

This document has been created based on learning gained through User Assurance. It will be continually updated in the light of user experiences and feedback

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## Access

### Q How do I obtain access to the SUS application?

- SUS is currently only directly available to NHS organisations (or their information suppliers such as shared information services), and only to a small number of staff in each organisation. To access it you have to have a Spine smart card together with the correct access rights (business functions) assigned by your local RA sponsor.
- More details on registration and business functions can be found at [http://www.connectingforhealth.nhs.uk/sus/reference/sus\\_06b1](http://www.connectingforhealth.nhs.uk/sus/reference/sus_06b1).
- Specific guidance for Shared Services can be found at <http://www.connectingforhealth.nhs.uk/sus/reference/sharedservform.doc>.
- The following notes form a checklist of actions required

You must have a CfH Smartcard – for this, contact your local Registration Agent (RA), who will issue you with a card providing you have sponsorship to access SUS. The RA will enter your details on the NHS Care Record Service User Directory, known as the Spine User Directory (SUD) and you will receive a Unique User Identifier (UUID). The record relating to you on the SUD will contain details of the organisation you work for or are acting on behalf of, eg for a Shared Informatics Service.

You will need to be assigned a User Role Profile (URP) for accessing SUS – again contact your local RA. You need your sponsor to sign-off a registration form for you to be assigned relevant SUS activities or Business Functions (BFs) by the RA. The RA will then update the Spine Directory Service (SDS) with the BFs to create your URP.

You should now be able to enter SUS and access data relating to your organisation.

### Q I am registered, but cannot I cannot enter SUS

- This may be because your organisation is not recognised. Organisations such as SHAs, PCTs and Trusts should be recorded in the NHS Administrative Codes system (NACS) that provides information to the SDS, which in turn updates SUS. Changes in organisations (eg mergers) may take time to work through to SUS.
- If your organisation is a Shared Service, then it also needs to be registered with SUS (please note that this is as well as NACS and SDS) in order for users to access SUS. **You should use the latest version of the SUS on-line [SUS Shared Services Registration form](#) to register. This enables shared services organisations, such as a Health Informatics Service and shared commissioning services, to process data on behalf of their constituent organisations.**

### Q I have logged onto the Spine portal and selected SUS (data access services), but when the Secondary Uses Service screen opens I am not presented with the data I expect.

- For anyone to access data in SUS they need to have both the correct business functions associated with their smartcard and the correct association with an organisation. If your local RA confirms that you have

the correct business functions as described in [http://www.connectingforhealth.nhs.uk/sus/reference/sus\\_06b1](http://www.connectingforhealth.nhs.uk/sus/reference/sus_06b1) then you should contact BT SUS Service desk to check your registration as a user for your organisation.

- There are reasons why you may not be able to see some data. For example, if you are from a provider organisation and use a business function (eg B1560) that grants access to data for commissioners, SUS will not provide access to data. In this situation, please check your business functions and organisation codes to check that your registration is correct.
- If your organisation is a Shared Service, it is possible that you can see data for some organisations, for example the constituent parts, but not for the shared service as an entity. This implies that the registration with SUS made for the Shared Service is incorrect. For the earlier example, the registration requires an organisation list, which should include the shared service organisation itself. To illustrate this, if shared service organisation YDD11 has constituents RAF50 and RAF51, then YDD11 should be registered as the parent organisation with 'children' of RAF50, RAF51 and YDD11 in order to access/see data for all 3 organisational arrangements.

**Q As a user working across two different organisations, why are my extracts sent to the same My Documents area?**

- Each user of SUS currently only has one "My Documents" folder, regardless of how many organisations they work for. Creation of multiple folders for users who work for multiple organisations will be addressed in a future release. Until then users affected in this way should observe the standard good practice Information Governance rules for handling and storing separate datasets.

**Q Why am I getting Internet Explorer error messages and issues?**

- PCs used for accessing the SUS application should be fully up to date with MS Windows XP(tm) patches and MS Internet Explorer(tm) patches
- The only browser that can be used with SUS is MS Internet Explorer(tm).
- It is possible that other applications running on your PC, especially freeware or open source applications, could have an impact on your ability to access and run Spine applications such as SUS.

**Q Who does Internet Explorer close when I'm downloading extracts?**

- SUS is a browser based application and works with the standard NHS desktop build. However, certain third party applications (particularly those with zipping functionality) can cause changes in the Windows software that react poorly to SUS functionality, resulting in the browser closing when downloading extracts.
- A specific symptom SUS users will see is that the SUS window will close allowing the download to continue. The user will then need to re-launch SUS from the SPINE portal gateway. There will be no need to reauthenticate against the portal gateway.
- The browser closing is a direct result of the Microsoft Internet Explorer software detecting zipped files and is a feature that cannot be predicted as the feature behaves differently depending on the number and type and applications installed on a users PC. The number of updates and sequence they were applied is also a consideration.
- Potential SUS solutions for this non-SUS issue are being investigated.

**Q I see jumbled data when I expected to see NHS number etc**

- You may be seeing Pseudonymised data when you expect to see clear. All PCTs and Providers should currently see data in clear. Check that you have the correct role and the correct Business Function codes applied on your smart card.

