

# SCCI0084: OPCS-4.8 Change Paper

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This information standard (SCCI0084) has been approved for publication by the Department of Health under [section 250 of the Health and Social Care Act 2012](#).

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Standardisation Committee for Care Information (SCCI), a sub-group of the National Information Board.

This information standard comprises the following documents:

- Requirements Specification
- Change Paper
- Implementation Guidance.

An Information Standards Notice (SCCI0084 Amd 105/2015) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled versions of these documents can be found on the [NHS Digital website](#). Any copies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

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## Glossary of Terms

<b>Term / Abbreviation</b>	<b>What it stands for</b>
CCS	Clinical Classifications Service, part of NHS Digital
CDS	Commissioning Data Sets
DH	Department of Health
DSV	Delimiter Separated Values (DSV) format
HSCIC	The Health and Social Care Information Centre
HRG	Healthcare Resource Groups
ICD-10	International Statistical Classification of Diseases and Related Health Problems - Tenth Revision
ISO 9001: 2008	An internationally recognised standard for the quality management of businesses
NCO	National Casemix Office, part of NHS Digital
NHS Digital	Provides national information, data and IT systems for health and care services, previously HSCIC
National Tariff Payment System	A set of prices and rules to help local NHS providers and commissioners provide best value to their patients produced by NHS Improvement and NHS England.
OPCS-4	The OPCS Classification of Interventions and Procedures - Version 4
PDF	Portable Document Format
SCCI	Standardisation Committee for Care Information
SNOMED CT	Systematized Nomenclature of Medicine Clinical Terms
SUS	Secondary Uses Service
TRUD	Technology Reference data Update Distribution Service
WHO	World Health Organisation
XML	Extensible Markup Language

# Contents

<b>1</b>	<b>Introduction</b>	<b>5</b>
<b>2</b>	<b>Summary of the standard</b>	<b>5</b>
2.1	Related documents	6
2.2	Supporting documents	6
2.3	Related Standards	6
<b>3</b>	<b>Background</b>	<b>7</b>
3.1	Regular updates to classifications	7
3.2	Strategic fit and business justification	8
3.3	Other use cases	9
<b>4</b>	<b>Details of the standard</b>	<b>9</b>
<b>5</b>	<b>Concept of Operation</b>	<b>10</b>
5.1	Out of scope	10
5.2	Data Sets (excluding Commissioning Data Sets)	11
5.3	Training and education	11
5.4	National Clinical Coding Qualification (UK)	12
<b>6</b>	<b>Change to the standard</b>	<b>12</b>
6.1	Volume of changes	13
<b>7</b>	<b>OPCS-4.8 Data files and format</b>	<b>13</b>
<b>8</b>	<b>Tables of Equivalence</b>	<b>13</b>
<b>9</b>	<b>Development and testing of data files</b>	<b>14</b>
9.1	Distribution of data files	14
<b>10</b>	<b>Costs</b>	<b>14</b>
<b>11</b>	<b>Mapping from terminologies to classifications</b>	<b>14</b>
<b>12</b>	<b>Data Quality</b>	<b>15</b>
<b>13</b>	<b>Clinical Safety</b>	<b>15</b>
<b>14</b>	<b>Change implementation plan</b>	<b>16</b>
<b>15</b>	<b>Contacts</b>	<b>17</b>

# 1 Introduction

This document describes a change to the existing information standard: OPCS Classification of Interventions and Procedures, Version 4.7, also known as OPCS-4.7

The update to the standard is a continuance of the regular review and uplift of OPCS-4 in line with the recommended best practice of keeping clinical classifications aligned with advances in health care.

The NHS Digital Clinical Classifications Service (CCS) has responsibility for the support, maintenance, development and licensing of OPCS-4 which is subject to Crown Copyright.

This document is part of the single stage submission to the Standardisation Committee for Care Information (SCCI) with regard to the update to create OPCS-4.8 for NHS implementation on 1 April 2017.

