Guidance

Thank you for downloading or requesting a copy of our consultation response form. Please note that this response form accompanies the draft Emergency Care Data Set which should be read in full before completing.

The main consultation document can be accessed on the HSCIC consultation hub website here.

If you have downloaded this document, please print a copy and complete before returning to us at the address below.

If you would prefer to complete the consultation online please go straight to our online survey here.

How to respond

Please post your responses to:

Aaron Haile, Information Systems Project Manager, Royal College of Emergency Medicine, 7-9 Breams Buildings, London, EC4A 1DT.

Closing date: 6th July 2015

Consultation Events

Please see below for information relating to the stakeholder consultation events.

18th June, Leeds

26th June, London

7th July, Emergency Department Information System (EDIS) suppliers.

To book a place please email Aaron.Haile@rcem.ac.uk
**Required Questions**

There are a total of 30 questions to answer.

Please provide your name and email.

Required questions: 3-8 and 28-30

For further information or if you have any queries please contact the Project Manager, Aaron Haile at Aaron.Haile@rcem.ac.uk.
Questions

1. What is your name?


2. What is your email address?


3. Are you responding to this consultation as an individual or on behalf of an organisation?

   □ Individual
   □ Organisation

   If you are responding as an individual we would like to understand your particular interest in this data set. Please specify below:


4. If applicable, please tell us what type of organisation you work for - tick all that apply:

   □ Acute Provider
   □ Ambulance Provider
   □ Commissioner (includes CCG’s and CSU’s)
5. Do you believe there is a need to introduce a new data set to capture and represent the full extent and detail of emergency department activity?

☐ Yes
☐ No

Reason
6. There are a number of benefits which could be achieved by introducing a new Emergency Care Data Set in England. These include but are not limited to:

- Improved quality of data collected in Emergency Departments relating to patient presentation, diagnosis, discharge and follow up.
- The information generated will allow commissioners to accurately fund demand, and implement strategic changes, e.g. through payment and CQUIN mechanisms.
- Support for future healthcare policy and strategy development to ensure an improved quality of patient care.
- Improved capacity for clinical audit and research, including effective comparison between different Emergency Departments.

Are there any other benefits which you feel the introduction of a new data set for emergency care could bring about?

☐ Yes
☐ No

Reason

7. There are a number of risks and challenges that may impact on the development and implementation of a new Emergency Care Data Set in England. These include but are not limited to:

- Increased burden on NHS staff (administration and clinical) who enter emergency care data.
- The challenge of engaging with multiple Emergency Department information system suppliers to ensure that all Emergency Departments are able to collect the required information.
- The cost of making the change, and ensuring it is universally implemented.
Are there any other risk and challenges which you feel may impact on the introduction of a new data set for emergency care?

☐ Yes
☐ No

Reason

8. Are you aware of any problems or barriers that are likely to impact on the successful implementation of the proposed ECDS in Emergency Departments in England?

☐ Yes
☐ No

Reason
a) The data set introduces a number of new data items; these are detailed in the draft data set. Each of these new data items is listed below. Please state whether you support their inclusion or not, and the reason for your response.

9. **Person_Residence_Type** — The type of residence where the patient normally resides (Item number 1.1.13, page 21). Do you support the inclusion of this data item?

   □ Yes
   □ No

   Reason

10. **Person_Residence_LSOA** — Lower Super Output Area of patients current place of residence (Item number 1.1.14, page 23). Do you support the inclusion of this data item?

   □ Yes
   □ No

   Reason
11. **Person_Email** – Patients email address (Item number 1.1.17, page 26).
Do you support the inclusion of this data item?

☐ Yes
☐ No

Reason

12. **Person_Comorbidities** – If the person has one of more of the NHS list of medical co-morbidities (Item number 1.1.30, page 43). Do you support the inclusion of this data item?

☐ Yes
☐ No

Reason

13. **Person_Current_Meds** – The list of current medications from the Summary Care Record (Item number 1.1.31, page 44). Do you support the inclusion of this data item?

☐ Yes
☐ No
14. *EmCare_Arrive_Referred* – The source from which the patient was referred to the Emergency Department (Item number 1.2.8, page 53). Do you support the inclusion of this data item?

☐ Yes  
☐ No

15. *EmCare_Arrive_Transfer_Source* – ODS code of the healthcare facility from which the patient has been transferred (Item number 1.2.9, page 55). Do you support the inclusion of this data item?

☐ Yes  
☐ No
16. EmCare_CPR_Chk – Has the child protection register been checked in respect of this attendance? (Item number 1.2.11, page 57). Do you support the inclusion of this data item?

☐ Yes
☐ No

Reason

17. EmCare_SCR_Chk – Has the GP record or NHS Summary Care Record been seen by the treating clinician? (Item number 1.2.12, page 58). Do you support the inclusion of this data item?