**Q I thought that the Session Role ID was automatically activated if I only had one role**

- You need to actively make this selection when you log on. This is to allow you to change URPs easily without having to re-authenticate. Consider a user having multiple URPs and needing to run extracts for them all. It is possible to do this by selecting 'LOG OUT' then selecting the next URP to be used without having to close all browsers down and then having to reauthenticate the user.

**Q Why is SUS restricting access to 3 users per organisation?**

- The Patient Information Advisory Group (PIAG) imposed conditions on the approval of the Section 60 application for operating SUS including a requirement that access to patient identifiable data must be limited.
- The limit of 3 users has been set from within the SUS Programme on the grounds that this:
  - is a suitable number of people in an organisation to handle the extract processes which are expected to take place mainly on a regular and known schedule and does allow for managing staff absences/cover etc
  - will ensure that SUS is not overloaded initially
  - will enable all organisations to have fair access
  - is part of the phased roll-out of SUS
  - meets the PIAG conditions.
- The number and associated granularity of the current business function/activity codes available to SUS at this time mean that it is not feasible to restrict access to patient identifiable data other than through restricting the number of users.
- More users will be able to access SUS when more functionality and facilities are added to SUS and when greater control through business functions/activities is feasible.
- The organisations referred to here are those in existence at 1 April 2006, i.e. old PCTs, old SHAs, Trusts and HISs.

**Q Won't the limit of 3 users per organisation cause some difficulty as access to SUS is usually time critical and needs to take account of cover requirements (e.g. part time/job share etc) in both the finance and information management functions?**

- The SUS warehouse and marts are updated on a weekly basis, except preceding flex and freeze dates, when more frequent updates take place, typically 3 per week. Extracts are therefore likely to be taken on a weekly basis for all but 8 weeks of the year, allowing for cover etc.

**Q In the past PIAG have amended regulations if they cause practical difficulties, Can this be done in the case of the 3 user limit on SUS?**

- The SUS programme shares PIAG's view and will not ask them to relax their approach on limiting access to patient identifiable data. Instead we are working towards better pseudonymised access.

**Q Guidance on SUS restricts organisations to only 3 users because of the need to restrict access to patient-identifiable information. This appears to be in total contradiction to the purpose of SUS in that all information is pseudonymised and SUS is for the whole NHS and a wide range of users.**

- SUS is designed to provide timely, pseudonymised, patient-based data and information for management and clinical purposes other than direct patient care. However, in its initial provision of CDS and PbR data, the records have patient identifiable data. Large-scale pseudonymisation will be rolled out in coming releases through a phased transition that will ensure business continuity and consistent data quality.
- Limitations of the current business function codes for SUS mean that it is not possible to restrict access to patient identifiable data other than through restricting the number of users.
- The numbers of registered users will be extended as the range of analysis and reporting functionality available within SUS increases and moves beyond an extract.

**Q The RA guidance recommends that in light of the new organisation boundary changes and the limit of three users per organisation, a review is undertaken and a proposal submitted to the executives in the organisation for approval. This should include who should sponsor SUS access and which users need access to SUS. When will this happen, how will it be managed and will shared services be considered separately?**

- From an information governance stand point your local Registration Authority should carry out this review as soon as possible. However, business continuity through the period of the boundary changes and the need to establish the effective operation of SUS for the 2006/7 financial year are of paramount importance. Any changes to local arrangements should also take into account that only trained users should access SUS.
- It is expected that some PCTs will operate their information operations on a distributed basis for some time to come and that shared services will also continue to operate, so it is not possible to set deadlines for the changes outlined in the guidance. Allocation of SUS business functions to users and numbers of users per organisation will be monitored centrally and will be reviewed by the SUS programme at an appropriate time such as at the end of the 2006/7 financial year.

**Q Is it necessary to register as a shared service or is there a work around that the user registers with each individual organisation on their Smart Card?**

- Registering a shared service organisation with NACS and SUS enables additional functionality within SUS to be used. This includes a) using a single card and login to all constituent organisations, thus removing the need for multiple logins to the Spine each time a different individual organisation's data is accessed and b) providing the opportunity to view, access and take extracts across all or groups of the constituent organisations. There are also significant advantages in supporting shared commissioning arrangements.
- However registering a shared service is not compulsory and you can register users for each individual constituent organisation if you wish and then login separately for each organisation and only access data for that particular organisation in that spine session.
- The shared services access facility was introduced at the request of users, but it is a local decision whether to utilise this or not.

**Q Who should act as sponsor for a shared service, am I correct in assuming it should be an individual from the host organisation?**

- With any NHS organisation, the local Registration Authority (RA) sponsors access to CFH services - this also applies to shared services arrangements.
- A Shared Service has to register with NACS and then SUS and in effect be signed off as genuine by the host organisations' Caldicott Guardian - see <http://www.connectingforhealth.nhs.uk/sus/whatsnew> on the SUS website where there is a form and guidance. The host organisation is liable for any information governance problems arising from their staff's actions and needs to have robust registration authority practices. The Shared Service is acting as a 'data processor' in Data Protection Act terms and the Caldicott Guardian is covering the handling of patient identifiable data from all the organisations by virtue of the management and IG arrangements that are in place.

