PROGRAMMES OF CARE

DEFINITIONS AND GUIDANCE

VERSION 3 – FEBRUARY 1996

DATA ADMINISTRATION BRANCH

CONTENTS

	Paragraphs
INTRODUCTION	1 – 2
CLASSIFICATION	3
ALLOCATION OF ACTIVITY AND COSTS	4 – 5
OVERHEADS AND SUPPORT SERVICES	6
APPORTIONMENT	7
VOLUNTARY ORGANISATIONS	8
PROGRAMME OF CARE 1 – ACUTE SERVICES	9 – 17
- Exceptions to the specialty rule	
PROGRAMME OF CARE 2 – MATERNITY & CHILD HEALTH	18-27
PROGRAMME OF CARE 3 – FAMILY & CHILD CARE	28 – 31
PROGRAMME OF CARE 4 – ELDERLY CARE	32 – 42
PROGRAMME OF CARE 5 – MENTAL HEALTH	43 – 50
PROGRAMME OF CARE 6 – LEARNING DISABILITY	51 – 57
PROGRAMME OF CARE 7 – PHYSICAL & SENSORY DISABILITY	58 – 61
PROGRAMME OF CARE 8 – HEALTH PROMOTION AND DISEASE PREVENTION	62 – 64
PROGRAMME OF CARE 9 – PRIMARY HEALTH & ADULT COMMUNITY	65 – 68

LIST OF APPENDICES

Appendix A – HOSPITAL SPECIALTIES AND THE PoC TO WHICH THEY SHOULD BE ALLOCATED

Appendix B – ADDITIONAL DEFINITIONS AND TERMS USED IN PROGRAMMES OF CARE

Appendix C – ANSWERS TO QUESTIONS RECEIVED DURING THE REVIEW OF PROGRAMMES OF CARE

Appendix D – ALGORITHMS

PROGRAMMES OF CARE

INTRODUCTION

1. This document (Version 3, December 1995) updates PoC guidance in line with changes in definition since Version 2 was published in February 1994. This version does not fundamentally change existing definitions, but takes account of some minor changes as outlined below.

   a) Review of Policy for People with a Learning Disability (1995); this report recommended that the term "mental handicap" should be replaced by the term "learning disability". The Royal College Specialty of Mental Handicap remains unchanged. Details of this change were outlined in Data Administration Bulletin BL 2/95 issued in March 1995. PoC formerly known as Mental Handicap has therefore been changed to Learning Disability

   b) Dementia Scrutiny Report (May 1995); this report recommended that dementia patients should be allocated to PoC 4 (Elderly Care). However, Down's Syndrome patients who develop dementia should be allocated to PoC 6 (Learning Disability). Data Administration Bulletin BL 10/95, issued in October 1995, includes full details of this change.

c) Specialty of Sick Babies (422); this specialty ceased from 1 April 1995 and activity is now recorded against the paediatric specialty (420). Details of this change were issued in Data Administration Bulletins BL 4/95 and BL 7/95 issued in May 1995 and September 1995 respectively.

2. The definitions in this document should be read in conjunction with the definitions given in Appendix B. Reference should also be made to previous versions of this guidance i.e Version 1 issued December 1992 and Version 2 issued February 1994. A revised set of algorithms is included in Appendix D which can be used as an aid to allocate contacts to the appropriate PoC. Enquiries about the definitions of Programmes of Care should be referred to:

Data Administration Branch
Annexe 2
Castle Buildings
Stormont
Belfast BT4 3UD
Tel: 01232 522523 or 522805.

