**IMS Health**

**Research Format**

**THIN Data**

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Version 2.7

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Linked by patient ID

Linked by patient ID

Linked by practice ID

**Patient file**

Data on demographics

**Therapy file**

Data on prescriptions

**Medical file**

Data on medical events

**Additional Health Data (AHD) file**

Data on prevention, lifestyle and diagnostics

**Drug codes**

Encrypted drugcode

linked to generic medicine description

**Dosage**

Dosage code linked to dosage string

**Medical codes**

Linked to description of sign, symptom,

procedure etc

**Anonymised comments**

Linked by text ID

**Pack size**

Free text linked to pack size code

**Postcode Variable Indicators**

Variables linked to patient ID derived from patients’ ward/location.

**AHD codes**

Description of codes and context of dependant variables

**Demography file**

Patient demographics

**Practice file**

Contains dates of last collection, Vision date, AMR, computerisation etc

**Staff** roles linked bystaff ID

**Consult**

Can be linked to therapy, AHD and medical events. Data on location, time and length of consultation

# Structure of THIN Data

The raw data files from THIN have been reorganised so that the data can be provided in a simplified, flexible structure. The data are organised by practice, then by patient, and followed by date so that all records relating to a single patient are stored together. Each practice’s data are split into four standard ASCII fixed width text files and three linked files. These include: patient, medical, therapy and an additional health data (AHD) file which contains information on preventative healthcare, tests and immunisations. The linked files are: postcode variable indicators (PVI) consult and staff. In addition the THIN Data files are provided with a series of dictionaries and look-up tables which allow the coded information to be interpreted. This research format enables a great deal of flexibility in terms of querying and interrogating the data since they can be loaded and imported into virtually any database or statistical application. Alternatively the data can be stored as flat files and queried using any appropriate programming language.

# PATIENT: Patient records

This file contains information on patient characteristics and registration details i.e. censoring dates for determining person-time in the database. Field values are updated so that there is only one record for each patient.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIELD** | **CHARACTER TYPE** | **MAX NO. OF CHARACTERS** | **DESCRIPTION** | **COLUMN POSITION** |
| **patid** | Any ASCII | 4 | Patient identifier - case sensitive and unique within practice | 1-4 |
| **patflag** | A | 1 | Flag which indicates the integrity of the data for that patient (see patflag) | 5-5 |
| **yob** | YYYYMM00  Or YYYY0000 | 8 | Year of birth (month also included for children) | 6-13 |
| **famnum** | 999999 | 6 | Identifier shared by patients living at same address | 14-19 |
| **sex** | 9 | 1 | Sex of patient (see sex) | 20-20 |
| **regdate** | YYYYMMDD | 8 | Patients registration date with the practice | 21-28 |
| **regstat** | 99 | 2 | Registration status (see regstat) | 29-30 |
| **xferdate** | YYYYMMDD | 8 | Date of transfer out of practice (if applicable) 00000000 if not transferred out | 31-38 |
| **regrea** | 99 | 2 | Extended registration information  (see regrea) | 39-40 |
| **deathdate** | YYYYMMDD | 8 | Patients date of death (derived by IMS Health) 00000000 if no death date | 41-48 |
| **deathinfo** | A | 1 | Death information – cause of death (linked from death certificate or comment) (see deathinfo) | 49-49 |
| **accept** | 9 | 1 | Registration acceptance type (see accept) | 50-50 |
| **institute** | Y | 1 | Residential Institute  Y = yes N = unknown | 51-51 |
| **marital** | 99 | 2 | Marital status (see marital) | 52-53 |
| **dispensing** | Y | 1 | Y indicates they are a dispensing patient, whose prescriptions can be dispensed by the practice.  Blank if not a dispensing patient. | 54-54 |
| **prscexempt** | 99 | 2 | Prescription exemption (see prscexempt) | 55-56 |
| **sysdate** | YYYYMMDD | 8 | System date | 57-65 |

## Lookup tables for patient files

|  |  |
| --- | --- |
| **patflag** | **description** |
| A | Acceptable record |
| C | Acceptable: transferred out dead without additional death information found in the data |
| D | Not permanently registered |
| E | Out of sequence YOB. YOB greater than regdate |
| F | Out of sequence registration date. i.e. greater than xferdate |
| G | Regstat 5 and missing or invalid transfer out date |
| H | Missing or invalid registration date |
| I | Year of birth missing, invalid or over 115 years of age |
| J | Not male or female |
| K | Invalid transfer out date |
| N | Family number invalid |
| P | Invalid Regrea |
| Q | Out of sequence deathdate i.e before YOB or greater than last collection |
| R | No registration time i.e registration date = last collection or transfer out |
| S | Acceptable but no medical, therapy or AHD events recorded |
| M | Multiple problems. More than one of the above errors |
| X | Re-allocation of patid : 2 different patients with same patid |

|  |  |
| --- | --- |
| **sex** | **description** |
| 1 | Male |
| 2 | Female |
| 3 | Not Specified |
| 4 | Unknown |
| 0 | Null record |