**Q Can SUS support specialist commissioning?**

- SUS supports Specialist Commissioning in two ways. The first way is for the Specialist Commissioning Service organisation to be registered as an organisation with the NHS Administrative Code Service (NACS) which creates an organisation code for use within the data flows across the NHS. The provider organisation involved in service provision should then enter the Specialist Commissioning Service organisation code in the commissioner field of CDS records for relevant activity - as opposed to entering the PCT of the patient. Extracts from SUS filtered by Commissioner code will then produce the activity relating to the Specialist Commissioning Service organisation.
- There is a second and slightly more complex solution that can be used in its own right, but one that probably needs to be used to support the above simpler solution on a 'belt and braces' approach to capture all relevant activity.
- This approach requires the Specialist Commissioning Service organisation to register with SUS as a Shared Service Organisation in addition to registering with NACS. The service provider should be requested to enter the Specialist Commissioning Service organisation code in the 'copy recipient' field of of CDS records for relevant activity. Extracts can then be made across all constituent PCTs filtered by the Specialist Commissioning Service organisation code value in the 'copy recipient' field.
- Information about shared services and registering a shared service organisation with SUS is contained in the 'what's new' pages of the SUS web site dated September 26.

## **Service Tracker**

**This section is currently being updated.**

See the What's New Section of the SUS Website: (Date – 20 July 2007)

<http://www.connectingforhealth.nhs.uk/systemsandservices/sus/whatsnew>

## Extended Extracts

### Q        **Where are the Extended Extracts?**

- Users who have been on the training course will be aware that there are two types of extracts that can be created through Extract Mart: *standard* – which provides the equivalent data to the NWCS CDS data flows; and *extended* – which provides additional functionality – through additional selection criteria and to derived data items. Since there are still some enhancements to the extended extracts to be implemented, only standard CDS extracts will be available initially. The extended extract facility will be rolled out in the early part of 2007.

## Data Matters

**Q Can I access data pre-2005/06 through Extract Mart:**

- No, 2004/05 data will not be loaded into Extract Mart. This data was migrated from NWCS rather than processed through SUS. Consequently, due to data quality and consistency issues 2004/05 data was not loaded into Extract Mart. In the longer term 2 years data plus the current year to date will be held in Extract Mart, but initially only 2005/6 and 2006/7 to date.
- The full 7 years' data migrated from NWCS, plus all subsequently loaded data is stored on the main data warehouse. It would be possible at some stage in the future to create a VAS-type extract of the required data for the SHA, but this is not available immediately.

**Q Why do I get apparent duplicate CDS records in extracts?**

- This would only affect organisations with multiple responsibilities, i.e. Shared Services and SHAs. Extracts for single organisations will have any duplicates removed. It may also affect some PCTs while both new and old codes are still being used.
- Different organisations may have access to a CDS record for a variety of different reasons. In addition to reproducing the Prime and Copy Recipient access from NWCS, users could have access for other reasons (e.g. Derived PCT of Residence, Derived PCT of Responsibility or Commissioner).
- While under NWCS, a CDS record would be sent to the Prime and Copy Recipient(s), under the equivalent SUS Extract a record would appear in both/all organisations extracts – since they have a right to have access. If a Shared Services organisation or SHA creates an extract for multiple organisations under their responsibility then the CDS record would appear for each organisation (i.e. as Prime Recipient for PCT A and Copy Recipient for PCT B).

**Q When I downloaded a file, the format of number fields appearing incorrect for Generated Record ID, Local ID, NHS number DOB, postcode & Hospital Spell number e.g. 7.63E+11**

- The columns in which these fields are located are too small for the data. Double click on the line to the right dividing the cell from data in the next cell it will expand the cell to fit the data and you will see the data as you would expect.

**Q When will the SUS data dictionary be updated?**

- The SUS data dictionary will comply with the NHS data dictionary by 18th December 2006. It will then be updated whenever changes are made to the data items available in SUS.

**Q Can I define the size preferences (csv, or fixed format)**

- Yes – this is user configurable but please be aware that a Fixed Format extract will be considerably larger in size than a normal extract due to the extensive “white space” in the CDS.

**Q The number of columns in my extract exceeds Excel’s limit of 256 columns, how can I export the data?**

- The extract can be exported as a csv file and then irrelevant columns can be excluded during the import routine for Excel. Alternatively, import it into MS Access or another data base application. A MS Access database suitable for holding APC spells and episodes can be downloaded from <http://www.connectingforhealth.nhs.uk/sus/reference/0607structuresV3.mdb>.

**Q I am having problems formatting an output file.**

- The solution would be to open the data in notepad; or convert Excel column fields to text.

**Q Is FTP functionality available for transferring files.**

- This functionality is currently not available within SUS. FTP is not supported by the CfH Spine, and so cannot be used by SUS. We have logged this as a potential enhancement to SUS

**Q How is the output relating to VGPs structured?**

- Details of all the VGP fields used are currently on the ClearNet web site [:http://clearnet.mhapp.nhs.uk/iclearnet.html](http://clearnet.mhapp.nhs.uk/iclearnet.html)
- There is also a full list of the current nationally used VGP fields, which can be downloaded as VGP Directory National Index.csv. It should be noted that the ClearNet website will close with NWCS on 31 December 2006, but the VGP list is also on the Reference materials section of the SUS web site: <http://www.connectingforhealth.nhs.uk/sus/reference/index.html#tech>
- The VGP extracts are provided separately from the rest of the Extract Mart data due to the potential Information Governance issues surrounding the uncontrolled transfer of clear data.
- Selecting the Extract Mart option to include field headings will provide the names of the fields output
- The SUS VGP output and fields in these extracts are comprised of the following fields:
  - Header Information, e.g. Generated Record ID, Reason for Access, CDS Type etc. These are used to identify the record and link to the rest of the CDS locally.
  - a series of VGP fields - one for each section of the CDS record, e.g. Patient\_VGP, Hospital\_Provider\_Spell\_VGP, Consultant\_Episode\_VGP, etc. What data is sent within these fields and which one(s) are used is defined by the sender and their EDIFACT/XML translation solution. These VGP fields are limited to 4,000 characters in each field, but this includes the XML tags around the data, so if a large amount of VGP data is sent, senders may need to use a number of separate VGP sections
- It should be noted that the initial version of the SUS Extract Mart Data Dictionary on the web site had incorrect field names for the VGP fields.