CLASSIFICATION

3. There are nine separate Programmes of Care. They are:-

PoC 1 Acute Services

PoC2 Maternity & Child Health

PoC3	Family & Child Care
PoC4	Elderly Care
PoC5	Mental Health
PoC6	Learning Disability
PoC7	Physical and Sensory Disability
PoC8	Health Promotion & Disease Prevention
PoC9	Primary Health & Adult Community

ALLOCATION OF ACTIVITY AND COSTS

4. All activity and direct costs within the Northern Ireland HPSS should be allocated to a Programme of Care. Items of expenditure not directly concerned with service delivery, such as Board HQ costs, STAR, Other Training etc, should be excluded from Programmes of Care. There has been considerable discussion on how various areas of work should be allocated. The object of this guidance is to provide a set of rules which will enable all Units and Boards to adopt a consistent approach.

5. The PoC definitions may change as their usage increases and as information systems become more sophisticated, or to reflect the way in which HPSS services are provided.

OVERHEADS AND SUPPORT SERVICES

6. All overheads such as staff and estate costs, plus all support services should be allocated to a PoC based on the activity to which they relate.

APPORTIONMENT

7. The HPSS information and information systems which are currently available do not permit all activity and related costs to be allocated to a specific PoC. To overcome this, it will be necessary to apportion activity based on locally available data and experience.

VOLUNTARY ORGANISATIONS

8. Resources allocated to voluntary organisations for the purchase of direct patient/client care should be allocated to the appropriate PoC based on the attached definitions.

PROGRAMME OF CARE 1 – ACUTE SERVICES

9. Include all activity, and resources used, by any health professional, relating to an inpatient episode where the consultant in charge of the patient is a specialist in an acute specialty.

10. Acute specialties are all hospital specialties with the exception of the following:-

SPECIALTY CODE	SPECIALTY
430	Geriatric Medicine
501	Obstetrics
510	Obstetrics (Ante Natal)
520	Obstetrics (Post Natal)
540	Well Babies (Obstetric)
550	Well Babies (Paediatric)
610	GP Maternity
700	Mental Handicap
710	Mental Illness
711	Child & Adolescent Psychiatry
712	Forensic Psychiatry
713	Psychotherapy
715	Old Age Psychiatry

11. Specialty is determined solely by the specialty indicated on the contract of the consultant who has responsibility for the patient. Specialty is not determined by the condition/illness or age of the patient.

12. Include all activity, and resources used, by a hospital consultant in an acute specialty, in relating to an outpatient episode, day case, regular day admission, regular night admission or day care etc.

13. Includes all activity, and resources used, by any health professional as part of a joint consultation with a hospital consultant at an outpatient attendance.

14. See Appendix A for a complete list of all specialties and the PoC to which they should be allocated. See also Appendix D, algorithm 2.

EXCEPTIONS TO THE SPECIALTY RULE

15. It is acknowledged that Geriatric Medicine and Old Age Psychiatry patients may be treated in a general medical ward under the care of a general physician. On the basis of specialty alone, general medical patients would be allocated to PoC 1 (Acute Services) when in fact it is considered more appropriate that these patients should be included in PoC 4 (Elderly Care). To overcome this anomaly, it has been decided that if a ward, clinic or unit in the specialty of General Medicine is concerned solely with elderly patients (ie over 65) that the

activity and associated resources can be included in PoC 4 (Elderly Care), despite the patient being under the care of a general physician.

16. Similarly, to ensure compliance with the recommendations of the Dementia Policy Scrutiny, published in May 1995, units/wards/clinics used solely for dementia patients, under the care of a consultant in an acute specialty, should be allocated to PoC 4 (elderly care).

17. Physical and/or Sensory disabled patients in hospital, are treated in a wide range of specialties such as Rehabilitation (314) and Neurology (400). This makes it impossible to extract these patients and clients on the basis of specialty. It has therefore been decided that only where an individual hospital ward, clinic or unit can be identified as treating Young Physically Disabled (YPD) patients exclusively, should this activity be allocated to PoC 7. The term YPD is used as only those under 65 should be allocated to PoC 7 (Physical & Sensory Disability). All Physical and Sensory Disabled patients over 65 should be allocated to PoC 4 (Elderly).

