



HM Prison &  
Probation Service



Public Health England

**NHS**  
*England*

# Health and Justice Indicators of Performance (HJIPs)

## Adult Secure Estate User Guide 2017-18

V1.5

Choose an item.

## Health and Justice Indicators of Performance (HJIPs)

### User Guide 17-18 Adult Estate

Version number: 1.5

First published: May 2017

Updated:

Prepared by: Information Management Team – Health & Justice

Classification: (OFFICIAL)

DRAFT

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## 1 Executive summary

NHS England is responsible for the direct commissioning of health services for people detained in prison and other secure accommodation. NHS England is committed to delivering consistent, high quality services in order to secure the best outcomes for people in places of detention. The core functions that underpin NHS England's responsibility lie with the planning of services to meet national standards and local needs; securing of services with robust contracts that hold providers to account; and monitoring the quality of services with an outcome focus.

Financial year 2014-15, saw the introduction of a new dataset in Health & Justice called, 'The Health & Justice Indicators of Performance' (HJIPs). The dataset collects information on the delivery and outcome requirements, NHS England are required to commission as part of their organisational responsibilities.

As the collection moves into its third full year, providers have become more proficient in data collection and the indicator dataset reflects the requirements set out in the prison reform statement made in the February 2016. Further enhancements have been made for the 2017-18 indicator set, with changes to some indicators and revision of guidance notes to increase fitness for purpose and consistency of data capture.

The National Business Intelligence contract aims to support commissioners through the provision of information, support and guidance to assist them in assurance of commissioned services.

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## 2 Monitoring & Reporting Framework

Healthcare providers will collect data on a monthly basis submitted quarterly via a data collection template. Reporting will be done via the Arden GEM Business Intelligence contract on a quarterly basis. Submission should be aligned with each provider's contractual requirements, but no later than in the timetable below (2.1). Submissions will be made to the HJIP mailbox [ENGLAND.HJIPS@nhs.net](mailto:ENGLAND.HJIPS@nhs.net); alongside each HJIP template submission, a QOF report must also be provided.

NHS England Health & Justice commissioning teams will ask their providers to take the lead on collecting this information order for it to be incorporated into regional reports and inform national improvement programmes, including s7a amongst other key deliverables.

Tables in section 2.1.1 below outline the headline indicators required for the collection of HJIP data for Adults within the prison estate. As there have been some minor changes to certain indicators to render them more robust, with some indicators having been removed and some new indicators added – there is a field in the table which reflects whether prior outcomes are comparable with the indicator as it is for 2017-18.

Detailed within the tables in section 3, are the specific numerator and denominators to employ when extracting the aggregate number from SystemOne Prison. **Annex A** provides a reference list of relevant literature and guidance. **Annex B** provides the read codes to identify those patients with a mental illness or learning disability.

This guidance document should be used in conjunction with the revised data collection template for 2017-18, produced by North of England Commissioning Support Unit (NECSU). The population of this template should be done as accurately as possible, with **numeric data only**. Built within the collection template is a data validation tool that will highlight any percentage output greater than 100%. When this occurs the relevant outcome box will highlight red. Please ensure any data input errors are corrected before submission.

**Please note:** That where there is no data to submit, or a count of activity has not been undertaken – please leave the relevant cell **blank**. This prevents a lack of data being misconstrued as 0 in terms of activity or outcomes.

Where the service is not delivered within your prison, please indicate this by selecting “no” in the data collection template in the “indicator collected” field (column H); this will be noted by Arden GEM and indicators marked with that status will not be subject to any reporting or validation processes for the relevant site.

Choose an item.

## 2.1 Submission Timetable

	Data Included	Submission Date
<b>Quarter 1 2017-18</b>	April 2017 May 2017 June 2017	<b>14<sup>th</sup> July 2017</b>
<b>Quarter 2 2017-18</b>	July 2017 August 2017 September 2017	<b>13<sup>th</sup> October 2017</b>
<b>Quarter 3 2017-18</b>	October 2017 November 2017 December 2017	<b>15<sup>th</sup> January 2018</b>
<b>Quarter 4 2017-18</b>	January 2018 February 2018 March 2018	<b>16<sup>th</sup> April 2018</b>

### General points regarding the collection of all indicators:

- For the purposes of consistency:
  - Deceased/ deducted patient criteria should be applied within SystemOne searches
  - “Within current sentence” patient criteria should be applied within SystemOne searches, except in the case of BBV, screening and Immunisations & vaccinations
- When managing whole clinic cancellations, Appointments Ledger functionality should be used, to cancel entire clinics (rather than cancelling individual patients)

## 2.1.1 HJIPS 2017-18 Service Specification No. 29

### Public health services for people in prison or other places of detention

Monitored via key:

●	NHSE performance schedule
◇	Annual audit
□	NDTMS statistics (PHE)
▼	Contractual requirement

#### Parity with prior outcomes

Many indicators have been subject to some form of change for 2017-18 – some more so than others. Where a minor change has been made to numerator/denominator definitions or the guidance wording – it may be that this is not significant enough to generate a step change in outcomes.

With this in mind, assessments have been made regarding the degree of likely change in outcomes as a result of enhancements; changes which are certain or likely to have a *significant impact* have been assessed as incomparable.

Where a change has been made, but this is not considered sufficient in itself to lead to a step change in outcomes (especially where this only concerns a clarification of wording to ensure greater consistency in data capture), parity with prior outcomes data can be assumed.

#### Indicator status 2017-18 key:

<b>Unchanged</b>	Indicator has not been subject to any changes. 2017-18 outcomes will be comparable to prior outcomes.
<b>Guidance enhanced</b>	Indicator guidance <i>only</i> has been enhanced; this would be for the purposes of greater clarity as to what should be collected. In <i>most</i> cases this would result in 2017-18 outcomes being comparable with prior outcomes.

<b>Revised</b>	<p>Indicator has been revised significantly - as this may be something like a change in numerator/denominator or a clarification of relevant read codes, headline guidance may not reflect the change, which could be evident in the indicator detail or submission template only.</p> <p>Only in exceptional cases would a revised indicator be comparable with prior outcomes; this is based upon an assessment of the likelihood of impact upon outcomes, which may not be fully known until a sufficient volume of data has been collected under the new arrangements.</p> <p>A further view can be taken on this once sufficient data has been collected to inform a formal decision for each indicator where this may be the case.</p>
<b>New</b>	<p>New indicator, created according to identified need.</p> <p>No prior outcomes data is available.</p>

	Key Performance Indicator/Information Measure	KPI ID	KPI Description	Monitored via:	Parity with prior outcomes?	Indicator status 2017-18
<b>Non Cancer and Blood Borne Virus Related Health Screenings</b>	Abdominal Aortic Aneurysm (AAA) Screening Uptake	A01K01	The % of patients that underwent screening of the total patients eligible during the reporting period	●	Yes	Guidance enhanced
	Retinal Screening	A01K02	The % of patients that underwent screening of the total patients eligible during the reporting period	●	Yes	Guidance enhanced
	Chlamydia Screening	A01K03	The % of patients that underwent screening of the total patients eligible during the reporting period	●	Yes	Guidance enhanced
	National Health Service (NHS) Health Checks	A01K04	The % of patients that underwent screening of the total patients eligible during the reporting period	●	No	Revised
	Tuberculosis (TB) Screening	A01K05	The % of new arrivals assessed for their TB risk by symptom screening within 48 hours of arrival, including medication check	●	Yes	Guidance enhanced

Tuberculosis (TB) Referral	A01K06	The % of patients with signs of TB infection referred to a specialist service for assessment	●	No	Revised
Tuberculosis (TB) Treatment	A01K07	The % of patients on treatment for TB receiving treatment via direct observed therapy (DOT) of the total number commenced on treatment	●	Yes	Guidance enhanced
Hepatitis B Offered	A01K08	The % of patients offered hepatitis B testing, within 72hrs of reception	●	Yes	Unchanged
Hepatitis B - HBsAg	A01K09	The % of new arrivals that underwent testing (HBsAg) within 4 weeks of arrival of the total patients eligible during the reporting period	●	Yes	Revised
Hepatitis B – Referral	A01K10	The % of those testing positive for chronic hepatitis B being referred to a specialist service	●	Yes	Revised
Hepatitis C Offered	A01K12	The % of patients offered hepatitis C testing, within 72hrs of reception	●	Yes	Guidance enhanced
Hepatitis C – Hepatitis C Ab	A01K13	The % of eligible patients who have undertaken a hepatitis C Ab test	●	Yes	Revised
Hepatitis C - Hepatitis C PCR	A01K14	The % of patients hepatitis C Ab positive patients who underwent hepatitis PCR testing	●	Yes	Unchanged
Hepatitis C - Referral	A01K15	The % of those testing hepatitis PCR positive being referred to a specialist service	●	Yes	Unchanged
HIV testing – Uptake	A01K17	The % of eligible patients who have undertaken an HIV test	●	Yes	Revised
HIV testing – 2 Weeks	A01K18	The % of HIV positive patients seen by a specialist service within 2 weeks of diagnosis	●	Yes	Unchanged

	HIV testing – Offered	A01K19	The % of patients offered HIV testing, within 72hrs of reception	●	n/a	New
Cancer Related Screenings	Breast Cancer Screening	A02K01	The % of patients that underwent screening of the total patients eligible during the reporting period	●	Yes	Unchanged
	Cervical Cancer Screening	A02K02	The % of patients that underwent screening of the total patients eligible during the reporting period	●	Yes	Revised
	Bowel Cancer Screening	A02K03	The % of patients that underwent screening of the total patients eligible during the reporting period	●	Yes	Unchanged
Immunisations/Vaccinations	Seasonal Flu Vaccination UPTAKE	A03K01	The % of patients vaccinated out of the patients that were eligible during the reporting period.	●	Yes	Guidance enhanced
	MMR Vaccination UPTAKE	A03K02	The % of patients vaccinated out of the patients that were eligible during the reporting period	●	No	Revised
	Men C Vaccination UPTAKE	A03K03	The % of patients vaccinated out of the patients that were eligible during the reporting period	●	Yes	Unchanged
	Shingles Vaccination UPTAKE	A03K04	The % of patients vaccinated out of the patients that were eligible during the reporting period	●	Yes	Unchanged
	Hepatitis B Vaccine UPTAKE	A03K05	The % of patients vaccinated out of the patients that were eligible during the reporting period	●	No	Revised
Long Term Conditions	Management Of Long Term Conditions (Chronic Disease)	n/a	The delivery of the Primary Care Quality Outcomes Framework (QOF)	●	Yes	Unchanged
Mental Health	Care Programme Approach (CPA) on Arrival	A05K01	The % of new arrivals, with a pre-existing CPA plan	●	Yes	Revised
	Care Programme Approach application (CPA) in Prison	A05K02	The % of CPA plans initiated in prison	●	No	Revised

Care Programme Approach (CPA) 6 Month Reviews	A05K04	The % of patients that received a 6mth review of those which were due a 6 month review during the reporting period (includes all pre-existing CPAs arriving into the site)	●	No	Revised
Care Programme Approach (CPA) Annual Health Check	A05K05	The % of patients that received an MH annual review of those that were due an annual review during the reporting period	●	No	Guidance enhanced
Individual Therapies	A05K06	The % of MH patients receiving structured, 1-2-1 interventions from an MH professional	●	Yes	Revised
Group Therapies	A05K07	The % of patients that have received group therapy	●	No	Revised
MH Discharge Summary	A05K08	The % of MH patients discharged, with a discharge summary recorded	●	No	Revised
LD Discharge Summary	A05K09	The % of LD patients discharged, with a discharge summary recorded	●	No	Revised
MH Secure Assessment	A05K10	Number of prisoners who received an initial psychiatric assessment, <b>where transfer was deemed appropriate</b> , under the terms of the Mental Health Act	●	Yes	Guidance enhanced
MH Secure Transfer - <=14 days	A05K11	Number of mental health secure transfers, where the waiting time fell <b>within 14 days</b> from acceptance as suitable for transfer under the Mental Health Act (initial assessment), to actual transfer	●	Yes	Guidance enhanced
MH Secure Transfer – between 14 days & 28 days	A05K12	Number of mental health secure transfers, where the waiting time fell <b>between 15 and 28 days</b> from acceptance as suitable for transfer under the Mental Health Act (initial assessment), to actual transfer	●	Yes	Guidance enhanced
MH Secure Transfer – between 29 days & 56 days	A05K13	Number of mental health secure transfers, where the waiting time fell <b>between 29 and 56 days</b> from acceptance as suitable for transfer under the Mental Health Act (initial assessment) to actual transfer	●	Yes	Guidance enhanced