## 2 Summary of the standard

Standard	
SCCI unique identifier	SCCI0084 Amd 105/2015
Title	OPCS Classification of Interventions and Procedures Version 4.8
Description	<p>OPCS-4 is a Fundamental Information Standard, mandated for use by health care providers. It is used to classify hospital interventions and surgical procedures to support various data collection for operational and secondary uses.</p> <p>The classification comprises a list of alphanumeric codes organised into mainly anatomically based chapters. It is published as a book set (Tabular List and Index) by The Stationery Office (TSO) and is also available to download as an eVersion.</p>
Applies to	<p>All Health Care Providers that are required to submit data on interventions and procedures for:</p> <ul style="list-style-type: none"> <li>• Admitted Patient Care Commissioning Data Sets (CDS)</li> <li>• Central Returns for secondary uses</li> <li>• Other data collections as defined in the NHS Data Model and Dictionary.</li> </ul> <p>Implementation of the change to this information standard impacts all health IT systems suppliers providing systems to the above providers; such providers should work with their suppliers to determine necessary changes.</p>
Release	
Release title	OPCS Classification of Interventions and Procedures Version 4.8 (OPCS-4.8)

Description	OPCS-4.8 contains updates released by the NHS Digital Clinical Classifications Service and contains updates submitted by the NHS, NHS Digital, DH, NHS England and other organisations via the OPCS-4 Requests Portal.
Implementation Completion date	1 April 2017

## 2.1 Related documents

Ref #	Title
1	<a href="#">Advance Notification</a>
2	<a href="#">OPCS-4.8 Information Standards Notice</a>
3	<a href="#">OPCS-4.8 NHS Data Model and Dictionary Change Request 1577</a>
4	<a href="#">OPCS-4.8 - Implementation Guidance</a>
5	<a href="#">OPCS-4.8 – Requirements Specification</a>
6	<a href="#">Summary of Changes from OPCS-4.7 to OPCS-4.8</a>

## 2.2 Supporting documents

Ref #	Title
1	<a href="#">OPCS-4.8 Metadata Files Technical Specification</a>
2	<a href="#">National Clinical Coding Standards – OPCS-4.8 reference book</a>

## 2.3 Related Standards

Ref #	Reference	Title
1	<a href="#">SCCI0021 Amd 10/2014</a>	ICD-10 5th Edition
2	<a href="#">ISB 0034 Amd 26/2006</a>	SNOMED CT
3	<a href="#">SCCI0034 Amd 35/2016</a> Publication planned for November 2016, subject to the necessary approvals.	SNOMED CT
4	<a href="#">SCCI0160</a>	Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems
5	<a href="#">SCCI0129</a>	Clinical Risk Management: its Application in the Manufacture of Health IT Systems

## 3 Background

The OPCS-4 is a classification of surgical procedures and interventions. OPCS-4, along with ICD-10, is the UK standard for the coding of admitted patient care clinical data and, taken together, their use is fundamental to the production of statistical data by the four national administrations in England, Wales, Scotland and Northern Ireland.

This fundamental NHS Information Standard is maintained and published by the Clinical Classifications Service.

OPCS-4 enables interventions and surgical procedures performed on patients to be coded consistently for use in analyses. When OPCS-4 codes are linked to other data items, such as procedure date, commissioner and provider of health care services, diagnoses via ICD-10, consultant code and patient's postcode, they become a powerful tool for managing and improving the care of persons and populations. Listed below are just a few of the applications:

- National reporting requirements as specified in the NHS Data Model and Dictionary, for example the Admitted Patient Commissioning Data Set (CDS)
- Epidemiology/public health
- Clinical governance
- Commissioning/reimbursement/Healthcare Resource Groups
- Clinical audit
- Performance improvement
- Operational and strategic planning for health care delivery.

The OPCS-4 is used by NHS suppliers to build/update software to support NHS business functions and interoperability.

### 3.1 Regular updates to classifications

It is vital that classifications are updated regularly to reflect changes to clinical practice so that users of the data have access to new procedures as well as established procedures.

