SCR Inclusion Dataset Overview

Patients can choose to have an SCR that contains additional information, over and above the *core* content of medications, allergies and adverse reactions. HSCIC has worked with GP system suppliers to develop a simpler and more efficient mechanism for GP practices to populate SCRs with a set of additional information from a patient's GP record, rather than them having to manually add individual items. Additional information is only added to the record with the patient's explicit consent, which is enduring - so the SCR is kept up to date in real time. Associated supporting free text is added to the SCR alongside the coded items.

Additional information automatically included in the SCR is selected in one of three ways:

1. It is identified as significant medical history within the GP record. For EMIS Web this is 'Active Problems' and 'Significant Past Problems'. For TPP SystmOne this is the 'Local Summary' and 'Active Problems'. For INPS Vision this is 'Priority 1 Items' and 'Active Problems'.
2. It is part of the HSCIC SCR inclusion dataset
3. It is a manually added item from the GP record. Any code within the GP record may be 'manually added' to the SCR.

This document specifically addresses item 2 above and provides an overview of the HSCIC SCR inclusion dataset. The dataset has been formed from existing datasets created nationally and by GP system suppliers and through input and feedback from SCR users and other stakeholders. The dataset will continue to be revised and updates will be made on a six monthly basis in line with the bi-annual code releases for ReadV2, CTV3 and SNOMED (in March and October). The latest version of the SCR inclusion dataset is available for download from the TRUD (Technology Reference data Update Distribution site).

For further information regarding SCRs with additional information please see www.hscic.gov.uk/scr/addinfo. Here you will find a form to suggest enhancements to the inclusion dataset or SCR functionality, as well as system specific user guidance for adding additional information (including supporting free text), frequently asked questions and example SCRs. Questions can be sent to the HSCIC SCR team at scr.comms@hscic.gov.uk

As of April 2016, the SCR inclusion dataset contains:

Functional Area	Notes – codes included from April 2016 (For full details of all codes see the spreadsheet here or the latest release available for download from the TRUD. The spreadsheet allows the user to filter the code by creation date to view new codes added in the latest release)
SCCI1580 Palliative Care Coordination	A significant number of codes in the SCR inclusion set reflect the SCCI1580 standard (Palliative Care Coordination) content - see Appendix A. Also see details in relevant sections below e.g. Advance statements… Preferred place of care…Carer … Medications, Equipment, Devices…
Key workers and care services	Has cancer key worker Has direct care worker Has end of life care key general practitioner Has end of life care key nurse Has end of life care key worker Has end of life care pathway key general practitioner Has end of life care pathway key nurse Has end of life care pathway key worker Has healthcare support worker Integrated care coordinator identified Medical social worker involved Nursing care NOS

	Provider of encounter Referral to respiratory nurse specialist Referral to Social Services Referral to voluntary service Referral to epilepsy clinic Referral to learning disability team Referral to neurologist Referral to optometrist Referral to speech and language therapist Referred to community specialist palliative care team Seen by clinical nurse specialist Seen by community heart failure nurse Seen by diabetic liaison nurse Seen in epilepsy clinic Seen in neurology clinic Shared care - hospice / GP Shared care - specialist / GP Social worker involved Specialist palliative care treatment - daycare Specialist palliative care treatment - inpatient Specialist palliative care treatment - outpatient Under care of adult care service Under care of allied health professional Under care of asthma specialist nurse Under care of autism assessment service Under care of cardiologist Under care of care of the elderly physician Under care of clinical nurse specialist Under care of community learning disability team Under care of community matron Under care of community psychiatric nurse Under care of community respiratory team Under care of community-based diabetes specialist nurse Under care of community-based nurse Under care of dermatologist Under care of diabetes specialist nurse Under care of diabetic foot screener Under care of diabetologist Under care of dietitian Under care of district nurse Under care of dyspepsia specialist nurse Under care of educational psychologist Under care of family nurse partnership team Under care of gastroenterologist Under care of GP Under care of health visiting service Under care of health visiting service - Universal Under care of health visiting service - Universal partnership plus Under care of health visiting service - Universal plus Under care of health visitor Under care of homeless advocacy service Under care of hospital admission prevention service Under care of hospital-based diabetes specialist nurse Under care of Macmillan nurse Under care of nephrologist Under care of neurologist Under care of nurse Under care of occupational therapist Under care of oncologist Under care of ophthalmologist Under care of paediatric dietitian Under care of paediatric specialist nurse Under care of paediatrician Under care of pain management specialist Under care of palliative care physician Under care of palliative care service Under care of palliative care specialist nurse Under care of physician Under care of physiotherapist Under care of podiatrist Under care of practice nurse Under care of Prevention Matters service

	Under care of psychiatrist Under care of respiratory physician Under care of retinal screener Under care of rheumatologist Under care of school nurse Under care of school nursing service Under care of school nursing service - Universal Under care of school nursing service - Universal partnership plus Under care of school nursing service - Universal plus Under care of social services Under care of social worker Under care of speech and language therapist Under care of surgeon Under care of team Under care of Youth Justice Service Under multi-agency care Under the care of cancer primary healthcare multidisciplinary team Under the care of community palliative care team Under the care of psychologist Voluntary worker Arrange care attender Arrange care by neighbour Arrange care by relative Arrange home help Arrange meals on wheels Arrange other care Care Programme Approach key worker Child: social services Chiropody Discharge by district nurse Discharge by practice nurse Discharge from cancer primary healthcare multidisciplinary team Discharge from heart failure nurse service Discharged from care of dyspepsia specialist nurse Discharged from community specialist palliative care team District nurse attends Domiciliary chiropody Domiciliary O.T. Domiciliary service need Domiciliary service NOS Domiciliary services Full care by hospice Has lead professional (Getting It Right For Every Child) Has named person (Getting It Right For Every Child) Has social care assessor Has Social Services care manager Health visitor involv.stopped Health visitor visits Home help Home help attends Home help needed Home help organised Home help requested Meals on wheels
Carer details – Has a Carer ***Supporting the importance of carers*** Carer – Is a Carer	Details of the patient's carer: Carer's details - home telephone number / mobile telephone number / work telephone number Name of informal carer / Details of informal carer Home telephone number of informal carer/ Mobile telephone number of … /Work telephone number of … No carers, though not alone / No longer has a carer Parent is informal carer / Partner is informal carer / Child is informal carer / Relative is informal carer Requires contact via carer [V]Carer unable to cope [V]No able carer in household Lives with carer Has kinship carer Legal guardian details Legal guardian - email address / [home / mobile / work] telephone number Nearest relative of patient as defined by Mental Health Act legislation

