undetected health conditions (usually people with moderate to severe learning disabilities). From the prevalence figures available it is estimated that approximately 240,000 patients fall into this category across the country. Generally Local Authority criteria for access to social care services are related to complexity of need, although sometimes individuals with mild learning disabilities and other additional health needs, usually associated with mental health needs, will meet Social Services eligibility criteria.

Introduction

The pre-requisites for taking part in the DES are as follows:

- practices will have liaised with their Local Authority (LA) to share and collate information, in order to identify the people on their practice list who are known to social services primarily because of their learning disabilities
- practices will include those of its registered patients identified by this liaison in a health check learning disabilities register
- practices will keep this register up to date and ensure that their QOF learning disabilities register includes all patients on the health check register
- practices providing this service will be expected to have attended a multi-professional education session.

The minimum expectation of staff attending will include the lead general practitioner (GP), lead practice nurse and practice manager/senior receptionist. Practices may also wish to involve specialist LD staff from the community learning disability team to provide support and advice.

Learning disability (LD) register

Primary Care Organisations (PCTs) should work with their LA (or LAs where practices' registered patients are resident in more than one authority area) to produce a register of patients who are known to social services primarily because of their learning disabilities, determine which practice they are registered with, and share this with their constituent practices.

The definition of patients known to social services primarily because of their learning disabilities which is proposed for collection of Vital Signs data on learning disabilities is as follows:

“Learning disabled clients known to Councils with Adult Social Services Responsibilities: those clients who are assessed or reviewed in the financial year and who have received a service, as well as those who are assessed and/or reviewed but who have not received a service. In addition, include learning disabled clients who should be reviewed by the CASSR in a financial year but are not.”

Using this information, and integrating it with data about patients already on the practices register, practices should establish a health check learning disabilities register using the following recommended Read Codes which are in line with those used for the QOF learning disabilities register:

	Read v2	Read CTV3	Snomed-CT
Mental retardation	E3...%	E3...%	91138005% (excluding 5619004, 77287004, 21634003, 10007009, 59252009, 414673004, 33982008, 83995002, 313426007, 109478007, 232059000, 77383003, 68618008)
[X]Mental retardation	Eu7..%	Included in E3...%	Included in 91138005%
[X]Developmental disorder of scholastic skills, unspecified	Eu81z	Eu81z	192577001
On learning disability register	918e.	XaKYb	416075005

Training

Multi-professional education sessions for primary healthcare staff should be established by PCTs and offered to primary healthcare staff. The training should be provided by the strategic primary health care facilitator for people with learning disabilities (where PCTs have invested in this support) and / or members of the local community learning disability team (this may need to be commissioned via the local specialist NHS trust) in partnership with self advocates (as paid co-trainers).

Each PCT should use their internal procedures to approve the content of the training for their locality using this suggested framework:

- an understanding of learning disabilities
- identification of people with learning disabilities and clinical coding

- understanding of the range and increased health needs associated with learning disabilities
- understanding of what an annual health check should cover (see below)
- information that should be requested prior to an annual health check
- understanding of health action plans
- understanding and awareness of 1:1 health facilitation and strategic health facilitation
- ways to increase the effectiveness of health checks
- overcoming barriers including :
 - communication needs
 - using accessible information and aids
 - physical access
 - social and cognitive attitudes
 - values and attitudes
- collaborative working including:
 - working in partnership with family carers
 - the role of the community learning disability team
 - the role of social care supporters
 - the role of other health care professional and service
- experiences and expectations
- consent
- Disability Discrimination Act and the Disability Equality Duty
- resources – local contacts, networks, practitioners with special interest and information

The training should be completed by practice members before health checks are conducted.

Further information regarding training for primary healthcare staff, together with good practice examples, is available on the Valuing People website at:

www.valuingpeople.gov.uk/dynamic/valuingpeople144.jsp

Health checks

As a minimum, the health check should include:

- a review of physical and mental health with referral through the usual practice routes if health problems are identified:
 - health promotion
 - chronic illness and systems enquiry
 - physical examination
 - epilepsy
 - behaviour and mental health specific syndrome check
- a check on the accuracy of prescribed medications
- a review of co-ordination arrangements with secondary care
- a review of transition arrangements where appropriate

Practices taking part in the DES should base their health checks on the Cardiff health check protocol which is available through the Royal College of General Practitioners website¹ or a similar protocol agreed with the PCT. Health checks should integrate with the patients' personal health record or health action plan. Where possible, and with the consent of the patient, this should involve carers and support workers. Practices should liaise with relevant local support

¹ www.rcgp.org.uk/PDF/clinical_welsh_health_check_newA.pdf

services such as social services and educational support services in addition to learning disability health professionals.

For 2008/09, practices can use the existing codes for learning disabilities health assessment (9HB3 and 9HB5). From the 2009/10 financial year we recommend use of a new code which has been requested for the April 2009 release: learning disability health examination.

	Read v2	Read CTV3	Snomed-CT
Learning disabilities annual health assessment	9HB5.	XaL3Q	199751000000100
Learning disabilities health assessment	9HB3.	XaJmb	413126003
Learning disability health examination (To be confirmed in April 2009 release)	69DB.	XaPx2	381201000000100

Validation and payment

Once a practice has agreed the health check LD register with their PCT, it will receive a £50 aspiration payment for each patient on the register.

Final payment will be based on a report to the PCT within 28 days after the end of each year (31 March) on the number of patients on the health check LD register who have received the health check within the financial year, and after training has been completed. The reward for each health check will be £100.

The cost of aspiration payments will be deducted from payments made for the health checks. If practices do not complete enough health checks to fund the full cost of their aspiration payment, the PCT will recover any overpayment made as result, in line with normal practice.

Appendix 4

Guidance and audit requirements for the osteoporosis diagnosis and prevention scheme

Background and purpose

Osteoporosis is an important health problem through its association with age related (fragility) fractures. Fractures of the hip, wrist and spine are the most frequent osteoporotic fractures.

Introduction

The aim of the DES is to encourage practices to confirm the diagnosis and prescribe appropriate pharmacological secondary prevention in patients with osteoporosis. A pre-requisite for taking part in this two-year DES is that the practice holds and maintains a register of women aged 65 years and older with fragility fractures sustained after 1 April 2008. It is the responsibility of the contractor to demonstrate that they have systems in place to maintain a high-quality register and PCTs will be expected to verify this, comparing reported prevalence with expected prevalence.

Details of the DES

Practices will be expected to compile an audit of:

- Criterion 1: the proportion of women aged between 65 and 74 years (inclusive) who have sustained a fragility fracture during the previous 12 months who have been referred for a DEXA scan during the previous 12 months (excluding any women who have had a diagnosis of osteoporosis confirmed prior to 1 April in the financial year concerned).
- Criterion 2: the proportion of women aged between 65 and 74 (inclusive) who have sustained a fragility fracture during the previous 12 months with a positive diagnosis of osteoporosis confirmed by a DEXA scan who are receiving treatment with a bone-sparing agent.
- Criterion 3: the proportion of women aged 75 and over who have sustained a fragility fracture during the previous 12 months who are receiving treatment with a bone-sparing agent.