In 2011 the Payment by Results Programme Board approved a three year release update cycle to ensure the classification kept pace with clinical practice whilst maintaining stability to support statistical analyses.

The table below lists the OPCS-4 versions and the financial year in which they were mandated for use:

Financial Year	Version of OPCS-4
Up to 31 March 2006	OPCS-4.2
1 April 2006 - 31 March 2007	OPCS-4.3
1 April 2007 - 31 March 2009	OPCS-4.4
1 April 2009 - 31 March 2011	OPCS-4.5

Financial Year	Version of OPCS-4
1 April 2011 – 31 March 2014	OPCS-4.6
1 April 2014 – 31 March 2017	OPCS-4.7
1 April 2017 – until further notice	OPCS-4.8
1 April 2020*	OPCS-4.9

\*subject to approval

Predecessors of OPCS-4 go as far back as 1944 when the Medical Research Council published a classification of surgical operations.

## 3.2 Strategic fit and business justification

In England the OPCS-4 classification is an approved NHS Fundamental Information Standard for mandatory use by healthcare providers. The requirement to provide classification data for admitted patient care is mandatory and part of the NHS contracts.

### 3.2.1 NHS Digital National Casemix Office (NCO)

The NCO uses OPCS-4 (and ICD-10) in the design of Healthcare Resource Groups (HRGs). The [National Casemix Office Design Framework 2012-2017](#) shows that Classifications, and specifically OPCS-4, continues to be the backbone of HRGs.

However, OPCS-4 needs to continue to evolve so that HRGs can reflect:

- surgery that utilises new devices and innovative clinical approaches and procedures
- multiple procedures undertaken at the same time
- more complex care.

### 3.2.2 National Tariff Payment System

NHS Improvement and NHS England use the National Tariff to set national prices and to establish the rules that commissioners and providers must use to agree locally determined prices. The National Tariff uses Healthcare Resource Groups (HRGs) which are based on the Classifications – OPCS-4 and ICD-10.

The [2016-17 national tariff proposals: currency design and relative prices](#) - final document, page 6, section 8, states “The national tariff covers £72 billion of healthcare spend, through national prices – which account for £31 billion – and rules governing locally determined prices. It seeks to reimburse providers of healthcare services for efficiently incurred costs and to incentivise desired behaviour (such as adoption of clinical best practice). It also provides crucial information on the efficient costs of providing services that can be used to improve commissioning choices and service delivery.”

OPCS-4 and ICD-10 underpin the National Tariff. Both classifications need to be kept up to date to reflect clinical practice and to satisfy the requirements articulated in government policy.

## 3.3 Other use cases

Some of the other initiatives that use OPCS-4 are outlined below:

- The Information Standard is used across the UK for submissions of aggregated information to national database collections for statistical and epidemiological analyses. OPCS-4 is a vital component of national datasets such as Hospital Episodes Statistics (HES) in England, Patient Episode Data for Wales (PEDW), Scottish Morbidity Records (SMR).
- The Information Standard is used by the Department of Health as part of the public scrutiny of NHS services.
- It is used to audit or assess NHS organisations on an ongoing basis by NHS Improvement and the Care Quality Commission.

## 4 Details of the standard

OPCS-4 is used to classify hospital interventions and surgical procedures to support various data collection for operational and secondary uses. It permits the systematic analysis, interpretation, and comparison of interventions and procedures performed in the NHS.

It is mandatory for Admitted Patient Care Commissioning Data Sets (CDS).

The classification comprises a list of alphanumeric codes within mainly anatomically based chapters, most of which relate to the whole or part of a body system. Each chapter is designated alphabetically e.g. Chapter A covers the nervous system and Chapter K is assigned to the heart. The alphabetic character for each chapter forms the prefix of the 3 and 4 character codes within it.

Capacity issues mean that the hierarchical body system structure is no longer enforceable, so strict use of the Alphabetical Index and Tabular List notes is imperative to ensure accuracy.