	Details for when the patient is a Carer: Carer / Is a carer / Not a carer Carer of a person with a terminal illness Carer of a person with alcohol misuse Carer of a person with chronic disease Carer of a person with mental health problem Carer of a person with physical disability Carer of a person with sensory impairment Carer of a person with substance misuse Carer of person with dementia Referral for general practice carer's assessment Referral for social services carer's assessment Referral to Princess Royal Trust carers centre Referral to voluntary support service for carers
Communication (including SCCI1605 Accessible Information)	Ability to communicate about self Communication aid Difficulty communicating Does use hearing aid Illiteracy / Literacy problems Hands-on signing interpreter needed Interpreter needed - British Sign Language Interpreter needed - Makaton Sign Language Needs an advocate Preferred method of communication: British Sign Language Preferred method of communication: speech Preferred method of communication: written Requires audible alert Requires communication partner Requires contact by email Requires contact by letter Requires contact by short message service text message Requires contact by telephone Requires contact by text relay Requires deafblind block alphabet interpreter Requires deafblind communicator guide Requires deafblind haptic communication interpreter Requires deafblind manual alphabet interpreter Requires healthcare information recording on personal audio recording device Requires information by email Requires information in contracted (Grade 2) Braille Requires information in Easyread Requires information in electronic audio format Requires information in electronic downloadable format Requires information in Makaton Requires information in Moon alphabet Requires information in uncontracted (Grade 1) Braille Requires information on audio cassette tape Requires information on compact disc Requires information on digital versatile disc Requires information on USB (universal serial bus) mass storage device Requires information verbally Requires lipspeaker Requires manual note taker Requires sighted guide Requires speech to text reporter Requires tactile alert Requires third party to read out written information Requires visual alert Requires written information in at least 20 point sans serif font Requires written information in at least 24 point sans serif font Requires written information in at least 28 point sans serif font Sign Supported English interpreter needed Uses a citizen advocate Uses a legal advocate Uses alternative communication skill Uses communication device Uses cued speech transliterator Uses deafblind intervener Uses Deafblind Manual Alphabet

	Uses electronic note taker Uses lipspeaker Uses manual note taker Uses personal audio recording device to record information Uses Personal Communication Passport Uses sign language Uses speech to text reporter Uses symbols for communication Uses Tadoma method for communication Uses textphone Using British sign language Using lip-reading Using Makaton sign language Using symbols to communicate with client Visual frame sign language interpreter needed Also Includes Main spoken language, Additional main spoken language, Supplemental main language and interpreter requirements. For further information on these specific codes see Appendix B and Appendix C below.
Unplanned Admission enhanced service - Admission avoidance care	Patient allocated named accountable general practitioner Integrated care coordinator identified Name of care coordinator Admission avoidance care plan agreed Review of admission avoidance care plan Other relevant codes included in SCR are those falling under other functional areas such as advance care plans, residential status and social history, next of kin / carers details and care preferences including preferred place of care. The following codes are not automatically included in SCR, but may be manually included if required: Admission avoidance care started Admission avoidance care ended
Disability (including Physical, neurological and sensory disability)	 Disability Disability - slight/ moderate / severe, Disability NOS Physical disability / Chronic physical disability No known disability / Patient reports no current disability Neurodisability Registers: Care Programme Approach supervision register Children disability register On depression register, Removed from depression register On national service framework mental health register On severe mental illness register, Removed from severe mental illness register Patient on regional cancer register Registered deaf/ disabled / hearing impaired / sight impaired / [partially sighted] or [partially blind] Special needs register See also Functional Status below
Frailty ***Supporting the frailest 2%***	Frailty - Mild frailty / Moderate frailty / Severe frailty FI - Frailty Index Frail elderly assessment Canadian Study of Health and Aging clinical frailty scale Edmonton frail scale See also functional status and disability
Functional Status	 Australia-modified Karnofsky Performance Status scale Housebound / Temporarily housebound Bed-ridden Immobile Mobile in home Mobility poor / very poor Mobility aids, Does mobilise using aids, Able to mobilise using mobility aids / wheelchair

	[V]Dependence on wheelchair Walking aid use Confined to chair Impaired mobility Mobile outside with aid Mobility fair Fully mobile Hearing impairment / hearing loss Hearing difficulty / problem Able to use hearing aid Hearing aid worn Does not use hearing aid Difficulty using hearing aid, Unable to use hearing aid Cochlear implant Hearing normal Visual impairment / Impaired vision Poor visual acuity Vision problem Blind left eye, Blind right eye Blindness - both eyes Low vision, both eyes unspecified Low vision, one eye, unspecified Wears contact lenses, Wears glasses Should wear glasses but does not Normal vision Speech impairment Has difficulty with speech Difficulty using verbal communication, Unable to use verbal communication Does not use self-expression Has a stammer or stutter Speech limited, Speech problem (& symptom) Requires communication partner Uses symbols for communication Using symbols to communicate with client Ability to comprehend Ability to communicate about self Able to use self-expression Able to use verbal communication Able to read, Able to write Non-verbal communication observations No speech problem Cognitive impairment / Impaired cognition Memory impairment Able to perform personal care activity Difficulty performing personal care activity Difficulty washing self Needs assistance with shaving Unable to perform dressing activity Unable to perform personal care activity Unable to wash self Impaired ability to recognise safety risks Unable to summon help in an emergency Uses assistance dog Uses guide dog for the blind For specific relevant codes related to Palliative Care Coordination – see Appendix A below.
Learning Disability	On learning disability register Learning disabilities annual health assessment Learning disabilities health assessment Assessment of mental capacity in accordance with Mental Capacity Act 2005 Independent mental capacity advocate instructed

	Lacks capacity to give consent (Mental Capacity Act 2005) Unable to consent to information sharing Referral to epilepsy clinic Referral to learning disability team Referral to neurologist Referral to optometrist Referral to speech and language therapist Seen in epilepsy clinic Seen in learning disabilities clinic Seen in neurology clinic Learning disabilities health action plan completed Learning disabilities health action plan reviewed Preferred place of care - learning disability unit Preferred place of death: learning disability unit Carer of a person with learning disability All QOF learning disability diagnosis codes are included. Relevant codes concerning mobility, hearing, sight, speech and communication have been included – see Functional Status and Communication above. Other relevant codes will be included if marked appropriately in the GP system (as problems or part of the GP summary) or may be manually included.
Supporting patients with dementia and their carers	Significant codes with respect to the dementia diagnosis and co-morbidities (as a problem or summary item) and other areas such as functional status, advance statements/ directives/ preferences, Power of Attorney, social context, next of kin / carers details are included in the SCR. In addition the following codes are included: Memory impairment Dementia advance care plan Dementia advance care plan agreed Dementia care plan Dementia care plan agreed Dementia care plan reviewed Review of dementia advance care plan Carer of person with dementia No longer carer of patient with dementia The following codes are not automatically included in the SCR, but may be manually included if required: At risk of dementia Initial questioning for memory concern Initial questioning for memory concern- declined Assessment for dementia Assessment for dementia – declined Referral to memory clinic Referral to memory clinic declined
Acute Kidney Injury (formerly Acute Renal Failure or acute renal impairment)	At risk of acute kidney injury Acute kidney injury stage 1 Acute kidney injury stage 2 Acute kidney injury stage 3 Acute kidney injury warning stage Acute renal failure Provision of written information about acute kidney injury
Medication, Equipment, Devices	Advance supply of antibiotic medication Advance supply of steroid medication Home oxygen supply Home oxygen supply - concentrator Home oxygen supply - cylinder Home oxygen supply - liquid oxygen Home oxygen support