PROGRAMME OF CARE 2 – MATERNITY & CHILD HEALTH

18. Includes all activity, and resources used, by any health professional, relating to an inpatient episode where the consultant in charge of the patient is a specialist in one of the following specialties only:-

SPECIALTY CODE	SPECIALTY
501	Obstetrics
510	Obstetrics (Ante Natal)
520	Obstetrics (Post Natal)
540	Well Babies (Obstetric)
550	Well Babies (Paediatric)
610	GP Maternity

19. Specialty is determined solely by the specialty indicated on the contract of the consultant who has responsibility for the patient. Specialty is not determined by the patient's condition/illness or age.

20. Include all activity, and resources used, by a hospital consultant, in one of the above specialties only, in relation to an outpatient episode, day case, regular day admission, regular night admission or day care.

21. It should be noted that the specialty of "sick babies" ceased from 1 April 1995. This activity is now recorded under the specialty of paediatrics (420) which is PoC 1 (acute services).

22. Includes all activity, and resources used, by any health professional as part of a joint consultation with a hospital consultant, in one of the above specialties, at an outpatient consultation.

23. Includes all community contacts by any health professional where the primary reason for the contact was for maternity or child health reasons.

24. Includes all community contacts to children under 16 if the reason for the contact was not related to mental illness, mental handicap or physical and sensory disability.

25. Includes treatment by community dentists to children under 16 but excludes community dental screening and disease prevention which is included in PoC 8 (Health Promotion and Disease Prevention).

26. Excludes hospital paediatric specialties and gynaecology which are included in PoC 1 (Acute Services).

27. Excludes school health. This is included in PoC 8 (Health Promotion and Prevention).

PROGRAMME OF CARE 3 – FAMILY AND CHILD CARE

28. This programme is mainly concerned with activity and resources relating to the provision of social services support for families and/or children. This includes:

Children in Care

Child Protection

Child Abuse

Adoption

Fostering

Day Care

Woman's Hostels/Shelters

Family Centre

29. This is not intended to be a definitive list of the type of support which may be offered under this programme. It is understood that other areas of work may also be appropriate to PoC 3. See Appendix D, algorithm 1 & 3.

30. Hospital inpatient related activity should be allocated to the appropriate PoC depending on the specialty of the consultant (see Appendix A).

31. Include community contacts by any health professional where the primary reason for the contact is because of family or child care issues should be allocated to PoC 3.

PROGRAMMES OF CARE 4 – ELDERLY CARE

32. Include all activity, and resources used, by any health professional, relating to an inpatient episode, where the consultant in charge of the patient is a specialist in one of the following specialties:-

SPECIALTY CODE	SPECIALTY
430	Geriatric Medicine
715	Old Age Psychiatry

33. Specialty is determined solely by the specialty indicated on the contract of the consultant who has responsibility for the patient. Specialty is not determined by the patient's condition/illness or age.

34. Include all activity, and resources used, by a hospital consultant in one of the above specialties, in relation to an outpatient episode, day case, regular day admission, regular night admission or day care.

35. Includes all activity, and resources used, by a health professional, as part of an outpatient joint consultation with a hospital consultant in one of the above specialties.

36. Include all community contacts to those aged 65 and over except where the reason for the contact was because of mental illness or learning disability.

37. Include all community contacts where the reason for the contact was dementia, regardless of the patient's age. However, Down's Syndrome patients who develop dementia should remain in PoC 6 for any dementia related care or treatment.

38. Include all Physical and/or Sensory disabled patients aged 65 and over.

39. Include hospital patients under the care of a general physician and in a ward, unit or clinic solely for the elderly.

40. Units/Wards/Clinics solely for dementia patients under the care of a consultant in any other specialty, should be included.

