

**The London Sexual Health Programme (LSHP)**  
*Development of Proposed Tariff/s for Sexual Health in London*

**Behavioural Guidance for Additional Codes to SRHAD and SHHAPT Datasets**

<b>Summary:</b>
The purpose of this document is to outline the Behavioural Guidance for the coding of Sexual Health activity supplementing the SRHAD and SHHAPT datasets
<b>Action required:</b>
Clinicians recording data for the Sexual Health Tariff should use this guidance to record patient activity with the Sexual Health Tariff Local codes
<b>Lead:</b>
Chris Wilkinson, Simon Barton
<b>Written by:</b>
Joint STI and Contraception Working Group, Pathway Analytics
<b>Performance Management</b> (which national/local targets does this report affect)
none
<b>Governance and Legality Checks</b> (which statutory responsibilities does this report affect)
N/A
<b>Health Inequalities</b> (how does this report support the reduction of health inequalities in NWL)
N/A
<b>Patient and Public Involvement</b> (summary of any patient and public involvement in the issues this report covers)
N/A
<b>Race Equality</b>
N/A
<b>Version and Release date</b>
v7.4 Release on 19 April 2012

## Purpose

This document is intended to support the collection of additional codes to SRHAD and SHHAPT datasets for the purposes of data collection for tariff payment. This guidance is required to ensure quality data is recorded at services uniformly and included in reports produced locally for the purpose of PBR.

### How do services code to collect data for tariff payment?

To collect data for tariff payments, clinics are required to collect activity data as per the dataset formats, SRHAD and SHHAPT. These will cover the majority of care services delivered by SRH, GUM and integrated services.

SRHAD is an activity based data set and payment will be triggered on activity. SHHAPT is an episode-based data set and payments will be triggered by STI tests and STI treatments.

### Where Can I Find the SRHAD Guidance Documents?

Below are the key sources of information with regard to the SRHAD dataset:

- Authoritative SRHAD material is available from the NHS IC website (<http://www.ic.nhs.uk/omnibus/srhad>) and has been updated in October 2011:
- The detailed Behavioural Guidance to Clinical Staff is available here: [http://www.ic.nhs.uk/webfiles/Services/Omnibus%20Guidance/SRHAD/SRHAD\\_Behavioural\\_Guidance\\_October\\_2011\\_FINAL.doc](http://www.ic.nhs.uk/webfiles/Services/Omnibus%20Guidance/SRHAD/SRHAD_Behavioural_Guidance_October_2011_FINAL.doc)
- Technical Guidance is available from here: [http://www.ic.nhs.uk/webfiles/Services/Omnibus%20Guidance/SRHAD/SRHAD\\_Technical\\_Guidance\\_October\\_2011\\_FINAL.doc](http://www.ic.nhs.uk/webfiles/Services/Omnibus%20Guidance/SRHAD/SRHAD_Technical_Guidance_October_2011_FINAL.doc)
- The summary guidance or Lookup sheet is available here: [http://www.ic.nhs.uk/webfiles/Services/Omnibus%20Guidance/SRHAD/SRHAD\\_Summary\\_Guidance\\_October\\_2011\\_FINAL.doc](http://www.ic.nhs.uk/webfiles/Services/Omnibus%20Guidance/SRHAD/SRHAD_Summary_Guidance_October_2011_FINAL.doc)

### Where Can I Find the SHHAPT Guidance Documents?

Below are the key sources of information with regard to the SHHAPT dataset:

- Authoritative GUMCAD material is available from the HPA website: <http://www.hpa.org.uk/gumcad>
- The detailed Behavioural Guidance to Clinical Staff is available here: [http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1234859711509](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1234859711509)
- Technical Guidance is available from here: [http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1234859714406](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1234859714406)

- The summary guidance or Lookup sheet is available here:  
[http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1279269851932](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1279269851932)

### **Can we use only parts of SRHAD or SHHAPT?**

If you are a GUM service and occasionally offer contraception, then (for tariff purposes) we do not require you to complete a full SRHAD return for the contraception element of the care. All you need to do is code for the activity you are providing and use the GUMCAD patient details.

Here are some examples:

- A patient receives STI tests (CT/GC NAAT, HIV and STS blood tests) and contraception advice but no method, you can code either of these ways:  
  
T4 for the tests in GUMCAD AND Contraception Main Method Status 4 in SRHAD  
  
*or, if you are not completing a SRHAD return:*  
  
T4 for the tests and P3 for the contraception advice, both in GUMCAD
- A patient receives STI tests (CT/GC NAAT only) and a pregnancy test, you should code in the following way:  
  
T2 for the STI tests in GUMCAD AND SRH Care Activity 2 in SRHAD  
  
*or, if you are not completing a SRHAD return:*  
  
T2 for the STI tests in GUMCAD  
  
P3 should only be used in connection with contraception advice or provision (not including condom provision).