	Issue of palliative care anticipatory medication box Needs domiciliary care worker to administer medication Prescription of palliative care anticipatory medication Supply of medication available at home Syringe driver commenced Syringe driver discontinued Provision of mobility device Support equipment Implantable cardiac electronic device in situ [V]Cardiac pacemaker in situ Patient with internal cardiac defibrillator pacemaker
Resuscitation	The single most recent instance of the four resuscitation codes* below is included in SCR: **For attempted cardiopulmonary resuscitation** **For resuscitation** **Not for attempted CPR (cardiopulmonary resuscitation)** **Not for resuscitation** Other codes related to resuscitation are also included: Carer informed of cardiopulmonary resuscitation clinical decision Discussion about DNACPR (do not attempt cardiopulmonary resuscitation) clinical decision Family member informed of cardiopulmonary resuscitation clinical decision Not aware of do not attempt cardiopulmonary resuscitation clinical decision Resuscitation discussed with carer Resuscitation discussed with patient ***** Resuscitation status in the SCR is only to be treated as a signpost to information that is fully recorded elsewhere and viewers and clinicians are advised to continue to follow their existing processes according to local and national standards.
Advance Care planning Advance decisions (living wills) Advance statements and preferred priorities for care (PPC) and other preferences and wishes ***Supporting person centred care***	Has made a living will Has advance decision to refuse life sustaining treatment (Mental Capacity Act 2005) Has ADRT (advance decision to refuse treatment) (Mental Capacity Act 2005) Has Advance Decision to Refuse Treatment (Mental Capacity Act 2005) - Refuses all blood transfusion and administration of primary blood components and minor fractions Has involved healthcare professional in discussion about ADRT (advance decision to refuse treatment) (Mental Capacity Act 2005) Advance decision to refuse treatment retracted [Advanced directive***** discussed with patient Advanced directive***** discussed with relative Advanced directive***** signed / Advanced directive* signed (copy in notes)] Has advance statement (Mental Capacity Act 2005) Preferred priorities for care document completed Preferred place of care - community hospital / home / hospice / hospital / learning disability unit / mental health unit / nursing home / residential home Preferred place of care - discussed with family/ discussed with patient Preferred place of care - patient declined to participate Preferred place of care - patient unable to express preference Preferred place of death: care home / community hospital / home / hospice / hospice community lodge / hospital / learning disability unit / mental health unit / nursing home / residential home / usual place of residence Preferred place of death discussed with patient Preferred place of death: discussed with family Preferred place of death: discussion not appropriate Preferred place of death: patient declined discussion Preferred place of death: patient unable to express preference Preferred place of death: patient undecided Has spiritual and cultural support Procedure refused – religion [V]Refusal of treatment for reasons of religion or conscience

see also Care planning and Resuscitation	Decision making Discussion about preferences Declined consent for treatment Preference for female healthcare professional Preference for health professional Preference for male healthcare professional Preference for NHS care provider Advance care planning Discussion about advance care plan Discussion about advance care planning with carer Discussion about advance care planning with family member Has end of life advance care plan Has involved healthcare professional in discussion about advance care planning Sharing advance care planning decisions with out of hours service Best interest decision made on behalf of patient (Mental Capacity Act 2005) *An advanced directive is the (non-legally binding) Scottish equivalent of an advanced decision.
Lasting Power of Attorney	Has appointed person with personal welfare lasting power of attorney (Mental Capacity Act 2005) Lasting power of attorney personal welfare Has appointed person with personal welfare lasting power of attorney with authority for life sustaining decisions (Mental Capacity Act 2005) Consent given by appointed person with lasting power of attorney for personal welfare (Mental Capacity Act 2005) for sharing end of life care coordination record Lasting power of attorney property and affairs Enduring power of attorney Power of attorney applied for Power of attorney held
Care planning ***Supporting integrated, joined up care***	All affirmative codes related to care planning (agreeing, discussed, given, review, commenced, completed) and care pathways have now been included. Examples include: **Care plan** **Admission avoidance care plan agreed** Advance care planning Ambulance service notified of patient on end of life care register Cancer care plan / Cancer care plan discussed with patient / Cancer care review CHAT (Comprehensive Health Assessment Tool) discharge plan sent to general practitioner Has CHAT (Comprehensive Health Assessment Tool) care plan Has CHAT (Comprehensive Health Assessment Tool) discharge plan Has CHAT (Comprehensive Health Assessment Tool) immediate care plan Review of CHAT (Comprehensive Health Assessment Tool) care plan **Completion of mental health crisis plan** Coordinated support plan Coronary heart disease care plan / Coronary heart disease risk clinical management plan Dementia advance care plan / Dementia care plan **Dementia care plan** agreed / Dementia care plan reviewed **Diabetes care plan** agreed / Diabetes clinical management plan / Diabetes management plan given Discussion about **advance care plan** Discussion about advance care planning with carer Discussion about advance care planning with family member Discussion about out of hours care management plan EHCP (emergency health care plan) agreed **Emergency health care plan** Review of emergency health care plan **End of life advance care plan** End of life care plan offered Epilepsy management plan given Falls care pathway / Falls prevention plan General practitioner out of hours service notified of chronic obstructive pulmonary disease care plan GP out of hours service notified GP out of hours service notified of cancer care plan **Has anticipatory care plan** Has chronic obstructive pulmonary disease care plan Has end of life care plan **Has end of life advance care plan** Has involved healthcare professional in discussion about advance care planning

	Learning disabilities health action plan completed Learning disabilities health action plan reviewed Leg ulcer care pathway Management plan for shared care Mental health care plan status Mental health care programme approach contingency plan Mental health care programme approach crisis plan **Mental health crisis plan** Mental health personal health plan Multidisciplinary review Multiple sclerosis care plan agreed Notification to primary care out of hours service of anticipated death Notification to primary care out of hours service of palliative care plan in place **On end of life care register** Out of hours care management plan discussed with carer Psychiatry care plan Review of admission avoidance care plan Review of anticipatory care plan Review of care plan Review of dementia advance care plan Review of integrated care plan Review of mental health care plan Review of personal care plan Review of supportive care plan Sharing advance care planning decisions with out of hours service Single Assessment Process / Single assessment process summary care plan completed **Special patient note** (see below) Treatment Escalation Plan Treatment plan given Vulnerable adult care plan Diabetes clinical pathway On chronic obstructive pulmonary disease supportive care pathway On community cardiac care pathway End of life care pathway On deep vein thrombosis care pathway On urinary tract infection care pathway For a full list of all the available care plan codes see the spreadsheet here or the latest release available for download from the TRUD. The information above is included as a coded item and supporting free text from the GP system. For information on which text is included see the system specific guidance at: http://systems.hscic.gov.uk/scr/gppractices/additional
Special Patient Note	The code Special patient note is included for users to record further information over and above that which is already in the SCR with additional information.
Social History	Lives alone Lives alone - help available / needs housekeeper / no help available Independent housing, lives alone Lives with biological parent and step parent Lives with biological parents Lives with grandfather / Lives with grandmother Lives with immunocompromised person Lives with partner / Lives with relatives / Lives with spouse Elderly relative lives with family Homeless single person Patient's next of kin / No next of kin Nearest relative of patient as defined by Mental Health Act legislation Legal guardian details Legal guardian - email address / [home / mobile / work] telephone number See also Carer details. Codes related to adoptive parents are not part of the SCR inclusion dataset, but

	may be manually included if required. The following code is not currently included in the SCR inclusion dataset but may be manually added: Emergency contact details
Residential Information	Details of where the patient lives: Lives in a nursing home / Lives in a residential home Lives in an old peoples home / Lives in care home / Lives in supported home Lives on council site / Lives on private site / Lives on unofficial site Living in bedsitter / Lives in squat Lives in a childrens home / Lives in a children's unit Homeless single person Key Holder or Patient door access key codes are not part of the SCR inclusion dataset. If required, details of the key holder can be manually included in the SCR.