This is being corrected and a revised version will be on the web site at the beginning of January.

- The content of the VGP field is sent in the XML message structure. This is because the content is locally defined and variable, and so SUS cannot produce standard output for non-standard data. The data consists of a series of XML tags enclosing the data as follows:

`<VeryGeneralPurpose_001>...</VeryGeneralPurpose_001>` encloses the data for the first VGP field included within this section.

`<PartyIdentifier>...</PartyIdentifier>` encloses the organisation within which the VGP data item was defined. These are still the old Region codes e.g. Y0500, which were in use when the VGPs were set up.

`<IdentityNumber>...</IdentityNumber>` is the code number for the VGP data item for the Region as defined in the VGP Directory National Index, e.g. 1996010250 means Case Note Number. This defines what the data item is.

`<FreeText>...</FreeText>` contains the value of the data items e.g. 12345678 for the Case Note Number

`<VeryGeneralPurpose_002>...</VeryGeneralPurpose_002>` encloses the data for the next VGP field included within this section, and so on.

- Users will need to develop local routines for converting this data.

**Q How do we know which Providers have submitted/when?**

- There is a Data Change report within Extract Mart which provides detail of the last submissions to have been processed onto the mart. There are also Service Tracking reports to let Trusts and Commissioners view the processing of interchanges in a similar way to that on NWCS.

**Q Can we take data from one/selected provider where changes have occurred?**

- Yes, there is a provider selection criterion within the Extract Mart selection screen.

**Q Will you provide any indication in SUS around when data is "complete" for a month for a provider?**

- The Data Change report shows the interchanges processed and the activity, but SUS cannot know that this is all the data that a provider might send.

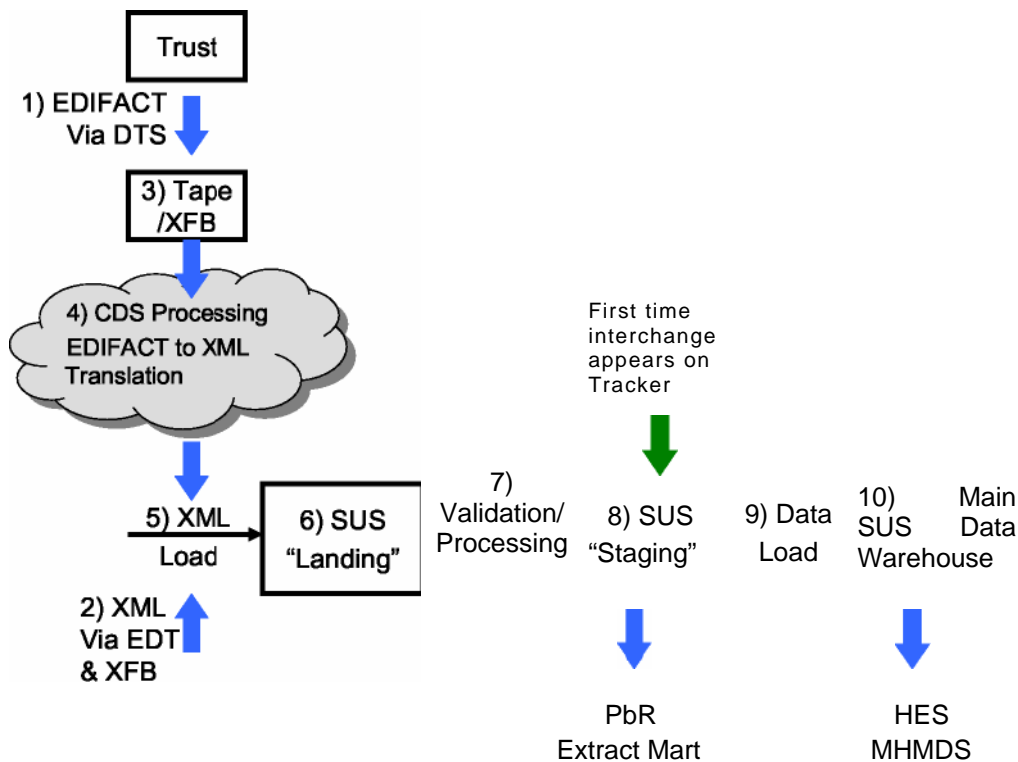
**Q Why are the headings on the Extract Mart outputs different from the SUS Data Dictionary?**

- These were intended as headings to identify fields not as field names to define data. Users can still load data into a database defined with the Extract Mart field names or with locally defined field names. Local database routines can be set to ignore any header line if required and load data based on field order. Once the local data load routines have been set up, these headings do not need to be used.
- There is a known issue with duplicate headings for OPCS and Read Procedure dates in the current release of SUS Extract Mart. This will be addressed in a patch early in 2007. This would only cause a problem if users try and use the report headings as field names when loading into a database. The duplicate "field names" could then cause database load

errors. However, as stated above, users need not use these headings as field names to define data.