|  |  |
| --- | --- |
| **regstat** | **description** |
| 01 | Applied |
| 02 | Permanent |
| 03 | Temporary resident < 16 days |
| 04 | Temporary resident 16 days to 3 months |
| 05 | Transferred out |
| 07 | Immediately necessary treatment |
| 08 | Emergency treatment |
| 09 | Child Health Surveillance |
| 10 | Contraception |
| 11 | Maternity |
| 12 | Minor surgery |
| 13 | Private |
| 14 | Referred |
| 15 | Walk in centre |
| 16 | GP with special Interest |
| 17 | Minor Injury Clinic |
| 18 | HMP inmate |
| 19 | Visitor (EC111) |
| 99 | Death |
| 00 | Null record |

|  |  |
| --- | --- |
| **regrea** | **description** |
| 01 | Death |
| 02 | Removal to new HA/HB/CSA |
| 03 | Internal transfer |
| 04 | Mental hospital |
| 05 | Embarkation |
| 06 | New HA/HB/CSA/Same GP |
| 07 | Adopted child |
| 08 | Services |
| 09 | Deduction at GP’s request |
| 10 | Registration cancelled |
| 11 | Service Dependant |
| 12 | Deduction at patients request |
| 13 | Other Reason |
| 14 | Enlistment |
| 15 | Institution |
| 16 | Transfer within practice |
| 17 | Linkage |
| 18 | Ex-maternity only |
| 19 | Ex-child HS |
| 20 | Ex-minor operations |
| 21 | Ex-private |
| 22 | Other reasons |
| 23 | Registration cancelled |
| 24 | Institution |
| 25 | Intra-consortium transfer |
| 26 | Returned undelivered |
| 27 | Internal transfer- address change |
| 28 | Internal transfer within partnership |
| 29 | Correspondence states ‘gone away’ |
| 30 | Practice advise outside their area |
| 31 | Practice advise patient no longer resident |
| 32 | Practice advise removal via screening system. |
| 33 | Practice advise removal via vaccination data |
| 34 | Removal from Residential Institute |
| 00 | Null Record |

|  |  |
| --- | --- |
| **deathinfo** | **description** |
| A | Linked death certificate with cause of death |
| B | Death comment |

|  |  |
| --- | --- |
| **accept** | **description** |
| 1 | Birth |
| 2 | 1st acceptance |
| 3 | Transfer-in |
| 4 | Immigrant |
| 5 | Ex-services |
| 0 | Null record |

|  |  |
| --- | --- |
| **marital** | **description** |
| 01 | Single |
| 02 | Married |
| 03 | Widowed |
| 04 | Divorced |
| 05 | Separated |
| 06 | Unknown |
| 07 | Engaged |
| 08 | Co-habiting |
| 09 | Remarried |
| 10 | Stable relationship |
| 11 | Civil partnership |
| 00 | Null record |

|  |  |
| --- | --- |
| **prscexempt** | **description** |
| 01 | Under 16 years of age |
| 02 | 16, 17 or 18 and in full-time education |
| 03 | Woman aged 60 or over |
| 04 | Man aged 60 or over |
| 05 | Has a maternity/medical exemption certificate |
| 06 | Has a prescription prepayment certificate |
| 07 | Receives income support family credit et |
| 08 | Has a war pension exemption certificate |
| 09 | Not exempt |
| 10 | Gets disability working allowance |
| 11 | Receives income-based jobseeker's allowance |
| 12 | Is named on a current low income certificate (HC2) charges certificate |
| 13 | Was prescribed a free-of-charge contraceptive |
| 14 | Has a maternity exemption certificate |
| 15 | Has a medical exemption certificate |
| 16 | Receives income support |
| 17 | Has working family tax credit (WFTC) exemption or gets full or reduced WFTC |
| 18 | Has disabled person tax credit (DPTC) exemption or gets full or reduced DPTC |
| 19 | Aged 60 or over |
| 20 | Entitled to/has a valid NHS Tax Credit Exemption Certificate |
| 21 | Has a Partner who gets Pension Credit guarantee credit PCGC |
| 00 | Null record |