Appendix A – SCR inclusion dataset alignment with Palliative Care Coordination content

The items below comprise those clinical codes aligned with the Palliative Care Coordination SCCI1580 standard (formerly ISB-1580) and other related palliative care codes included in SCR. Items from SCCI 1580 that are not included in SCR are explicitly stated* and may be manually included. Some items are standard parts of the Spine Personal Demographics Service and available through the SCR application (SCRa). See here for further information on the elements of the Personal Demographics Service (PDS).

Electronic Palliative Care Coordination Systems (EPaCCS) enable the recording and sharing of people's care preferences and key details about their care at the end of life (in line with SCCI1580) and were previously known as locality registers. SCR is not an EPaCCS system, but can be used to support palliative care coordination in conjunction with a GP system which records the relevant information and makes it available via the SCR. Key benefits of using SCR include:

1. GPs record the information once in their clinical system and the SCR is updated automatically
2. The availability of the SCR to relevant staff across the NHS in England, means that palliative care coordination information can be made available beyond the existing footprint of the EPaCCS system and core user group, wherever the patient is treated and where the EPaCCS system is not accessible. This applies to palliative care coordination information recorded in the GP system (or shared to a GP practice within a shared record system).

For further information on implementing EPaCCS; see the endoflifecare-intelligence EPaCCS implementation guidance.

*Items omitted from the SCR inclusion dataset include such items as actual place of death, Reason for variance between actual and preferred place of death and sexual orientation. These can be recorded and reported on in the source GP system and may be manually added to the SCR if required, if the patient consents to this.

SCCI1580 data item	Notes: Codes in the SCR Inclusion dataset
1. Consent status	Consent given by appointed person with lasting power of attorney for personal welfare (Mental Capacity Act 2005) for sharing end of life care coordination record Consent given to discuss preferred priorities for care with carer Consent given for electronic record sharing Express consent for core and additional Summary Care Record dataset upload The following are not automatically included in SCR but may be manually included: Consent given for sharing end of life care coordination record Withdrawal of consent for sharing end of life care coordination record Best interests decision taken (Mental Capacity Act 2005) for sharing end of life care coordination record
2. Record creation date	This is a standard data element of the SCR.
3. Planned review date	There is no specific code for this in Readv2/ CTV3 or the SCR inclusion dataset. However the information may be recorded against a related code such as a care plan review code.
4. Date and time of last amendment	This is a standard data element of the SCR.
5. Person family name	This is a standard data element of the PDS available in the SCRa.
6. Person forename	This is a standard data element of the PDS available in the SCRa.
7. Person preferred name	This is a standard data element of the PDS available in the SCRa.
8. Person birth date	This is a standard data element of the PDS available in the SCRa.
9. NHS number	This is a standard data element of the PDS available in the SCRa.
10. NHS number status indicator code	The status of the NHS number is managed by the source GP system and is not an element of the SCR.
11. Person gender	This is a standard data element of the PDS available in the SCRa.
12. Person address	This is a standard data element of the PDS available in the SCRa.

13. Person telephone numbers	This is a standard data element of the PDS available in the SCRa.
14. Need for an interpreter	For details of the codes in this section see Appendix B below.
15. Preferred spoken language	For details of the codes in this section see Appendix C below.
16. Main carer name 17. Main carer telephone numbers	SCR includes a significant number of relevant carer codes: Has a carer Does not have a carer [V]No able carer in household Carer's details Carer - home telephone number Carer - mobile telephone number Carer - work telephone number Lives with carer Has an informal carer Name of informal carer Parent is informal carer Partner is informal carer Relative is informal carer Child is informal carer Details of informal carer Home telephone number of informal carer Mobile telephone number of informal carer Work telephone number of informal carer Does not have an informal carer Has a paid carer Has a parent carer Has an older carer Has voluntary carer No carers, though not alone No longer has a carer While there is no specific code for the carer's telephone number, then the telephone number could be entered as free text against the carer's details(16)
18. Is main carer aware of person's prognosis?	Carer aware of prognosis Carer unaware of prognosis Relative aware of prognosis Relative unaware of prognosis
19. Usual GP name	There is no specific code for this in Readv2/ CTV3 or the SCR inclusion dataset. However, see (20) below and the following codes are in the SCR inclusion dataset: Patient allocated named accountable general practitioner Has end of life care key general practitioner Has end of life care pathway key general practitioner Under care of GP
20. Practice details including phone and fax numbers	This is a standard data element of the PDS available in SCRa.
21. Key worker name if not usual GP	Name of care coordinator Patient allocated named accountable general practitioner Integrated care coordinator identified Care Programme Approach key worker Has cancer key worker Has end of life care key general practitioner Has end of life care key nurse Has end of life care key worker Has end of life care pathway key general practitioner Has end of life care pathway key nurse Has end of life care pathway key worker Has named person (Getting It Right For Every Child)
22. Key worker telephone number	There is no specific relevant code for this in Readv2/ CTV3 or the SCR inclusion dataset. However the telephone number could be entered as free text against the key worker name(21)
23. Care workers involved in	There is no specific relevant code for this in Readv2/ CTV3 or the

care: name	SCR inclusion dataset. However, the name could be entered as free text against the care workers involved in care: professional group(24)
24. Care workers involved in care: professional group	Arrange care attender Arrange care by neighbour Arrange care by relative Arrange home help Arrange meals on wheels Arrange other care Care Programme Approach key worker Child: social services Chiropody Discharge by district nurse Discharge by practice nurse Discharge from cancer primary healthcare multidisciplinary team Discharge from heart failure nurse service Discharged from care of dyspepsia specialist nurse Discharged from community specialist palliative care team District nurse attends Domiciliary chiropody Domiciliary O.T. Domiciliary service need Domiciliary service NOS Domiciliary services Full care by hospice Has cancer key worker Has direct care worker Has end of life care key general practitioner Has end of life care key nurse Has end of life care key worker Has end of life care pathway key general practitioner Has end of life care pathway key nurse Has end of life care pathway key worker Has healthcare support worker Has lead professional (Getting It Right For Every Child) Has named person (Getting It Right For Every Child) Has social care assessor Has Social Services care manager Health visitor involv.stopped Health visitor visits Home help Home help attends Home help needed Home help organised Home help requested Integrated care coordinator identified Meals on wheels Medical social worker involved Nursing care NOS Provider of encounter Referral to respiratory nurse specialist Referral to Social Services Referral to voluntary service Referred to community specialist palliative care team Seen by clinical nurse specialist Seen by community heart failure nurse Seen by diabetic liaison nurse Shared care - hospice / GP Shared care - specialist / GP Social worker involved Specialist palliative care treatment - daycare Specialist palliative care treatment - inpatient Specialist palliative care treatment - outpatient Under care of adult care service Under care of allied health professional Under care of asthma specialist nurse Under care of autism assessment service Under care of cardiologist Under care of care of the elderly physician Under care of clinical nurse specialist Under care of community-based diabetes specialist nurse