**Q What is the process for getting CDS data onto the SUS Extract Mart?**

- The outline route for submitting and processing CDS data is shown in the diagram below.



- 1) Trusts currently submit data in EDIFACT format either directly or via a bureau service using the BT Data Transfer Service (DTS). Previously, this data was sent to the McKesson ClearNet service and to SUS. From 1<sup>st</sup> January 2007, with the closure of the ClearNet service, this data will be sent to SUS alone. BT will be using the same DTS ID and so Trusts with existing EDIFACT arrangements in place will continue to send CDS in the same way. Trusts using the McKesson IGS EDIFACT service (which closes on 31/12/06 with ClearNet) will have needed to agree an ongoing service, either with McKesson or an alternative supplier.
- 2) **By the end of October 2007**, Trusts must have migrated their EDIFACT submissions to XML. This data will be transferred to SUS using the BT External Data Transfer (EDT) service. This will replace steps 1-4 in the process. Full guidance in achieving this migration is available from the SUS web site at:

<http://www.connectingforhealth.nhs.uk/sus/reference/index.html#imp>

- 3) At present, CDS interchanges from Trusts are loaded by tape into the first stage of SUS processing once a week on a Wednesday, comprising of all data received by close of business on Tuesday. In weeks prior to PbR Flex and Freeze dates, there are 3 tape transfers per week. A utility called XFB has been loaded, which will transfer data immediately into SUS processing on receipt from DTS. This will run in parallel with the tape transfer during January and from then will reduce CDS processing timescales by up to 6 days, depending on what day the interchange is submitted.
- 4) The original design of SUS was to load data in XML format, but this was changed to allow the input of data in EDIFACT format. This required the development of routines and processes outside the main SUS application to handle, translate EDIFACT data (into XML), validate it and report errors found back to submitting Trusts.
- 5) The first stage of the main SUS process is to load XML data, carrying out initial XML validation.

- 6) This data is then held in an area within SUS known as “Landing”
- 7) Further validation and processing (e.g. creation of derived data items) is then undertaken.
- 8) Following this, the data is held in an area within SUS known as “Staging”. This data forms the source of data for PbR and Extract Mart. This was done for operational processing reasons. At present, it is only at this stage that the interchange appears on the Service Tracking reports, although the time between Landing and Staging is generally short.
- 9) Data load routines copy the data from Staging into the main Data Warehouse.
- 10) The main Data Warehouse is the master copy of all data which is held within SUS and will continue to be built up over time with further data of that currently stored, plus new data sources. The concept of SUS is that there will be a series of data marts which make data available to users. These are based on consistent subsets of the main data warehouse to enable efficient processing.

**Q What is the timetable for CDS data getting on to Extract Mart to be ready for download?**

- At present, Extract Mart is updated from the SUS Data Warehouse once a week over the weekend. Any data submitted and successfully processed by a Friday will be available for download on the following Monday.
- There are Service Level Agreements in place for the timescales from Trust CDS submission to population of the Extract Mart for download. We are working to reduce the timescales, but at present data submitted on Monday or Tuesday will have been processed and loaded onto Extract Mart on the immediately following weekend. Data submitted later may miss that weekend and be available after the following weekend.
- Once XFB is fully implemented (by end January), this process will be improved and data submitted between a Monday and Thursday will normally be processed, loaded onto Extract Mart and made available for the following Monday.

**Q What is the definition of the Generated record ID within SUS? What will happen when this record is replaced? Can records in the extract mart and PbR mart be linked using this?**

- This is an internally generated sequence number. It is unique for every record. It will allow you to join across the two marts and both PbR and Extract Marts contain a Generated Record ID. Spell ID is in the Extract Mart where the episode could be constructed into a spell, but there is no formal link. The data is held and processed for two different purposes. For example if a frozen record in the PbR mart is logically deleted by a subsequent interchange then it will not appear in the Extract mart.

**Q Is data in PbR and Extract Mart consistent?**

- The underlying data within the PbR and Extract Marts is the same and is comprised of the CDS records sent by Trusts. However, there will be some differences in the data included for a number of reasons.
- Depending on which PbR report is used, this may be fixed at a period of time. Extract Mart always gives the current view, so may have been updated. For example if a frozen record in the PbR mart is logically deleted by a subsequent interchange then it will not appear in the Extract mart.

- Again depending on the PbR report, the scope of the data selected may be different. A Commissioner PbR report will only include records for which the organisation has commissioned the activity. Extract Mart has other data available, defined by the Reason for Access, which includes whether the organisation is the: Prime Recipient; Copy Recipient; Provider: SUS Derived PCT of Residence; SUS Derived PCT of Responsibility; Trust Provided PCT of Residence and Commissioner. Extract Mart may, therefore, include data not on PbR.

**Q Will the Mental Health Minimum Data Set (MHMDS) extracts be available to commissioners via the SUS Extract Mart or any other Mart?**

- Initially, SUS will replicate NWCS functionality for the MHMDS, i.e. it will provide a quarterly extract for the Information Centre and DH users. MHMDS will not be available more widely in the short term. It is planned to extend access to the MHMDS, including to Commissioners, but this will not be before mid 2007 at the earliest.