The Department of Health is concerned about the possibility of 'double counting' of contraception activity and therefore services completing a SRHAD return do not need to use the P3 code in SHHAPT.

**If you are a service which already makes a complete SRHAD return you do not need to use the P3 code.**

**If you are a GUM service and are not completing a SRHAD return then you can use the P3 code to code any contraception activity. This will be paid as 'SRH standard'**

If you are a contraception service and provide occasional STI tests or interventions, you can similarly attach GUMCAD SHHAPT code to you patient record without having to complete a full GUMCAD return for tariff purposes. However, we do not encourage this as the HPA would prefer you to complete the GUMCAD2 report.

## Behavioural Guidance for the additional local codes on SRHAD

### Background

It has been planned that SRHAD and SHHAPT codes will be used to generate payment for activity from either Q2 or Q3 2012/13 for Sexual Health services in London (the date will be confirmed when the financial impact assessment has been completed). Current SRHAD Dataset, in its existing format does not allow coding of all complex SRH activity. However SRHAD Behavioural Guidance Version 5 (effective from 1<sup>st</sup> October 2011) states that 'Local codes can be created and used if further breakdown of SRHAD data item categories are required locally. However, these codes must be mapped or aggregated to a SRHAD specified coding option prior to submission.'

[http://www.ic.nhs.uk/webfiles/Services/Omnibus%20Guidance/SRHAD/SRHAD\\_Behavioural\\_Guidance\\_October\\_2011\\_FINAL.doc](http://www.ic.nhs.uk/webfiles/Services/Omnibus%20Guidance/SRHAD/SRHAD_Behavioural_Guidance_October_2011_FINAL.doc)

The need for local codes was identified during the course of development of Sexual Health Tariffs in London in 2010-11 to enable remuneration of services for complex SRH activity by PBR mechanisms. Senior Clinicians from the London Sexual Health Tariff working group identified elements of care activity being provided from Sexual Health clinics (SRH clinics, Integrated Sexual Health services and GUM clinics) which required additional local codes.

### Sexual Health Tariff Local Codes

Local codes have been added to the Department of Health Sexual and Reproductive Health activity Dataset (SRHAD) to allow detailed capture of complex SRH care services. These are:

- 29L (Complex LARC procedures)
- 29C (Complex Contraception)
- 29G (Medical Gynaecology)
- 29U (Care of Prostatitis)
- 29D (Genital Dermatoses)

Local codes have been added to the Health Protection Agency activity Dataset (GUMCAD) to allow detailed capture of STI testing intervention services. These are:

- T5 (HSV test)
- T6 (Hepatitis A/B/C test)
- TS (Microscopy)
- TT (Triple site testing)

## Behavioural Guidance for Additional SRHAD codes

This guidance purposefully doesn't include all SRHAD Care Activity codes – just those that generate a payment under the new tariff system.

SRHAD Care Activity Code	Description	Definition & Guidance	Validation Notes
29L	Complex LARC Procedures	<p><u>Complex Implant procedures:</u></p> <ul style="list-style-type: none"> <li>Removal of deep or impalpable implant</li> <li>Removal/Insertion of Implanon where a previously attempted procedure of removal/insertion had failed</li> <li>Removal of implants not licensed in UK (e.g. Norplant/Jadelle)</li> </ul> <p><u>Complex IUD/IUS procedures:</u></p> <ul style="list-style-type: none"> <li>IUD/IUS removal where previous attempt at removal has failed</li> <li>IUD/IUS removal with missing threads</li> <li>IUD/IUS insertion where previous attempt at insertion has failed</li> <li>IUD/IUS insertion in the presence of genital tract anatomical abnormality (fibroids distorting uterine cavity, congenital uterine anomalies, cervical scarring due to previous cervical surgery, uterine scarring from previous multiple caesarean sections or myomectomy)</li> <li>IUD or IUS insertion in the presence of complicating medical conditions (heart disease, epilepsy, anticoagulant therapy, extreme anxiety, learning disability)</li> <li>Gynefix insertions</li> </ul>	<p>Record other SRHAD codes for Contraception Method status, Contraception Main method, Contraception Other method, contraception Method Postcoital and any other SRH Activity codes as per SRHAD guidance in addition to 29L code where necessary</p> <p>Where ultrasound is performed in the clinic either for diagnostic purpose eg. to locate an impalpable Implant device/to locate an IUD with missing threads or to guide any of the above complex LARC procedures, it should be recorded as SRH care activity code 27 in addition the 29 L code.</p>