41. Include all work relating to homes for the Elderly, including those for the Elderly Mentally Infirm.

42. Age alone is not the determining factor in allocating patients and clients to PoC 4 in that not everyone aged over 65 will automatically be included. For example hospital services are allocated by the specialty of the consultant which could mean that patients under 65 and under the care of a geriatrician will be

located to PoC 4 while patients over 65 but allocated to say a general surgeon will be allocated to PoC 1. Similarly, community contacts are allocated by the primary reason for the contact which could result in an over 65 being allocated to say PoC 5 if the reason for the contact was because of mental illness.

PROGRAMME OF CARE 5 – MENTAL HEALTH

43. Include all activity, and resources used, by any health professional, relating to an inpatient episode where the consultant in charge of the patient is a specialist in one of the following specialties:-

SPECIALTY CODE	SPECIALTY
710	Mental Illness
711	Child & Adolescent Psychiatry
712	Forensic Psychiatry
713	Psychotherapy

Note that the specialty of Old Age Psychiatry is **excluded** from PoC 5. It is included in PoC 4 (Elderly).

44. Specialty is determined solely by the specialty on the contract of the consultant who has responsibility for the patient. Specialty is <u>not</u> determined by the patient's condition/illness or age.

45. Include all activity, and resources used, by a hospital consultant in one of the above specialties, in relation to an outpatient episode, day case, regular day admission, regular night admission or day care.

46. Exclude the activity and resources used by a unit/ward/clinic for dementia patients by a consultant in one of the above specialties. This activity is allocated to PoC 4 (Elderly Care).

47. Include all activity, and resources used by any health professional as part of a joint consultation with a consultant at an outpatient consultation.

48. Include all community contacts by any health professional where the primary reason for the contact was due to mental health.

49. If the reason for the community contact is that the patient has dementia, the activity should be allocated to PoC 4 (Elderly Care). However, Down's Syndrome patients who develop dementia should remain in PoC 6, Learning Disability (See appendix D, algorithm 3).

50. Exclude all work and resources relating to residential accommodation for the Elderly Mentally Infirm. This is included in PoC 4 (Elderly).

PROGRAMME OF CARE 6 – LEARNING DISABILITY

51. Include all activity, and resources used, by any health professional, relating to an inpatient episode where the consultant in charge of the patient has as a main specialty mental handicap (specialty code 700).

52. Specialty is determined solely by the specialty on the contract of the consultant who has responsibility for the patient. Specialty is not determined by the patient's condition/illness or age.

53. Include all activity, and resources used, by a hospital consultant in the specialty of mental handicap, in relation to an outpatient episode, day case, regular day admission, regular night admission or day care.

54. Include all activity, and resources used, by any health professional as part of a joint consultation with a hospital consultant in the specialty of mental handicap, at an outpatient consultation.

55. Includes all community contacts by any health professional where the primary reason for the contact was learning disability, regardless of age.

56. Include community contacts with Down's Syndrome patients who develop dementia, for any dementia related care or treatment.

57. Include all contacts in learning disability homes and units.

PRORGRAMME OF CARE 7 – PHYSICAL AND SENSORY DISABILITY

58. It is not possible to use hospital specialty to extract from PoC 1 (Acute Services) those patients who are receiving hospital treatment because of a physical and/or sensory disability. Hospital activity and related costs can only be allocated to PoC 7 (Physical & Sensory Disability) on the basis of entire wards, clinics or hospitals which treat only physical and/or sensory disabled patients. Such activity should be removed from PoC 1 (Acute Services) in order to avoid double counting.

59. Include all community contacts by any health professional where the primary reason for the contact is physical and/or sensory disability.

60. Exclude all patients and clients aged 65 and over. These contacts should be allocated to PoC 4 upon reaching 65.

61. For the purposes of Programmes of Care, the following definition can be used to assist health professionals identify patients and clients who can be allocated to PoC 7.

"A permanent physical impairment resulting in a dependency in areas such as mobility, self-care, communication and social/leisure activities.

Examples of services provided might be: rehabilitation for independent living, employment rehabilitation, care services and family support.