**Q How do I submit data following NWCS decommissioning?**

- NWCS closed on 31 December 2006. Providers must continue to submit CDS as at present. These will be processed through SUS alone instead of both SUS and NWCS. This will ensure continuity of CDS processing and PbR flows.
- Trusts with EDIFACT solutions in place should continue to use these and send data in exactly the same way, via the BT Data Transfer Service (DTS), as before January 2007. SUS will accept data using the same DTS ID as for NWCS, so Trusts do not need to make changes.
- Trusts can continue to submit data in EDIFACT format, but must have plans in place to ensure that they can migrate to an XML solution through a compliant XML supplier by 31 May 2007 at the latest.
- The McKesson EDIFACT bureau service operating through the Interface Gateway Service (IGS) will close with NWCS on 31 December 2006. Trusts using this service will not be able to continue to send CDS through it and must have agreed an alternative solution. These are:
  - to sign up with the replacement McKesson bureau service;
  - to implement another EDIFACT solution from another supplier before migrating to XML;
  - to implement an XML solution as an early implementation from a compliant XML supplier.
- Details of EDIFACT and XML suppliers are given in the XML migration guidance on the SUS web site at:

<http://www.connectingforhealth.nhs.uk/sus/reference/index.html#imp>

**Q Why do some records in the Extract Mart not have Spell IDs?**

- Spell ID may not be populated for a number of reasons:
  - the record has not yet made it to the PbR Mart. Extract Mart and PbR Mart are populated at different times, this should usually resolve itself;
  - any records missing key patient identifiers such as NHS number, date of birth and local patient ID, may not compile into spells at all and as such will not get a spell ID
- Spell ID is included where it is available at the time the extract is run.

- Q Why am I getting text values and, or data such as " . & in integer fields?**
- While these items are defined in the national data dictionary as integers, unfortunately some providers populate these fields with values other than an integer. While in many cases SUS validates these fields it does not do so in all cases as this would have resulted in even more problems for senders.
  - In those cases where it does not validate the field, SUS uses character based fields to store the data rather than integers. SUS is not authorised to "correct" badly submitted data, it must either reject the whole interchange or accept the data. Check the SUS data dictionary at: [http://www.connectingforhealth.nhs.uk/sus/whatsnew/sus\\_data\\_dictionary.xls](http://www.connectingforhealth.nhs.uk/sus/whatsnew/sus_data_dictionary.xls) for the SUS column specification.
- Q When the Unfinished CDS record is run, why is there no record returned?**
- There is currently a mismatch between the mechanisms for loading the data and extracting the data. Where trusts do not include census date it is set to 01/01/1000 and this is used to extract the data. Unfortunately 01/01/1000 cannot be selected using the date selectors given. The issue is in hand, the Authority and BT are working together to clarify requirements for the unfinished episodes. As soon as further information becomes available, this will be posted on the "What's New" section of the SUS website.
- Q Why have a recently noticed the postcode being populated in the CDS 120 extracts?**
- The postcode value that is populated in the CDS 120 SEM extracts is the post code of the mother. This is a recent change at the request of the authority.
- Q Some interchanges shown in Tracker to be available in PbR and Extract Mart do not appear in the PbR extracts or SEM reports.**
- This may mean that the Provider and Commissioner Field values have been removed where the Contract/Commissioner Serial Number is not populated. This has happened to a number of providers in the conversion from EDIFACT to XML, and also to some organisations who have continued to submit EDIFACT. The supplier concerned has since updated its system and updated on site systems with the revised software. The Provider and Commissioner Codes are used in SUS PbR to populate the PbR Managed Service reports and in Extract Mart (SEM) as one of the available criteria to extract data. Therefore, for those interchanges where the removal of those values has occurred, even though they are shown in Service Tracker to be available in PbR and SEM, data will not be available in PbR extracts or in SEM. Organisations were asked to contact their main Commissioners if they were affected by this problem and arrange to resubmit data.
- Q The CDS data on ward attendances that I send to SUS are being processed on SUS but are not appearing in the PbR extract.**
- Ward Attenders have not existed as an type of activity in national dataflows since 31 March 2005 and users should not be sending data on ward attenders (CDS type 210) to SUS. [DSCN 32/2004](#) was issued in March 2005 withdrawing the data flow for Ward Attenders from April 2005. This DSCN also provides guidance on the revised data definitions and data flows for activity previously identified as Ward Attenders. SUS does not reject these interchanges because it is still possible that a provider may need to update previously submitted or old data. Ward attenders were specifically excluded from 2005/06 PbR and information relating to their use was included in sections 1.3.1 and 4.4.10 of the [PbR Specification](#). Please note Ward Attenders are also excluded from Extract Mart as they are a redundant data set. All organisations should check their CDS submission routines to ensure

they are no longer submitting active Ward Attender CDS's and ensure that procedures and processes have been updated to correctly collect and collate all activity previously identified as a Ward Attender.