# MEDICAL: Medical records

This file contains a record of symptoms, diagnoses and interventions recorded by the GP and primary care team and information transcribed from discharge summaries following hospital stays or from letters sent by specialists. Each record is flagged to indicate its origin so that GP consultations can be distinguished from administrative and transcribed entries. There are many records per patient as a new record is generated with each new ‘event’ that is experienced by the patient.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIELD** | **CHARACTER TYPE** | **MAX NO. OF CHARACTERS** | **DESCRIPTION** | **COLUMN POSITION** |
| **patid** | Any ASCII | 4 | Patient identifier - case sensitive and unique within practice | 1-4 |
| **eventdate** | YYYYMMDD | 8 | Event date. Note for incomplete dates YYYYMM00, YYYY0000 or 00000000 | 5-12 |
| **enddate** | YYYYMMDD | 8 | Event end date. Note 00000000 if no date recorded | 13-20 |
| **datatype** | 99 | 2 | Structured data type (see datatype) | 21-22 |
| **medcode** | Any ASCII  (case sensitive) | 7 | Medical code (see READCODES) | 23-29 |
| **medflag** | A | 1 | Flag indicating integrity of the record (see medflag) | 30-30 |
| **staffid** | Any ASCII | 4 | Identifier of person entering record. 0000 = null record | 31-34 |
| **source** | A | 1 | Variable indicating origin of record (see source) | 35-35 |
| **episode** | A | 1 | Episode type (see episode) | 36-36 |
| **nhsspec** | AAA | 3 | Secondary care speciality (see nhsspeciality). 000 = null record | 37-39 |
| **locate** | AA | 2 | Location of consultation (see locate) | 40-41 |
| **textid** | Any ASCII | 7 | Link to free text comment (see THINComments) | 42-48 |
| **category** | 9 | 1 | Category of medical entry (see category) | 49-49 |
| **priority** | 9 | 1 | Priority 1 = life-threatening conditions (lookups not yet available) | 50-50 |
| **medinfo** | A | 1 | AIS extra information (see medinfo below) | 51-51 |
| **inprac** | Y/N | 1 | Event recorded in practice (Y/N) | 52-52 |
| **private** | Y/N | 1 | Private (Y) or NHS (N) treatment | 53-53 |
| **medid** | Any ASCII | 4 | Medical record identifier (unique ID for the data type) | 54-57 |
| **consultid** | Any ASCII | 4 | Consult link to same therapy AHD consultation | 58-61 |
| **sysdate** | YYYYMMDD | 8 | System date | 62-69 |
| **modified** | Y/N | 1 | Flag to indicate if record has be edited by GP (Y/N) | 70-70 |

## Lookup tables for medical records

|  |  |
| --- | --- |
| **datatype** | **description** |
| 01 | Medical History |
| 02 | Health Promotion - Smoking |
| 03 | Health Promotion - Alcohol |
| 04 | Health Promotion - Hypertension |
| 05 | Health Promotion - Overweight |
| 06 | Health Promotion - CHD |
| 07 | Health Promotion - Stroke/TIA |
| 08 | Health Promotion - FH of CVA/IHD |
| 09 | Hypertension register |
| 10 | Coronary heart disease register |
| 11 | Stroke/ TIA register |
| 12 | Diabetic register |
| 13 | Asthma register |
| 14 | Angina |
| 15 | Asthma consultation |
| 16 | CV/BP consultation |
| 17 | Diabetic consultation |
| 18 | HRT consultation |
| 19 | New registration consultation |
| 20 | Well person consultation |
| 21 | Allowances received - elderly |
| 22 | Ante-natal symptoms |
| 23 | Carers - elderly |
| 24 | Check next examination - CHS |
| 25 | FH Prevention comment |
| 26 | Diabetes concerns |
| 27 | Well person concerns |
| 28 | Foot care |
| 29 | Perinatal problems |
| 30 | Physical examination - CHS |
| 31 | Post-natal symptoms |
| 32 | Previous occupation - elderly |
| 33 | Ante natal risk factors |
| 34 | Ante natal social factors |
| 35 | Breast examination |
| 36 | Pelvic examination |
| 37 | Thyroid disease |
| 38 | Parental concerns |
| 39 | Epilepsy register |
| 40 | Continence - urinary |
| 41 | Continence - bowel |
| 42 | Occupation |
| 43 | Asthma concerns |
| 44 | Non linked referral |
| 45 | Non linked request |
| 46 | Thyroid disease not present |
| 47 | Angina not present |

|  |  |
| --- | --- |
| **medflag** | **description** |
| R | Acceptable record |
| S | Additional referral/request event |
| A | Event date missing or invalid |
| B | Medical Code (medcode) missing or invalid |
| D | Staffid invalid |
| E | Source invalid |
| F | Episode invalid |
| G | NHS speciality (speciality) invalid |
| L | Location (locate) invalid |
| M | Multiple Errors |
| N | Invalid category |
| O | Invalid priority |

|  |  |
| --- | --- |
| **source** | **description** |
| A | Doctor referral to inpatient, Accident & Emergency |
| C | Self referral to outpatient Accident & Emergency |
| D | Inpatient, hospital discharge summary |
| E | Doctor referral outpatient to Accident & Emergency |
| H | Doctor referral hospital admission inpatient |
| L | Hospital letter |
| B | Doctor referral to day case |
| O | Doctor referral to other |
| R | Doctor referral to outpatients |
| S | Patient requested referral to inpatient Accident & Emergency |
| F | Patient requested referral |
| G | Patient requested referral to inpatients |
| I | Patient requested referral to outpatients |
| J | 3rd Party referral |
| K | 3rd Party referral to outpatients |
| M | 3rd Party referral to PCHT |
| N | PCHT referral |
| P | PCHT referral to outpatients |
| Q | Doctor referral to domiciliary |
| T | Doctor referral to direct access |
| U | To PHCT |
| V | Inpatient, unknown referral to Accident & Emergency |
| W | referral to day case |
| Y | referral to outpatient Accident & Emergency |
| Z | Referral to hospital admission inpatient |
| 1 | Referral to outpatients |
| 2 | Referral to other |
| 3 | Unknown referral |
| 4 | Doctor request from direct access Accident & Emergency |
| 5 | Doctor request from direct access |
| 6 | Doctor referral |
| 7 | 3rd party referral to domiciliary |
| 8 | Referral to PHCT |
| 9 | Referral to domiciliary |
| a | PHCT referral to inpatient |
| b | 3rd party referral to day case |
| c | Patient requested referral to direct access |
| e | Referral to direct access |
| f | Patient requested referral to domiciliary |
| g | 3rd party referral to inpatient |
| j | 3rd party referral to other |
| k | Patient requested referral to day case |
| m | Patient requested referral to PHCT |
| n | PHCT referral to other |
| o | Patient requested referral to other |
| p | PHCT referral to day case |
| q | PHCT referral to domiciliary |
| s | PHCT referral to direct access |
| t | 3rd party referral to direct access |
| u | PHCT referral to PHCT |
| 0 | Null record |