	MH Secure Transfer – between 57 days & 84 days	A05K14	Number of mental health transfers, where the waiting time fell <b>between 57 days and 84 days</b> from acceptance as suitable for transfer under the Mental Health Act (initial assessment) to actual transfer	●	Yes	Guidance enhanced
	MH Secure Transfer – between 85 days & 140 days	A05K15	Number of mental health transfers, where the waiting time fell <b>between 85 days and 140 days</b> from acceptance as suitable for transfer under the Mental Health Act (initial assessment) to actual transfer	●	Yes	Guidance enhanced
	MH Secure Transfer – > 140 days	A05K16	Number of mental health transfers, where the waiting time was <b>greater than 140 days</b> from acceptance as suitable for transfer under the Mental Health Act to actual transfer	●	Yes	Guidance enhanced
	Assessment in Care and Separation Unit	A05K17	The % of patients placed in C&S unit, who receive a care plan <b>within 24 hours</b> - of those who require it	●	No	Revised
	Self-Harm & Suicide Prevention – MH Assessment	A05K18	The % of patients at risk of or presenting with self-harm injuries or suicidal ideation intentions who have had a completed Mental Health assessment <b>within 24 hours</b> of referral	●	No	Revised
	Constant Supervision	A05K20	The % of patients on constant supervision, initiated on Clinical advice, that received a Mental Health assessment and care plan within 24hrs of the notification of the constant supervision commencing	●	No	Revised
Dentistry	Band 1 Treatments	A06K01	The number of completed band 1 dental treatment episodes in the month	●	No	Revised
	Band 2 Treatments	A06K02	The number of completed band 2 dental treatment episodes in the month	●	No	Revised
	Band 3 Treatments	A06K03	The number of completed band 3 dental treatment episodes in the month	●	No	Revised
	Section 7a substance misuse deliverables		The proportion of individuals in secure environments that engage in structured drug or alcohol treatment interventions who at the point of departure from the establishment either:	□	Yes	Unchanged

Drug & Alcohol Related Treatment (DART)			<ul style="list-style-type: none"> <li>○ Successfully completed a treatment intervention in custody and did not represent to treatment (either in custody or the community) within 6 months of release; or</li> <li>○ Successfully engaged in community based drug or alcohol treatment interventions following release; or</li> <li>○ Where they were transferred to another prison, successfully engaged in structured drug treatment interventions at the receiving establishment.</li> </ul>			
	Drug & Alcohol Related Treatment (DART) - 5 Day Review	A07K01	The % of patients that received their (up to) 5 day review, after commencement of prescribing	●	No	Revised
	Drug & Alcohol Related Treatment (DART) - 13 Week Review	A07K02	The % of patients that received their (up to) 13 week Multi-Disciplinary Team (MDT) review.	●	No	Revised
	Drug & Alcohol Related Treatment (DART) - Alcohol Screening	A07K03	The % of patients screened for problem drinking using the AUDIT screening tool	●	Yes	Guidance enhanced
	Drug & Alcohol Related Treatment (DART) - Alcohol Screening (brief advice)	A07K04	The % of detainees screened by the AUDIT tool, who access treatment which includes brief advice (low threshold interventions)	●	Yes	Guidance enhanced
	Drug & Alcohol Related Treatment (DART) - Alcohol Screening (structured intervention)	A07K05	The % of detainees screened by the AUDIT tool, who access treatment which includes structured alcohol interventions	●	Yes	Guidance enhanced
	Drug & Alcohol Related Treatment (DART) - Alcohol Screening (clinical intervention)	A07K06	The % of detainees screened by the AUDIT tool, who receive treatment which includes clinical interventions	●	Yes	Guidance enhanced
<b>s</b> Manage	In-Possession Medication (Arrivals)	A08K01	The % of newly arrived patients who have been assessed to hold medication 'in-possession'	●	Yes	Revised

	In-Possession Medication (Pre-existing population)	A08K01.5	The % of pre-existing patients who have a documented in-possession status	●	n/a	New
	Receipt of Medication	A08K02.5	The % of patients prescribed supervised medication, who miss 3 or more doses	●	n/a	New
	Supply on Transfer	A08K06	The % of all transfers received with a minimum of 7 days supply of medicine	●	Yes	Unchanged
	Supply on Discharge	A08K07	The % of all discharges with a minimum of 7 days supply or FP10.	●	Yes	Unchanged
	Medicines Reconciliation	A08K08	Medicines reconciliation recorded within 72 hours of reception	●	n/a	New
Local Delivery Group Requirements	Health Promotion		Partnership agreed Health promotion plan. Plan to be reviewed annually in accordance to the needs of the population. Plan can be reviewed by the local delivery group, if health needs change during the existing plan	◇▼	Yes	Unchanged
	Communicable Disease Control		<p>a) The Prison / detention centre has an outbreak plan developed in partnership with the local PHE health protection team and signed off by the prison Governor, the Director of the relevant PHE Centre and the Head of Health &amp; Justice at the relevant NHS England Local Team and which has been tested in the last 12 months.</p> <p>b) The Prison / detention centre has a pandemic flu plan developed in partnership with the local PHE health protection team and signed off by the prison Governor, Director of Public Health of the local authority, the Director of the relevant PHE Centre and the Head of Health &amp; Justice at the relevant NHS England Local Team and which has been tested in the last 12 months.</p>	◇▼	Yes	Unchanged

	Sexual Health		Patients are given advice and information around STI & BBV diagnosis, treatment and prevention and be able to access condoms, lubricants, disinfectant tablets and a range of preventative educational materials around BBVs & STIs. In addition patients are given advice about options for treatment and information on how to link up with community services on release	◇▼	Yes	Unchanged
	Service User Involvement		The opinions of service users are collected and actioned upon through formal forums, service user group and questionnaires. All health needs assessments include the views of patients and formal feedback is provided routinely on requests and service developments. Providers make available information on complaints, how to make a complaint and allow patients to express their concerns, criticisms of service. Whilst providing this information providers are to be mindful and where necessary make available information in any required format and written at a level appropriate to its audience.	◇▼	Yes	Unchanged
Clinic Wait Times	General Practice (GP) Clinic Wait Time For Routine Care	A10K01	The number of days to the next available appointment, as a snap shot at the end of the reporting period.	●	Yes	Unchanged
	General Practice (GP) Clinic Wait Time For Urgent Care	A10K02	The number of days to the next available appointment, as a snap shot at the end of the reporting period.	●	Yes	Unchanged
	Dental Clinic Wait Time For Routine Care	A10K03	The number of days to the next available appointment, as a snap shot at the end of the reporting period.	●	Yes	Unchanged
	Dental Clinic Wait Time For Urgent Care	A10K04	The number of days to the next available appointment, as a snap shot at the end of the reporting period.	●	Yes	Unchanged
	Nurse Led Clinic Wait Time For Routine Care	A10K05	The number of days to the next available appointment, as a snap shot at the end of the reporting period.	●	No	Revised
	Substance Misuse Clinic Wait Time For Routine Care	A10K06	The number of days to the next available appointment, as a snap shot at the end of the reporting period.	●	No	Revised
	Mental Health Clinic Wait Time For Routine Care	A10K07	The number of days to the next available appointment, as a snap shot at the end of the reporting period.	●	No	Revised

Clinic DNA Rates (Do Not Attend) Rates	General Practice (GP) Clinic - DNA Rates (Do Not Attend)	A11K01	The % of patients that did not attend a scheduled clinic appointment, of those with a booked appointment	●	Yes	Guidance enhanced
	General Practice (GP) Clinic Cancellations – Prisons	A11K02	The number of clinics that were cancelled during the reporting period due to prison operation issues	●	Yes	Guidance enhanced
	General Practice (GP) Clinic Cancellations – Healthcare	A11K03	The number of clinics that were cancelled during the reporting period due to healthcare issues	●	Yes	Guidance enhanced
	Dental Clinic - DNA Rates (Do Not Attend)	A11K04	The % of patients that did not attend a scheduled clinic appointment, of those with a booked appointment	●	Yes	Guidance enhanced
	Dentist Clinic Cancellations – Prison	A11K05	The number of clinics that were cancelled during the reporting period due to prison operation issues	●	Yes	Guidance enhanced
	Dentist Clinic Cancellations – Healthcare	A11K06	The number of clinics that were cancelled during the reporting period due to healthcare issues	●	Yes	Guidance enhanced
	Nurse Led Clinic - DNA Rates (Do Not Attend)	A11K07	The % of patients that did not attend a scheduled clinic appointment, of those with a booked appointment	●	No	Revised
	Nurse Led Clinic Cancellations – Prison	A11K08	The number of clinics that were cancelled during the reporting period due to prison operation issues	●	No	Revised
	Nurse Led Clinic Cancellations – Healthcare	A11K09	The number of clinics that were cancelled during the reporting period due to healthcare issues	●	No	Revised
	Substance Misuse Clinic - DNA Rates (Do Not Attend)	A11K10	The % of patients that did not attend a scheduled clinic appointment, of those with a booked appointment	●	No	Revised
	Substance Misuse Clinic Cancellations – Prison	A11K11	The number of clinics that were cancelled during the reporting period due to prison operation issues.	●	No	Revised
	Substance Misuse Clinic Cancellations – Healthcare	A11K12	The number of clinics that were cancelled during the reporting period due to healthcare issues.	●	No	Revised
	Mental Health Clinic - DNA Rates (Do Not Attend)	A11K13	The % of patients that did not attend a scheduled clinic appointment, of those with a booked appointment.	●	No	Revised

	Mental Health Clinic Cancellations – Prison	A11K14	The number of clinics that were cancelled during the reporting period due to prison operation issues.	●	No	Revised
	Mental Health Clinic Cancellations – Healthcare	A11K15	The number of clinics that were cancelled during the reporting period due to healthcare issues.	●	No	Revised
Clinic Patient Numbers (Inc. Cancellations)	<b>General Practice (GP) - Patients with booked appointments</b>	A13K01	The number of patients with a booked appointment to attend a scheduled clinic, during the reporting period.	●	Yes	Guidance enhanced
	<b>General Practice (GP) - Patients Actually Seen</b>	A13K02	The number of patients actually seen within the clinic, during the reporting period.	●	Yes	Guidance enhanced
	<b>General Practice (GP) - Patient Cancellations</b>	A13K03	The number of patients that cancelled their scheduled clinical appointment, during the reporting period.	●	Yes	Guidance enhanced
	<b>Dental Clinic - Patients with booked appointments</b>	A13K05	The number of patients with a booked appointment to attend a scheduled clinic, during the reporting period.	●	Yes	Guidance enhanced
	<b>Dental Clinic - Patients Actually Seen</b>	A13K06	The number of patients actually seen within the clinic, during the reporting period.	●	Yes	Guidance enhanced
	<b>Dental Clinic - Patient Cancellations</b>	A13K07	The number of patients that cancelled their scheduled clinical appointment, during the reporting period.	●	Yes	Guidance enhanced
	<b>Nurse Led Clinic - Patients with booked appointments</b>	A13K09	The number of patients with a booked appointment to attend a scheduled clinic, during the reporting period.	●	No	Revised
	<b>Nurse Led Clinic - Patients Actually Seen</b>	A13K10	The number of patients actually seen within the clinic, during the reporting period.	●	No	Revised
	<b>Nurse Led Clinic - Patient Cancellations</b>	A13K11	The number of patients that cancelled their scheduled clinical appointment, during the reporting period.	●	No	Revised
	<b>Substance Misuse Clinic - Patients with booked appointments</b>	A13K13	The number of patients with a booked appointment to attend a scheduled clinic, during the reporting period.	●	No	Revised