The following sections are intended to clarify which codes are recommended, and the criteria and timing to be applied to audit searches.

Identifying and coding fragility fractures

For the purpose of the audit it is suggested that practices should run a search on their clinical database to capture all fractures in women aged 65 and over between 1 April and 31 March of the financial year to which the DES applies. Women who have had a diagnosis of osteoporosis confirmed prior to 1 April in the financial year concerned should be excluded. The patients' records should then be reviewed to ascertain whether the fracture was a fragility fracture.

	Read v2	Read CTV3	Snomed-CT
Fracture	S1...% S2...% S3...%	XA0FK%	125605004%

A fragility fracture is any clinically apparent fracture sustained as a result of low trauma or lesser force such as a fall from a standing height. It includes vertebral fractures but usually not fractures of the skull or bones of the hand or feet. The site of the fracture does not need to be captured for the purpose of the DES though it would be good record keeping practice to do so. It is suggested that in addition to recording the type and site of any fracture, an additional code should be used to indicate that the fracture is a fragility fracture. The recommended codes are:

	Read v2	Read CTV3	Snomed-CT
Fragility fracture	N331N	XaNSP	306171000000106

DEXA scanning

The audit for the first two criteria will also require that appropriate codes have been recorded to indicate that a DEXA scan has been referred and performed (criterion 1 requires a referral for a scan and criterion 2 requires that the scan has been performed), and whether or not this was positive. Recognising that it may take time to obtain a DEXA scan, the audit should be done at the end of the first quarter after the financial year to which the DES applies, i.e. 30 June. The search should exclude DEXA scans performed prior to 1 April at the start of the financial year concerned. The suggested codes for DEXA scanning are:

	Read v2	Read CTV3	Snomed-CT
Forearm DXA scan T score	58E2.	XaITK	391058006
Forearm DXA scan result osteoporotic	58E4.	XaITM	391060008
Heel DXA scan T score	58E8.	XaITP	391063005
Heel DXA scan result osteoporotic	58EA.	XaITR	391065003
Hip DXA scan T score	58EE.	XaITU	391068001
Hip DXA scan result osteoporotic	58EG.	XaITW	391070005
Lumbar spine DXA scan T score	58EK.	XaITZ	391073007
Lumbar DXA scan result osteoporotic	58EM.	XaITb	391075000
Femoral neck DEXA scan T score	58ES.	XaPDy	355411000000105
Femoral neck DEXA scan result osteoporotic	58EV.	XaPE2	355531000000101
DEXA scan T score	58EP.	XaP6z	350501000000104

Practices will probably wish to standardise their coding on the basis of the type of DEXA scan performed in their area, and in order to simplify the final audit queries.

Treatment with bone-sparing agents

Finally, in compiling the audit queries for the last two criteria, practices will need to identify how many patients have been prescribed bone-sparing agents at 30 June for criterion 2 and at 31 March for criterion 3. The following codes will pick up drugs which are indicated and licensed for the treatment of osteoporosis:

	Read v2	Read CTV3	Snomed-CT
Disodium etidronate	fo1..%	fo1..%	96284009%
Alendronic acid	fo4..%	fo4..%	421552005%
Risedronate sodium	fo6..%	fo6..%	126136003%
Sodium clodronate	fo3..%	fo3..%	96283003%
Disodium tiludronate	fo5..%	fo5..%	422263009%
Ibandronic acid	fo8..%	fo8..%	404840001%
Raloxifene hydrochloride	fv1..%	fv1..%	419530003%
Teriparatide	fu3..%	fu3..%	398823001%
Strontium Ranelate	fu5..%	fu5..%	415633000%

Only the 'parent' term for the generic drug is shown: actual preparations and branded products are 'children' of these codes.

Validation and payment

Using the codes and 'rules' outlined above practices will be expected to provide an audit report to the PCT. The audit should be completed at the end of the 1st quarter, i.e. 30 June, in order to ensure inclusion of patients referred for DEXA scan on or before the 31 March. Practices taking part must supply the audit to the PCT by 31 July following the end of the relevant financial year.

For each criterion, payment will be triggered once the following proportions are reached in the first and second year respectively:

Criterion	Proportions reached in year 1 (%)	Proportions reached in year 2 (%)
1	Lower threshold 20 Upper threshold 50	Lower threshold 40 Upper threshold 60
2*	Lower threshold 70 Upper threshold 90	Lower threshold 70 Upper threshold 90
3	Lower threshold 70 Upper threshold 90	Lower threshold 70 Upper threshold 90

*of those women as identified in criterion 1

For each criterion:

- **Criterion 1:** In year one a practice will receive £196.07 if the proportion of women identified is equal to or more than 50%. A practice will receive £117.64 if the proportion is 20%. Any achievement between 20% and 50% will be paid out on a sliding linear scale for example if a practice were to achieve 35% they will receive £156.86.

In year two a practice will receive £196.07 if the proportion of women identified is equal to or more than 60%. A practice will receive £117.64 if the proportion is 40%. Any achievement between 40% and 60% will be paid out on a sliding linear scale, for example if a practice were to achieve 55% they will receive £176.46.

- **Criterion 2:** Of those women identified through criterion 1 – a practice will receive £196.07 if the proportion of those women identified who are receiving treatment with a bone-sparing agent is equal to or more than 90%. A practice will receive £117.64 if the proportion is 70%. Any achievement between 70% and 90% will be paid out on a sliding linear scale in the same way as criterion 1.
- **Criterion 3:** A practice will receive £196.07 if the proportion of women identified is equal to or more than 90%. A practice will receive £117.64 if the proportion is 70%. Any achievement between 70% and 90% will be paid out on a sliding linear scale in the same way as criterion 1.

The payment to each practice will be adjusted by the relative number of women aged 65 and over on the practice list compared to the national average.

Appendix 5

Guidance and audit requirements for the ethnicity and first language recording scheme

Background and purpose

The Government is committed to reducing health inequalities: ensuring that whatever their economic or ethnic background patients receive the highest possible quality of care. PCTs and practice based commissioners require accurate information in order to ensure that the services they commission fulfil this obligation: they are required to conduct Equity Impact Assessments and this, in turn, depends on high quality data.

The ethnicity DES requires practices taking part to record the ethnicity and first language of each patient registered in the practice. This makes it possible to report aggregated information on the numbers of patients in each category to the PCT.

The aim of this DES is to enable practices and PCTs to assess the needs of their population and address inequalities in access and health outcomes for BME patients. It will support practices and PCTs in implementing the recommendations of the report on access to primary medical care services by black and minority ethnic (BME) communities.

No patient left behind, available on the Department of Health website at:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084971

Ethnicity can be defined by social background, shared culture and traditions that are distinctive. It is also defined by a common language. *No patient left behind* commented on the barriers GPs faced when communicating with BME patients who do not speak English as their first language. These language differences can compound difficulties, with implications for correct diagnosis and patient safety. The report recommends the collection of first language which would help practices to organise the provision of appropriate interpreter services.