|  |  |
| --- | --- |
| **episode** | **description** |
| 1 | First ever episode |
| 2 | New event |
| 3 | Continuing |
| 4 | Other |
| 0 | Null record |

|  |  |
| --- | --- |
| **locate** | **description** |
| A | Clinic |
| B | Night visit, Deputising service |
| C | Follow-up/routine visit |
| D | Night visit, Local rota |
| E | Mail from patient |
| F | Night visit , practice |
| G | Out of hours, Practice |
| H | Out of hours, Non Practice |
| I | Surgery consultation |
| J | Telephone call from a patient |
| K | Acute visit |
| L | Discharge details |
| M | Letter from Outpatients |
| N | Repeat Issue |
| O | Other |
| P | Results recording |
| Q | Mail to patient |
| R | Emergency Consultation |
| S | Administration |
| T | Casualty Attendance |
| U | Telephone call to a patient |
| V | Third Party Consultation |
| W | Hospital Admission |
| h | Children's Home Visit |
| Y | Day Case Report |
| n | GOS18 Report |
| X | Home Visit |
| i | Hotel Visit |
| o | NHS Direct Report |
| j | Nursing Home Visit |
| k | Residential Home Visit |
| l | Twilight Visit |
| u | Triage |
| Z | Walk-in Centre |
| f | Co-op Telephone advice |
| d | Co-op Surgery Consultation |
| m | Co-op Home Visit |
| a | Minor Injury Service |
| 1 | Medicine Management |
| b | Community Clinic |
| p | Community Nursing Note |
| q | Community Nursing Report |
| 2 | Data Transferred from other system |
| e | Health Authority Entry |
| r | Health Visitor Note |
| s | Health Visitor Report |
| 3 | Hospital Inpatient Report |
| 9 | Initial Post Discharge Review |
| 4 | Laboratory Request |
| c | Night Visit |
| 5 | Radiology Request |
| 6 | Radiology Result |
| 7 | Referral Letter |
| t | Social Services Report |
| g | Telephone Consultation |
| 8 | Template Entry |
| w | GP to GP communication transaction |
| v | Non-consultation medication data |
| x | Non-consultation data |
| y | ePharmacy message |
| 00 | Null record |

|  |  |
| --- | --- |
| **category** | **description** |
| 1 | Symptom |
| 2 | Examination |
| 3 | Diagnosis |
| 4 | Intervention |
| 5 | Management |
| 6 | Administration |
| 7 | Presenting complaint |

|  |  |
| --- | --- |
| **medinfo** | **description** |
| A | GP questionnaire |
| B | GP questionnaire & notes |
| C | Patient questionnaire |
| D | Discharge summary/ notes |
| E | Patient questionnaire & notes |

## Readcodes: Medical dictionary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIELD** | **CHARACTER TYPE** | **MAX NO. OF CHARACTERS** | **DESCRIPTION** | **COLUMN POSITION** |
| **medcode** | Any ASCII (case sensitive) | 7 | Read code | 1-7 |
| **description** | Text | 60 | Description of the code | 8-67 |

## NHSpeciality: Hospital speciality and department code

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIELD** | **CHARACTER TYPE** | **MAX NO. OF CHARACTERS** | **DESCRIPTION** | **COLUMN POSITION** |
| **nhsspec** | AAA | 3 | Clinical speciality code | 1-3 |
| **speciality** | Text | 30 | Speciality description | 4-33 |
| **subspec** | Text | 50 | Sub-speciality description | 34-83 |

## 

## THINcomments

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIELD** | **CHARACTER TYPE** | MAX NO. OF CHARACTERS | **DESCRIPTION** | **COLUMN POSITION** |
| **textid** | 9999999 | 7 | Textid code | 1-7 |
| **description** | Text | 6000 | Anonymised free text comment | 8-6007 |