	<b>Substance Misuse Clinic - Patients Actually Seen</b>	A13K14	The number of patients actually seen within the clinic, during the reporting period.	●	No	Revised
	<b>Substance Misuse Clinic - Patient Cancellations</b>	A13K15	The number of patients that cancelled their scheduled clinical appointment, during the reporting period.	●	No	Revised
	<b>Mental Health Clinic - Patients with booked appointments</b>	A13K17	The number of patients with a booked appointment to attend a scheduled clinic, during the reporting period.	●	No	Revised
	<b>Mental Health Clinic - Patients Actually Seen</b>	A13K18	The number of patients actually seen within the clinic, during the reporting period.	●	No	Revised
	<b>Mental Health Clinic - Patient Cancellations</b>	A13K19	The number of patients that cancelled their scheduled clinical appointment, during the reporting period.	●	No	Revised
<b>Escorts &amp; Bedwatches</b>	Escort - Outpatient Appointments	A14K01	The number of patients requiring an outpatient appointment escort during the reporting period.	●	Yes	Unchanged
	Escort – Emergencies	A14K02	The number of patients requiring an emergency escort during the reporting period.	●	Yes	Unchanged
	Escort – Cancellations: Any reason	A14K03	The number of cancellations that resulted in an escort being reorganised for any reason.	●	No	Revised
<b>Visiting Consultants</b>	Sessions Provided	A15K01	The number of sessions provided during the reporting period where a visiting consultant was utilised.	●	Yes	Unchanged
	Patients with Booked Appointments	A15K02	The number of patients with booked appointment to attend a scheduled clinic to see a visiting consultant during the reporting period.	●	Yes	Guidance enhanced
	Patients Actually Seen	A15K03	The number of patients actually seen by a visiting consultant during the reporting period.	●	Yes	Unchanged
	Did Not Attend (DNA)	A15K04	The % of patients that did not attend a scheduled appointment, of those with a booked appointment.	●	Yes	Guidance enhanced

<b>Telemedicine</b>	Patients Considered	A16K01	The number of patients that were considered for a referral to telemedicine during the reporting period.	●	Yes	Guidance enhanced
	Patients Referred	A16K02	The number of patients referred to telemedicine during the reporting period.	●	Yes	Guidance enhanced
	Patients Actually Seen	A16K03	The number of patients actually seen by telemedicine service during the reporting period.	●	Yes	Guidance enhanced
<b>Smoking</b>	Smoking Prevalence	A17K01	The percentage of patients at arrival, who are smokers	●	Yes	Revised
	Smoking Cessation Uptake	A17K02	The percentage of smokers who take part in regular smoking therapies	●	No	Revised
	Smoking Quitters	A17K03	The percentage of smoking quitters, on release from prison	●	No	Revised
	Smoking cessation referral to treatment	A17K04	The percentage of patients able to access smoking cessation treatment within 48 hours of referral (including self- referrals)	●	n/a	New

### 3 National Screening Programme Indicators

#### Guidance Note: Offered vs Uptake

The collection of HJIP data in some instances moves away from collecting data about those who are offered a test, immunisation or to take part in a screening programme, but concentrate on the actual uptake of those services. This shift is reflected in the read codes outlined below asking providers to collect results and formally record those who have declined. This valuable information can then be used to inform local health promotion strategies.

#### Guidance Note: Eligibility for Screening Programmes

Eligibility for all screening programmes is set out in each of the indicators as per current PHE guidance. To ensure figures are comparable the eligibility or denominator should be taken as a snapshot on the last day of the reporting month.

#### Guidance Note: NHS Health Checks to Physical Health Checks

The eligibility criteria and name of the NHS Health Check in prison has now changed. Prisons across England will be expected to collect data on Prison Physical Health Checks. Changes for the 2017-18 cohort of eligible patients are detailed below, in the indicator guidance notes.

#### 3.1 Non Cancer & BBV Screening

<i>Abdominal Aortic Aneurysm (AAA) Screening Uptake</i>	
<i>KPI: A01K01</i>	
The % of patients that underwent screening of the total patients eligible during the reporting period.	
<i>Denominator</i>	All males $\geq$ 65 years old, except those with a read code of Normal (XaYVq), Declined (XaVxm), Abnormal (XaYVr), AAA occurred before screening age (X204N) or those already placed on a surveillance programme (Xad2n)
<i>Numerator</i>	Those patients receiving AAA ultrasound screening during the reporting period (XaYZb)
<i>Retinal Screening Uptake</i>	
<i>KPI: A01K02</i>	
The % of patients that underwent screening of the total patients eligible during the reporting period.	
<i>Denominator</i>	All patients with diabetes who have not been screened in the past 12 months
<i>Numerator</i>	All diabetics with a code of XaIPm (seen by retinal screener), XaIPi (Digital retinal screening) or XaJO7 (under care of retinal screener) added during the reporting period

<i>Chlamydia Screening Uptake</i>	
<i>KPI: A01K03</i>	
The % of patients that underwent screening of the total patients eligible during the reporting period.	
<i>Denominator</i>	All patients <=25 years, who have not been screened within their current sentence (do not have a code XaPwu when searched within the current sentence)
<i>Numerator</i>	All patients <=25 years with a code of XaPwu (Chlamydia screening)

<i>NHS Prison Health Check Screening Uptake</i>	
<i>KPI: A01K04</i>	
The % of patients that underwent screening of the total patients eligible during the reporting period.	
<i>Denominator</i>	All patients between the ages of 35 and 75 who have been sentenced to 4 or more years in custody, have not received a health check in the preceding 5 years and do not have a diagnosis of coronary heart disease (XE2uV), chronic kidney disease (X30In), diabetes (C10..), hypertension (XE0Ub), atrial fibrillation (G5730), transient ischaemic attack (XE0VK), familial hypercholesterolemia (C3200), Heart failure (G58..), peripheral arterial disease (Xa0IV) or stroke (X00D1). Individuals: must not be being prescribed statins for the purpose of lowering cholesterol; must not have been assessed through a NHS Health Check, or any other check undertaken through the health service in England, and found to have a 10% or higher risk of developing cardiovascular disease over the next ten years.
<i>Numerator</i>	All patients receiving a physical health check in the reporting period. Read code XaR6f or XaRBQ (depending upon local practice)

<i>Tuberculosis (TB) Screening Uptake</i>	
<i>KPI: A01K05</i>	
The % of patients that underwent an initial TB symptom screening (including a medication check) within 48 hours of the total patients eligible during the reporting period.	
<i>Denominator</i>	All new receptions and transfers
<i>Numerator</i>	Patients who underwent a TB symptom screen (including a medication check - with a [read code of 6831.]) within 48 hours of reception.

<i>Tuberculosis (TB) Referral</i>	
<i>KPI: A01K06</i>	
The % of patients showing symptoms of TB on initial screening referred for specialist TB screening during the reporting period	

<i>Denominator</i>	Patients screening positive for symptoms of TB within the reporting period
<i>Numerator</i>	Number of patients referred to a specialist TB screening service during the reporting period (XaR5F).

<i>Tuberculosis (TB) Treatment</i>	
<i>KPI: A01K07</i>	
The % of patients receiving direct observed therapy (DOT) of the total number referred to specialist care	
<i>Denominator</i>	Number of patients referred to a specialist TB screening service during the reporting period (XaR5F).
<i>Numerator</i>	Patients receiving Direct Observed Therapy (DOT). Code: XaMGi

<i>Hepatitis B Offered</i>	
<i>KPI: A01K08</i>	
The % of patients offered hepatitis B testing, within 72hrs of reception	
<i>Denominator</i>	All new receptions and transfers (excluding those already vaccinated)
<i>Numerator</i>	Patients with a read code of XaLfk

<i>Hepatitis B – HBsAg</i>	
<i>KPI: A01K09</i>	
The % of eligible patients who have undertaken a Hepatitis B (HBsAg) test	
<i>Denominator</i>	All new receptions and transfers (less those already vaccinated, diagnosed with, or treated for, Hep B [XaPEy])
<i>Numerator</i>	Patients screened for Hepatitis B within 4 weeks of arrival (read code XaEXZ)

<i>Hepatitis B – Referral</i>	
<i>KPI: A01K10</i>	
The % of those testing positive for chronic hepatitis B being referred to a specialist service	
<i>Denominator</i>	Patients having a positive HBsAg test, XaQe4 (hep B core antibody positive) or 43B4. (hep B surface antigen positive)
<i>Numerator</i>	Patients referred to specialist service. Referred to Hepatology service – XaLrh

<i>Hepatitis C Offered</i>	
<i>KPI: A01K12</i>	
The % of patients offered hepatitis C testing, within 72hrs of reception	

<i>Denominator</i>	All new receptions and transfers (in the period, less those already diagnosed with, or treated for, Hep C [XaPLI]).
<i>Numerator</i>	Number of patient offered testing within 72 hours (read code of XaLDh)

Hepatitis C - Hepatitis C Ab	
KPI: A01K13	
The % of eligible patients who have a undertaken a Hepatitis C Ab test	
<i>Denominator</i>	All new receptions and transfers in the period (less those already diagnosed with, or treated for, Hep C [XaPLI]).
<i>Numerator</i>	Patients screened for Hepatitis C within 4 weeks of arrival (read code XaJh4)

Hepatitis C - Hepatitis C PCR	
KPI: A01K14	
The % of patient's hepatitis C Ab positive, who underwent hepatitis C PCR testing.	
<i>Denominator</i>	Number of patients hepatitis C Ab positive, code XaPLI
<i>Numerator</i>	Number of patients having undertaken hepatitis PCR screening, read code XaXBp (positive) or XaOvh (negative)

Hepatitis C - Referral	
KPI: A01K15	
The % of those testing hepatitis C PCR positive being referred to a specialist service	
<i>Denominator</i>	Number of patients recorded as hepatitis C PCR positive, code XaXBp
<i>Numerator</i>	Number of patients referred to specialist service. Referred to Hepatology service – XaLrh

HIV Testing – Uptake	
KPI: A01K17	
The % of patients that underwent testing of the total patients eligible during the reporting period.	
<i>Denominator</i>	All new receptions and transfers in the reporting period less those already confirmed HIV positive (43C3.)
<i>Numerator</i>	Number of patients who have been tested, Xalon (HIV screening test).

HIV Testing – 2 weeks	
KPI: A01K18	
The % of HIV positive patients seen by a secondary care clinician within 2 weeks of diagnosis.	

<i>Denominator</i>	Number of patients who tested positive. Code 43C3.
<i>Numerator</i>	Number of HIV positive patients who were seen at local hospital within 2 weeks of referral.

HIV Testing – Offered	
KPI: A01K19	
The % of patients offered HIV testing, within 72hrs of reception	
<i>Denominator</i>	All new receptions and transfers in the period, less those already confirmed HIV positive (43C3.)
<i>Numerator</i>	Number of patients offered HIV screening (Read code XaDvy) within 72 hours of reception.

### 3.2 Cancer Related Screening

<i>Breast Cancer Screening (female estate only)</i>	
KPI: A02K01	
The % of patients that underwent screening of the total patients eligible during the reporting period.	
<i>Denominator</i>	Female patients between the ages 50-70, who haven't been screened in the last 3 years.
<i>Numerator</i>	Number of female patients with a code of XaVxK (attended breast screening clinic).