Details of the DES

Practices taking part will be expected to record the ethnicity and first language of all patients on their list. This will include children and babies where ethnicity and first language will be as defined by the parent or guardian.

Practices will be required to report aggregated data to the PCT on an annual basis. The NHS Data Dictionary codes are to be used for recording ethnic origin and first language (the codes for first language in the NHS Data Dictionary are the same as the 'Count Me In' census codes).

Data recording

The DES is specifically based on NHS Data Dictionary codes which can be found at:

Ethnic origin:

http://www.datadictionary.nhs.uk/data_dictionary/attributes/e/enh/ethnic_category_code_de.asp?shownav=1

First language:

www.datadictionary.nhs.uk/data_dictionary/attributes/l/language_classification_code_de.asp?shownav=1

The experience of the UK census now means that there are nationally used ethnic categories that have been thoroughly tested and that are known to be acceptable to the majority of the population. Codes for ethnic origin should be familiar to general practices as they have been in use for some time, and their computer systems should have standard templates for recording the information. Annex 1 of this document shows the NHS Data Dictionary codes for ethnic origin mapped to clinical codes. It should be noted that the Census codes enable the patient to refuse to divulge their ethnicity by using codes XaE4B or 9SD for ethnicity and XaEF2 or 13ZG for language and therefore this will not affect the practice's ability to achieve the required targets – 50% by March 31, 2009 and 90% by March 31, 2010.

Recording of first language is more complex, in that the list in the NHS Data Dictionary is incomplete. For example, Bulgarian, Danish and Irish are not included and would have to be recorded and reported as 'Other'. Annex 2 of this document shows the current NHS Data Dictionary codes for first language mapped to clinical codes. As it is possible that in the future the NHS Data Dictionary may be amended to align with the ISO-639-3 standards for language, practices may wish to record language codes from the longer list at Annex 3. If so, practices will need to agree with PCTs how data on languages not included in the NHS Data Dictionary should be reported. The minimum requirement for the DES is that languages not included in the Dictionary should be reported as "Other". (13Z6 – requires a value to be entered)

Other points to note:

1. In the case of children, or adults lacking the capacity to provide the information, the carer (as defined in the DES directions at Section 6(3)(c)) may supply the information required.
2. Although the NHS defines codes for both 'Not stated' and 'Patient Refused', we would urge practices only to use the 'Patient Refused' code, to indicate that patients do not wish to supply the information or have it recorded in their notes. Only 'Patient Refused' codes will count towards the 50% and 90% targets, as described above.
3. 005 Bengali & Sylheti: although there are codes available for both Bengali and Sylheti individually, there is no single code for both together. Therefore we would recommend that practices use one or the other. However, care and attention should be given to selecting the most appropriate one. The same applies to 006 Brawa & Somali, 009 Cantonese & Vietnamese & 044 Serbian & Croatian.
4. 010 Creole: There are many different types of Creole and Creole by itself is not recognised as an individual language, therefore we would recommend that end users use the same entry as that stated for 200 Other, i.e. Language Spoken, this would then require the user to input the language stated.

5. 200 Other: Language Spoken (observable entity): an observable entity requires a value to be entered, for example Irish.
6. 007 British Sign Language and 034 Makaton: although codes are available and stated for these entries, please note that from a terminology aspect the READ codes will not map to the Snomed-CT Codes in this instance due to differences in the meanings.

Collecting information from patients

Each practice will want to consider its own arrangements for simple, effective data collection from patients. The most important step is to set up a reliable method that staff and patients are happy with. Whatever the method, the components are:

- explaining the purpose of asking for the information
- defining and explaining the categories of ethnicity and first language
- asking for the information
- recording the information, including dissent from collection.

Practices may choose to obtain information about ethnicity and first language by asking the patient face to face or by using a form for completion by the patient or carer.

The purpose and information requirements are well explained in [national standards for ethnic group and related matters](#) on the DH website. Material in this guidance includes information from this web page. There are also simple explanations, useful to practices, on the NHS Direct web page on [personal information](#). In many ways, this DES extends the good practice that already goes on in ascertaining patient needs where there is doubt about understanding or language.

Explaining the purpose

Practices may wish to hand out written information on the purpose, or for practice staff to explain directly to patients. The hand out or explanation need not be lengthy. In either case, practice staff should ensure that the information is understood, by simple check questions and asking directly if the patient understands clearly what is being asked. In some areas literacy rates may preclude written information.

Discussions with patients about their ethnicity are just as private as other health information. Any conversations should therefore be private and any written material treated confidentially.

Categories of ethnicity and first language

These are clearly described in the [national standards](#) document (which is also linked above) and laid out in Annex A of the national standards document.

Asking for the information

What is really important is to respect the autonomy of the patient, as described in [How to identify, collect and report ethnicity data](#), extract below:

Self-classification

“84. A person should self-assign their own ethnic group, once they have agreed for the Trust or council to have this information. Self-classification is not a courtesy but a recognition of the fact that a person's ethnic group is an integral part of their identity. How an individual sees her or himself may be different from how that person's parents, other family members or third parties see them. Individuals should not be assigned by a member of staff and certainly not without explanation or discussion.

85. There are some unavoidable exceptions to this rule. For example, parents or carers should speak on behalf of babies and young children. However, a baby or young child should not be automatically accorded the ethnic group of the mother. Computer systems should not have a default to the mother's ethnic group. As far as children are concerned, their views should be sought if they are capable of understanding and responding to what they are being asked. Parents or carers may support children in giving their answers.

86. Close relatives or advocates may speak on behalf of individuals who because of physical illness or disability, learning disability, cognitive impairment or mental ill health, are unable to speak for themselves or are not able to understand what is being asked of them or give an accurate reply. However, past care assessments or other records, reflecting a time when the individual could respond for themselves, which include a previous self-assessment of ethnic group, may be as good a source as any in these circumstances.

87. As with all other aspects of the care process, some individuals who have difficulty in communicating in spoken or written English, may need the support of translators or interpreters to help them understand and respond to questions about their ethnic group. With regards to visually impaired patients, users or staff, Braille or other accessible versions of the necessary paperwork may need to be provided. For people with learning disabilities, easy-to-read paper-based versions should be available. Where staff members read out the questions on ethnicity they should take care to read all the instructions and codes.”

The same principles apply to first language information.

Recording the information

Practice staff may find it helpful to have a standard tick box document for self completion by the patient or completion by practice staff. An example for ethnicity is attached at Annex 4 of this document. This should be then transposed into Read codes as described elsewhere in the document.

For recording first language, Annex 5 of this document sets out a list of the main languages used, but local variation should be taken into account in designing a standard tick box.

Other issues

What may work less well is collection through a postal request. This is more costly and may have a low response; experience in pilots shows that a form given to patients as they attend the surgery works well.

In one calendar year, about 80% of patients are likely to attend the practice at least once. This should give ample opportunity for practice staff to engage patients in the process. Where patients are not able to attend the practice, the visiting clinician should operate a similar process and return the information to the practice.