	Under care of community learning disability team Under care of community matron Under care of community psychiatric nurse Under care of community respiratory team Under care of community-based nurse Under care of dermatologist Under care of diabetes specialist nurse Under care of diabetic foot screener Under care of diabetologist Under care of dietitian Under care of district nurse Under care of dyspepsia specialist nurse Under care of educational psychologist Under care of family nurse partnership team Under care of gastroenterologist Under care of GP Under care of health visiting service Under care of health visiting service - Universal Under care of health visiting service - Universal partnership plus Under care of health visiting service - Universal plus Under care of health visitor Under care of homeless advocacy service Under care of hospital admission prevention service Under care of hospital-based diabetes specialist nurse Under care of Macmillan nurse Under care of nephrologist Under care of neurologist Under care of nurse Under care of occupational therapist Under care of oncologist Under care of ophthalmologist Under care of paediatric dietitian Under care of paediatric specialist nurse Under care of paediatrician Under care of pain management specialist Under care of palliative care physician Under care of palliative care service Under care of palliative care specialist nurse Under care of physician Under care of physiotherapist Under care of podiatrist Under care of practice nurse Under care of Prevention Matters service Under care of psychiatrist Under care of respiratory physician Under care of retinal screener Under care of rheumatologist Under care of school nurse Under care of school nursing service Under care of school nursing service - Universal Under care of school nursing service - Universal partnership plus Under care of school nursing service - Universal plus Under care of social services Under care of social worker Under care of speech and language therapist Under care of surgeon Under care of team Under care of Youth Justice Service Under multi-agency care Under the care of cancer primary healthcare multidisciplinary team Under the care of community palliative care team Under the care of psychologist Voluntary worker
25. Telephone numbers for care workers involved in care	There is no specific code for this in Readv2/ CTV3 or the SCR inclusion dataset. However the telephone number could be entered as free text against the Care Worker(s)(23/24)
26. Primary diagnosis: The diagnosis that is main contributing factor to the need	There is no specific code for this in Readv2/ CTV3 or the SCR inclusion dataset. However, the relevant diagnosis should be one of the significant diagnoses included in the SCR as additional

for palliative care	information and this can be indicated as *Primary diagnosis* in the supporting free text associated with the diagnosis code.
27. Other relevant diagnoses and clinical problems that need to be taken into account when making end of life decisions	These are standard components of the SCR with additional information derived from the GP record. These include: • Significant past medical history • Reason for medication • Significant previous procedures • Anticipatory care information • Immunisations Other elements include codes related to Acute Kidney Injury (AKI).
28. Disability	The following disability related codes are included in SCR: Disability Disability - slight/ moderate / severe, Disability NOS Physical disability / Chronic physical disability No known disability / Patient reports no current disability Neurodisability Registers: Care Programme Approach supervision register Children disability register On depression register, Removed from depression register On national service framework mental health register On severe mental illness register, Removed from severe mental illness register Patient on regional cancer register Registered deaf/ disabled / hearing impaired / sight impaired / [partially sighted] or [partially blind] Special needs register See also Functional Status below Other disability – There is no specific code for this in Readv2/ CTV3 or the SCR inclusion dataset. See also other codes related to SCCI1605 - Accessible information standard and Learning Disability – which are included in the SCR.
29. Functional status	The following functional status codes are a selection of those included in SCR: Australia-modified Karnofsky Performance Status scale Bed-ridden Confined to chair Fully mobile Housebound Impaired mobility Mobile outside with aid Mobility fair Temporarily housebound Difficulty performing personal care activity Difficulty washing self Needs assistance with shaving Unable to perform dressing activity Unable to perform personal care activity Unable to wash self Able to perform personal care activity For further detail on the range of functional status codes within the SCR inclusion dataset see the Functional Status and Frailty sections above.

30. Allergies/adverse drug reactions	These are standard components of the core SCR.
31. Anticipatory medicines/just in case box issued	Medications prescribed by the GP practice are a standard component of the core SCR. The inclusion dataset also includes the following codes: Prescription of palliative care anticipatory medication Issue of palliative care anticipatory medication box Advance supply of antibiotic medication Advance supply of steroid medication Needs domiciliary care worker to administer medication Supply of medication available at home
32. Location of anticipatory medicines/just in case box	There is no specific code for this in Readv2/ CTV3 or the SCR inclusion dataset. However, the location could be entered as free text against the Anticipatory medicines/just in case box issued (31)
33. EoLC tool in use? (eg GSF, PPC, other)	On gold standards palliative care framework Preferred priorities for care document completed
34. Likely prognosis	Last months of life Last weeks of life Last days of life Gold standards framework prognostic indicator stage A (blue) - year plus prognosis Gold standards framework prognostic indicator stage B (green) - months prognosis Gold standards framework prognostic indicator stage C (yellow) - weeks prognosis Gold standards framework prognostic indicator stage D (red) - days prognosis Gold standards framework supportive care stage 1 - advancing disease Gold standards framework supportive care stage 2 - increasing decline Gold standards framework supportive care stage 3 - last days: category B - months prognosis Gold standards framework supportive care stage 3 - last days: category C - weeks prognosis Gold standards framework supportive care stage 3 - last days: category D - days prognosis Terminal illness, Terminal illness - early stage / late stage
35. Advance statement requests and preferences	Has advance statement (Mental Capacity Act 2005) Has involved healthcare professional in discussion about advance care planning Assessment of mental capacity in accordance with Mental Capacity Act 2005 Lacks capacity to give consent (Mental Capacity Act 2005) Best interest decision made on behalf of patient (Mental Capacity Act 2005) Independent mental capacity advocate instructed Gold standards framework advance care plan discussion statement Thinking ahead gold standard advanced care plan discussion statement Decision making Discussion about preferences Consent given to discuss preferred priorities for care with carer Preferred priorities for care document completed Procedure refused - religion [V]Refusal of treatment for reasons of religion or conscience See also 49. Person has made an advance decision to refuse treatment
36. Preferred place of death 1st choice	There are no exact match codes for these in Readv2/ CTV3 or the SCR inclusion dataset. However the choice rank, organisation name and address can be recorded as free text against the following codes (in the SCR inclusion dataset): Preferred place of death: care home Preferred place of death: community hospital Preferred place of death: home
37. Preferred place of death organisation name (1st choice)	
38. Preferred place of death address (1st choice)	
39. Preferred place of death	