<i>Cervical Cancer Screening (female estate only)</i>	
KPI: A02K02	
The % of patients that underwent screening of the total patients eligible during the reporting period.	
<i>Denominator</i>	Female patients aged between $\geq 25$ and $\leq 49$ who have not been screened in the last 3 years or those aged between $\geq 50$ and $\leq 64$ not screened in the last 5 years. The $\geq 65$ are only eligible if not screened since the age of 50, or have a recent abnormal read code (685C -Ca cervix screening - Abnormal).
<i>Numerator</i>	Female patient with codes XE1TU (Ca cervix – screening done) or Xa8PI (Cervical smear)

<i>Bowel Cancer Screening</i>	
KPI: A02K03	
The % of patients that underwent screening of the total patients eligible during the reporting period.	
<i>Denominator</i>	Number of patients aged 60 – 74, who have not been screened in the last 2 years
<i>Numerator</i>	Number of patients with a result code of XaPkd (Normal) or XaPke (Abnormal) or XaPkc (unclear) or XaPkb (technical failure) or XaPka (kit spoilt)

### 3.3 Immunisation & Routine Vaccinations

Flu Vaccination UPTAKE	KPI: A03K01	Denominator	Number of patients eligible (as defined in the latest flu chapter in the Green Book <sup>1</sup> )
		Numerator	Number of patients receiving a vaccination – run a search on date of event in the current month (this indicator is not to be reported cumulatively), with a vaccination with contents influenza.
MMR UPTAKE	KPI: A03K02	Denominator	Number of patients eligible, i.e. if born after 1970 and having no evidence of receiving two previous doses of a measles-containing vaccination - or have not previously had measles
		Numerator	Number of patients vaccinated – run a search on date of event in current month, with a vaccination contents of Measles, Mumps and Rubella
Men C UPTAKE	KPI: A03K03	Denominator	Number of patients eligible – all patients where their Men C status is unknown
		Numerator	Number of patients vaccinated – run a search on date of event in current month, with a vaccination contents of Meningococcal C, Meningococcal A, Meningococcal W, Meningococcal Y,
Shingles UPTAKE	KPI: A03K04	Denominator	Number Eligible: Number of patients eligible is all patients aged 70 to 79
		Numerator	Number of Patients vaccinated - run a search on date of event in current month, and a code of XaZsM herpes zoster vaccination.
Hepatitis B Vaccination UPTAKE	KPI: A03K05	Denominator	Number of patients who have disclosed, that they could be at risk of infection (Code Y0960 – requires vaccination)
		Numerator	Number of patients receiving a vaccination – run a search on date of event within the previous 4 weeks, identifying where a third vaccinations containing Hepatitis B is indicated (65F3.)

<sup>1</sup> <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

## 3.4 Health Outcomes – Long Term Conditions

Through the use of SystmOne templates and standard reporting, providers are able to self-assess their LTC monitoring, and report this as part of their HJIP data submission; providing performance outcomes against the chronic disease register and achievement against the nationally recognised Quality Outcomes Framework.

This reporting enables assurance that there is parity of treatment provision between residents of the secure estate and the wider community. Providers are able to access their QOF achievement outcomes via a report embedded in SystmOne.

QOF guidance has not changed for 2017-18, as the indicators themselves have not been subject to any changes. However, a summary document detailing the lack of change for 2017-18 sits alongside the 2016-17 guidance below:

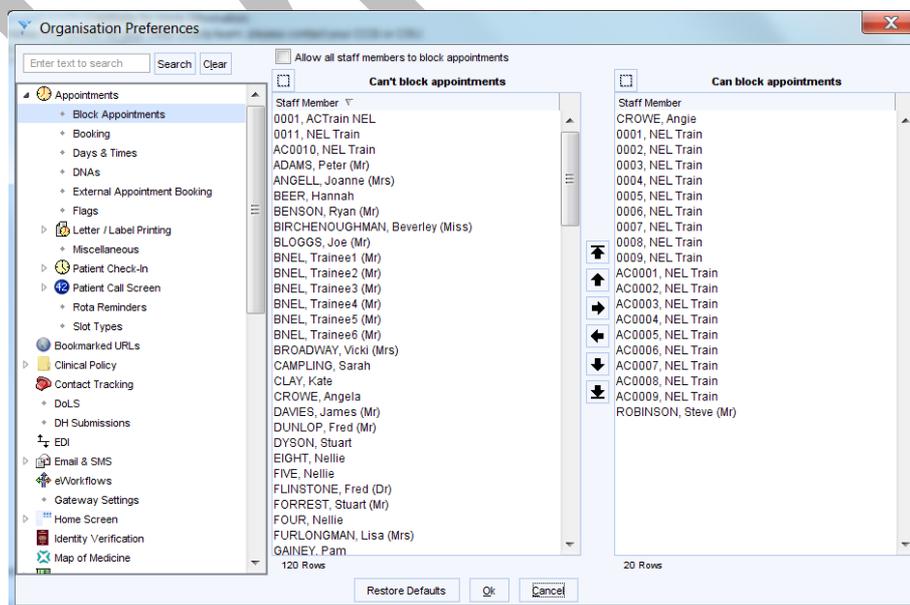


It is *imperative* that providers ensure they are using the current version of the QOF (How am I driving?) report; **the current version is v35** (at the time of guidance publication). In order to ascertain which version is currently installed, the user must have system administrator access rights, then follow the steps below:

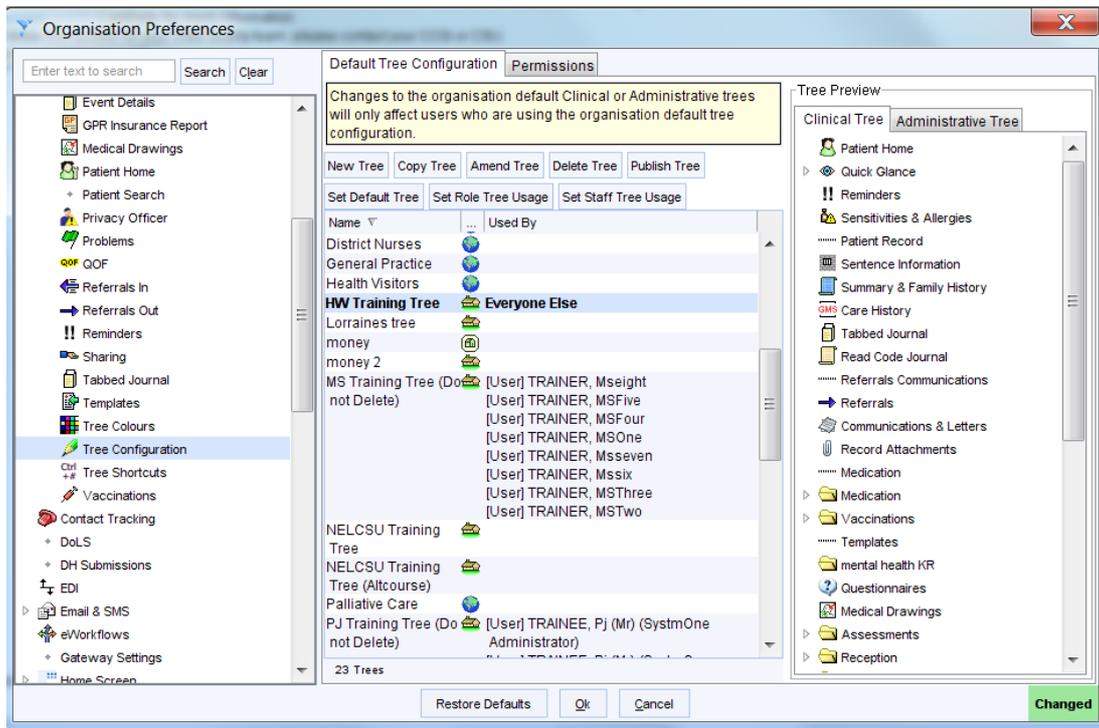
### 3.4.1 Validating which version of QOF is currently installed

From the Home Screen:

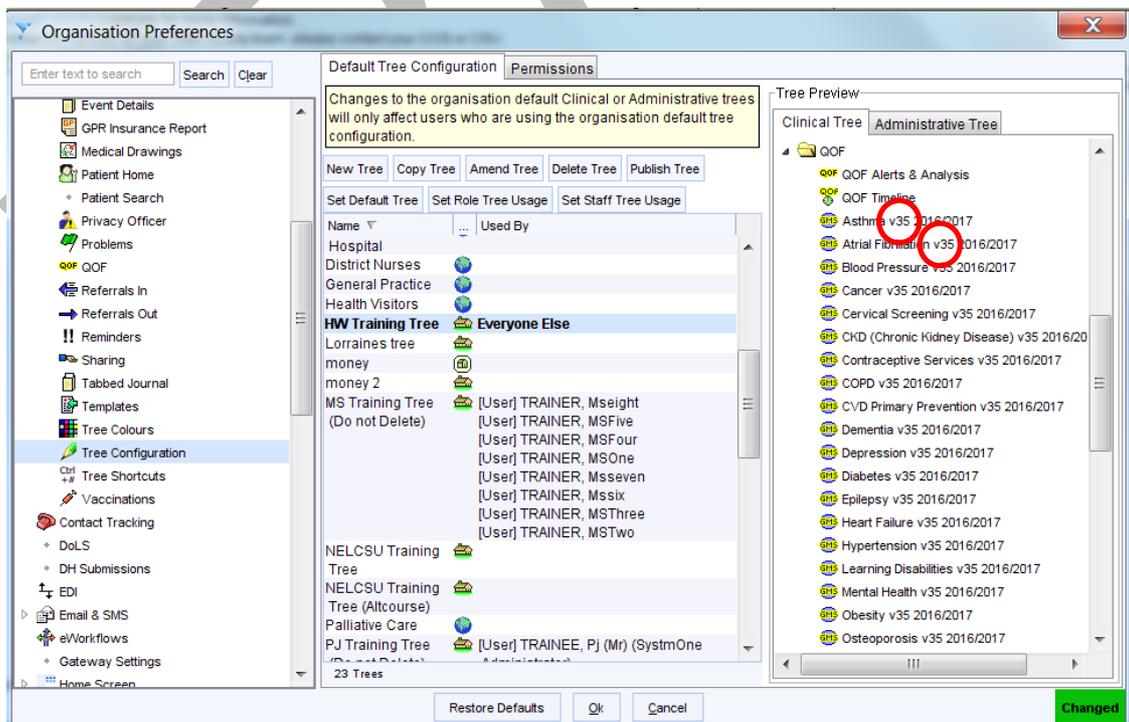
1. Select **Set Up** from the menu bar, choose **Users & Policy**, and then choose **Organisation Preferences**.
2. At the Organisation Preferences window, locate and expand the **Clinical Policy** Folder from the tree.



- From within this folder, locate the **Tree Configuration** node and from the centre section, select the name of the tree used by **Everyone** with the 🏠 icon. A preview of the unit's tree will be displayed in the right hand pane.



- Locate and expand the **QOF** folder within the Clinical Tree. The version of QOF will be listed alongside each template.



- Click **Cancel**.

If you are not using the most up to date version of the QOF report – please consult your SystmOne training contact for advice on how to update.

### 3.4.2 Producing the QOF (How am I driving?) report

Monthly QOF (How am I driving?) reports are required to be forwarded alongside completed monthly HJIP data templates, submitted on a quarterly basis in the same email as the data extract template.

From the Main Menu select **Reporting>QOF Indicators** the QOF Indicators page will be displayed.