Validation and payment

Payment will be made after the PCT receives the practice's annual report of patient ethnicity and first language. Payment will only be triggered once the practice has recorded this information for 50% of its patients in the first year and 90% in the second year (as measured on 31 March each year). Within 28 days of the end of the financial year (31 March) each practice taking part will be required to provide the following information to the PCT as measured at 31 March:

- the number of patients recorded against each of the NHS Data Dictionary codes for ethnic group and the number who refused to divulge their ethnic group
- the number of patients recorded against each of the NHS Data Dictionary codes for first language and the number who refused to divulge their first language.

Payment will be based on practice list size as at 1 April. Practices will receive 5.6 pence per registered patient per year for this DES.

Ethnicity Annexes

Annex 1

Data Dictionary Ethnicity codes

Annex 2

Data Dictionary Language codes

Annex 3

Data Dictionary Other Language codes

Annex 4

Standard Tick Box

Annex 5

Main Languages

Ethnicity Annexes
Annex 1: data dictionary
ethnicity codes

Data Dictionary Code Mappings - Ethnicity

Data Dictionary Code	Data Dictionary Name	SCT ConceptId	CTV3	V2	4B	SCT FSN	Read Term 198	Read Term 60	Read Term 30
White									
A	British	92391000000108	XaJQv	9i0..	9i0..	British or mixed British - ethnic category 2001 census (finding)		British or mixed British - ethnic category 2001 census	British/mixed British 2001cens
B	Irish	92401000000106	XaJQw	9i1..	9i1..	Irish - ethnic category 2001 census (finding)		Irish - ethnic category 2001 census	Irish - ethn categ 2001 census
C	Any Other White Background	92411000000108	XaJQx	9i2..	9i2..	Other White background - ethnic category 2001 census (finding)		Other White background - ethnic category 2001 census	Other White - eth cat 2001cens
Mixed									
D	White & Black Caribbean	92421000000102	XaJQy	9i3..	9i3..	White and Black Caribbean - ethnic category 2001 census (finding)		White and Black Caribbean - ethnic category 2001 census	White & BlackCaribbean 2001cen
E	White & Black African	92431000000100	XaJQz	9i4..	9i4..	White and Black African - ethnic category 2001 census (finding)		White and Black African - ethnic category 2001 census	White & Black African 2001cens
F	White & Asian	92441000000109	XaJR0	9i5..	9i5..	White and Asian - ethnic category 2001 census (finding)		White and Asian - ethnic category 2001 census	White & Asian eth cat 2001cens
G	Any Other Mixed Background	92451000000107	XaJR1	9i6..	9i6..	Other Mixed background - ethnic category 2001 census (finding)		Other Mixed background - ethnic category 2001 census	Other Mixed - eth cat 2001cens
Asian or Asian British									
H	Indian	110751000000108	XaJR2	9i7..	9i7..	Indian or British Indian - ethnic category 2001 census (finding)		Indian or British Indian - ethnic category 2001 census	Indian/British Indian 2001cens
J	Pakistani	92461000000105	XaJR3	9i8..	9i8..	Pakistani or British Pakistani - ethnic category 2001 census (finding)		Pakistani or British Pakistani - ethnic category 2001 census	Pakistani/Brit Pakist 2001cens
K	Bangladeshi	92471000000103	XaJR4	9i9..	9i9..	Bangladeshi or British Bangladeshi - ethnic category 2001 census (finding)	Bangladeshi or British Bangladeshi - ethnic category 2001 census	Bangladeshi or British Bangladeshi - ethn categ 2001 census	Bangladeshi/Brit Bangl 2001cen
L	Any Other Asian Background	92481000000101	XaJR5	9iA..	9iA..	Other Asian background - ethnic category 2001 census (finding)		Other Asian background - ethnic category 2001 census	Other Asian - eth cat 2001cens
Black or Black British									
M	Caribbean	107691000000105	XaJR6	9iB..	9iB..	Caribbean - ethnic category 2001 census (finding)		Caribbean - ethnic category 2001 census	Caribbean - eth cat 2001census
N	African	92491000000104	XaJR7	9iC..	9iC..	African - ethnic category 2001 census (finding)		African - ethnic category 2001 census	African - ethn cat 2001 census
P	Any Other Black Background	92501000000105	XaJR8	9iD..	9iD..	Other Black background - ethnic category 2001 census (finding)		Other Black background - ethnic category 2001 census	Other Black - eth cat 2001cens
Other Ethnic Groups									
R	Chinese	92511000000107	XaJR9	9iE..	9iE..	Chinese - ethnic category 2001 census (finding)		Chinese - ethnic category 2001 census	Chinese - ethn cat 2001 census
S	Any Other Ethnic Group	94151000000105	XaJSg	9iFK.	9iFK.	Any other group - ethnic category 2001 census (finding)		Any other group - ethnic category 2001 census	Any other - ethn categ 2001cen
Z	Not Stated	92531000000104	XaJRB	9iG..	9iG..	Ethnic category not stated - 2001 census (finding)		Ethnic category not stated - 2001 census	Ethn cat not stated 2001census
	Patient Refused	312860002	XaE4B	9SD..	9SD..	Ethnic group not given - patient refused (finding)	-	Ethnic group not given - patient refused	Ethnic group - patient refused