## Known Issues

- Q Why are Specialty & Treatment Function code headings swapped on outpatients CDS**
- This defect/issue has now been fixed
- Q Some of my split extract files appear to be the same rather than different files.**
- All records are produced, but in some cases duplicate files were produced.
  - This has been raised during User Assurance and will be addressed in January 2007
- Q Why is the process of selecting and de-selecting fields very slow. Why is there no activity indicator?**
- This has been raised during User Assurance and will be addressed in a future release
- Q When examining an extract why does the "Reason for Access" field contain numbers such as 43 which I do not recognise as valid codes?**
- This field will contain multiple Reasons for Access as a concatenated string so 43 would indicate reason for access 3 and reason for access 4.
- Q: Why are some date fields on the Extract Mart in a different format?**
- All dates should be output as 8 character field in YYYYMMDD format. There are three date fields in the Outpatient extracts which are output as date/time. These are Appointment\_Date, Request\_Received\_Date and Last\_DNA\_Date.
  - This is a known formatting issue which will be corrected in a patch release. Details of when this is corrected will be put on the SUS web site. Most local database applications should be able to load dates in this date / time format, but it is possible that (depending on the output format chosen and local systems) input routines may need to be updated when this change is made.

## Usability

**Q In the Context selectors, under CDS Record, what is the purpose of the ellipsis icon(...)**

- Sometimes the text in the dropdown is too long to be read in the dropdown. The dialog box brought up by the ellipsis is extendable, which allows the user to read the full text of a particular option.

**Q Date Time selector does not allow me to type in directly**

- It is not possible to type directly into the box. Selection should be made via calendar. Double clicking applies the selection straight away and single click requires closing the calendar window.

**Q “Home” icon does not appear to link to anything**

- It is linked back to the home page i.e. where you start, but when on the home page it logically can go nowhere

**Q Activity Date: Activity Date From contains a date of 0101-1000.**

- The Interchange date displayed on the report is compared against the from & to interchange dates specified in the criteria. The activity from and to dates are the report period start and end dates present on Bulk protocol interchange. For Net Interchanges, these are the earliest and latest CDS\_DATE in the interchange. If the dates are invalid, then these will be set to NULL(01/01/1000).

**Q What do the Data Extract processing status indicators mean e.g. requested, completed, transferred?**

- These refer to the various stages of the process. Once an extract has been requested it will then be added to a queue until it is run. Once the run is completed then the extract is then transferred to the user's My Documents folder ready for viewing or downloading.
- It is possible to see the progress of an extract from within another NetPortal screen. Select the schedules tab then select the Schedules Icon. The schedule name will be set to the extract name with a run data and time appended. Check the status column as this will display if the extract is processing, Completed or Failed.

**Q The “Preview” function is slow to return an extract preview.**

- Preview allows for the format to be checked, and a quick sanity check on the data.
- This function is one of the few places where queries are running against the whole main warehouse and thus, depending on complexity, other activity etc this can take some time.

**Q Why can I only select 'one' or 'all'**

- Multiple selections are now consistently available across SUS at the moment. A reference document available under the Technical subheading

at [www.cfh.nhs.uk/sus/reference](http://www.cfh.nhs.uk/sus/reference) shows the currently appropriate selection criteria.

- This will be addressed in a future SUS Release to apply consistent selection boxes.

**Q How do I select Organisation Code**

- Organisations can be selected within Extract Mart in 2 ways: by the Organisations box at the top of the Context screen and by the Provider and Commissioner boxes at the bottom of the screen.
- When a user logs on they have a single organisation associated with them. However, they can also have permission to view data for other organisations through a parent-child relationship held within SUS. This was designed to allow shared services to view data for the organisations they support, but is also used to enable SHA access to their constituent organisations and allow a new PCT to also access data for their old PCTs.
- All the organisations which the user has access to are listed in the Organisations box. Users may select one, many or all organisations. For example, this would enable a shared service to access data for one PCT (by selecting the new PCT code and all the old codes). Multiple selections of organisations for which the user is responsible should be made through this selection box.
- The Provider and Commissioner boxes at the bottom of the screen were intended to allow a user to refresh data for a single organisation where this had changed. For example a PCT may routinely select all data on a rolling 3-month period throughout the year, but at the year-end may want to refresh data for its main provider since there has been a major update. Consequently, this has been designed to allow the selection of one provider and commissioner only and not multiple selections."

**Q Why can I not preview and save without running the full functionality**

- This is standard functionality and the first time you run a report you will be given the option to save the configuration that you used.

**Q When I use F5 or IE refresh icon to refresh SUS I exit the application. Why?**

- SUS is a secure web based service (comparable to online banking) and many of the standard IE buttons will therefore not work. You should use the buttons provided within the SUS or Spine Portals to navigate.

**Q Are there other File split size options?**

- No, but this is being considered as a future enhancement.

**Q What is the "Date Extract requested"**

- This is the date that the extract reaches the main SUS Scheduler rather than the initial queue. Possible system enhancement to change.

**Q What are the "reason for access" codes?**

- Details of these codes can be found in the Implementation Guidance on the SUS website

- Please note that the Reason for Access codes in the data extracts are not the same item as the Reason for Access (Organisation) codes in the Data Manual.

**Q Why are my Folder icons disappearing? Sometimes after selecting the appropriate folder the icon disappears.**

- This could be a local Internet Explorer issue. A possible solution would be to switch on IE's automatic update and refresh your cache.

**Q Extract Status Screen - what is its purpose**

- This screen within the Scheduler application exists to tell user which extracts they have set to run as opposed to the status of extracts (pending / position in queue, running, completed).