# THERAPY: Therapy records

This file contains details of prescriptions issued to patients. A new record is generated with each prescription, including each repeat prescription. Information recorded includes formulation, strength, dose and quantity prescribed. All items prescribed by GPs or nurses are captured.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIELD** | **CHARACTER TYPE** | **MAX NO. OF CHARACTERS** | **DESCRIPTION** | **COLUMN POSITION** |
| **patid** | Any ASCII | 4 | Patient identifier - case sensitive and unique within practice | 1-4 |
| **prscdate** | YYYYMMDD | 8 | Prescription date. Note for incomplete dates YYYYMM00, YYYY0000 or 00000000 | 5-12 |
| **drugcode** | Any ASCII | 8 | drug code (see DRUGCODES) | 13-20 |
| **therflag** | A | 1 | Flag indicating integrity of the record (see therflag) | 21-21 |
| **doscode** | Any ASCII | 7 | Link to DOSAGE string | 22-28 |
| **prscqty** | 9.999999 | 8 | Quantity prescribed. Can also be number of packs. Note 0.000000 = null quantity | 29-36 |
| **prscdays** | 999 | 3 | Duration of the prescription in days. 000 = null days | 37-39 |
| **private** | Y/N | 1 | Private (Y) or NHS (N) prescriptions | 40-40 |
| **staffid** | Any ASCII | 4 | System assigned identifier of prescriber | 41-44 |
| **prsctype** | 9 | 1 | Acute or repeat prescription (see prsctype) | 45-45 |
| **opno** | 99999,99 | 8 | Number of original packs ordered. Note 00000000 or 00000.00 = null | 46-53 |
| **bnf** | Any ASCII | 8 | BNF1 chapter from DRUGCODES | 54-61 |
| **seqnoiss** | 9999 | 4 | Issue sequence number for repeat prescriptions. 0000 = null | 62-65 |
| **maxnoiss** | 9999 | 4 | Maximum number of issues for repeat prescriptions | 66-69 |
| **packsize** | 9999999 | 7 | Link to free text pack information (see packsize) | 70-76 |
| **dosgval** | 9999.99 | 7 | The calculated daily dosage (derived by IMS Health) | 77-83 |
| **locate** | Any Ascii | 2 | Location of consultation (see locate) | 84-85 |
| **drugsource** | 9 | 1 | Source of drug (see drugsource) | 86-86 |
| **inprac** | Y/N | 1 | Event recorded in practice (Y/N) | 87-87 |
| **therid** | Any ascii | 4 | Unique therapy record identifier | 88-91 |
| **consultid** | Any ASCII | 4 | Consult link to same medical/AHD consultation | 92-95 |
| **sysdate** | YYYYMMDD | 8 | System date | 96-103 |
| **modified** | Y/N | 1 | Flag to indicate whether record has been edited by GP (Y/N) | 104-104 |

## Lookup tables for therapy files

|  |  |
| --- | --- |
| **therflag** | **description** |
| Y | Acceptable record |
| A | Invalid prescription date |
| B | Invalid drug code |
| E | Invalid prescription quantity |
| F | Invalid number of days |
| G | Invalid private flag |
| H | Invalid staffid |
| K | Invalid OPNO |
| L | Invalid issue number |
| M | Multiple errors |
| N | Invalid max issue number |
| R | Invalid locate |
| U | Invalid inpractice |
| W | Invalid drugsource |
| X | Invalid System date |

|  |  |
| --- | --- |
| **prsctype** | **description** |
| 1 | Acute |
| 0 | Repeat |

|  |  |
| --- | --- |
| **drugsource** | **description** |
| 1 | By GP in another practice |
| 2 | By health carer in another practice |
| 3 | By hospital |
| 4 | Self prescribing |
| 5 | In practice |
| 0 | Null record |
| 9 | Null record |

## Drugcodes: Drug dictionary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIELD** | **CHARACTER TYPE** | MAX NO. OF CHARACTERS | **DESCRIPTION** | **COLUMN POSITION** |
| **drugcode** | Any ASCII | 8 | Encrypted drugcode | 1-8 |
| **bnfcode1** | 99.99.99.99 | 11 | BNF Hierarchy code 1 | 9-19 |
| **bnfcode2** | 99.99.99.99 | 11 | BNF Hierarchy code 2 | 20-30 |
| **bnfcode3** | 99.99.99.99 | 11 | BNF Hierarchy code 3 | 31-41 |
| **genericname** | Text | 120 | Generic name of product | 42-161 |
| **formulation** | Text | 50 | Formulation | 162-211 |
| **strength** | Text | 50 | Abbreviated strength | 212-261 |
| **units** | Text | 50 | Units for Strength | 262-311 |
| **status** | Text | 1 | L=Live Formulation, D=Discontinued, G=Generic Only, S=Suppressed | 312-312 |
| **hospitalonly** | 9 | 1 | 1=Yes, 0=No | 313-313 |
| **nhsflag** | 9 | 1 | 1=Yes, 0=No | 314-314 |
| **atc** | Text | 8 | Anatomical Therapeutic Chemical Classification System code | 315-322 |

## Pack: pack dictionary

This file links to the drug dictionary and contains information at pack level. Price information is available on request

| FIELD | TYPE | MAX | DESCRIPTION | COLUMN POSITION |
| --- | --- | --- | --- | --- |
| drugcode | Any ASCII | 8 | Encrypted drug Product and Formulation ID | 1-8 |
| genericname | Text | 120 | Generic name | 9-128 |
| **pack** | Num | 3 | Drug pack ID | 129-131 |
| **packunit** | Text | 20 | Units of pack | 132-151 |
| **packsize** | Num | 7 | Pack size | 152-158 |
| **status** | Text | 1 | L=Live, D=Discontinued, G=Generic Only, S=Suppressed | 159-159 |
| **legaltext** | Text | 30 | Legal category – e.g. appliance, POM | 160-189 |
| **divisible** | Num | 1 | Pack divisibility 1= yes, 0 = no | 190-190 |