Ethnicity Annexes
Annex 2: data dictionary
language codes

Data Dictionary Code Mappings - Language

Data Dictionary Co	Data Dictionary Name	SCT Concept	CTV3	V2	4B	SCT FSN	Read Term 198	Read Term 60	Read Term 30
001	Akan (Ashanti)	408525000	XaJOq	13lc.	13lc.	Main spoken language Akan (finding)			Main spoken language Akan
002	Albanian	407648002	XaJDK	13IS.	13IS.	Main spoken language Albanian (finding)			Main spoken language Albanian
003	Amharic	408507007	XaJOr	13ld.	13ld.	Main spoken language Amharic (finding)			Main spoken language Amharic
004	Arabic	315566006	XaG5p	13lO.	13lO.	Main spoken language Arabic (finding)			Main spoken language Arabic
005	Bengali & Sylheti	315567002 315586005	XaG5q XaG68	13l1. 13lJ.	13l1. 13lJ.	Main spoken language Bengali (finding) OR Main Spoken Language Sylheti			Main spoken language Bengali OR Main Spoken Language Sylheti
006	Brawa & Somali	408513003 315583002	XaJOs XaG65	13le. 13lG.	13le. 13lG.	Main spoken language Brawa (finding) OR Main spoken language Somali (finding)			Main spoken language Brawa OR Main spoken language Somali
007	British Sign Language	415803005	XaLE	13ZM	13ZM	Uses British Sign Language (finding)			Using British Sign Language
008	Cantonese	315568007	XaG5r	13l2.	13l2.	Main spoken language Cantonese (finding)			Main spoken language Cantonese
009	Cantonese and Vietnamese	315568007 407661002	XaG5r XaJDS	13l2. 13lb.	13l2. 13lb.	Main spoken language Cantonese (finding) OR Main spoken language Vietnamese (finding)		Main spoken language Viet	Main spoken language Cantonese OR Main spoken lang Vietnamese
010	Creole	161139007	13Z6	13Z6	13Z6	Language Spoken (observable entity)			Language Spoken
011	Dutch	408528003	XaJOt	13lf.	13lf.	Main spoken language Dutch (finding)			Main spoken language Dutch
012	English	315570003	XaG5t	13l4.	13l4.	Main spoken language English (finding)			Main spoken language English
013	Ethiopian	408515005	XaJOu	13lg.	13lg.	Main spoken language Ethiopian (finding)			Main spoken language Ethiopian
014	Farsi (Persian)	395108007	Xalpr	13lO.	13lO.	Main spoken language Farsi (finding)			Main spoken language Persian
015	Finnish	414640006	XaKIL	13uT.	13uT.	Main spoken language Finnish (finding)			Main spoken language Finnish
016	Flemish	408520005	XaJOv	13lh.	13lh.	Main spoken language Flemish (finding)			Main spoken language Flemish
017	French	315571004	XaG5u	13l5.	13l5.	Main spoken language French (finding)			Main spoken language French
018	French Creole	408521009	XaJOw	13li.	13li.	Main spoken language French Creole (finding)		Main spoken language Fren	Main spoken lang French Creole
019	Gaelic	408522002	XaJOx	13lj.	13lj.	Main spoken language Gaelic (finding)			Main spoken language Gaelic
020	German	407643006	XaJD6	13lR.	13lR.	Main spoken language German (finding)			Main spoken language German
021	Greek	407652002	XaJDM	13lV.	13lV.	Main spoken language Greek (finding)			Main spoken language Greek
022	Gujarati	315572006	XaG5v	13l6.	13l6.	Main spoken language Gujerati (finding)			Main spoken language Gujerati
023	Hakka	408523007	XaJOy	13lk.	13lk.	Main spoken language Hakka (finding)			Main spoken language Hakka
024	Hausa	315574007	XaG5w	13l7.	13l7.	Main spoken language Hausa (finding)			Main spoken language Hausa
025	Hebrew	408524001	XaJOz	13ll.	13ll.	Main spoken language Hebrew (finding)			Main spoken language Hebrew
026	Hindi	315575008	XaG5x	13l8.	13l8.	Main spoken language Hindi (finding)			Main spoken language Hindi
027	Igbo (Ibo)	408514009	XaJP0	13lm.	13lm.	Main spoken language Igbo (finding)			Main spoken language Igbo
028	Italian	407642001	XaJD5	13lQ.	13lQ.	Main spoken language Italian (finding)			Main spoken language Italian
029	Japanese	407654001	XaJDN	13lW.	13lW.	Main spoken language Japanese (finding)			Main spoken language Japanese
030	Korean	407655000	XaJDO	13lX.	13lX.	Main spoken language Korean (finding)			Main spoken language Korean
031	Kurdish	395109004	Xalps	13lN.	13lN.	Main spoken language Kurdish (finding)			Main spoken language Kurdish
032	Lingala	408526004	XaJP1	13ln.	13ln.	Main spoken language Lingala (finding)			Main spoken language Lingala
033	Luganda	408527008	XaJP2	13lo.	13lo.	Main spoken language Luganda (finding)			Main spoken language Luganda
034	Makaton (sign language)	415805003	XaJPI	13ZP	13ZP	Uses Makaton Sign Language (finding)			Using Makaton Sign Language
035	Malayalam	408529006	XaJP3	13lp.	13lp.	Main spoken language Malayalam (finding)			Main spoken language Malayalam
036	Mandarin	315578005	XaG60	13lB.	13lB.	Main spoken language Mandarin (finding)			Main spoken language Mandarin
037	Norwegian	408530001	XaJP4	13lq.	13lq.	Main spoken language Norwegian (finding)			Main spoken language Norwegian
038	Pashto (Pushtoo)	408531002	XaJP5	13lr.	13lr.	Main spoken language Pashto (finding)			Main spoken language Pashto
039	Patois	408534005	XaJP6	13ls.	13ls.	Main spoken language Patois (finding)			Main spoken language Patois
040	Polish	315579002	XaG61	13lC.	13lC.	Main spoken language Polish (finding)			Main spoken language Polish
041	Portuguese	315580004	XaG62	13lD.	13lD.	Main spoken language Portuguese (finding)		Main spoken language Port	Main spoken language Portugues
042	Punjabi	315581000	XaG63	13lE.	13lE.	Main spoken language Punjabi (finding)			Main spoken language Punjabi
043	Russian	315582007	XaG64	13lF.	13lF.	Main spoken language Russian (finding)			Main spoken language Russian

Data Dictionary Code Mappings - Language

Data Dictionary Code	Data Dictionary Name	SCT ConceptID	CTV3	V2	4B	SCT FSN	Read Term 198	Read Term 60	Read Term 30
044	Serbian/Croatian	408535006	XaJP7	13lt.	13lt.	Main spoken language Serbian (finding) OR			Main spoken language Serbian OR
		407650005	XaJDL	13IT.	13IT.	Main spoken language Croatian (finding)			Main spoken language Croatian
045	Sinhala	408518007	XaJP8	13lu.	13lu.	Main spoken language Sinhala (finding)			Main spoken language Sinhala
046	Somali	315583002	XaG65	13IG.	13IG.	Main spoken language Somali (finding)			Main spoken language Somali
048	Spanish	315584008	XaG66	13IH.	13IH.	Main spoken language Spanish (finding)			Main spoken language Spanish
049	Swahili	315585009	XaG67	13II.	13II.	Main spoken language Swahili (finding)			Main spoken language Swahili
050	Swedish	408516006	XaJP9	13lv.	13lv.	Main spoken language Swedish (finding)			Main spoken language Swedish
051	Sylheti	315586005	XaG68	13IJ.	13IJ.	Main spoken language Sylheti (finding)			Main spoken language Sylheti
052	Tagalog (Filipino)	408517002	XaJPA	13lw.	13lw.	Main spoken language Tagalog (finding)			Main spoken language Tagalog
053	Tamil	315587001	XaG69	13IK.	13IK.	Main spoken language Tamil (finding)			Main spoken language Tamil
054	Thai	408519004	XaJPB	13lx.	13lx.	Main spoken language Thai (finding)			Main spoken language Thai
055	Tigrinya	408533004	XaJPC	13ly.	13ly.	Main spoken language Tigrinya (finding)			Main spoken language Tigrinya
056	Turkish	407657008	XaJDQ	13IZ.	13IZ.	Main spoken language Turkish (finding)			Main spoken language Turkish
057	Urdu	315588006	XaG6A	13IL.	13IL.	Main spoken language Urdu (finding)			Main spoken language Urdu
058	Vietnamese	407661002	XaJDS	13lb.	13lb.	Main spoken language Vietnamese (finding)		Main spoken language Viet	Main spoken lang Vietnamese
059	Welsh	408532009	XaJPD	13lz.	13lz.	Main spoken language Welsh (finding)			Main spoken language Welsh
060	Yoruba	315589003	XaG6B	13IM.	13IM.	Main spoken language Yoruba (finding)			Main spoken language Yoruba
200	Other	161139007	13Z6	13Z6	13Z6	Language Spoken (observable entity)			Language Spoken
	Patient Refused	313173005	XaEF2	13ZG.	13ZG.	Language not given - patient refused (finding)		Language not given - patier	Language - patient refused