SRHAD Care Activity Code	Description	Definition & Guidance	Validation Notes
<b>29C</b>	Complex Contraception	Contraceptive assessment and development of contraception plan in women with co-existent UKMEC 3 or 4 conditions requiring specialist input.	<ul style="list-style-type: none"> <li>This only applies to contraindications to the contraceptive method being considered, thus cardiovascular disease would come under this category for a woman wanting combined hormonal contraception, but not for a woman wanting an IUD unless she was so ill as to make the possible insertion difficult or hazardous. UKMEC 3/4 is as defined in the UKMEC guidance on the FSRH website.</li> <li>Record other SRHAD codes for Contraception Method status, Contraception Main method, Contraception Other method, contraception Method Postcoital and any other SRH Activity codes as per SRHAD guidance in addition to 29C code where necessary</li> </ul>
		Management of major complications or intractable side-effects due to contraception requiring specialist input.	<ul style="list-style-type: none"> <li>This does not apply to situations involving dealing with minor side-effects due to contraception. It involves conditions that require liaising with other specialists or needing specialist intervention</li> <li>Record other SRHAD codes for Contraception Method status, Contraception Main method, Contraception Other method, contraception Method Postcoital and any other SRH Activity codes as per SRHAD guidance in addition to 29C code where necessary.</li> </ul>

SRHAD Care Activity Code	Description	Definition & Guidance	Validation Notes
<b>29G</b>	Medical Gynaecology	<p>Specialist gynaecological investigation (Pelvic ultrasound scan and/or endometrial biopsy and/or hormonal profile) AND management of abnormal uterine bleeding (HMB, IMB, PCB, oligo/amenorrhoea and persistent bleeding problems in women using contraception)</p> <hr/> <p>Specialist investigation (eg. pelvic ultrasound) and management of persistent pelvic pain (includes dysmenorrhoea, deep dyspareunia).</p>	<ul style="list-style-type: none"> <li>• This code should not be used for short-term bleeding (3 months or less) nor for basic investigations such as infection screening or cervical cytology.</li> <li>• Where ultrasound is performed in the clinic it should be recorded as SRH care activity code 27 in addition to the 29 G code.</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• This code should <b>not</b> be used for initial assessment of pelvic pain symptoms with a detailed history taking, abdomino-pelvic examination and basic investigations such as infection screening.</li> <li>• This should also not be used for initial management of pelvic pain such as treatment of PID, use of Mefenamic acid or Combined O.C. pill for dysmenorrhoea.</li> <li>• Where ultrasound is performed in the clinic it should be recorded as SRH care activity code 27 in addition the 29 G code.</li> </ul>
<b>29U</b>	Care of Prostatitis	Investigation and treatment of acute or chronic prostatitis which requires 28 days of antibiotic treatment +/- specialist input and investigations	
<b>29D</b>	Genital Dermatoses	Investigation and treatment of genital dermatoses which require more senior clinical input e.g. lichen sclerosis, lichen planus, eczema and psoriasis. This code should be used for patients undergoing skin biopsy and those requiring longer courses of treatment (e.g. with topical steroids). This code should also be used for those patients with recalcitrant or difficult to treat genital warts (requiring treatment / follow-up > 12 weeks) or those requiring more specialist therapies e.g. hyfrecation	<ul style="list-style-type: none"> <li>• This code should not be used for 'simple' skin rashes e.g. those treated empirically on the first visit with Canesten HC</li> <li>• This code should only be used in patients with genital warts whose treatment requires specialist input and is lasting longer than 12 weeks</li> </ul>