## BNFcode: BNF code chapters

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIELD** | **CHARACTER TYPE** | MAX NO. OF CHARACTERS | **DESCRIPTION** | **COLUMN POSITION** |
| **bnfcode** | 99.99.99.99 | 11 | BNFcode 1 in drugcodes | 1-11 |
| **description** | Text | 100 | Description of BNF chapters | 12-111 |

## Packsize: look up table

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIELD** | **CHARACTER TYPE** | MAX NO. OF CHARACTERS | **DESCRIPTION** | **COLUMN POSITION** |
| **packsize** | Any ASCII | 7 | 7 character packsize look-up code | 1-7 |
| **description** | Text | 100 | Description of packsize code as found in the raw data | 8-107 |

## Dosage: Prescribed dosage text

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIELD** | **CHARACTER TYPE** | **MAX NO. OF CHARACTERS** | **DESCRIPTION** | **COLUMN POSITION** |
| **doscode** | text | 7 | Records with a dosage code (see *doscode* field in the therapy record) | 1-7 |
| **dosgval** | 9999.99 | 7 | Dosage evaluations - prescribed number of units per day | 8-14 |
| **description** | Free text | 255 | Dosage text as entered by the GP | 15-269 |

Dosage instructions that are recorded as free text in the THIN data have been split away from the therapy records into a global file called dosage. This file has an identifier linking it back to the therapy records.

# AHD: Additional Health Data

This file contains multiple data types driven by the additional health data code. Essentially it contains information on preventative healthcare immunisations and test results.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIELD** | **CHARACTER TYPE** | **MAX NO. OF CHARACTERS** | **DESCRIPTION** | **COLUMN POSITION** |
| **patid** | Any ASCII | 4 | Patient identifier – case sensitive and unique within practice | 1-4 |
| **eventdate** | YYYYMMDD | 8 | Event date. Note for incomplete dates 00000000, YYYYMM00 or YYYY0000 | 5-12 |
| **ahdcode** | 999999999 | 10 | AHD code (see AHDCODES) | 13-22 |
| **ahdflag** | A | 1 | Flag indicating integrity of the record (see ahdflag below) | 23-23 |
| **data1** | Any ASCII | 13 | AHD specific - Data1 | 24-36 |
| **data2** | Any ASCII | 13 | AHD specific - Data2 | 37-49 |
| **data3** | Any ASCII | 13 | AHD specific - Data3 | 50-62 |
| **data4** | Any ASCII | 13 | AHD specific - Data4 | 63-75 |
| **data5** | Any ASCII | 13 | AHD specific - Data5 | 76-88 |
| **data6** | Any ASCII | 13 | AHD specific - Data6 | 89-101 |
| **medcode** | Any ASCII  (case sensitive) | 7 | Read medical code (see READCODES) | 102-108 |
| **source** | A | 1 | Variable indicating origin of record (see source ) | 109-109 |
| **nhsspec** | AAA | 3 | Secondary care speciality (see nhsspeciality). 000 = null nhsspec | 110-112 |
| **locate** | Any ASCII | 2 | Location (see locate ) | 113-114 |
| **staffid** | Any ASCII | 4 | Clinician ID. 0000 = null staffid | 115-118 |
| **textid** | Any ASCII | 7 | Link to anonymised free text comments | 119-125 |
| **category** | 9 | 1 | Category of medical entry (see category) | 126-126 |
| **ahdinfo** | A | 1 | AIS extra information (see extrainfo) | 127-127 |
| **inprac** | Y/N | 1 | Event recordedin practice (Y/N) | 128-128 |
| **private** | Y/N | 1 | Private (Y) or NHS (N) entries | 129-129 |
| **ahdid** | Any ASCII | 4 | AHD record identifier (unique with adhcode) | 130-133 |
| **consultid** | Any ASCII | 4 | Consult link to same medical/therapy consultation | 134-137 |
| **sysdate** | YYYYMMDD | 8 | System date | 138-145 |
| **modified** | Y/N | 1 | Flag to indicate if record had been edited by GP | 146-146 |

## Lookup tables for AHD files

|  |  |
| --- | --- |
| **ahdflag** | **description** |
| A | Invalid event date |
| B | Invalid medical code |
| C | Invalid source code |
| D | NHS speciality (speciality) invalid |
| E | Location (locate) contains invalid |
| H | Category invalid |
| L | Staffid invalid |
| M | Multiple errors |
| Y | Acceptable record |

## AHDcodes: AHD code information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIELD** | **CHARACTER TYPE** | MAX NO. OF CHARACTERS | **DESCRIPTION** | **COLUMN POSITION** |
| **datafile** | Text | 8 | Data source type Clinical/Test/Imms | 1-8 |
| **ahdcode** | 9999999999 | 10 | AHD code | 9-18 |
| **description** | text | 100 | Description of code | 19-118 |
| **data1** | text | 30 | AHD value 1 | 119-148 |
| **data2** | text | 30 | AHD value 2 | 149-178 |
| **data3** | text | 30 | AHD value 3 | 179-208 |
| **data4** | text | 30 | AHD value 4 | 209-238 |
| **data5** | text | 30 | AHD value 5 | 239-268 |
| **data6** | text | 30 | AHD value 6 | 269-298 |