Ethnicity Annexes

Annex 3: data dictionary other language codes

All Current Available Codes - Language

SCT FSN	Read Term 15	Read Term60	Read Term30	SCT ConceptId	CTV3	V2	4B
Language not given - patient refused (finding)	-	Language not given - patient refused	Language - patient refused	313173005	XaEF2	13ZG.	13ZG.
Main spoken language Abkhazian (finding)			Main spoken language Abkhazian	35631100000010	XaPF8	13u3.	13u3.
Main spoken language Afar (finding)			Main spoken language Afar	35634100000010	XaPF9	13u4.	13u4.
Main spoken language Afrikaans (finding)			Main spoken language Afrikaans	35637100000010	XaPFA	13u5.	13u5.
Main spoken language Akan (finding)			Main spoken language Akan	408525000	XaJOq	13lc.	13lc.
Main spoken language Albanian (finding)			Main spoken language Albanian	407648002	XaJDK	13IS.	13IS.
Main spoken language Amharic (finding)			Main spoken language Amharic	408507007	XaJOr	13ld.	13ld.
Main spoken language Arabic (finding)			Main spoken language Arabic	315566006	XaG5p	13lO.	13lO.
Main spoken language Armenian (finding)			Main spoken language Armenian	35640100000010	XaPFB	13u6.	13u6.
Main spoken language Assamese (finding)			Main spoken language Assamese	35643100000010	XaPFC	13u7.	13u7.
Main spoken language Aymara (finding)			Main spoken language Aymara	35646100000010	XaPFD	13u8.	13u8.
Main spoken language Azerbaijani (finding)		Main spoken language Azerbaijani	Main spoken lang Azerbaijani	35650100000010	XaPFF	13u9.	13u9.
Main spoken language Bashkir (finding)			Main spoken language Bashkir	35653100000010	XaPFG	13uA.	13uA.
Main spoken language Basque (finding)			Main spoken language Basque	35656100000010	XaPFH	13uB.	13uB.
Main spoken language Belarusian (finding)		Main spoken language Belarusian	Main spoken lang Belarusian	35675100000010	XaPFO	13uH.	13uH.
Main spoken language Bengali (finding)			Main spoken language Bengali	315567002	XaG5q	13l1.	13l1.
Main spoken language Bihari (finding)			Main spoken language Bihari	35663100000010	XaPFK	13uD.	13uD.
Main spoken language Bislama (finding)			Main spoken language Bislama	35666100000010	XaPFL	13uE.	13uE.
Main spoken language Brawa (finding)			Main spoken language Brawa	408513003	XaJOs	13le.	13le.
Main spoken language Breton (finding)			Main spoken language Breton	35669100000010	XaPFM	13uF.	13uF.
Main spoken language Bulgarian (finding)			Main spoken language Bulgarian	34398100000010	XaP48	13u0.	13u0.
Main spoken language Burmese (finding)			Main spoken language Burmese	35672100000010	XaPFN	13uG.	13uG.
Main spoken language Cantonese (finding)			Main spoken language Cantone	315568007	XaG5r	13l2.	13l2.
Main spoken language Catalan (finding)			Main spoken language Catalan	35681100000010	XaPFQ	13uK.	13uK.
Main spoken language Central Khmer (finding)		Main spoken language Central Khmer	Main spoken lang Central Khmer	35678100000010	XaPFP	13uJ.	13uJ.
Main spoken language Corsican (finding)			Main spoken language Corsican	35688100000010	XaPFT	13uM.	13uM.
Main spoken language Croatian (finding)			Main spoken language Croatia	407650005	XaJDL	13lT.	13lT.
Main spoken language Czech (finding)			Main spoken language Czech	315569004	XaG5s	13l3.	13l3.
Main spoken language Danish (finding)			Main spoken language Danish	35691100000010	XaPFU	13uN.	13uN.
Main spoken language Dutch (finding)			Main spoken language Dutch	408528003	XaJOt	13lf.	13lf.
Main spoken language Dzongkha (finding)			Main spoken language Dzongkha	35659100000010	XaPFI	13uC.	13uC.
Main spoken language English (finding)			Main spoken language English	315570003	XaG5t	13l4.	13l4.
Main spoken language Esperanto (finding)			Main spoken language Esperanto	35694100000010	XaPFV	13uP.	13uP.
Main spoken language Estonian (finding)			Main spoken language Estonian	35697100000010	XaPFW	13uQ.	13uQ.
Main spoken language Ethiopian (finding)			Main spoken language Ethiopia	408515005	XaJOu	13lg.	13lg.
Main spoken language Faeroese (finding)			Main spoken language Faeroese	35700100000010	XaPFX	13uR.	13uR.
Main spoken language Farsi (finding)			Main spoken language Persian	395108007	Xalpr	13lO.	13lO.
Main spoken language Fijian (finding)			Main spoken language Fijian	35704100000010	XaPFZ	13uS.	13uS.
Main spoken language Finnish (finding)			Main spoken language Finnish	414640006	XaKIL	13uT.	13uT.
Main spoken language Flemish (finding)			Main spoken language Flemish	408520005	XaJOv	13lh.	13lh.
Main spoken language French (finding)			Main spoken language French	315571004	XaG5u	13l5.	13l5.
Main spoken language French Creole (finding)		Main spoken language French Creole	Main spoken lang French Creole	408521009	XaJOw	13li.	13li.
Main spoken language Frisian (finding)			Main spoken language Frisian	35711100000010	XaPFc	13uV.	13uV.
Main spoken language Gaelic (finding)			Main spoken language Gaelic	408522002	XaJOx	13lj.	13lj.
Main spoken language Galician (finding)			Main spoken language Galician	35714100000010	XaPFd	13uW.	13uW.
Main spoken language Georgian (finding)			Main spoken language Georgian	35717100000010	XaPFe	13uX.	13uX.
Main spoken language German (finding)			Main spoken language German	407643006	XaJD6	13lR.	13lR.