☐ Yes
☐ No
18. **EmCare_RefOpinion_DateTime** – The time the patient was first referred to an inpatient service for an opinion. (Item number 1.2.14, page 61). Do you support the inclusion of this data item?

☐ Yes  
☐ No

19. **EmCare_Referred_Service** – The service to which the patient was first referred for admission or opinion by the treating clinician. (Item number 1.2.16, page 63). Do you support the inclusion of this data item?

☐ Yes  
☐ No
20. EmCare_Dischage_GP_Letter – Has the GP letter been printed and given to the patient? (Item number 1.5.5, page 106). Do you support the inclusion of this data item?

☐ Yes
☐ No

Reason

21. EmCare_Transfer_Destination – ODS code of the destination organisation (Item number 1.5.7, page 109). Do you support the inclusion of this data item?

☐ Yes
☐ No
22. EmCare_Clinician_Type – The type/grade of the treating clinician. (Item number 1.6.2, page 112). Do you support the inclusion of this data item?

☐ Yes
☐ No

23. EmCare_Doc_Review – GMC number of up to three middle grade/senior doctors who have treated the patient or reviewed the patient’s treatment plan. (Item number 1.6.3, page 114).

☐ Yes
☐ No
24. EmCare_Doc_Review_Type – The type/grade of the most senior doctor who has reviewed the patient's treatment. (Item number 1.6.4, page 115). Do you support the inclusion of this data item?

☐ Yes
☐ No

Reason

25. Section 1.3 (pg. 69) refers to data items captured under ‘Clinical Information’. This category includes proposed methods to capture patient presentation, chief complaint, diagnosis and investigation/treatment data. Please state whether you support the proposals or not, and the reason for your response.

a) EmCare_Presentation_Acuity – the acuity of the patient on first assessment in the ED (Item number 1.3.1, page 70).

☐ Yes
☐ No
b) EmCare_Presenation_ChiefComplaint – The nature of the patient’s chief complaint as assessed by the clinician first assessing the patient (Item number 1.3.2, page 73).

☐ Yes
☐ No

c) EmCare_Clinical_Narrative – Text description of the patient's reason for attendance, diagnostic and treatment process and recommendations for further management and follow up (Item number 1.3.3, page 79).

☐ Yes
☐ No

d) EmCare_Diagnosis – Diagnosis of the patient in order of their relevance to the emergency presentation (Item number 1.3.4, page 80).

☐ Yes
☐ No

e) Diagnosis Modifier Code set (Item number 1.3.4, page 80).

☐ Yes
☐ No

f) EmCare_Invest_Treat – Investigations and Treatments performed in the Emergency Department (Item number 1.3.5, page 82).

☐ Yes
☐ No

Reasons for your responses:
26. Section 1.4 (page 85) refers to data items captured under ‘Patient Injury’. This category proposes a new way to record injury related data. Please state whether you support the proposals or not, and the reasons for your response.

a) EmCare_Inj_DateTime – The date/time that the injury occurred (Item number 1.4.1, page 86).
   - [ ] Yes
   - [ ] No

b) EmCare_Inj_Place_LatLong – The latitude and longitude of the exact place at which the injury occurred. (Item number 1.4.2, page 87).
   - [ ] Yes
   - [ ] No

c) EmCare_Inj_Place_Exact – A description of the exact locality at which the injury occurred. (Item number 1.4.3, page 88).
   - [ ] Yes
   - [ ] No

d) EmCare_Inj_Place_Type – The type of location at which the person was present when the injury occurred. (Item number 1.4.4, page 89).
   - [ ] Yes
   - [ ] No
e) EmCare_Inj_Activity – The type of activity being undertaken by the person at the moment the injury occurred. (Item number 1.4.5, page 91).

☐ Yes
☐ No

f) EmCare_Inj_Mechanism – How the injury was caused. (Item number 1.4.6, page 94).

☐ Yes
☐ No

Reasons for your response:

27. In your view, which areas or items in the Emergency Care Data Set (ECDS) require further refinement or consideration?

a) Are there any data items that you would like to see added?

☐ Yes
☐ No

b) Are there any data items that you would like to see removed?

☐ Yes
☐ No

c) Are there any data items that you would like to see modified or refined?

☐ Yes
☐ No

Reasons for your response:
28. Are there any other areas of work, individuals or organisations that you feel should be consulted regarding this project? Please include contact details below.

☐ Yes
☐ No

Reasons for your response:

29. Would you like to receive further information about the project as it progresses?

☐ Yes
☐ No

30. Would you be interested in attending a stakeholder consultation event to discuss the data set with the project team?

☐ Yes – Leeds, 18th June
☐ Yes – London, 26th June
☐ Yes – EDIS vendor event, 7th July
☐ No