## AHDlookups: lookup table for data values

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIELD** | **CHARACTER TYPE** | MAX NO. OF CHARACTERS | **DESCRIPTION** | **COLUMN POSITION** |
| **dataname** | Any ASCII | 8 | AHD lookup name | 1-8 |
| **datadesc** | text | 30 | Description of AHD data value | 9-38 |
| **lookup** | text | 6 | Value or Code in Data1 – Data6 | 39-44 |
| **lookupdesc** | text | 100 | Description of AHD qualifier | 45-144 |

## DeathAHDcomments: death comments linking to AHD

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIELD** | **CHARACTER TYPE** | MAX NO. OF CHARACTERS | **DESCRIPTION** | **COLUMN POSITION** |
| **pracid** | Any ASCII | 5 | Practice ID | 1-5 |
| **patid** | Any ASCII | 4 | Patient identifier – case sensitive and unique within practice | 6-9 |
| **eventdate** | YYYYMMDD | 8 | Event date. Note for incomplete dates 00000000, YYYYMM00 or YYYY0000 | 10-17 |
| **medcode** | Any ASCII | 7 | Read Code | 18-24 |
| **desc** | text | 300 | Free text comment | 25-324 |

## Consult: consultation information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIELD** | **CHARACTER TYPE** | **MAX NO. OF CHARACTERS** | **DESCRIPTION** | **COLUMN POSITION** |
| **patid** | Any ASCII | 4 | Patid - case sensitive and unique within practice | 5-8 |
| **consultid** | Any ASCII | 4 | Consultid | 1-4 |
| **staffid** | Any ASCII | 4 | Identifier of clinician | 9-12 |
| **eventdate** | YYYYMMDD | 8 | Event date | 13-20 |
| **sysdate** | YYYYMMDD | 8 | System date | 21-28 |
| **systime** | HHMMSS | 6 | System time | 29-34 |
| **constype** | 999 | 3 | type of consultation (see constype) | 35-37 |
| **duration** | 999999 | 6 | Duration of consultation record open | 38-43 |

## Lookup table for consult files

|  |  |
| --- | --- |
| **constype** | **description** |
| 001 | Clinic |
| 002 | Night visit, deputising service |
| 003 | Follow-up/routine visit |
| 004 | Night visit, local rota |
| 005 | Mail from patient |
| 006 | Night visit , practice |
| 007 | Out of hours, practice |
| 008 | Out of hours, non practice |
| 009 | Surgery consultation |
| 010 | Telephone call from a patient |
| 011 | Acute visit |
| 012 | Discharge details |
| 013 | Letter from outpatients |
| 014 | Repeat issue |
| 015 | Other |
| 016 | Results recording |
| 017 | Mail to patient |
| 018 | Emergency consultation |
| 019 | Administration |
| 020 | Casualty attendance |
| 021 | Telephone call to a patient |
| 022 | Third Party consultation |
| 023 | Hospital admission |
| 024 | Children's home visit |
| 025 | Day Case Report |
| 026 | GOS18 report |
| 027 | Home visit |
| 028 | Hotel visit |
| 029 | NHS Direct report |
| 030 | Nursing home visit |
| 031 | Residential home visit |
| 032 | Twilight visit |
| 033 | Triage |
| 034 | Walk-in Centre |
| 035 | Co-op telephone advice |
| 036 | Co-op surgery consultation |
| 037 | Co-op home visit |
| 038 | Minor Injury Service |
| 039 | Medicine management |
| 100 | Community clinic |
| 101 | Community nursing note |
| 102 | Community nursing report |
| 103 | Data transferred from other system |
| 104 | Health Authority entry |
| 105 | Health visitor note |
| 106 | Health visitor report |
| 107 | Hospital inpatient report |
| 108 | Initial post discharge review |
| 109 | Laboratory request |
| 110 | Night visit |
| 111 | Radiology request |
| 112 | Radiology result |
| 113 | Referral letter |
| 114 | Social services report |
| 115 | Telephone consultation |
| 116 | Template entry |
| 117 | GP to GP communication transaction |
| 118 | Non-consultation medication data |
| 119 | Non-consultation data |

# Staff: staff role

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIELD** | **CHARACTER TYPE** | **MAX NO. OF CHARACTERS** | **DESCRIPTION** | **COLUMN POSITION** |
| **staffid** | Any ASCII | 4 | Link to diagnoser/clinician | 1-4 |
| **sex** | 9 | 1 | Sex of staff (see sex) | 5-5 |
| **role** | 999 | 3 | Role ID (see role) | 6-8 |