All Current Available Codes - Language

SCT FSN	Read Term 15	Read Term60	Read Term30	SCT ConceptId	CTV3	V2	4B
Main spoken language Greek (finding)			Main spoken language Greek	407652002	XaJDM	13IV.	13IV.
Main spoken language Guarani (finding)			Main spoken language Guarani	35723100000010	XaPFg	13uZ.	13uZ.
Main spoken language Gujerati (finding)			Main spoken language Gujerati	315572006	XaG5v	13I6.	13I6.
Main spoken language Hakka (finding)			Main spoken language Hakka	408523007	XaJOy	13Ik.	13Ik.
Main spoken language Hausa (finding)			Main spoken language Hausa	315574007	XaG5w	13I7.	13I7.
Main spoken language Hebrew (finding)			Main spoken language Hebrew	408524001	XaJOz	13II.	13II.
Main spoken language Hindi (finding)			Main spoken language Hindi	315575008	XaG5x	13I8.	13I8.
Main spoken language Hungarian (finding)			Main spoken language Hungarian	35726100000010	XaPFh	13ua.	13ua.
Main spoken language Iba (finding)			Main spoken language Iban	315576009	XaG5y	13I9.	13I9.
Main spoken language Icelandic (finding)			Main spoken language Icelandic	35729100000010	XaPFI	13ub.	13ub.
Main spoken language Igbo (finding)			Main spoken language Igbo	408514009	XaJP0	13Im.	13Im.
Main spoken language Indonesian (finding)		Main spoken language Indonesian	Main spoken languag Indonesian	35732100000010	XaPFj	13uc.	13uc.
Main spoken language Interlingua (finding)		Main spoken language Interlingua	Main spoken lang Interlingua	35735100000010	XaPFk	13ud.	13ud.
Main spoken language Interlingue (finding)		Main spoken language Interlingue	Main spoken lang Interlingue	35738100000010	XaPFI	13ue.	13ue.
Main spoken language Inuktitut (finding)			Main spoken language Inuktitut	35744100000010	XaPFn	13ug.	13ug.
Main spoken language Inupiaq (finding)			Main spoken language Inupiaq	35741100000010	XaPFm	13uf.	13uf.
Main spoken language Irish (finding)			Main spoken language Irish	35747100000010	XaPFo	13uh.	13uh.
Main spoken language Italian (finding)			Main spoken language Italian	407642001	XaJD5	13IQ.	13IQ.
Main spoken language Japanese (finding)			Main spoken language Japanes	407654001	XaJDN	13IW.	13IW.
Main spoken language Javanese (finding)			Main spoken language Javanese	35750100000010	XaPFp	13ui.	13ui.
Main spoken language Kalaallisut (finding)		Main spoken language Kalaallisut	Main spoken lang Kalaallisut	35720100000010	XaPFf	13uY.	13uY.
Main spoken language Kannada (finding)			Main spoken language Kannada	35753100000010	XaPFq	13uj.	13uj.
Main spoken language Kashmiri (finding)			Main spoken language Kashmiri	35756100000010	XaPFr	13uk.	13uk.
Main spoken language Kazakh (finding)			Main spoken language Kazakh	35759100000010	XaPFs	13ul.	13ul.
Main spoken language Kinyarwanda (finding)		Main spoken language Kinyarwanda	Main spoken lang Kinyarwanda	35762100000010	XaPFt	13um.	13um.
Main spoken language Kirghiz (finding)			Main spoken language Kirghiz	35765100000010	XaPFu	13un.	13un.
Main spoken language Korean (finding)			Main spoken language Korean	407655000	XaJDO	13IX.	13IX.
Main spoken language Kurdish (finding)			Main spoken language Kurdish	395109004	Xalps	13IN.	13IN.
Main spoken language Kutchi (finding)			Main spoken language Kutchi	315577000	XaG5z	13IA.	13IA.
Main spoken language Lao (finding)			Main spoken language Lao	35771100000010	XaPFw	13up.	13up.
Main spoken language Latvian (finding)			Main spoken language Latvian	35777100000010	XaPFy	13ur.	13ur.
Main spoken language Lingala (finding)			Main spoken language Lingala	408526004	XaJP1	13In.	13In.
Main spoken language Lithuanian (finding)		Main spoken language Lithuanian	Main spoken lang Lithuanian	407656004	XaJDP	13IY.	13IY.
Main spoken language Luganda (finding)			Main spoken language Luganda	408527008	XaJP2	13Io.	13Io.
Main spoken language Macedonian (finding)		Main spoken language Macedonian	Main spoken languag Macedonian	35780100000010	XaPFz	13us.	13us.
Main spoken language Malagasy (finding)			Main spoken language Malagasy	35783100000010	XaPG0	13ut.	13ut.
Main spoken language Malay (finding)			Main spoken language Malay	35786100000010	XaPG1	13uu.	13uu.
Main spoken language Malayalam (finding)			Main spoken language Malayal	408529006	XaJP3	13Ip.	13Ip.
Main spoken language Maltese (finding)			Main spoken language Maltese	35789100000010	XaPG2	13uv.	13uv.
Main spoken language Mandarin (finding)			Main spoken language Mandar	315578005	XaG60	13IB.	13IB.
Main spoken language Maori (finding)			Main spoken language Maori	35792100000010	XaPG3	13uw.	13uw.
Main spoken language Marathi (finding)			Main spoken language Marathi	35795100000010	XaPG4	13ux.	13ux.
Main spoken language Moldavian (finding)			Main spoken language Moldavian	35798100000010	XaPG5	13uy.	13uy.
Main spoken language Mongolian (finding)			Main spoken language Mongolian	35801100000010	XaPG6	13uz.	13uz.
Main spoken language Nauru (finding)			Main spoken language Nauru	35804100000010	XaPG7	13w0.	13w0.
Main spoken language Nepali (finding)			Main spoken language Nepali	35807100000010	XaPG8	13w1.	13w1.
Main spoken language Norwegian (finding)			Main spoken language Norweg	408530001	XaJP4	13Iq.	13Iq.