New 3-character categories are placed within chapter ranges, and 4-character codes are added to existing categories where space allows. Alternatively, new codes are placed at the end of the specific body system chapter. For example, categories H01 to H03 are operations on the appendix, whereas category H04 relates to operations on the colon and rectum. Therefore, if there is a requirement for a specific operation on the appendix to be included in OPCS-4, and no room exists within the categories (H01-H03), the code will be placed in the most suitable available space, typically at the end of the chapter.

There are also instances where an existing full category needs extension. In such cases, and dependent on the chapter capacity, an extended category has been added within the chapter. These categories are referred to as principal category or extended category, and are identified by an accompanying note to ease navigation.

OPCS-4 is published as a two volume set:

- Volume I is the Tabular list, comprising a descriptive classification of interventions and procedures
- Volume II contains Alphabetical Indices of interventions and procedures

It is also published as an eVersion.

Electronic data files are issued to support implementation in systems – see section 7.

## 5 Concept of Operation

The standard for OPCS-4 turns textual statements about a patient's treatment into classification codes, for example, unspecified emergency appendicectomy is coded to H01.9.

Implementers, such as system suppliers contracted by trusts or trust in-house IT support services, download the OPCS-4 Codes and Titles and Metadata files from the [Technology Reference data Update Distribution \(TRUD\) Service](#).

The OPCS-4 files are installed on patient administration systems or other hospital information systems. They are used to validate the codes assigned by clinical coders to the procedures and interventions documented in the patient medical record by a clinician. The clinical coders work from paperback copies of the classifications, eVersions or commercial encoders. They interrogate various modules of the Electronic Patient Record system or use paper case notes to access the relevant patient information. The coded information is stored in hospital Information systems and is extracted, as part of the Commissioning Data Set, at regular intervals and submitted to the Secondary Uses Service.

More information about the processing of Hospital Episode Statistics (HES) which includes OPCS-4 and ICD-10 data can be found [here](#).

Clinical coders are trained to assign OPCS-4 codes according to the rules of the classification and national clinical coding standards.

OPCS-4 may also be used by other staff depending on local operational requirements.

Where there are SNOMED CT enabled electronic patient record systems in place, operations will be captured in SNOMED CT and mapped to OPCS-4. See section 11: Cross-mapping from terminologies to classifications.

Data analysts and financial accountants within trusts, the National Casemix Office, Department of Health (DH) performance analysts/statisticians, Public Health England and audit organisations use the codes to support operational and strategic planning, epidemiology, performance indicators, health care commissioning and producing various statistical outputs. Clinicians may use the codes to support medical audit and research.

The OPCS-4 Tables of Coding Equivalences (ToCE), supplied via TRUD, provide analysts with a guide to the codes that should have been used for interventions and procedures in previous versions. The vast majority of codes are not affected by the new updates.

Each maintenance release is supported by updated electronic OPCS-4 data files, updated books, eVersion, clinical coding standards, and implementation guidance. Classroom training is provided, if warranted, by the degree of change.

Trusts, their system suppliers and staff, are familiar with the change process, having implemented regular updates since 2006.

### 5.1 Out of scope

The following are items outside the scope of this standard:

- Conditions recorded by the International Statistical Classification of Diseases and Related Health Problems – Tenth Revision, known as ICD-10.
- Point of care recording systems – OPCS-4 is not intended or designed for point of care recording by a clinician. It is a statistical tool that requires adherence to and application of specified definitions and rules to enable accurate, consistent and comprehensive capture of data for secondary purposes. SNOMED CT enabled electronic health records incorporate national maps to the classifications to support the derivation of classification data for secondary use purposes.
- Mappings - these provide the link from the SNOMED CT terminology (used for point of care recording by clinicians) to OPCS-4.
- Administrative or demographic data.
- Procedures typically undertaken in General Practice for example prescribing, practice administration, General Medical Services (GMS) or Personal Medical Services (PMS) contracts.
- Allied Healthcare Professions activities.
- Healthcare Resource Groups (HRGs) - these are standard groupings of clinically similar treatment which use common levels of healthcare resource. They are used as the unit of currency to determine fair and equitable reimbursement for care services delivered by providers. The NHS Digital National Casemix Office is responsible for the mapping of OPCS-4 codes to HRGs for use in associated groupers. The OPCS-4 update will be incorporated into HRGs to ensure the codes are accepted in the grouper(s) to be used from April 2017 onwards.