**Q Context Extract screen takes a long time to display data entry fields when selected from CDS menu**

- The time it takes this screen to load can vary greatly depending on such factors as; how many fields there are for that extract, other applications working on your PC and activity on the network.

**Q The reset button doesn't appear to work.**

- All screens display the selections entered previously (the last time the screen was accessed) rather than offering the user a clear display
- The RESET button does not clear the selections - if no configurations are selected and an extract is run, the last selected parameters will be displayed by default. If the user makes changes to these default settings and clicks the RESET button, the values displayed by default when the extract was last run will be displayed.

**Q Scheduler Status: When you first enter my documents folder & scheduler status, the view is misleading.**

- It indicates a) queue is empty yet queue size is 13 b) Queries processed and average time per query is '0' yet this is at odds with the comment above (i.e. queue size is 13).

**Q Columns in Configure screen are too narrow; you cannot tell one entry from another without scrolling.**

- This issue has been raised in User Testing and will be addressed in a future release.

**Q The same field name is used for different fields in APC finished extended**

**extracts.** Eg - "Primary Procedure Date" is used on both PROC START DATE OPCS 1 and PROC START DATE READ\_1. \_

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- This issue has been raised in User Testing and will be addressed in a future release.

**Q I am having problems loading an extract from the SUS Extract Mart into a local database table with data rejection of data conversion problems. Please can you advise on how to proceed with this problem?**

- While this is a local issue in loading data into databases rather than a SUS issue, we can provide some hints and guidance which may be useful.
- There are a number of fields that are defined as numeric on SUS, for example Birth Weight\_1 etc. and Critical Care MDS data (the number of Support days, e.g. LIVER\_SUPP\_DAYS\_1).
- The majority of these will be null and will be output as "", "", "" ... etc. in a default CSV output file.
- Some local database systems may read "" as a text null value rather than a numeric null value even though the field is defined as numeric.
- There are a number of options that users can try:
  - 1) There may be settings in local database load routines that ensure "" is read as numeric. (This would be up to the user to investigate locally.)
  - 2) Users could select a different delimiter character to ", (for example |) so that the local system does not default to assuming a text field.
  - 3) Users could read all data into a temporary table where all fields are defined as character and copy to a final table, converting data types as required.
  - 4) Users could use the fixed format output option, (although users should be aware that files will be significantly larger when unzipped due to the blank fields and mapping such files into database load routines is likely to be more error prone.

**Q We currently receive and load data from NWCS on a daily basis. Can we continue to take data on a daily basis from SUS?**

- You can run data extracts from Extract Mart as often as you like. However, at present, the Extract Mart will only be refreshed and updated on a weekly basis over the weekend. Consequently, extracts run with the same parameters within a single week will provide the same results, so weekly downloads are required. We will be looking to refresh the Extract Mart more frequently in the future, but cannot provide a firm date for this at present.

**Q If we have to take all data for all providers, back to 1st April every day, can we schedule these extracts, and how long will they take?**

- All extracts are scheduled automatically when requested and not run immediately on-line. Users will need to assess whether a full year to date extract or (say) a rolling 3-month extract is required. Processing time will depend on the level of other users' activity and downloads, and could be affected at busy times like PbR Flex and Freeze dates. However, extracts scheduled during the day should generally be in users' My Documents area the following morning.

**Q Can we download data using FTP?**

- This functionality is currently not available within SUS. FTP is not supported by the CfH Spine, and so cannot be used by SUS. We have logged this as a potential enhancement to SUS.

**Q How should users to maintain local systems synchronised with SUS?**

- The SUS Extract Mart will provide a "bulk update" download of data for the date range that the user selects, for all organisations for which the user has data access (unless they specify a single Provider or Commissioner). All the amendments and deletions have been applied to give the "current view" of each organisation's data. The data then extracted from Extract Mart is intended to replace the equivalent data stored locally within the user's organisation.
- It is the responsibility of the local user to define the scope of this regular data replacement and to set up the routines to load and replace the data in local databases.
- However, it was anticipated that users would set up regular locally defined download routines, based on standard, saved extract configurations, depending on how quickly and regularly their main providers update their data. For example, it is suggested that a PCT may set up an extract which downloads all the CDS fields for all organisations for the last 3 months on a rolling basis. They may then want to take occasional full year to date extracts at certain key points during the year. Alternatively, if there has been a significant data update for one of their main providers, they could select this provider and just refresh this data.
- The Extract Mart Data Change Report can be used to tell users what data has changed since the last refresh of the Extract Mart database.

**Q How will enhancements to the SUS Extract Mart be handled?**

- All the issues raised during testing and user assurance, which were classified as enhancements, have been recorded by the SUS team. Similarly, any Help Desk calls that are received, which are similarly classified, will also be kept. We are developing our policy for handling enhancements, which will include prioritisation, agreement and funding. This is likely to involve a national user group, similar to that which operated for NWCS.

**Q When will we get access to the online PbR Mart?**

- Following a period of getting Extract Mart and PbR reports routinely produced and accessed, we will be looking at providing access to PbR online from April 2007. In addition, we will still be providing the standard, regular PbR extracts through the PbR Managed Service as at present.

**Q Why is SUS an hour behind?**

**Why did SUS time not change when the clocks went forward?**

**Why is SUS on GMT and not BST?**

SUS is running on a spine server. All spine servers always run on GMT