(1st choice) is usual place of residence 40. Preferred place of death 2nd choice 41. Preferred place of death organisation name (2nd choice) 42. Preferred place of death address (2nd choice) 43. Preferred place of death (2nd choice) is usual place of residence	Preferred place of death: hospice Preferred place of death: hospice community lodge Preferred place of death: hospital Preferred place of death: learning disability unit Preferred place of death: mental health unit Preferred place of death: nursing home Preferred place of death: residential home Preferred place of death: usual place of residence Preferred place of death discussed with patient Preferred place of death: discussed with family Preferred place of death: discussion not appropriate Preferred place of death: patient declined discussion Preferred place of death: patient unable to express preference Preferred place of death: patient undecided
44. Cardiopulmonary resuscitation decision	The single most recent instance of the four resuscitation codes below is included in the SCR: For attempted cardiopulmonary resuscitation For resuscitation Not for attempted CPR (cardiopulmonary resuscitation) Not for resuscitation See also (48).
45. Date of cardiopulmonary resuscitation decision	The date of the cardiopulmonary resuscitation decision can be recorded with the relevant resuscitation code (44), which is then shown in the SCR.
46. Date for review of cardiopulmonary resuscitation decision	There is no specific code for this in Readv2/ CTV3 or the SCR inclusion dataset. However the date could be entered as free text against the current resuscitation code or other related SCR inclusion code.
47. Location of cardiopulmonary resuscitation documentation	There is no specific code for this in Readv2/ CTV3 or the SCR inclusion dataset. However the location could be entered as free text against the Resuscitation Awareness codes (48). Recording the location against the Resuscitation Awareness codes is recommended, as they are always included in the SCR, unlike the Resuscitation codes (44), of which only the latest single instance is included.
48. Awareness of cardiopulmonary resuscitation decision	Carer informed of cardiopulmonary resuscitation clinical decision Discussion about DNACPR (do not attempt cardiopulmonary resuscitation) clinical decision Family member informed of cardiopulmonary resuscitation clinical decision Not aware of do not attempt cardiopulmonary resuscitation clinical decision Resuscitation discussed with carer Resuscitation discussed with patient
49. Person has made an advance decision to refuse treatment	Has ADRT (advance decision to refuse treatment) (Mental Capacity Act 2005) Has advance decision to refuse life sustaining treatment (Mental Capacity Act 2005) Has Advance Decision to Refuse Treatment (Mental Capacity Act 2005) - Refuses all blood transfusion and administration of primary blood components and minor fractions Has involved healthcare professional in discussion about ADRT (advance decision to refuse treatment) (Mental Capacity Act 2005) Advanced directive discussed with patient Advanced directive discussed with relative Advanced directive signed Advanced directive signed (copy in notes) Has made a living will Advance decision to refuse treatment retracted
50. Location of advance decision to refuse treatment documentation	There is no specific code for this in Readv2/ CTV3 or the SCR inclusion dataset. However the location could be entered as free text against the ADRT codes (49)
51. Name of Lasting Power of	There is no specific code for this in Readv2/ CTV3 or the SCR

Attorney (LPA) for personal welfare	inclusion dataset. However the name could be entered as free text against the LPA codes (52)
52. Authority of LPA	Has appointed person with personal welfare lasting power of attorney (Mental Capacity Act 2005) Has appointed person with personal welfare lasting power of attorney with authority for life sustaining decisions (Mental Capacity Act 2005) Consent given by appointed person with lasting power of attorney for personal welfare (Mental Capacity Act 2005) for sharing end of life care coordination record Enduring power of attorney Power of attorney applied for Power of attorney held Lasting power of attorney personal welfare Lasting power of attorney property and affairs
53. Telephone number(s) concerning Lasting Power of Attorney	There is no specific code for this in Readv2/ CTV3 or the SCR inclusion dataset. However, the contact details could be entered as free text against the LPA codes (52)
54. Name of additional person to be involved in decisions (1)	There are no specific codes for these in Readv2/ CTV3 or the SCR inclusion dataset. However, relevant detail(s) could be entered as free text against suitable advance statement, carer, care plan or other codes: Consent given to discuss preferred priorities for care with carer Agreeing on care plan with legitimate patient representative Nearest relative of patient as defined by Mental Health Act legislation
55. Telephone number of person (1) to be involved in decisions	
56. Name of additional person to be involved in decisions (2)	
57. Telephone number of person (2) to be involved in decisions	
58. Other relevant issues or preferences about provision of care	[V]Refusal of treatment for reasons of religion or conscience Procedure refused – religion Preferred priorities for care document completed Preference for female healthcare professional Preference for health professional Preference for male healthcare professional Preference for NHS care provider See also 35.
59. Date of death	This information is not automatically included in SCR additional information but will be recorded in the source GP system.
60. Actual place of death	

Other SCCI1580 related codes:

Content heading/subheading	
61. Religious, spiritual and cultural requirements	Has spiritual and cultural support [V]Refusal of treatment for reasons of religion or conscience Procedure refused – religion
62. Current medication	This is a standard component of the core SCR available in SCRa.
63. Next of kin - The name and contact telephone number of next of kin identified by the person.	Patient's next of kin No next of kin Other related codes in the inclusion set are: Has kinship carer Legal guardian - email address Legal guardian - home telephone number Legal guardian - mobile telephone number Legal guardian - work telephone number Legal guardian details Nearest relative of patient as defined by Mental Health Act legislation

	The following code is not currently included in the SCR inclusion dataset but may be manually added: Emergency contact details Next of kin information is also available on the PDS (in Alternative contacts - The patient's legal guardian, proxy, family/close contact).
64. Person lives alone	Lives alone Lives alone - help available Lives alone needs housekeeper Lives alone -no help available Independent housing, lives alone Homeless single person SCR also includes the following other social history information: Lives with biological parent and step parent Lives with biological parents Lives with grandfather Lives with grandmother Lives with immunocompromised person Lives with partner Lives with relatives Lives with spouse Elderly relative lives with family
65. Sexual orientation	This information is not automatically included in SCR additional information but may be manually included if the patient wishes.
66. Syringe driver at home	Syringe driver commenced Syringe driver discontinued
67. Other equipment at home - To include catheter/ continence products at home.	Provision of mobility device Support equipment Home oxygen supply Home oxygen supply - concentrator Home oxygen supply - cylinder Home oxygen supply - liquid oxygen Home oxygen supply started Home oxygen support Other relevant codes such as the following may be manually included in the SCR: Catheter care equipment available at home Continence care equipment available at home
68. Expressed wish for organ donation	This information is not automatically included in SCR additional information but may be manually included in the SCR alongside other patient wishes.
69. Carer's assessment carried out	Referral for general practice carer's assessment Referral for social services carer's assessment Referral to Princess Royal Trust carers centre Referral to voluntary support service for carers
70. Bereavement risk assessment	This information is not automatically included in SCR additional information but a relevant bereavement related code may be manually included in the SCR.
71. Person's wishes of things to be avoided	Has Advance Decision to Refuse Treatment (Mental Capacity Act 2005) - Refuses all blood transfusion and administration of primary blood components and minor fractions Has involved healthcare professional in discussion about advance care planning Further detailed information could be recorded as free text against a suitable care plan code. For the complete list of care plan codes, see the SCR inclusion dataset. See also Treatments that have been refused and circumstances of refusal (74)