## 5.2 Data Sets (excluding Commissioning Data Sets)

Where OPCS-4 is used in data sets, for example, cancer and radiotherapy, OPCS-4.8 - the mandated version - must be used from 1 April 2017.

Important Note: Updates to the classifications and coding standards are implemented at the start of the fiscal year, i.e. 1 April, rather than potentially taking place at any point throughout the fiscal year, for example, 1 January. Having a regular fixed point for changes enables analysts to extract meaningful statistics for local/national purposes, including time series data and the NHS payment system data.

## 5.3 Training and education

The benefits to be gained from the OPCS-4 updates depend upon:

- clear, concise and accurate clinical information provided within current source documentation for the episode of care
- accurate, consistent and complete application of the classification to reflect the procedures detailed in the clinical record.

Health care providers need to ensure that those staff groups affected by the updates are aware of the OPCS-4 implementation and the mandatory requirement for all consultant episodes and day cases that finish on or after 1 April 2017 to be recorded to OPCS-4.8.

Those responsible for clinical coding in trusts are encouraged to arrange awareness sessions. Targeted training sessions benefit those groups of staff and specialties most impacted by the updates. This includes clinical, information, finance and other staff groups

that provide information (in the case of clinicians) or use the data to support mandatory data collections as well as local service planning and patient care delivery.

To facilitate awareness sessions, local teams need to develop materials for their staff groups. To support this activity, the Clinical Classifications Service has developed the summary of changes, key learning points and self-teach PowerPoint presentations, which provide a good basis for the creation of locally tailored materials.

Clinical coding managers need to ensure that clinical coding staff receive adequate training so that the updates can be accurately and consistently applied as part of the coding process. The type of training required will depend on local circumstances.

The Clinical Classifications Service provides national reference and training materials to support the coding community as follows:

- **The OPCS-4 National Clinical Coding Standards reference book** for clinical coders is updated to reflect changes made to OPCS-4. The reference book contains the national clinical coding standards, rules and conventions pertaining to OPCS-4. The updates to OPCS-4 do not change the fundamental Four Step Coding Process.
- **Awareness materials** are provided to support the coding community, as necessary.
- **A range of national clinical coding training materials** are provided to ensure well-defined standards and to improve the quality of clinical data coded to ICD-10 and OPCS-4. All existing materials are updated to reflect enhancements to the classifications. A train-the-trainer programme, operated by the CCS, creates a body of clinical coding trainers skilled in using the national training materials. This ensures consistent delivery and dissemination of national clinical coding standards and subsequently consistent and accurate data.
- **Key Learning Points** outlining the main changes/key differences are published on the Clinical Classifications Service website to prepare the coding community for the implementation of OPCS-4.

## 5.4 National Clinical Coding Qualification (UK)

The examination to accredit clinical coders is delivered by the Institute of Health Records and Information Management (IHRIM) - the awarding and administrative body. Examinations are held in September and March in every financial year. The syllabus covers coding standards for ICD-10 and OPCS-4. Examinations are based on the mandated classification at the time of the examination.

## 6 Change to the standard

Generally a change to the standard may entail the addition and retirement – in exceptional circumstances - of codes and associated descriptions and modifications to existing OPCS-4 code descriptions. Coding directives, such as, includes, excludes and notes may be added, modified or retired. See 6.1 below for overview of changes in OPCS-4.8

The Clinical Classifications Service publishes the *Summary of Changes from OPCS-4.7 to OPCS-4.8* to support implementation. The summary lists the main changes to the codes and descriptions and coding directives contained in the section titled 'Tabular list of four-digit subcategories'. This summary list does not reflect changes made to Volume 2 Alphabetical index.