Item	Patient Count	Missing Patie...	Target Range	Percentage	Points
<b>nGMS Reports</b>					343.6 / 500
<b>Additional Services</b>					0 / 18
Cervical Screening					0 / 11
Contraceptive Services					0 / 7
<b>Clinical</b>					343.6 / 500
Asthma					45 / 45
Atrial Fibrillation					9 / 29
Blood Pressure					15 / 15
COPD					10.0 / 35
Cancer					5 / 11
Cardiovascular Disease Primary Prevention					0 / 10
Chronic Kidney Disease					6 / 6
Dementia					5 / 50
Depression					0 / 10
Diabetes					66.2 / 86
Epilepsy					1 / 1
Heart Failure					10 / 29
Hypertension					17.8 / 26
Learning Disabilities					4 / 4
Mental Health					20.9 / 26
Obesity					8 / 8
Osteoporosis					0 / 9
Palliative care					3 / 3
Peripheral Arterial Disease					6 / 6
Rheumatoid Arthritis					6 / 6
Secondary Prevention of Coronary Heart Disease					30.7 / 35
Smoking					62 / 62
Stroke And Transient Ischaemic Attacks (TIA)					13 / 15

### Producing the monthly QOF summary sheet in Excel (CSV) format

1. Click on the QOF Indicators screen, click to open each of the Indicators using the triangle at the side of the indicator (**Tip:** start at the bottom and work up over including the Additional Services for each site)
2. Once all the indicators are open, right click anywhere on the screen and a sub-menu will appear. From this menu select **Table>Open as CSV**
3. The document will then open in Excel and **must** be saved as an Excel format document with the file name structure of:
  - How am I Driving – Month Year (mm/yyyy) – Establishment Initials
4. Once saved the document can be closed, returning the user to SystmOne
5. Files should be saved locally, then submitted in the same email as the data extract template, according to the same schedule for HJIP data submission.

### 3.5 Health Outcomes – Mental Health

#### Guidance Note: MH Secure Transfer Wait Times

For the purposes of HJIP measurement – “Acceptance as suitable for transfer” is defined as the *initial assessment* by a Doctor, at the prison within which the patient is held – which results in the creation of a formal referral. This is in line with the provisions of the Mental Health Act 1983.

#### Guidance Note: CPA Health Check

The check referred to relates to the annual health checks that should be offered to patients who are diagnosed as having a serious mental illnesses (e.g. schizophrenia, bi-polar and psychosis – see annex B for relevant Read codes). The format of these health checks is defined within NICE Guidance.

*This is not to be confused* with NHS Health Checks (A01K04), which should be offered to a much broader population.

#### Guidance Note: Group and Individual Therapies

Individual therapies are defined as any mental health patients who have attended a 1 to 1 appointment with a therapist in the reporting period.

Group therapies are defined as any patient who has attended a group session with a therapist, in the reporting period.

Care Programme Approach (CPA) on Arrival	
KPI: A05K01	
The % of new arrivals, with a pre-existing CPA plan.	
<i>Denominator</i>	All transfers and new receptions (all “arrivals”).
<i>Numerator</i>	Number of patients on CPA at reception, codes Y0437 or Y0436 OR Xa4HV.

Care Programme Approach (CPA) application in prison	
KPI: A05K02	
The % of patients placed on CPA by month, as a proportion of total population.	
<i>Denominator</i>	Total prison population (generic indicator – as per A18K01).
<i>Numerator</i>	Care Programme Approach (CPA) - Number of patients placed on CPA in the reporting period, codes Y0437 or Y0436 OR Xa4HV.

Care Programme Approach (CPA) 6 Month Reviews	
KPI: A05K04	

The % of patients that received a 6 month review of those which were due a 6 month review during the reporting period (includes all pre-existing CPAs arriving into the site).	
<i>Denominator</i>	Number of (prison initiated) CPA 6 month reviews due in the reporting period, PLUS number of reviews due on the basis of pre-existing CPAs received into the site.
<i>Numerator</i>	Number of 6 month and "new to site" reviews done:  Number of patients receiving a 6 month review: Code XaJQo – Review of CPA care plan or Care Programme Approach Review – XaK8p – QOF code or Initial Care Programme Approach Review – XaK8r or Ongoing Care Programme Approach Review – XaK8s or Discharge Care Programme Approach – XaK8t – QOF code

Care Programme Approach (CPA) Annual Health Check	
KPI: A05K05	
The % of patients that received an MH annual review of those which were due an annual review during the reporting period.	
<i>Denominator</i>	Number of MH annual physical examinations (XaJON) due in the reporting period (over 11 months since the last annual review).
<i>Numerator</i>	Number of MH annual physical examinations completed (XaJON), of those which were due in the reporting period.
NB. Recall functionality may be used to gather data for this indicator.	

Individual Therapies	
KPI: A05K06	
The % of MH patients receiving structured, 1-2-1 interventions from an MH professional.	
<i>Denominator</i>	Total number of MH patients (Generic Indicator – A18K05).
<i>Numerator</i>	Number of patients who have received structured, 1 to 1 intervention, delivered by an MH professional, during the reporting period.

Group Therapies	
KPI: A05K07	
The % of patients that have received group therapy.	
<i>Denominator</i>	Total prison population (generic indicator – A18K01).
<i>Numerator</i>	Number of patients receiving structured, group interventions, arranged by an MH professional.

MH Discharge Summary	
KPI: A05K08	
The % of MH patients discharged, with a discharge summary recorded.	

<i>Denominator</i>	Number of MH patients discharged from the service in the reporting period (see Appendix B for guidance).
<i>Numerator</i>	Number of MH patients discharged from the service - with a discharge summary recorded:  Code discharged from primary care mental team (XaXH8) or discharge from mental health in reach service (XaZrg) or discharge letter given to patient (XaXIN or XaOxM)

LD Discharge Summary	
KPI: A05K09	
The % of LD patients discharged, with a discharge summary recorded.	
<i>Denominator</i>	Number of LD patients discharged from the service (see Appendix B for guidance).
<i>Numerator</i>	Number of LD patients discharged from the service - with a discharge summary recorded:  Number of patients provided with a copy of their discharge summary. Discharge from learning disabilities team (XaJmd) or discharge letter given to patient (XaXIN).

Mental Health Secure Assessment	
KPI: A05K10	
Number of prisoners who received an initial psychiatric assessment, where transfer was deemed appropriate, under the terms of the Mental Health Act.	
<i>Data Collection</i>	Number of MH Secure transfer assessments, where the decision was made to refer, during the reporting period.

NB. This refers to the number of initial assessments *where a decision to create a formal referral was reached*. Initial assessment is defined as that occurring in the originating location, prior to any referral decision.

MH Secure Transfer - <=14 days	
A05K11	
Number of mental health secure transfers, where the waiting time fell within 14 days from acceptance as suitable for transfer under the Mental Health Act (initial assessment), to actual transfer	
<i>Data Collection</i>	Number of transfers that took place within 2 weeks (14 days)

MH Secure Transfer – between 15 days & 28 days	
KPI: A05K12	
Number of mental health secure transfers, where the waiting time fell between 15 and 28 days from acceptance as suitable for transfer under the Mental Health Act (initial assessment), to actual transfer	

<i>Data Collection</i>	Number of transfers that took place between 3 and 4 weeks (max of 28 days)
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MH Secure Transfer – between 29 days & 56 days	
KPI: A05K13	
Number of mental health transfers, where the waiting time fell between 29 days and 56 days from acceptance as suitable for transfer under the Mental Health Act (initial assessment) to actual transfer	
<i>Data Collection</i>	Number of transfers that took place between 5 and 8 weeks (max of 56 days)

MH Secure Transfer – between 57 days & 84 days	
KPI: A05K14	
Total Number of mental health transfers, where the waiting time fell between 57 days and 84 days from acceptance as suitable for transfer under the Mental Health Act (initial assessment) to actual transfer	
<i>Data Collection</i>	Number of transfers that took place between 9 and 12 weeks (max of 84 days)

MH Secure Transfer – between 85 days & 140 days	
KPI: A05K15	
Total Number of mental health transfers, where the waiting time fell between 85 days and 140 days from acceptance as suitable for transfer under the Mental Health Act (initial assessment) to actual transfer	
<i>Data Collection</i>	Number of transfers that took place between 13 and 20 weeks (max of 140 days)

MH Secure Transfer – > 140 days	
KPI: A05K16	
Total Number of mental health transfers, where the waiting time was greater than 140 days from acceptance as suitable for transfer under the Mental Health Act (initial assessment) to actual transfer	
<i>Data Collection</i>	Number of transfers that took place greater than 20 weeks (greater than 140 days)

Assessment in Care and Separation Unit	
KPI: A05K17	
The % of patients placed in C&S unit, who receive a care plan within 24 hours - of those who require it	
<i>Denominator</i>	Number of patients admitted to C&S unit who initially fail the segregation safety algorithm for medical fitness
<i>Numerator</i>	Number of those who fail, who receive a Care Plan within 24 hours. Code XaZvF

Self-Harm & Suicide Prevention - Mental Health Assessment	
KPI: A05K18	
The % of patients at risk of or presenting with self-harm injuries or suicidal ideations who have had a completed Mental Health assessment within 24 hours of referral	
<i>Denominator</i>	Number of patients presenting with self-harm injuries or suicidal ideations referred for MH assessment Codes: XE22H (suicide and self-inflicted injury), Xalux (Thoughts of deliberate self-harm) or 1BD1 (Suicidal Thoughts)
<i>Numerator</i>	Number of patients presenting with self-harm injuries or suicidal ideation intentions referred for MH assessment, who receive an assessment within 24 hours. Code XaIYN

Constant Supervision	
KPI: A05K20	
The % of patients on constant supervision, initiated on Clinical advice, that received a Mental Health assessment and care plan within 24hrs of the notification of the constant supervision commencing	
<i>Denominator</i>	Constant Supervision - Number of patients on constant supervision (code XaaeK), initiated by clinical advice, that received a mental health assessment
<i>Numerator</i>	Number of MH assessments carried out within 24hrs (Code: XaIYN recorded within 24 hours of constant watch commencing), with a care plan recorded (code XaZvF)

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### 3.6 Health Outcomes Dentistry

#### Guidance Note: Dental Banding

Dental treatment plans should be determined at first appointment with the dentist. HJIP data collection in this area now looks at the number of *completed* treatment episodes within any given month, regardless of when the treatment episode commenced.

This represents a move away from counting individual appointments, simplifying the metric and gaining parity with community indicators.

E.g. Patient A attends their first appointment in April and is given a band 3 treatment plan. This plan may take 3 appointments to complete, including the initial consultation. The last appointment occurs in May, completing the treatment. HJIP data collection now requires this to be recorded as 1 completed band 3 treatment, in May.

Dental: Band 1 Treatments	
KPI: A06K01	
The number of completed band 1 dental treatment episodes in the month	
<i>Data Collection</i>	Total number of completed band 1 dental treatment episodes during reporting period

Dental: Band 2 Treatments	
KPI: A06K02	
The number of completed band 2 dental treatment episodes in the month	
<i>Data Collection</i>	Total number of completed band 2 dental treatment episodes during reporting period

Dental: Band 3 Treatments	
KPI: A06K03	
The number of completed band 3 dental treatment episodes in the month	
<i>Data Collection</i>	Total number of completed band 3 dental treatment episodes during reporting period

### 3.7 Health Outcomes – Drug & Alcohol Related Treatment (DART)

#### Guidance Note:- Section 7A Substance Misuse Deliverables

Whilst HJIPs outcome indicators for Drug and Alcohol Related Treatment (DART) do cover the provision of 5 day and 13 week reviews, the other indicators are principally focussed on alcohol related treatment.

Other drug specific s7a measures are managed by PHE, which provide an indication whether prison based drug and alcohol treatment services, and through the gate arrangements, are leading to improved continuity of care and successful completion outcomes. The measures are:

- The proportion of individuals in secure environments that engage in structured drug treatment interventions who at the point of departure from that establishment either:
  - Successfully completed a treatment intervention in custody and did not represent to treatment (either in custody or the community) within 6 months of release; or
  - Successfully engaged in community based drug and alcohol treatment interventions following release; or
  - Where they were transferred to another prison/YPSE, successfully engaged in structured drug and alcohol treatment interventions at the receiving establishment.

Data to inform these measures are held within the National Drug Treatment Monitoring System (NDTMS), managed by PHE. Separate outcome reports figures will be produced by PHE relating to individuals that engage in custody-based treatment where the primary substance that brought them into treatment was a drug or alcohol.