The patient/client should be under 65 years old."

PROGRAMME OF CARE 8 – HEALTH PROMOTION & DISEASE PREVENTION

62. PoC 8 classifies all hospital, community and GP based activity relating to health promotion and disease prevention. This includes all screening services, well women/men clinics, child health surveillance, school health clinics, family planning clinics, health education and promotion clinics, vaccination and immunisations and community dental screening and prevention work.

63. Work by Health Promotion Officers and much of the work (although not necessarily all) of Community Addiction Teams would naturally fall into PoC 8. Work by other staff such as health visitors, community nurses and professionals allied to medicine may have some of their work allocated to PoC 8. Most work allocated to PoC 8 will form part of recognised programmes at which people will receive advice or support specifically for health promotion or disease prevention.

64. It is recognised that most health professionals routinely offer advice on health promotion and disease prevention to patients and clients as part of contacts for other reasons. It is not necessary to allocate these isolated contacts to PoC 8 unless health promotion was the primary reason for the contact.

PROGRAMME OF CARE 9 – PRIMARY HEALTH AND ADULT COMMUNITY

65. Primary Health includes all work, except screening services, carried out by:

General Medical Practitioners

General Dental Practitioners

General Ophthalmic Practitioners

Pharmacists

66. Other staff such as chiropractitioners and homeopathic practitioners may be included in PoC 9, provided the work concerned is on behalf of and directly funded by the HPSS.

67. Patients receiving community based care from community nurses, practice nurses, health visitors, professions allied to medicine, social services etc should be allocated to the appropriate Programmes based on the primary reason for the contact.

68. Community patients aged between 16 and 64, for whom the primary reason for the contact is other than mental illness, learning disability, dementia or physical and sensory disablement should be allocated to PoC 9.

Appendix A

HOSPITAL SPECIALTIES AND THE PoC TO WHICH THEY SHOULD BE ALLOCATED

PoC 1 – ACUTE SERVICES

100 General Surgery
101 Urology
110 Trauma & Orthopaedic Surgery
120 ENT
130 Ophthalmology
140 Oral Surgery
141 Restorative Dentistry
142 Paediatric Dentistry
143 Orthodontics
150 Neurosurgery
160 Plastic Surgery
170 Cardiac Surgery
171 Paediatric Surgery
172 Thoracic Surgery
180 Accident & Emergency
190 Anaesthetics
300 General Medicine
301 Gastroenterology
302 Endocrinology
303 Haematology (Clinical)
304 Clinical Physiology
305 Clinical Pharmacology
310 Audiological Medicine
311 Clinical Genetics
312 Clinical Genetics and Molecular Genetics
313 Clinical Immunology and Allergy
314 Rehabilitation
315 Palliative Medicine
320 Cardiology
330 Dermatology
340 Thoracic Medicine
350 Infectious Diseases
360 Genito-Urinary Medicine
361 Nephrology
370 Medical Oncology
371 Nuclear Medicine

400 Neurology
401 Clinical Neuro-Physiology
410 Rheumatology
420 Paediatrics
421 Paediatric Neurology
450 Dental Medicine Specialties
502 Gynaecology
620 GP Other
800 Radiotherapy
810 Radiology
820 General Pathology
822 Chemical Pathology
823 Haematology
824 Histopathology
830 Immunopathology
832 Neuropathology
901 Occupational Medicine
990 Joint Consultant Clinic
999 Other

PoC 2 – MATERNITY & CHILD HEALTH

501 Obstetrics
510 Obstetrics (Ante Natal)
520 Obstetrics (Post Natal)
540 Well Babies (Obstetrics)
550 Well Babies (Paediatrics)
610 GP Maternity

PoC 4 – ELDERLY CARE

430 Geriatric Medicine
715 Old Age Psychiatry

PoC 5 – MENTAL HEALTH

710 Mental Illness
711 Child & Adolescent Psychiatry
712 Forensic Psychiatry
713 Psychotherapy

PoC 6 – LEARNING DISABILITY

700 Mental handicap

Appendix B

DEFINITION OF TERMS USED IN PROGRAMMES OF CARE

HOSPITAL ACTIVITY IN A PROGRAMME OF CARE

All activity by a consultant regardless of location, plus

All activity by any health professional during an inpatient episode, plus

All activity by any health professional during a joint outpatient consultation.