The new entries fall within existing chapters. There is no change to the architecture of OPCS-4.

The summary is available [here](#).

## 6.1 Volume of changes

The table below lists the number of three and four character code and description changes made to OPCS-4.7 to create OPCS-4.8.

<b>Core changes to OPCS-4.7 to create OPCS-4.8</b>		
<b>Tabular list, Volume I</b>		
<b>New codes</b>	3 character category code	16
	4 character subcategory code	92
<b>Retired Code</b>	4 character subcategory code	1
<b>Change to code descriptions</b>	3 character category code	1
	4 character subcategory code	8

## 7 OPCS-4.8 Data files and format

The following data files are released to support the implementation of OPCS-4:

- OPCS-4.8 Codes and Titles file (text file)
- OPCS-4.8 Metadata file and associated specification (Fixed length text file)
- OPCS-4.8 Table of Coding Equivalences (ToCE) and associated specification (excel spreadsheet)

The above files are also released in Extensible Markup Language (XML)

There is no change to the format of the OPCS-4 data files.

The data file specifications are provided with the release data files via the Technology Reference data Update Distribution ([TRUD](#)) service.

## 8 Tables of Equivalence

The Clinical Classifications Service releases Tables of Coding Equivalences. The tables provide backward equivalences from the new version - OPCS-4.8 - to previous versions. Specifically, for every new code a suitable equivalent to the old version is provided.

Users of the equivalences tables will wish to note version changeover dates. The implementation date of 1 April 2017 requires all consultant episodes that end on or after 1 April 2017 to be coded to OPCS-4.8. All episodes that end on or before 31 March 2017 must be coded to the correct previous version(s). This synchronisation of cut-off dates and implementation dates supports comparative analyses of historical data.

## 9 Development and testing of data files

An electronic classifications editor is used to create and validate the new content and to generate the necessary data outputs to support the NHS and NHS system suppliers. The editor also produces the OPCS-4 books which are passed to the TSO for publication.

The editing tool enforces OPCS-4 constraints such as field width and composition of code. Point of entry validation helps to prevent data entry errors. All data files are quality assured by classification experts before they are released to licence holders.

UK metadata parameters, such as age and classification code scrutiny checks and Tables of Coding Equivalences are developed by classification experts in line with classification principles. Clinical input was sought as necessary.

### 9.1 Distribution of data files

The updated OPCS-4 data files are licensed and distributed via the Technology Reference data Update Distribution (TRUD) Service subject to registration and acceptance of the terms and conditions.

## 10 Costs

OPCS-4 is an existing information standard used to support the classification of interventions and procedures in mandatory and other data collections for secondary uses as described in the NHS Data Model and Dictionary. It is managed by the NHS Digital Provider Support and Integration Directorate and specifically the Terminology and Classifications Development Service within that Directorate.

Overhead costs for the implementation of the new version within NHS organisations are catered for in the NHS Standard Contract.

Trusts need to ensure that resources are available to meet implementation costs which will include the necessary updating of IT systems and the cost of staff training and may include the purchase of OPCS-4.8, if a trust chooses to purchase hard copies, rather than download the free NHS Digital OPCS-4.8 eVersion.

NHS Digital provides the funding for the development, maintenance and resources to support the implementation of updates to OPCS-4.

The OPCS-4.8 volume set will be available from the TSO should trusts wish to purchase them for clinical coders. The cost has yet to be decided. A discount will be available to the NHS. Currently the OPCS-4.7 volume set costs £140 without discount. Further details will be published on the CCS website and trusts canvassed for quantities.

## 11 Mapping from terminologies to classifications

The NHS Digital Clinical Classifications Service provides the national maps from SNOMED CT to the classifications (ICD-10 and OPCS-4). The maps make it easier to use these standards together and support interoperability across the health system. The maps support

the standard and are distributed as part of the regular terminology releases to appropriately licensed NHS suppliers and other users via TRUD.