These outcomes are shared within appropriate forums to inform s7a outcomes and are available at establishment level for performance monitoring purposes.

DART - 5 Day Review	
KPI: A07K01	
The % of patients that received their (up to) 5 day substance misuse review, after commencement of prescribing.	
<i>Denominator</i>	Total Number of (up to) 5 day reviews due within the reporting period
<i>Numerator</i>	Total Number of (up to) 5 day reviews completed. Code XaJy6 (Initial Substance Misuse Assessment)

NB. Best practice in relation to provision of this data is to use Recall functionality in SystemOne to identify which patients are due for review.

DART - 13 Week Review
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KPI: A07K02	
The % of patients that received their (up to) 13 week Multi-Disciplinary Team (MDT) review.	
<i>Denominator</i>	Total Number of (up to) 13 week reviews due within the reporting period
<i>Numerator</i>	Total Number of (up to) 13 week reviews completed. Code XaJy7 (Follow-up substance misuse assessment)

NB. Best practice in relation to provision of this data is to use Recall functionality in SystemOne to identify which patients are due for review.

DART - Alcohol Screening	
KPI: A07K03	
% of patients screened for problem drinking using the AUDIT screening tool	
<i>Denominator</i>	Total number of new receptions and transfers within the reporting period ( <i>all arrivals</i> ).
<i>Numerator</i>	Total number of patients screened by the AUDIT tool (XaMyj – Screen: Alcohol Use Disorder Identification Test Piccinelli consumption questions completed)

NB. The AUDIT tool should be used by healthcare workers as part of initial screening, it is not strictly an SM workers remit per se.

DART - Alcohol Screening*: Brief advice	
KPI: A07K04*	
The % of detainees screened by the AUDIT tool, who access treatment which includes brief advice (low threshold interventions)	
<i>Denominator</i>	Total number of patients screened by the AUDIT tool (XaMyj – Screen: Alcohol Use Disorder Identification Test Piccinelli consumption questions completed)
<i>Numerator</i>	Number of patients in the reporting period who have a code of alcohol consumption advice (Health Education: Alcohol – 6792. or brief intervention for excessive alcohol consumption completed – XaPPv. Or Patient advised about alcohol – XaFvp)

DART - Alcohol Screening*: Structured intervention	
KPI: A07K05*	
The % of detainees screened by the AUDIT tool, who access treatment which includes structured alcohol interventions	
<i>Denominator</i>	Total number of patients screened by the AUDIT tool (XaMyj – Screen: Alcohol Use Disorder Identification Test Piccinelli consumption questions completed)
<i>Numerator</i>	Number of patients in the reporting period who have a code of Extended intervention for excessive alcohol consumption complete – XaPPy

DART - Alcohol Screening*: Clinical interventions	
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KPI: A07K06*	
The % of detainees screened by the AUDIT tool, who receive treatment which includes clinical interventions**	
<i>Denominator</i>	Total number of patients screened by the AUDIT tool (XaMyj – Screen: Alcohol Use Disorder Identification Test Piccinelli consumption questions completed)
<i>Numerator</i>	Number of patients in the reporting period who have a code of Use the Alcohol Reduction Programme Ua1MI for this intervention

\*\* Clinical interventions, in the sense used in this indicator, generally refer to pharmacological interventions – although other interventions may also be included in this treatment type.

\*NB – For all indicators related to interventions (brief advice, structured intervention, clinical intervention) – it is acknowledged that current local SystmOne configuration may not yet enable extract of the actual AUDIT scores.

For that reason, the indicators currently are configured to reflect numbers of patients accessing a particular intervention, over the total cohort of those screened. It is therefore assumed that *only* those scoring within the relevant AUDIT thresholds would be signposted towards that particular treatment pathway.

### 3.8 Medicines Management

In-Possession Medication (Arrivals)	
KPI: A08K01	
The percentage of newly arrived patients who have been assessed to hold medication 'in-possession'	
<i>Denominator</i>	Total number of arrivals (all new receptions & transfers) in the month
<i>Numerator</i>	Total number of arrivals with an in-possession assessment in the month – derived by the new functionality for recording IP status

In-Possession Medication (Pre-existing population)	
KPI: A08K01.5	
The percentage of pre-existing patients who have a documented in-possession status	
<i>Denominator</i>	Total number of people in prison for > 30 days
<i>Numerator</i>	Total number of people in the prison for >30 days who have a documented IP risk status – derived by the new functionality for recording IP status

Receipt of Medication	
KPI: A08K02.5	
The percentage of patients prescribed supervised medication, who miss 3 or more doses	

<i>Denominator</i>	Total number of patients receiving supervised medication in the reporting period
<i>Numerator</i>	Number of people with 3 or more omitted doses in the reporting period

Supply on Transfer	
KPI: A08K06	
The percentage of all transfers received with a minimum of 7 days' supply of medicine	
<i>Denominator</i>	Total number of transfers
<i>Numerator</i>	Number of transfers received with a minimum of 7 days' medication

Supply on Discharge	
KPI: A08K07	
The percentage of all discharges with a minimum of 7 days' supply or FP10.	
<i>Denominator</i>	Total number of discharges
<i>Numerator</i>	Number of discharges with a minimum of 7 days' supply of FP10

Medicines reconciliation	
KPI: A08K08	
Medicines reconciliation recorded within 72 hours of reception	
<i>Denominator</i>	Total number of arrivals (all new receptions & transfers) in the month
<i>Numerator</i>	Total number of medicines reconciliations completed within 72 hours (code XaRF0 – medicines reconciliation performed)

### 3.9 Smoking

Smoking Prevalence	
KPI: A17K01	
The percentage of patients at arrival who are smokers	
<i>Denominator</i>	Total number of receptions and transfers in the reporting period
<i>Numerator</i>	Number of patients with a code 137R.% (excluding XaXP9) , XE0og% (excluding XaluQ , XE0oo) , 137C. , 137G. , 137M. , Xallu , Xaltg , XaJX2 , XaLQh or XaWNE

NB – where applicable, children codes to be included, bar stated exclusions

Smoking Cessation Uptake	
KPI: A17K02	

The percentage of smokers who take part in regular smoking therapies.	
<i>Denominator</i>	Number of patients identified as a smoker - patients with a code 137R.% (excluding XaXP9) , XE0og% (excluding XaluQ , XE0oo) , 137C. , 137G. , 137M. , Xallu , Xaltg , XaJX2 , XaLQh or XaWNE
<i>Numerator</i>	Number of patients engaging in some form of smoking cessation therapy - coded as; Ua1Nz , XaFw9 , XaQT5 , XaltC , Xalye , XaW0h , XaX5W , XaX5X , XaRFh , XaREz , XaaDy , XaaDx (Support and refer Stop Smoking Service/Advisor) or XaMwY% , XalQn , XaEKU , XaFst , XaMll% (excluding Xaca0) , XaXpT , XaZ01 , Xaetz , du3..% , du6..% , du8..% , duB..% (Pharmacotherapy)

NB – where applicable, children codes to be included, bar stated exclusions

Smoking Quitters	
KPI: A17K03	
The percentage of smoking quitters on release from prison	
<i>Denominator</i>	Number of patients released in the reporting period.
<i>Numerator</i>	The number of patients released in the reporting period with code Ub1na% (excluding XaQzw, XaXP8, XaXP6) or Ub0p1 (ex smoker), in their current sentence.

NB – where applicable, children codes to be included, bar stated exclusions

Smoking Referral To Treatment	
KPI: A17K04	
The percentage of smokers referred (including self-referrals) who are able to access smoking cessation treatment within 48 hours	
<i>Denominator</i>	Number of patients referred (including self-referral) to stop smoking services in the reporting period
<i>Numerator</i>	Number of patients referred (including self-referral) to stop smoking services within the reporting period – able to access treatment within 48 hours

## 4 Operational Delivery Indicators

These operational indicators are a mixture of population/ demographic numbers, utilisation, waiting times, DNA rates, clinic quota, patients seen, escorts and where applicable - telemedicine (consultant led services) and visiting secondary care services.

### Guidance Notes

#### General, MH & LD Population

Figures should be taken as a snapshot on the last working day of the month.

#### Urgent and Routine Care

Urgent care is defined as anything that is an emergency and requires treatment on the same day. Routine care is anything that falls outside of the urgent parameters.

#### Waiting Times

Wait days are defined as how many days until your next available appointment. This indicator is to be collected on the last working day of the month.

#### Mental Health & Substance Misuse Clinics

It is acknowledged that due to service configuration at different sites – it may not be possible to separately identify MH and SM clinics from general GP led clinics. In this instance, report such clinics as part of the GP clinic numbers and leave the MH/ SM clinics blank. The key issue is to ensure consistency throughout data capture, ensuring that duplicity of counting does not occur.

Clinic Waiting Times – <b>Routine</b> care	
KPI: A10K01, A10K03, A10K05, A10K06, A10K07	
GP, Dentist, Nurse Led, Substance Misuse, Mental Health routine wait times	
Number of days until the next available appointment for routine care, taken as a snapshot at the end of the month.	
Data Collection	On the last working day of the month calculate how many days elapse between the last working day and the next available <b>routine</b> appointment date.

NB. Nurse led clinics *should be interpreted as just that* – do not include clinics that Healthcare Assistant or Pharmacy staff provide.

Clinic Waiting Times – <b>Urgent</b> care	
KPI: A10K02 & A10K04	
GP & Dentist urgent care wait times	
Number of days until the next available appointment for urgent care, taken as a snapshot at the end of the month.	
Data Collection	On the last working day of the month calculate how many days elapse between the last working day and the next available

	<b>urgent</b> appointment date.
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DNA Rates	
KPI's: A11K01, A11K04, A11K07, A11K10, A11K13	
GP, Dental, Nurse Led, Substance Misuse & Mental Health Clinic DNA rates	
Denominator:	Number of people with a booked appointment
Numerator:	The number of patients that either:- a) did not attend and gave no advance warning; or b) arrived late and could not be seen

Clinic cancellations - Prison	
KPI's: A11K02, A11K05, A11K08, A11K11 & A11K14	
GP, Dental, Nurse Led, Substance Misuse & Mental Health Clinic cancellations where the cause is attributable to the Prison.	
Data collection	Number of clinics cancelled due to Prison issues.
NB. This is a count of clinics cancelled – not patients within the cancelled clinic. SystemOne terminology for this cancellation is “Cancelled by other service”.	

Clinic cancellations - Healthcare	
KPI's: A11K03, A11K06, A11K09, A11K12 & A11K15	
GP, Dental, Nurse Led, Substance Misuse & Mental Health Clinic cancellations where the cause is attributable to the Healthcare provider.	
Data collection	Number of clinics cancelled due to Healthcare Provider issues.
NB. This is a count of clinics cancelled – not patients within the cancelled clinic. SystemOne terminology for this cancellation is “Cancelled by unit”.	

Clinic activity – Patients with booked appointments for a scheduled clinic	
KPI's: A13K01, A13K05, A13K09, A13K13 & A13K17	
The number of patients that had a booked appointment for either GP (Dr), Dental, Nurse Led, Substance Misuse or Mental Health clinics, during the reporting period.	
Data collection	Number of <i>patients with a booked appointment</i> for a scheduled clinic session during the reporting period; as this is the total number of booked appointments – subsequent cancellations, DNA's and patient “walk outs” should be included.

NB. For clarity – “called up” is the term used in the past HJIP guidance, this should be taken to mean the number of patients with a booked appointment, as differential working practices at locations mean that some patients are “called up” (e.g. summoned to attend) whilst other locations have a “free follow” arrangement in place.

Clinic activity – Patients actually seen	
KPI's: A13K02, A13K06, A13K10, A13K14 & A13K18	
The number of patients actually seen within GP (Dr), Dental, Nurse Led, Substance Misuse or Mental Health clinics, during the reporting period.	
Data collection	Number of <i>patients actually seen</i> within the relevant clinics, during the reporting period.

