

THE SCOTTISH OFFICE

National Health Service in Scotland Management Executive

St. Andrew's House Edinburgh EH1 3DG

15 June 1995

Dear Colleague

COLLECTION OF INFORMATION ON ACTIVITY FROM THE INDEPENDENT HEALTH CARE SECTOR

Summary

1. This Circular requires purchasers to stipulate in all future contracts with independent providers that standard Scottish Morbidity Record (SMR) data should be submitted to ISD for NHS patients treated. It also advises purchasers of an agreement reached with independent providers to submit some anonymised data on private patients for public health use.

Action .

- 2. Purchasers should ensure that all future contracts with independent sector providers for the care of NHS patients require the submission of standard SMR data to ISD. Requests for training or advice should be made to the Director of ISD.
- 3. Health Boards are requested to pass this Circular on to GP fundholders and independent providers within their area.

Yours sincerely

Addressees

For action
General Managers, Health Boards

GP Fundholders

For information General Manager, CSA

General manager, HEBS

General Manager, State Hospital

Chief Executive, NHS Trusts

UGMS

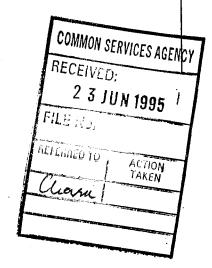
Local Associations of GPFHs

Enquiries to:

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KEVIN J WOODS Director of Purchasing



Background

1. At present very little information on NHS patients treated in independent hospitals is obtained. ISD only receive SMR records for a very small proportion of all NHS patients cared for in independent hospitals. Care is, however, being bought for these patients with NHS funds and it is important to account for the use of such funds. Moreover, for epidemiological purposes and the future planning of health care, it is important to have access to information on care obtained for NHS patients from any source.

NHS Patients

- 2. Purchasers should therefore ensure that all future contracts with independent sector providers for the care of NHS patients require the submission of standard SMR data to ISD. This requirement applies to acute and continuing care episodes. SMR data is currently collected for In-patients/Day Cases (SMR1); New Out-patients (SMR0); Maternity (SMR2); Neonatals (SMR11); Mental Health (SMR4); Cancer Registration (SMR6); Cardiac Surgery (SMR20); and Geriatric Long-Stay (SMR50); and independent hospitals recording such patient episodes should complete the appropriate SMR return.
- 3. Revised SMR datasets are being introduced from April 1996 as part of the Coppish SMR Project which involves the introduction of the most recent International Classification of Disease ICD10. The revised specifications are set out in the documents "Requirement Specification 1 New Core Patient Profile Information" (September 1994) and the "Coppish SMR Manual" (March 1995), both of which are available to those requiring further information. Where independent hospitals require assistance with staff training to complete the forms and/or the implementation of SMR data recording, this will be provided by the Information and Statistics Division (ISD), NHS in Scotland, Trinity Park House, South Trinity Road, Edinburgh on request. Providers should be advised to contact Mr D Adams-Jones, Director, ISD, to arrange training or for advice.

Agreement with Independent Providers on Private Patients

4. In the case of <u>private</u> patients attending independent hospitals and nursing homes, the NHS has more limited rights to information. Directors of Public Health, however, have interests in the health and health care needs of the resident population of their Health Board areas. They advise Health Boards on the range of health promotion initiatives and the effectiveness of primary, secondary and tertiary care services in meeting health needs. This task depends on the availability of accurate and comprehensive information about the epidemiology and care obtained by the population as a whole. In the absence of information on episodes of care in the independent sector, Health Boards have an incomplete understanding of the health and health care needs of the population they serve.

- 5. In view of this, Health Board and Management Executive representatives have reached an agreement with the main independent sector providers in Scotland to submit anonymised SMR information to ISD on private patients.
- 6. The submission of such information is purely voluntary on behalf of independent providers but those approached have been willing to co-operate in recognition of the public health function of Health Boards. Independent providers have asked in return for help in completing the forms and any enquiries of this nature made locally should be directed to Mr D Adams-Jones, Director, ISD. Already information from 4 independent hospitals, and 16 Independent Nursing Homes, Hospices and Joint user hospitals is being received and, subject to the agreement of the providers, can be obtained from ISD.