## Behavioural Guidance for Additional SHHAPT codes

SHHAPT Code	Description	Definition & Guidance	Validation Notes
A1	Syphilis – primary	As per GUMCAD	The syphilis pathways include the cost of follow-up visits and therefore subsequent post-treatment visits for serological testing should attract a ‘no code’ <b>unless</b> the patient has another intervention at a subsequent visit separate from the initial syphilis diagnosis which should be coded appropriately
A2	Syphilis – secondary	As per GUMCAD	
A3	Syphilis – early latent	As per GUMCAD	
A4	Syphilis – cardiovascular	As per GUMCAD	
A5	Syphilis – neurosyphilis	As per GUMCAD	
A6	Syphilis – other late and latent	As per GUMCAD	
A7A	Congenital syphilis	As per GUMCAD	
B (incl. suffixes R, O, X)	Gonorrhoea	As per GUMCAD	The gonorrhoea pathways include the cost of a test of cure for gonorrhoea as per national guidelines and, as such, no code is required when the patient returns for their test of cure <b>unless</b> they have another intervention or diagnosis which is separate from the initial gonorrhoea diagnosis which should be coded appropriately
BM (incl. suffixes R, O)	Gonorrhoea – medication given (Level 1/2 services only)	As per GUMCAD	
C1	Chancroid	As per GUMCAD	
C2	LGV	As per GUMCAD	
C3	Donovanosis	As per GUMCAD	
C4 (incl. suffixes R, O, X)	Chlamydia	As per GUMCAD	
C4M (incl. suffixes R, O)	Chlamydia – medication given (Level 1/2 services only)	As per GUMCAD	
C4N	Non-specific genital infection	As per GUMCAD	
C4NR	Non-specific genital infection – rectal	As per GUMCAD	

SHHAPT Code	Description	Definition & Guidance	Validation Notes
C5A	PID and Epididymitis	As per GUMCAD	The PID and epididymo-orchitis pathways include the cost of a follow-up visit and, as such, no code is required when the patient returns for review <b>unless</b> they have another intervention or diagnosis which is separate from the initial diagnosis which should be coded appropriately
C5B	Ophthalmia neonatorum	As per GUMCAD	
C6A	Trichomoniasis	As per GUMCAD	
C6B	BV and anaerobic balanitis	As per GUMCAD	
C6C	Other vaginosis/vaginitis/balanitis	As per GUMCAD	
C7	Anogenital Candidosis	As per GUMCAD	
C8	Scabies	As per GUMCAD	
C9	Pediculosis Pubis	As Per GUMCAD	
C10A	Anogenital Herpes Simplex: first episode	As per GUMCAD	
C10AM	Anogenital Herpes Simplex: first episode – medication given(Level 1/2 services only)	As per GUMCAD	
C10B	Anogenital Herpes Simplex: recurrence	As per GUMCAD	
C10BM	Anogenital Herpes Simplex: recurrence – medication given(Level 1/2 services only)	As per GUMCAD	
C11A	Anogenital warts infection: first episode	As per GUMCAD	The wart pathways include the cost of follow-up visits and the costs of first line treatment failure and second line treatment (up to a total of 12 weeks treatment). Subsequent visits and second line treatment should therefore not be recoded. Persistent warts (> 12 weeks treatment) requiring more specialist input (e.g. hyfrecation) should be coded under SHRAD as a 29D (Genital Dermatoses)
C11AM	Anogenital warts infection: first episode – medication given(Level 1/2 services only)	As per GUMCAD	
C11D	Anogenital warts infection: recurrence	As per GUMCAD	
C11DM	Anogenital warts infection: recurrence – medication given(Level 1/2 services only)	As per GUMCAD	
C12	Molluscum Contagiosum	As per GUMCAD	
C13	Hepatitis B – first diagnosis	As per GUMCAD	
C14	Hepatitis C – first diagnosis	As per GUMCAD	
C15	Hepatitis A – acute infection	As per GUMCAD	
D2A	Urinary Tract Infection	As per GUMCAD	

SHHAPT Code	Description	Definition & Guidance	Validation Notes
D2B	Other conditions requiring treatment or an intervention	<p>The D2B code is to be used to capture activity and trigger a payment for those interventions which don't have a specific GUMCAD code and yet still fit in the GUMCAD definition of "Other conditions requiring treatment or an intervention". The following activity may be coded as a D2B:</p> <ul style="list-style-type: none"> <li>▪ Where an empirical diagnosis has been made e.g. antibiotics for a presumed UTI, antifungals or steroids for a rash</li> <li>▪ Treatment of a partner for conditions where there is no SHHAPT code for partner notification (e.g. NSU and TV)</li> <li>▪ Hepatitis B booster</li> <li>▪ Hepatitis A vaccination</li> <li>▪ Syphilis serology alone (i.e. no other STI tests)</li> <li>▪ Consultation which requires an examination (e.g. testicular, bimanual or rectal but doesn't result in a specific diagnosis or treatment)</li> <li>▪ 'Complex' Health Advisor e.g. behavioural change interventions, motivational interviewing and 'complex' partner notification e.g. multiple partners, provider referrals etc. The D2B code should <b>NOT</b> be used for simple or patient initiated partner notification as this is costed into each STI pathway.</li> <li>▪ Psychology work done in the clinic in relation to STIs that is <b>not</b> related to sexual dysfunction work (as this is coded under SRHAD code 12)</li> </ul> <p>'Complex' STI work (e.g. undertaken in a specialist clinic) that is not covered by the 29U (prostatitis) or 29D (genital dermatoses) codes in SRHAD. E.g. chronic/persistent NSU (e.g. symptoms persisting &gt; 6/52), chronic/recurrent HSV (i.e. requiring long term aciclovir prophylaxis), chronic/recurrent vaginal discharge (i.e. symptoms persisting &gt; 6/52 or recurring &gt; 4 times a year)</p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>▪ Sexual Dysfunction work is coded under SRHAD codes 12 and 13</li> <li>▪ Persistent warts (&gt; 12 weeks with no resolution) requiring more specialist input is coded under SRHAD code 29D</li> </ul> <p>The D2B cost has been calculated as a 'blend' of the cost of these activities using activity data (both estimated and collected) from pilot sites</p>	
D3	Other conditions not requiring treatment	As per GUMCAD	The D3 when coded with another code (e.g, T4) will