72. Preferred place of care - To identify where an individual would prefer to be cared for. (Select from NHS hospice/specialist palliative care unit, voluntary hospice/specialist palliative care unit, person's own home, hospital, care home, other)	There are no exact match codes for these in Readv2/ CTV3 or the SCR inclusion dataset. However the choice rank, organisation name and address can be recorded as free text against the following codes (which are in the SCR inclusion dataset): Preferred place of care - community hospital Preferred place of care - home Preferred place of care - hospice Preferred place of care - hospital Preferred place of care - learning disability unit Preferred place of care - mental health unit Preferred place of care - nursing home Preferred place of care - discussed with family Preferred place of care - discussed with patient Preferred place of care - patient declined to participate Preferred place of care - patient unable to express preference
73. Plans for verification of death - to include permission/suitability for nurse verification of death.	There are no exact match codes for these in Readv2/ CTV3 or the SCR inclusion dataset. However, information could be recorded as free text against a suitable care plan code, such as: Notification to primary care out of hours service of anticipated death Notification to primary care out of hours service of palliative care plan in place For the complete list of care plan codes, see the SCR inclusion dataset.
74. Treatments that have been refused and circumstances of refusal	[V]Refusal of treatment for reasons of religion or conscience Procedure refused – religion
75. Details of social care plan and location of document	Health and social care plan agreed
76. Completion of form DS1500 - Fast track application for benefits for people that are terminally ill	DS1500 form - attendance allowance claim DS 1500 Disability living allowance (terminal care) completed Other codes in the inclusion set related to benefits include: Benefits counselling Entitled to prescription exemp Has free prescriptions - automatic / low income / unspecified Has prescription season ticket
77. Has person been accepted for Continuing HealthCare funding - a package of continuing care provided outside hospital, arranged for people with on-going healthcare needs.	This information is not automatically included in SCR additional information but a relevant NHS Continuing healthcare… code may be manually included in the SCR.
78. Reason for variance between actual and preferred place of death	This information is not included in SCR but may be recorded and reported on in the source GP system.
79. Should person's GP be contacted out-of-hours? Telephone numbers	There is no specific code for this in Readv2/ CTV3 or the SCR inclusion dataset. However the information could be recorded as free text against one of the following codes: Under care of GP Patient allocated named accountable general practitioner Has end of life care key general practitioner Has end of life care pathway key general practitioner GP out of hours service notified of cancer care plan Notification to primary care out of hours service of anticipated death Notification to primary care out of hours service of palliative care plan in place Ambulance service notified of patient on end of life care register

	or against a relevant care plan code automatically included in SCR.
80. Whether the person/family has been given a copy of the record - as a minimum, the individual should be offered a copy of the record or access to it.	This information is not automatically included in SCR additional information but a relevant code such as Copy of clinical record given to patient may be manually included in the SCR.
81. Ethnicity	This is a standard data element of the PDS available in the SCRa.
82. Whether GP will sign death certificate in normal circumstances	There is no specific code for this in Readv2/ CTV3 or the SCR inclusion dataset. However the information could be recorded as free text against a suitable care plan code, included in the SCR.
83. Date person added to Gold Standard Framework register	There is no specific code for this in Readv2/ CTV3 or the SCR inclusion dataset. However the date can be recorded with the code: On gold standards palliative care framework which is included in the SCR.
84. Date of last discharge from hospital/hospice - The date of discharge from the most recent admission to hospital or hospice.	The following codes related to discharge are in the SCR inclusion dataset: Discharge by district nurse Discharge by practice nurse Discharge from cancer primary healthcare multidisciplinary team Discharge from heart failure nurse service Discharged from care of dyspepsia specialist nurse Discharged from community specialist palliative care team Other relevant discharge related codes may be manually included in the SCR.
85. Implanted devices - details of any implanted devices that may require management (includes implantable cardiac defibrillators).	[V]Cardiac pacemaker in situ Implantable cardiac electronic device in situ Patient with internal cardiac defibrillator pacemaker

NON SCCI1580 specific content:

Other SCR inclusion set items that could be potentially related to palliative care coordination and that may be used to contain other information not explicitly matched to existing codes above:

Other SCR inclusion set items	Notes: Codes in the SCR Inclusion dataset
For the complete list of codes see the SCR inclusion dataset on the HSCIC website or the latest release on the TRUD.	On end of life care register Advance care planning Agreeing on care plan with legitimate patient representative Agreeing on health professional actions in care plan Agreement of care plan Ambulance service notified of patient on end of life care register Anticipatory palliative care Cancer care review Cancer diagnosis discussed Cancer information offered Care plan Children and young people acute deterioration management form Clinical management plan Clinical management plan agreed Clinical management plan review Discussion about advance care plan Discussion about advance care planning with carer Discussion about advance care planning with family member Discussion about out of hours care management plan EHCP (emergency health care plan) agreed Emergency health care plan / Review of emergency health care plan End of life advance care plan End of life care plan offered End of life care pathway Final days pathway GP out of hours service notified Has anticipatory care plan Has children and young people acute deterioration management plan Has end of life advance care plan Has end of life care plan Has involved healthcare professional in discussion about advance care planning Notification to primary care out of hours service of anticipated death Notification to primary care out of hours service of palliative care plan in place Palliative care plan review Review of anticipatory care plan Review of care plan Sharing advance care planning decisions with out of hours service **Special patient note** Suspended from last days of life pathway Treatment Escalation Plan Benefits counselling Entitled to prescription exemp Has free prescriptions - automatic / low income / unspecified Has prescription season ticket

Appendix B – Need for an interpreter

Codes related to the need for an interpreter:

Need for an Interpreter	Interpreter needed Abkhazian language interpreter needed Afar language interpreter needed Afrikaans language interpreter needed Armenian language interpreter needed Assamese language interpreter needed Aymara language interpreter needed Azerbaijani language interpreter needed Basque language interpreter needed Belarusian language interpreter needed Bihari language interpreter needed Bislama language interpreter needed Brawa language interpreter needed Breton language interpreter needed Bulgarian language interpreter needed Burmese language interpreter needed Catalan language interpreter needed Central Khmer language interpreter needed Corsican language interpreter needed Danish language interpreter needed Dzongkha language interpreter needed Esperanto language interpreter needed Estonian language interpreter needed Ethiopian language interpreter needed Faeroese language interpreter needed Fijian language interpreter needed Frisian language interpreter needed Further interpreter needed Galician language interpreter needed Georgian language interpreter needed Guarani language interpreter needed Hungarian language interpreter needed Iban language interpreter needed Icelandic language interpreter needed Indonesian language interpreter needed Interlingue language interpreter needed Interpreter needed - Akan Interpreter needed - Albanian Interpreter needed - Amharic Interpreter needed - Arabic Interpreter needed - Bengali Interpreter needed - Cantonese Interpreter needed - Croatian Interpreter needed - Czech Interpreter needed - Dutch Interpreter needed - Farsi Interpreter needed - French Interpreter needed - French Creole Interpreter needed - Ganda Interpreter needed - German Interpreter needed - Greek Interpreter needed - Gujarati Interpreter needed - Hakka Interpreter needed - Hausa Interpreter needed - Hebrew Interpreter needed - Hindi Interpreter needed - Igbo Interpreter needed - Italian Interpreter needed - Japanese