Clinic activity – Patient cancellations (excluding DNA's)	
KPI's: A13K03, A13K07, A13K11, A13K15 & A13K19	
The number of <i>patients that cancelled their scheduled appointment</i> within GP	

(Dr), Dental, Nurse Led, Substance Misuse or Mental Health clinics – excluding DNA's, during the reporting period.	
Data collection	Number of patients that cancelled their scheduled appointment within the relevant clinics, during the reporting period.

NB. If a patient advises a prison officer that they no longer require an appointment, this can be considered as a cancellation, rather than a DNA.

Escorts - Outpatient Appointments	
KPI: A14K01	
The number of patients requiring an outpatient appointment escort during the reporting period	
Data collection	The number of routine outpatient appointments scheduled during the reporting period, for which, an escort was provided

Escorts – Emergencies	
KPI: A14K02	
The number of patients requiring an emergency escort during the reporting period	
Data collection	The number of patients requiring an urgent/ emergency healthcare attendance during the reporting period, for which, an escort was provided

Escorts – Cancellations: Any reason	
KPI: A14K03	
The number of cancellations that resulted in an escort being reorganised for any reason	
Data collection	The number of cancellations, for any reason, that resulted in an escort being reorganised. This includes reorganisation due to the prioritisation of an emergency appointment over a routine appointment, court or legal visits, patient refusal, operational emergency (i.e. prison lockdown), healthcare or hospital operational emergency.

Visiting Consultant – Sessions provided	
KPI: A15K01	
The number of clinic sessions provided by a visiting consultant	
Data collection	The number of clinic sessions actually provided during the reporting period (one session covering, potentially, several patients)

Visiting Consultant – Patients with booked appointments for a scheduled clinic	
KPI: A15K02	
The number of patients with a booked appointment to be seen by a visiting consultant	
Data collection	The number of <i>patients with a booked appointment</i> for a scheduled visiting consultant clinic session during the reporting period; as this is the total number of booked appointments – subsequent cancellations, DNA's and patient “walk outs” should be included.

NB. For clarity – “called up” is the term used in the past HJIP guidance, this should be taken to mean the number of patients with a booked appointment, as differential working practices at locations mean that some patients are “called up” (e.g. summoned to attend) whilst other locations have a “free follow” arrangement in place.

Visiting Consultant – Patients actually seen	
KPI: A15K03	
The number of patients actually seen by a visiting consultant	
Data collection	The number of patients actually seen by a visiting consultant, during the reporting period

Visiting Consultant – Did Not Attend (DNAs)	
KPI: A15K04	
The % of patients that did not attend a scheduled appointment, of those with a booked appointment.	
Denominator:	Number of patients called up for scheduled visiting consultant clinic sessions during the reporting period
Numerator:	Number of patients that either A) did not attend and gave no advance warning or B) arrived late and could not be seen.

Telemedicine – Patients considered	
KPI: A16K01	
The number of patients that were considered for a referral to telemedicine during the reporting period	
Data collection	The number of patients with a code of Xaad4 (able to participate in telemedicine consultation), during the reporting Period.

Telemedicine – Patients referred	
KPI: A16K02	
The number of patients referred to telemedicine during the reporting period	
Data collection	The number of patients with a code of Y0e7a (referral to telehealth monitoring service), during the reporting period.

Telemedicine – Patients actually seen	
KPI: A16K03	
The number of patients actually seen by telemedicine service during the reporting period	
Data collection	The number of patients with a code of XaXcK (telemedicine consultation), during the reporting period.

### General Population Statistics

Indicator	KPI ID:	Data collection
Total Population	A18K01	Population at time of reporting (snap shot taken on the last working day)
New Receptions	A18K02	The total number of new receptions (excluding transfers in) received in the month
Transfers	A18K03	The total number of transfers received from another

		prison, IRC or Secure Training Centre in the month
Discharges	A18K04	The total number of discharges/ releases in the month
MH Population	A18K05	The total number of patients with a QoF MH read code (See Annex B)
LD Population	A18K06	The total number of patients with a QoF LD read code (See Annex B)
MH Remissions	A18K07	The total number of transfers received where the previous location was a Mental Health Secure Unit

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## Annex A – Literature & Subject Matter Guidance

### Non-cancer screening

#### Tuberculosis

- PHE, Tuberculosis in the UK: 2016 report  
<https://www.gov.uk/government/publications/tuberculosis-in-england-annual-report>
- National Partnership Agreement between: The National Offender Management Service, NHS England and Public Health England for the Co-Commissioning and Delivery of Healthcare Services in Prisons in England, 2015-2016  
<https://www.gov.uk/healthcare-for-offenders>
- PHE and NHS England, Collaborative Tuberculosis Strategy for England 2015 to 2020  
<https://www.gov.uk/government/publications/collaborative-tuberculosis-strategy-for-england>
- Tuberculosis in London: the importance of homelessness, problem drug use and prison. A Story, S Murad, W Roberts, M Verheyen, A C Hayward, for the London Tuberculosis Nurses Network  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2117290/>
- NICE, NG 33, Tuberculosis. Clinical diagnosis and management of tuberculosis, and measures for its prevention and control, January 2016  
<https://www.nice.org.uk/guidance/ng33>
- Public Health Outcomes Framework 2013-2016: Domain 4 Healthcare, public health, and preventing people from dying prematurely  
<https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>

#### Hepatitis B & Hepatitis C

- Guidance documents for opt-out BBV testing, 2014, PHE, NHS England & NOMS  
<https://www.gov.uk/government/publications/improving-testing-rates-for-blood-borne-viruses-in-prisons-and-other-secure-settings>
- NHS Outcomes Framework 2013-14: Domain one, Preventing People from Dying Prematurely  
<https://www.gov.uk/government/publications/nhs-outcomes-framework-2013-to-2014>

- Guidance for the prevention, testing, treatment & management of hepatitis C in primary care, 2007, RCGP  
<http://www.rcgp.org.uk/revalidation-and-cpd/~media/Files/SMAH/RCGP-Guidance-for-prevention-testing-treatment-and-management-of-hepatitis-C-in-primary-care-2007.ashx>

## HIV & Sexual Health

- Standards of Care for People Living with HIV, 2013, BHIVA  
<http://www.bhiva.org/standards-of-care-2013.aspx>
- National guidance on commissioning sexual health and blood borne virus services in prisons, 2011, BASHH  
<http://www.bashh.org/documents/3829.pdf>
- Public Health Outcomes Framework 2013-2016: Domain 4 Healthcare, public health, and preventing people from dying prematurely  
<https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>

## Communicable Disease Control

- Multi-agency contingency plan for the management of outbreaks of communicable diseases or other health protection incidents in prisons and other places of detention in England, 2013 (template Generic Prison Outbreak Plan 2013), PHE, NHSE and NOMS  
<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/PublicHealthInPrisonsTeam/Guidelines/>
- Prevention of infection and communicable disease control in prisons and places of detention, August 2011<sup>2</sup>, Health Protection Agency  
<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/PublicHealthInPrisonsTeam/Guidelines/>
- Measles: general information for patients in England  
<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/PublicHealthInPrisonsTeam/Guidelines/>

## Mental Health

- Department of Health, 2009, A Guide for the Management of Dual Diagnosis for Prisons  
[http://www.nta.nhs.uk/uploads/prisons\\_dual\\_diagnosis\\_final\\_2009.pdf](http://www.nta.nhs.uk/uploads/prisons_dual_diagnosis_final_2009.pdf)

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<sup>2</sup> The manual 'Prevention of infection and communicable disease control in prisons and places of detention' is currently being reviewed and will replace the 2011 version. (April 2016 – document not yet updated).

## Substance Misuse

- National Institute for Health & Clinical Excellence (2007a), Methadone & Buprenorphine Technology Appraisal  
<http://www.nice.org.uk/TA114>
- National Institute for Health & Clinical Excellence (2007b), Naltrexone  
<http://www.nice.org.uk/TA115>
- National Institute for Health & Clinical Excellence (2007c), Drug misuse: psychosocial interventions Clinical guidelines, CG51  
<http://www.nice.org.uk/CG51>
- AUDIT (Alcohol Use Disorders Identification Test)  
<http://www.alcohollearningcentre.org.uk/Topics/Browse/BriefAdvice/?parent=4444&child=4896>
- HM Government (2010). Drug Strategy 2010: Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life  
<http://www.homeoffice.gov.uk/drugs/drug-strategy-2010>

## Medicines Management

- NOMS, 2013, National Partnership Agreement Between: The National Offender Management Service, NHS England and Public Health England for the Co-Commissioning and Delivery of Healthcare Services in Prisons in England  
<http://www.justice.gov.uk/downloads/about/noms/work-with-partners/national-partnership-agreement-commissioning-delivery-healthcare-prisons2013.pdf>
- Royal College of General Practitioners, 2011, Safer Prescribing in Prisons: Guidance for clinicians  
[http://www.rcgp.org.uk/clinical-and-research/clinical-resources/~/\\_media/106D28C849364D4CB2CB5A75A4E0849F.ashx](http://www.rcgp.org.uk/clinical-and-research/clinical-resources/~/_media/106D28C849364D4CB2CB5A75A4E0849F.ashx)

## Oral Health

- A survey of prison dental services in England and Wales 2014, Public Health England, July 2014  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/328177/A\\_survey\\_of\\_prison\\_dental\\_services\\_in\\_England\\_and\\_Wales\\_2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/328177/A_survey_of_prison_dental_services_in_England_and_Wales_2014.pdf)

## Health Promotion in Prisons

- Prisons and Health, World Health Organization, 2014  
<http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/publications/2014/prisons-and-health>

- National Partnership Agreement between: The National Offender Management Service, NHS England and Public Health England for the Co-Commissioning and Delivery of Healthcare Services in Prisons in England, 2015-2016  
<https://www.gov.uk/healthcare-for-offenders>

## Service User Involvement

- Patient Voice:  
<http://www.patientvoices.org.uk/>

## Management of Long Term Conditions (QOF)

- British medical association guidance on the Quality Outcomes Framework (QoF)  
<http://bma.org.uk/practical-support-at-work/contracts/independent-contractors/qof-guidance>

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## Annex B – Mental Health & Learning Disability Coding

### Mental Health Read Codes

Name	Code	Name	Code
[X]Acute and transient psychotic disorder, unspecified	XE1ZS	Hypomania	X00SL
[X]Acute polymorphic psychot disord with symp of schizophren	Eu231	Hyposchemazia	X50GL
[X]Acute polymorphic psychot disord without symp of schizoph	XE1ZQ	Induced delusional disorder	Eu24.
[X]Bipol aff disord, curr epis sev depress, no psychot symp	Eu314	Involuntional paranoid state	Xa0ID
[X]Bipolar affect disorder cur epi manic with psychotic symp	Eu312	Late paraphrenia	Xa0tC
[X]Bipolar affect disorder cur epi manic wout psychotic symp	Eu311	Latent schizophrenia	E105.
[X]Bipolar affect disorder cur epi mild or moderate depressn	Eu313	Latent schizophrenia in remission	E1055
[X]Bipolar affective disorder, currently in remission	Eu317	Latent schizophrenia NOS	E105z
[X]Bipolar affective disorder, unspecified	Eu31z	Mania	X00SJ
[X]Mania with psychotic symptoms	XE1ZV	Manic disorder, single episode	XE1Xz
[X]Mania without psychotic symptoms	Eu301	Manic disorder, single episode NOS	E110z
[X]Manic episode, unspecified	XE1ZW	Manic stupor	X00SK
[X]Other acute and transient psychotic disorders	Eu23y	Mixed bipolar affective disorder	E116.
[X]Other acute predominantly delusional psychotic disorders	XE1ZR	Mixed bipolar affective disorder, in full remission	E1166
[X]Other bipolar affective disorders	XE1ZX	Mixed bipolar affective disorder, mild	E1161
[X]Other manic episodes	Eu30y	Mixed bipolar affective disorder, moderate	E1162
[X]Other persistent delusional disorders	XE1ZP	Mixed bipolar affective disorder, NOS	E116z
[X]Other schizoaffective disorders	Eu25y	Mixed bipolar affective disorder, partial/unspec remission	E1165
[X]Other schizophrenia	XE1ZM	Mixed bipolar affective disorder, severe, with psychosis	E1164
[X]Persistent delusional disorder, unspecified	Eu22z	Mixed bipolar affective disorder, severe, without psychosis	E1163
[X]Recurrent depress disorder cur epi severe with psyc symp	XE1Ze	Mixed bipolar affective disorder, unspecified	E1160
[X]Schizoaffective disorder, unspecified	Eu25z	Monosymptomatic hypochondriacal psychosis	Xa1aD
[X]Schizophrenia, unspecified	Eu20z	Morbid jealousy	1BC..
[X]Severe depressive episode with psychotic symptoms	XE1ZZ	Non-organic psychoses	E1...
[X]Undifferentiated schizophrenia	Eu203	Non-organic psychosis in remission	XaX52
Acute exacerbation of chronic catatonic schizophrenia	E1024	Non-organic psychosis NOS	XE1Y5
Acute exacerbation of chronic hebephrenic schizophrenia	E1014	Oneirophrenia	XaB8j
Acute exacerbation of chronic latent schizophrenia	E1054	Organic delusional disorder	E03y0
Acute exacerbation of chronic paranoid schizophrenia	E1034	Othello syndrome	Xa1bS
Acute exacerbation of chronic schizoaffective schizophrenia	E1074	Other affective psychosis NOS	E11zz