SHHAPT Code	Description	Definition & Guidance	Validation Notes
D3 (cont'd...)			not trigger a payment. However a D3 coded on its own will trigger a payment for a "Consultation with no tests or treatment"
T1	Chlamydia test	As per GUMCAD	
T2	Chlamydia & Gonorrhoea tests	As per GUMCAD	It is acknowledged that some clients have dual site testing and therefore the cost of a proportion of patients having dual site testing has been blended into the T2, T3 and T4 pathways. These codes should therefore be used for patients having either dual site (e.g. genital and throat) or single site testing
T3	Chlamydia, Gonorrhoea & Syphilis tests	As per GUMCAD	
T4	Chlamydia, Gonorrhoea, Syphilis & HIV tests	As per GUMCAD	
<b>T5</b>	HSV test	HSV DNA PCR test	These codes can be used in conjunction with other codes to indicate 'extra' activity. In addition they can be used on their own if the intervention (herpes/hepatitis testing or microscopy) is the only one undertaken
<b>T6</b>	Hepatitis A/B/C test	Use this code when screening for Hepatitis A,B and/or C or checking response to vaccination (Anti-HBs)	
<b>TS</b>	Microscopy	Use this code any time microscopy is undertaken. It can either be used on its own (e.g. at a test of cure) or together with a T2 – 4 code	
<b>TT</b>	Triple site testing	Use this code when gonorrhoea and/or chlamydia testing is done on two sites in addition to genital swabs i.e. throat and rectum	This code can only be used in conjunction with one of the testing codes (T2, T3 or T4). It cannot be used on its own. This code should therefore be used for patients having CT/GC testing from three sites (i.e. two sites in addition to genital swabs) e.g. urethra, throat and rectum.
P1A	HIV test	As per GUMCAD	
P2A	Hepatitis B vaccination: 1st dose	As per GUMCAD	
P2B	Hepatitis B vaccination: 2nd dose	As per GUMCAD	

SHHAPT Code	Description	Definition & Guidance	Validation Notes
P2C	Hepatitis B vaccination: 3rd dose	As per GUMCAD	
PNC	Partner notification related attendance: chlamydia	As per GUMCAD	
PNG	Partner notification related attendance: gonorrhoea	As per GUMCAD	
PNS	Partner notification related attendance: syphilis	As per GUMCAD	
PEPS	Post exposure prophylaxis after sexual exposure	As per GUMCAD	
P3	Contraception (excluding condoms)	As per GUMCAD	
P4	Cervical cytology done	As per GUMCAD	

### GUM specific SRHAD codes

There are two SRHAD codes (29U and 29D) which refer to activity more commonly undertaken in GUM clinics (management of prostatitis and genital dermatoses). This activity should be coded in SRHAD:

#### **Future work**

In order to better improve the quality of coding and the accuracy of funding we plan to develop new codes in 2012 which will become 'active' in 2013/14. The time required to develop and agree these and get them added by all IT providers prohibits these being developed in time for the 2012/13 tariff implementation. These codes are likely to include:

- A specific code for Health Adviser / psychology activity (e.g. motivational interviewing/behavioural change work and partner notification)
- A D2B 'simple' and a D2B 'complex' code to separate the work that is simple (and cheaper) from that which requires more specialist input and is therefore more expensive
- A dual site (CT/GC) testing code to separate this activity from the triple site testing work
- A code for Hepatitis B booster
- A means of capturing and paying for training activity undertaken in clinic

How best to agree and implement these will be discussed by the Steering Group and the work undertaken by the STI & Contraception working group. More details will be available when this work is done and this document will be updated accordingly.