	Interpreter needed - Korean Interpreter needed - Kurdish Interpreter needed - Lingala Interpreter needed - Lithuanian Interpreter needed - Malayalam Interpreter needed - Mandarin Interpreter needed - Norwegian Interpreter needed - Panjabi Interpreter needed - Pashto Interpreter needed - Polish Interpreter needed - Portuguese Interpreter needed - Russian Interpreter needed - Serbian Interpreter needed - Shona Interpreter needed - Sinhala Interpreter needed - Somali Interpreter needed - Spanish Interpreter needed - Swahili Interpreter needed - Swedish Interpreter needed - Sylheti Interpreter needed - Tagalog Interpreter needed - Tamil Interpreter needed - Thai Interpreter needed - Tigrinya Interpreter needed - Turkish Interpreter needed - Ukrainian Interpreter needed - Urdu Interpreter needed - Vietnamese Interpreter needed - Welsh Interpreter needed - Yoruba Inuktitut language interpreter needed Inupiaq language interpreter needed Javanese language interpreter needed Kalaallisut language interpreter needed Kannada language interpreter needed Kashmiri language interpreter needed Kazakh language interpreter needed Kinyarwanda language interpreter needed Kirghiz language interpreter needed Lao language interpreter needed Latvian language interpreter needed Luganda language interpreter needed Macedonian language interpreter needed Malagasy language interpreter needed Malay language interpreter needed Maltese language interpreter needed Maori language interpreter needed Marathi language interpreter needed Moldavian language interpreter needed Mongolian language interpreter needed Nauru language interpreter needed Nepali language interpreter needed Occitan language interpreter needed Oriya language interpreter needed Oromo language interpreter needed Quechua language interpreter needed Romanian language interpreter needed Romansh language interpreter needed Romany language interpreter needed Rundi language interpreter needed Samoan language interpreter needed Sango language interpreter needed Sindhi language interpreter needed

	Slovenian language interpreter needed Southern Sotho language interpreter needed Sundanese language interpreter needed Swati language interpreter needed Tajik language interpreter needed Tatar language interpreter needed Telugu language interpreter needed Tibetan language interpreter needed Tongan language interpreter needed Tsonga language interpreter needed Tswana language interpreter needed Turkmen language interpreter needed Twi language interpreter needed Uighur language interpreter needed Uzbek language interpreter needed Xhosa language interpreter needed Yiddish language interpreter needed Zhuang language interpreter needed Zulu language interpreter needed Hands-on signing interpreter needed Interpreter needed - British Sign Language Interpreter needed - Makaton Sign Language Requires deafblind block alphabet interpreter Requires deafblind haptic communication interpreter Requires deafblind manual alphabet interpreter Sign Supported English interpreter needed Visual frame sign language interpreter needed Other interpreter needed Interpreter not needed

Appendix C – Preferred Spoken Language

Codes defining the patients preferred spoken language

Preferred spoken language	Main spoken language Main spoken language Abkhazian Main spoken language Afar Main spoken language Afrikaans Main spoken language Akan Main spoken language Albanian Main spoken language Amharic Main spoken language Arabic Main spoken language Aragonese Main spoken language Armenian Main spoken language Assamese Main spoken language Aymara Main spoken language Azerbaijani Main spoken language Bamun Main spoken language Bashkir Main spoken language Basque Main spoken language Belarusian Main spoken language Bengali Main spoken language Bihari Main spoken language Bislama Main spoken language Brawa Main spoken language Breton Main spoken language Bulgarian Main spoken language Burmese Main spoken language Cantonese Main spoken language Catalan Main spoken language Central Khmer Main spoken language Corsican

	Main spoken language Croatian Main spoken language Czech Main spoken language Danish Main spoken language Dari Main spoken language Dutch Main spoken language Dzongkha Main spoken language English Main spoken language Esperanto Main spoken language Estonian Main spoken language Ethiopian Main spoken language Faeroese Main spoken language Farsi Main spoken language Fijian Main spoken language Filipino Main spoken language Finnish Main spoken language Flemish Main spoken language French Main spoken language French Creole Main spoken language Frisian Main spoken language Gaelic Main spoken language Galician Main spoken language Georgian Main spoken language German Main spoken language Greek Main spoken language Guarani Main spoken language Gujerati Main spoken language Hakka Main spoken language Hausa Main spoken language Hebrew Main spoken language Hindi Main spoken language Hindko Main spoken language Hungarian Main spoken language Iba Main spoken language Icelandic Main spoken language Igbo Main spoken language Indonesian Main spoken language Interlingua Main spoken language Interlingue Main spoken language Inuktitut Main spoken language Inupiaq Main spoken language Irish Main spoken language Italian Main spoken language Japanese Main spoken language Javanese Main spoken language Kalaallisut Main spoken language Kannada Main spoken language Kashmiri Main spoken language Kazakh Main spoken language Kinyarwanda Main spoken language Kirghiz Main spoken language Konkani Main spoken language Korean Main spoken language Kurdish Main spoken language Kutchi Main spoken language Lao Main spoken language Latvian Main spoken language Lingala Main spoken language Lithuanian Main spoken language Luganda Main spoken language Macedonian Main spoken language Malagasy Main spoken language Malay Main spoken language Malayalam

	Main spoken language Maltese Main spoken language Mandarin Main spoken language Maori Main spoken language Marathi Main spoken language Moldavian Main spoken language Mongolian Main spoken language Nauru Main spoken language Ndebele Main spoken language Nepali Main spoken language Norwegian Main spoken language Occitan Main spoken language Oriya Main spoken language Oromo Main spoken language Pashto Main spoken language Patois Main spoken language Polish Main spoken language Portuguese Main spoken language Punjabi Main spoken language Quechua Main spoken language Romanian Main spoken language Romansh Main spoken language Romany Main spoken language Rundi Main spoken language Russian Main spoken language Samoan Main spoken language Sango Main spoken language Serbian Main spoken language Shona Main spoken language Sindhi Main spoken language Sinhala Main spoken language Slovak Main spoken language Slovenian Main spoken language Somali Main spoken language Southern Sotho Main spoken language Spanish Main spoken language Sundanese Main spoken language Swahili Main spoken language Swati Main spoken language Swedish Main spoken language Sylheti Main spoken language Tagalog Main spoken language Tajik Main spoken language Tamil Main spoken language Tatar Main spoken language Telugu Main spoken language Tetum Main spoken language Thai Main spoken language Tibetan Main spoken language Tigrinya Main spoken language Tongan Main spoken language Tsonga Main spoken language Tswana Main spoken language Turkish Main spoken language Turkmen Main spoken language Twi Main spoken language Uighur Main spoken language Ukrainian Main spoken language Urdu Main spoken language Uzbek Main spoken language Vietnamese Main spoken language Welsh Main spoken language Wolof Main spoken language Xhosa

	Main spoken language Yiddish Main spoken language Yoruba Main spoken language Zhuang Main spoken language Zulu Additional main spoken language Supplemental main language spoken