COMMUNITY CONTACT IN A PROGRAMME OF CARE

Excludes all work by hospital based medical staff. Includes all activity for all other health professionals outside an inpatient episode, except where the work is part of a joint consultant clinic.

HEALTH PROFESSIONAL

For the purposes of Programmes of Care, a health professional is any professional involved in the health and/or social care of patients and clients.

JOINT CONSULTATION

An outpatient consultation where the patient is seen by a clinician plus another health professional at the same time, for the purposes of giving joint advice and or treatment.

Appendix C

ANSWERS TO QUESTIONS RECEIVED DURING THE REVIEW ABOUT ALLOCATION OF WORK TO PROGRAMMES OF CARE

Q1. SHOULD PREVENTATIVE WORK IN COMMUNITY DENTISTRY BE ALLOCATED BY REASON FOR REFERRAL OR AGE?

A All community contacts are initially allocated by the primary reason for referral. If the reason is not due to a mental illness, mental handicap or physical and sensory disability the contact will be allocated by age i.e PoC 2 for children, PoC 4 for the elderly and PoC 9 for all others.

Q2. HOW ARE COMMUNITY CONTACTS ALLOCATED WHEN THE CLIENT HAS MIXED MENTAL AND PHYSICAL HANDICAPS?

A As programmes of care relate to one client group or disability only, the health professional responsible must make a judgement as to the PRIMARY reason for the contact and allocate to the main PoC.

Q3. DOES HEALTH PROMOTION INCLUDE CARDIAC REHABILITATION AND EDUCATION CLASSES?

A Depends on how this advice is given. If it is part of an inpatient episode it should be allocated to PoC 1. If it is part of an outpatient attendance with professional other than a consultant it is likely to be PoC 9 (unless the patient is a child or elderly) and if it takes place in a special group session it could be PoC 8 (Health Promotion).

Q4. HOW SHOULD ATTENDANCES TO ANTE NATAL CLASSES BE RECORDED AND SHOULD PARTNERS BE COUNTED ALSO?

A Allocate to PoC 2 and do not include contacts with partners.

Q5. HOW SHOULD THE WORK OF COMMUNITY ADDICTION TEAMS BE ALLOCATED?

A Not all work by community addiction teams will fall into one PoC. For example talks to groups re healthy lifestyles etc would be PoC 8 while other work could be PoC 5 or PoC 9.

Version 3, February 1996

Q6. HOW TO ALLOCATE COMMUNITY CARE CONTACTS TO UNDER 16 YEAR OLDS.

A If the reason for the contact is not because of any mental illness, mental handicap, or physical/sensory disability, allocate to PoC 2 (See appendix D, algorithm 3).

Q7. CAN PHYSICALLY DISABLED CHILDREN ALLOCATED TO PoC 7?

A Yes. In a hospital setting provided the child is being treated in a unit, ward or clinic solely for the physically disabled and for community contacts provided the primary reason for the contact was because of physical disability.

Q8. HOW ARE CHILDREN ALLOCATED DURING ASSESSMENT WHEN A DIAGNOSIS HAS NOT YET BEEN MADE?

A Until a diagnosis has been made allocated by age.

Q9. HOW SHOULD WORK BY PRACTICE NURSES BE ALLOCATED?

A Treat as a community contact and allocate by reason for the contact. (This work is not collected on Korner returns).

Appendix D

ALGORITHMS

Version 3, February 1996