Acute exacerbation of chronic schizophrenia	E1004	Other and unspecified affective psychoses	E11z.
Acute exacerbation of subchronic catatonic schizophrenia	E1023	Other and unspecified manic-depressive psychoses	E11y.
Acute exacerbation of subchronic hebephrenic schizophrenia	E1013	Other and unspecified manic-depressive psychoses NOS	E11yz
Acute exacerbation of subchronic latent schizophrenia	E1053	Other manic-depressive psychoses	XaB95
Acute exacerbation of subchronic paranoid schizophrenia	E1033	Other mixed manic-depressive psychoses	E11y3
Acute exacerbation of subchronic schizophrenia	E1003	Other non-organic psychoses	XE1Y3
Acute exacerbation subchronic schizoaffective schizophrenia	E1073	Other paranoid states	E12y.
Acute paranoid reaction	XE1Y4	Other paranoid states NOS	E12yz
Acute polymorphic psychotic disorder	XM1GH	Other reactive psychoses	E13y.
Acute schizophrenia-like psychotic disorder	Xa0s9	Other reactive psychoses NOS	E13yz
Acute schizophrenic episode	XE1Xw	Other schizophrenia	XE1Xx
Acute transient psychotic disorder	X00SC	Other schizophrenia NOS	E10yz
Atypical manic disorder	E11y1	Other specified non-organic psychoses	E1y..
Atypical schizophrenia	E10y0	Paranoia querulans	E12y0
Bipolar affect disord, currently manic, severe, no psychosis	E1143	Paranoid disorder	E12..
Bipolar affect disord, currently manic, severe with psychosis	E1144	Paranoid psychosis NOS	E12z.
Bipolar affect disord, now depressed, part/unspec remission	E1155	Paranoid schizophrenia	E103.
Bipolar affect disord, now depressed, severe with psychosis	E1154	Paranoid schizophrenia in remission	E1035
Bipolar affect disord, now depressed, severe, no psychosis	E1153	Paranoid schizophrenia NOS	E103z
Bipolar affect disord, currently manic, part/unspec remission	E1145	Paranoid state in remission	XaX51
Bipolar affective disorder , current episode mixed	Eu316	Paranoid-hallucinatory epileptic psychosis	Xa0s8
Bipolar affective disorder, current episode depression	E115.	Paraphrenia	E122.
Bipolar affective disorder, current episode hypomanic	Eu310	Persistent delusional disorder	X00SA
Bipolar affective disorder, current episode manic	E114.	Post-schizophrenic depression	X00S8
Bipolar affective disorder, currently depressed, mild	E1151	Psychogenic paranoid psychosis	E134.
Bipolar affective disorder, currently depressed, moderate	E1152	Psychogenic stupor	E13y0
Bipolar affective disorder, currently depressed, NOS	E115z	Psychotic disorder	X00S6
Bipolar affective disorder, currently depressed, unspecified	E1150	Psychotic episode NOS	X00Qx
Bipolar affective disorder, currently manic, full remission	E1146	Reactive confusion	E132.
Bipolar affective disorder, currently manic, mild	E1141	Reactive depressive psychosis	E130.
Bipolar affective disorder, currently manic, moderate	E1142	Reactive psychoses	X00Qy
Bipolar affective disorder, currently manic, NOS	E114z	Recurr major depress ep, severe with psych, psych in remissn	XaX54
Bipolar affective disorder, currently manic, unspecified	E1140	Recurrent major depressive episodes, severe, with psychosis	E1134

Bipolar affective disorder, now depressed, in full remission	E1156	Recurrent manic episode NOS	E111z
Bipolar disorder	X00SM	Recurrent manic episodes	E111.
Bipolar I disorder	XaY1Y	Recurrent manic episodes, in full remission	E1116
Bipolar II disorder	X00SN	Recurrent manic episodes, mild	E1111
Borderline schizophrenia	XM1GG	Recurrent manic episodes, moderate	E1112
Bouffee delirante	XaB5u	Recurrent manic episodes, partial or unspecified remission	E1115
Brief reactive psychosis	E13y1	Recurrent manic episodes, severe without mention psychosis	E1113
Catatonic schizophrenia	E102.	Recurrent manic episodes, severe, with psychosis	E1114
Catatonic schizophrenia in remission	E1025	Recurrent manic episodes, unspecified	E1110
Catatonic schizophrenia NOS	E102z	Residual schizophrenia	E106.
Cenesthopathic schizophrenia	E10y1	Schizoaffective disorder	Eu25.
Chronic catatonic schizophrenia	E1022	Schizoaffective disorder, depressive type	XE2un
Chronic hebephrenic schizophrenia	E1012	Schizoaffective disorder, manic type	XE2uT
Chronic latent schizophrenia	E1052	Schizoaffective disorder, mixed type	XE2b8
Chronic paranoid psychosis	XE1Y2	Schizoaffective schizophrenia	E107.
Chronic paranoid schizophrenia	E1032	Schizoaffective schizophrenia in remission	E1075
Chronic schizoaffective schizophrenia	E1072	Schizoaffective schizophrenia NOS	E107z
Chronic schizophrenic	E1002	Schizophrenia	Eu20.
Cotard syndrome	XSKr7	Schizophrenia in remission	E1005
Cutaneous monosymptomatic delusional psychosis	X50GE	Schizophrenia NOS	E10z.
Cycloid psychosis	XaB5v	Schizophrenic disorders	E10..
Delusion of foul odour	X50GH	Schizophrenic prodrome	X761M
Delusional disorder	XE1Z0	Schizophreniform disorder	X00SD
Delusional dysmorphophobia	Xa0IF	Schizotypal personality disorder	E2122
Delusional hyperhidrosis	X50GJ	Severe major depression with psychotic features	XSGon
Delusional misidentification syndrome	X75z7	Shared paranoid disorder	E123.
Delusions of infestation	X50GG	Simple paranoid state	E120.
Delusions of parasitosis	X50GF	Simple schizophrenia	E100.
Epileptic psychosis	X00RU	Simple schizophrenia NOS	E100z
Erotomania	Xa1aF	Single major depress ep, severe with psych, psych in remissn	XaX53
Hebephrenic schizophrenia	E101.	Single major depressive episode, severe, with psychosis	E1124
Hebephrenic schizophrenia in remission	E1015	Single manic episode in full remission	E1106
Hebephrenic schizophrenia NOS	E101z	Single manic episode in partial or unspecified remission	E1105
Hyperschemazia	X50GK	Single manic episode, mild	E1101
Single manic episode, moderate	E1102	Unspecified bipolar affective disorder, mild	E1171
Single manic episode, severe without mention of psychosis	E1103	Unspecified bipolar affective disorder, moderate	E1172
Single manic episode, severe, with psychosis	E1104	Unspecified bipolar affective disorder, NOS	E117z
Single manic episode, unspecified	E1100	Unspecified bipolar affective disorder, severe, no psychosis	E1173
Subchronic catatonic schizophrenia	E1021	Unspecified bipolar affective disorder, unspecified	E1170

Subchronic hebephrenic schizophrenia	E1011	Unspecified bipolar affective disorder, severe with psychosis	E1174
Subchronic latent schizophrenia	E1051	Unspecified catatonic schizophrenia	E1020
Subchronic paranoid schizophrenia	E1031	Unspecified hebephrenic schizophrenia	E1010
Subchronic schizoaffective schizophrenia	E1071	Unspecified latent schizophrenia	E1050
Subchronic schizophrenia	E1001	Unspecified manic-depressive psychoses	E11y0
Unspecified affective psychoses NOS	E11z0	Unspecified paranoid schizophrenia	E1030
Unspecified bipolar affect disord, partial/unspec remission	E1175	Unspecified schizoaffective schizophrenia	E1070
Unspecified bipolar affective disorder	E117.	Unspecified schizophrenia	E1000
Unspecified bipolar affective disorder, in full remission	E1176		

## Learning Disability

Name	Code	Name	Code
[X]Developmental disorder of scholastic skills, unspecified	Eu81z	[X]Unsp mental retardation without mention impairment behav	Eu7zz
[X]Mild mental retardation without mention impairment behav	Eu70z	[X]Unsp mentl retard sig impairment behav req attent/treatmt	Eu7z1
[X]Mild mental retardation, other impairments of behaviour	Eu70y	[X]Unspecified mental retardation	XE1a2
[X]Mld mental retard sig impairment behav req attent/treatmt	Eu701	[X]Unspecified mental retardatn, other impairments of behav	Eu7zy
[X]Mld mental retard with statement no or min impair behav	Eu700	Borderline mental retardation	Xa1aW
[X]Mod mental retard sig impairment behav req attent/treatmt	Eu711	Educationally subnormal	Xa0ER
[X]Mod mental retard with statement no or min impair behav	Eu710	Mental retardation	E3...
[X]Mod mental retardation without mention impairment behav	Eu71z	Mental retardation NOS	E3z..
[X]Mod retard oth behav impair	Eu71y	Mild learning disability	XaREt
[X]Oth mental retard sig impairment behav req attent/treatmt	Eu7y1	Mild mental retardation, IQ in range 50-70	XE2a3
[X]Oth mental retard with statement no or min impair behav	Eu7y0	Moderate learning disability	XaQZ3
[X]Other mental retardation	Eu7y.	Moderate mental retardation, IQ in range 35-49	E310.
[X]Other mental retardation without mention impairment behav	Eu7yz	On learning disability register	XaKYb
[X]Other mental retardation, other impairments of behaviour	Eu7yy	Other specified mental retardation	E31..
[X]Prfnd mental retardation without mention impairment behav	Eu73z	Other specified mental retardation NOS	E31z.
[X]Profound ment retard sig impairmt behav req attent/treat	Eu731	Profound learning disability	XaREu
[X]Profound ment retrd wth statement no or min impair behav	Eu730	Profound mental retardation with IQ less than 20	E312.
[X]Profound mental retardation, other impairments of behavr	Eu73y	Severe learning disability	XaQZ4
[X]Sev mental retard sig impairment behav req attent/treatmt	Eu721	Severe mental retardation, IQ in range 20-34	E311.
[X]Sev mental retard with statement no or min impair behav	Eu720	Severely educationally subnormal	Xa3HI
[X]Sev mental retardation without mention impairment behav	Eu72z	Significant learning disability	Xabk1

[X]Severe mental retardation, other impairments of behaviour	Eu72y	Specific learning disability	XaaIS
[X]Unsp mental retard with statement no or min impairm behav	Eu7z0		

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