All Current Available Codes - Language

SCT FSN	Read Term 15	Read Term60	Read Term30	SCT ConceptId	CTV3	V2	4B
Main spoken language Occitan (finding)			Main spoken language Occitan	35810100000010	XaPG9	13w2.	13w2.
Main spoken language Oriya (finding)			Main spoken language Oriya	35813100000010	XaPGA	13w3.	13w3.
Main spoken language Oromo (finding)			Main spoken language Oromo	35628100000010	XaPF7	13u2.	13u2.
Main spoken language Pashto (finding)			Main spoken language Pashto	408531002	XaJP5	13lr.	13lr.
Main spoken language Patois (finding)			Main spoken language Patois	408534005	XaJP6	13ls.	13ls.
Main spoken language Polish (finding)			Main spoken language Polish	315579002	XaG61	13IC.	13IC.
Main spoken language Portuguese (finding)		Main spoken language Portuguese	Main spoken language Portugu	315580004	XaG62	13ID.	13ID.
Main spoken language Punjabi (finding)			Main spoken language Punjabi	315581000	XaG63	13IE.	13IE.
Main spoken language Quechua (finding)			Main spoken language Quechua	35819100000010	XaPGC	13w5.	13w5.
Main spoken language Romanian (finding)			Main spoken language Romanian	34399100000010	XaP49	13u1.	13u1.
Main spoken language Romansh (finding)			Main spoken language Romansh	35822100000010	XaPGD	13w6.	13w6.
Main spoken language Rundi (finding)			Main spoken language Rundi	35768100000010	XaPFv	13uo.	13uo.
Main spoken language Russian (finding)			Main spoken language Russian	315582007	XaG64	13IF.	13IF.
Main spoken language Samoan (finding)			Main spoken language Samoan	35825100000010	XaPGE	13w7.	13w7.
Main spoken language Sango (finding)			Main spoken language Sango	35828100000010	XaPGF	13w8.	13w8.
Main spoken language Serbian (finding)			Main spoken language Serbian	408535006	XaJP7	13It.	13It.
Main spoken language Shona (finding)			Main spoken language Shona	395110009	Xalpt	13IP.	13IP.
Main spoken language Sindhi (finding)			Main spoken language Sindhi	35843100000010	XaPGK	13wD.	13wD.
Main spoken language Sinhala (finding)			Main spoken language Sinhala	408518007	XaJP8	13lu.	13lu.
Main spoken language Slovenian (finding)			Main spoken language Slovenian	35852100000010	XaPGN	13wG.	13wG.
Main spoken language Somali (finding)			Main spoken language Somali	315583002	XaG65	13IG.	13IG.
Main spoken language Southern Sotho (finding)		Main spoken language Southern Sotho	Main spokn lang Southern Sotho	35837100000010	XaPGI	13wB.	13wB.
Main spoken language Spanish (finding)			Main spoken language Spanish	315584008	XaG66	13IH.	13IH.
Main spoken language Sundanese (finding)			Main spoken language Sundanese	35855100000010	XaPGO	13wH.	13wH.
Main spoken language Swahili (finding)			Main spoken language Swahili	315585009	XaG67	13II.	13II.
Main spoken language Swati (finding)			Main spoken language Swati	35849100000010	XaPGM	13wF.	13wF.
Main spoken language Swedish (finding)			Main spoken language Swedish	408516006	XaJP9	13Iv.	13Iv.
Main spoken language Sylheti (finding)			Main spoken language Sylheti	315586005	XaG68	13IJ.	13IJ.
Main spoken language Tagalog (finding)			Main spoken language Tagalog	408517002	XaJPA	13Iw.	13Iw.
Main spoken language Tajik (finding)			Main spoken language Tajik	35858100000010	XaPGP	13wJ.	13wJ.
Main spoken language Tamil (finding)			Main spoken language Tamil	315587001	XaG69	13IK.	13IK.
Main spoken language Tatar (finding)			Main spoken language Tatar	35861100000010	XaPGQ	13wK.	13wK.
Main spoken language Telugu (finding)			Main spoken language Telugu	35864100000010	XaPGR	13wL.	13wL.
Main spoken language Thai (finding)			Main spoken language Thai	408519004	XaJPB	13Ix.	13Ix.
Main spoken language Tibetan (finding)			Main spoken language Tibetan	35867100000010	XaPGS	13wM.	13wM.
Main spoken language Tigrinya (finding)			Main spoken language Tigrinya	408533004	XaJPC	13Iy.	13Iy.
Main spoken language Tongan (finding)			Main spoken language Tongan	35870100000010	XaPGT	13wN.	13wN.
Main spoken language Tsonga (finding)			Main spoken language Tsonga	35873100000010	XaPGU	13wP.	13wP.
Main spoken language Tswana (finding)			Main spoken language Tswana	35840100000010	XaPGJ	13wC.	13wC.
Main spoken language Turkish (finding)			Main spoken language Turkish	407657008	XaJDQ	13IZ.	13IZ.
Main spoken language Turkmen (finding)			Main spoken language Turkmen	35876100000010	XaPGV	13wQ.	13wQ.
Main spoken language Twi (finding)			Main spoken language Twi	35879100000010	XaPGW	13wR.	13wR.
Main spoken language Uighur (finding)			Main spoken language Uighur	35882100000010	XaPGX	13wS.	13wS.
Main spoken language Ukrainian (finding)			Main spoken language Ukrainian	407659006	XaJDR	13Ia.	13Ia.
Main spoken language Urdu (finding)			Main spoken language Urdu	315588006	XaG6A	13IL.	13IL.
Main spoken language Uzbek (finding)			Main spoken language Uzbek	35885100000010	XaPGY	13wT.	13wT.
Main spoken language Vietnamese (finding)		Main spoken language Vietnamese	Main spoken lang Vietnamese	407661002	XaJDS	13Ib.	13Ib.

Ethnicity Annexes
Annex 4: standard tick box

Standard Tick Box for recording ethnic group

What is your ethnic group? Choose ONE section from A to E, then tick the appropriate box on the right to indicate your ethnic group.

Ethnic group	Tick here
A : White <ul style="list-style-type: none"> • British 	
<ul style="list-style-type: none"> • Irish 	
<ul style="list-style-type: none"> • Any other White background (please write in line below) 	
B : Mixed <ul style="list-style-type: none"> • White and Black Caribbean 	
<ul style="list-style-type: none"> • White and Black African 	
<ul style="list-style-type: none"> • White and Asian 	
<ul style="list-style-type: none"> • Any other mixed background (please write in line below) 	
C : Asian or Asian British <ul style="list-style-type: none"> • Indian 	
<ul style="list-style-type: none"> • Pakistani 	
<ul style="list-style-type: none"> • Bangladeshi 	
<ul style="list-style-type: none"> • Any other Asian background (please write in line below) 	
D : Black or Black British <ul style="list-style-type: none"> • Caribbean 	
<ul style="list-style-type: none"> • African 	
<ul style="list-style-type: none"> • Any other Black background (please write in line below) 	
E : Chinese or other ethnic group <ul style="list-style-type: none"> • Chinese 	
<ul style="list-style-type: none"> • Any other (please write in line below) 	
Not stated/declined <ul style="list-style-type: none"> • Declined: patient chooses not supply this information 	

Ethnicity Annexes

Annex 5: main languages

Main languages

The main languages coded are

- Arabic
- Bengali
- Cantonese
- English
- Farsi
- French
- Gaelic
- Gujarati
- Hakka
- Hindi
- Korean
- Mandarin
- Patois / Creole
- Polish
- Portuguese
- Punjabi
- Somali
- Spanish
- Tamil
- Turkish
- Urdu
- Vietnamese
- Welsh
- British Sign Language
- Any other language (specify)

However, local variations will need to be taken into account. For example, in London, according to recent evidence (see P Baker and J Aversely (eds), 'Multilingual Capital, London', Battlebridge, 2000) with respect to black and minority ethnic groups, the 10 most spoken languages other than English are :

- Bengali and Sylheti (40,400 speakers);
- Punjabi (29,800);
- Gujarati (28,600);
- Hindi/Urdu (26,000);
- Turkish (15,600);
- Arabic (11,000);
- English-based Creoles (10,700);
- Yoruba (10,400);
- Somali (8,300); and
- Cantonese (6,900).

NHS Employers

www.nhsemployers.org
E-mail enquiries@nhsemployers.org
29 Bressenden Place
London SW1E 5DD

2 Brewery Wharf
Kendell Street
Leeds LS10 1JR

General Practitioners Committee

www.bma.org.uk
British Medical Association
BMA House
Tavistock Square
London WC1H 9JP

The document is available in pdf format at www.nhsemployers.org/publications

Published March 2009. © NHS Employers 2009.

This document may not be reproduced in whole or in part without permission.

The NHS Confederation (Employers) Company Ltd

Registered in England. Company limited by guarantee: number 5252407

Ref: EGU105601