The maps adhere to the national clinical coding standards and guidance. The application of the national standards, as part of the mapping process, is pivotal to users of SNOMED CT in order to meet the mandatory requirement to provide consultant episodes coded to the OPCS-4 and ICD-10 standards.

The cross-maps from SNOMED CT to OPCS-4.8 will be available to the NHS in the mid-March 2017 terminology release for 1 April 2017 implementation and thereafter as part of the usual terminology releases.

## 12 Data Quality

The national clinical coding audit methodology and associated auditor workshop will be updated where appropriate to reflect changes to the classifications. The methodology describes a framework for audit of coded clinical data in ICD-10 and OPCS-4. It enables auditors to have confidence in their findings, provides the necessary information to make relevant changes and achieves continuous quality improvement, resulting in a robust data quality cycle. The methodology and audit requirement are part of the Information Governance Toolkit.

## 13 Clinical Safety

The OPCS-4 does not use patient identifiable data or affect patient safety in itself. However, the data generated from coding activity provides a rich source of information and when utilised with other parameters, it can contribute to the identification of cohorts of patients for more detailed analysis.

Should a local organisation use classification data for clinical purposes such as clinical audit, or transfer clinical coding as part of inter-provider transfer of care, the organisation should follow clinical safety standards:

- SCCI0160 Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems
- SCCI0129 Clinical Risk Management: its Application in the Manufacture of Health IT Systems

There are no known adverse events to date. The change should not alter this position.

In the event of an adverse incident this would be logged with the Information Standards helpdesk and tracked for either resolution or escalation as part of the Service Level Agreement for incident management. If an incident arose involving NHS Digital data files due process would be activated. Where information is known to be used inappropriately, the Clinical Classifications Service would approach the organisation about the incident and seek a satisfactory resolution. If further action is required, it may necessitate the matter being referred depending on the severity.

## 14 Change implementation plan

All consultant episodes that end on or after 1 April 2017 must be coded to OPCS-4.8. This requires national and local computer systems to be updated to accept the code changes. The early release of the OPCS-4 data files and file specifications are essential to enabling the NHS and NHS system suppliers to implement the code changes and to engage with key stakeholders. Following early release of the data files, clinical coding materials are provided to help the clinical coding community and analysts to understand and apply the changes in readiness for use from 1 April 2017.

Implementation of the OPCS-4.8 updates is supported by the well-established infrastructure put in place by the Clinical Classifications Service. The quality management system governing the provision of the Clinical Classifications Service is ISO 9001:2008 certified.

A high level release timeline is provided below.

<b>OPCS-4.8 Release Products</b>	<b>Release date*</b>
Submission of Advance Notification (AN) to SCCI for approval and subsequent publication to the NHS and NHS system suppliers.	06-Apr-2016
Provide Draft Summary of updates from OPCS-4.7 to OPCS-4.8	Jul-2016
Submission to SCCI to approve implementation of updates and consequent release of Information Standards Notice (ISN) and supporting documentation.	28-Sep-2016
Information Standards Notice Publication	19-Oct-2016
Publish final Summary of Changes from OPCS-4.7 to OPCS4.8	Oct-2016
Release of OPCS-4.8 Codes and Titles file, Metadata file and Table of Coding Equivalence via TRUD	01-Nov-2016
Release Key Learning Points	Jan-2017
OPCS-4.8 Volumes 1-2	Jan-2017
OPCS-4.8 eVersion (Includes User Guide, Installation Guidance and Release Note)	Jan-2017
National clinical Coding Standards - OPCS-4.8 reference book	Jan-2017
All associated training materials and guidance	Jan-2017
SNOMED CT to OPCS-4 and ICD-10 Cross-maps	Mid-Mar-2017
Implementation of OPCS-4.8 All consultant episodes that end on or after the 1 <sup>st</sup> April 2017 must be coded to OPCS-4.8	01 Apr-2017

\* Subject to the necessary approvals

## 15 Contacts

The following table lists the contacts for the standard.

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