## Lookup tables for staff files

|  |  |
| --- | --- |
| **role** | **description** |
| 001 | Senior partner |
| 002 | Partner |
| 003 | Assistant |
| 004 | Associate |
| 005 | Non-commercial local rota of less than 10 GPs |
| 006 | Commercial deputising service |
| 007 | Locum |
| 008 | GP registrar |
| 009 | Consultant |
| 010 | Sole practitioner |
| 011 | Practice nurse |
| 012 | Health visitor |
| 013 | Community nurse |
| 014 | Midwife |
| 015 | Community psychiatric nurse |
| 016 | Social worker |
| 017 | Pharmacist |
| 018 | Dispenser |
| 019 | Non-qualified dispenser |
| 020 | Practice manager |
| 021 | Fund manager |
| 022 | Business manager |
| 023 | Administrator |
| 024 | Secretary |
| 025 | Receptionist |
| 026 | Physiotherapist |
| 027 | Chiropodist |
| 028 | Dentist |
| 029 | Dietician |
| 030 | Counsellor |
| 031 | Osteopath |
| 032 | Maintenance staff |
| 033 | Other health care professional |
| 034 | Hospital nurse |
| 035 | Community medical officer |
| 036 | School nurse |
| 037 | Health education officer |
| 038 | Contact tracing nurse |
| 039 | Stomatherapist |
| 040 | Computer manager |
| 041 | Interpreter/link worker |
| 042 | Chiropractor |
| 043 | Acupuncturist |
| 044 | Homeopath |
| 045 | Mental handicap nurse |
| 046 | Carer |
| 047 | Salaried partner |
| 048 | Occupational therapist |
| 049 | Speech therapist |
| 050 | GP retainer |
| 051 | Phlebotomist |
| 200 | Other medical & dental |
| 201 | Other students |
| 202 | Other nursing & midwifery |
| 203 | Other allied health professionals |
| 204 | Other professional scientific & technical |
| 205 | Other healthcare scientists |
| 206 | Other additional clinical services |
| 207 | Other admin & clerical |

# PVI: Postcode linked variables

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIELD** | **CHARACTER TYPE** | **MAX NO. OF CHARACTERS** | **DESCRIPTION** | **COLUMN POSITION** |
| **patid** | Any ASCII | 4 | Patient identifier - Case sensitive and unique within practice | 1-4 |
| **urbanrural** | Numeric | 1 | Rural Urban classification of wards  1 = Urban >10k – Sparse,  2 = Town & Fringe – Sparse,  3 = Village, Hamlet & Isolated dwellings – Sparse,  4 = Urban >10k - Less sparse,  5 = Town & Fringe – Less sparse  6 = Village, Hamlet & Isolated dwelling – Less sparse.  0 = no record | 5-5 |
| **eth\_percw** | Numeric | 1 | Quintile of proportion of ward population who define themselves as ‘White’.  1 = lowest,  5 = highest  0 = no record | 6-6 |
| **eth\_percm** | Numeric | 1 | Quintile of proportion of ward population who define themselves as ‘Mixed’.  1 = lowest,  5 = highest  0 = no record | 7-7 |
| **eth\_percas** | Numeric | 1 | Quintile of proportion of ward population who define themselves as ‘Asian or Asian British’.  1 = lowest,  5 = highest  0 = no record | 8-8 |
| **eth\_percb** | Numeric | 1 | Quintile of proportion of ward population who define themselves as ‘Black or Black British’.  1 = lowest,  5 = highest  0 = no record | 9-9 |
| **eth\_perco** | Numeric | 1 | Quintile of proportion of ward population who define themselves as ‘Other’.  1 = lowest,  5 = highest  0 = no record | 10-10 |
| **prop\_llti** | Numeric | 1 | Proportion of ward population with limiting long-term illness.  1 = lowest,  5 = highest  0 = no record | 11-11 |
| **no2** | Numeric | 1 | Quintile of estimated mean level of Nitrogen Dioxide, 2001.  1 = lowest,  5 = highest  0 = no record | 12-12 |
| **pm10** | Numeric | 1 | Quintile of estimated mean level of Particulate Matter, 2001.  1 = lowest,  5 = highest  0 = no record | 13-13 |
| **so2** | Numeric | 1 | Quintile of estimated mean level of Sulphur Dioxide, 2001.  1 = lowest,  5 = highest  0 = no record | 14-14 |
| **nox** | Numeric | 1 | Quintile of estimated level of Nitrogen Oxides, 2001.  1 = lowest,  5 = highest  0 = no record | 15-15 |
| **townsend** | AlphaNumeric | 1 | Quintile of Townsend score  1 = lowest,  5 = highest  0 = no record  X = Townsend score is unavailable or the calculation deemed inappropriate | 16-16 |
| **date** | Numeric | 8 | Date of collection and change of quintile score (if any) | 17-24 |

If the postcode is missing or not found in the lookup table then a record will be still be output for that patient but this record will contain only the patient id (e.g. .“ 1234,0,0,0,0,0,0,0,0,0,0,0,19900101”)

The only variable available for Scotland and Northern Ireland are the Townsend scores.

# THINprac: practice file

The THIN practice file is created for each update and provides a summary of information for each practice.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIELD** | **CHARACTER TYPE** | MAX NO. OF CHARACTERS | **DESCRIPTION** | **COLUMN POSITION** |
| **prac** | A9999 | 5 | Encrypted practice Id (file extension) | 1-5 |
| **compdate** | DD/MM/YYYY | 10 | Date of Computerisation | 6-15 |
| **visiondate** | DD/MM/YYYY | 10 | Date for Vision | 16-25 |
| **amr** | DD/MM/YYYY | 10 | Date of AMR | 26-35 |
| **collectdate** | DD/MM/YYYY | 10 | Date of last collection | 36-45 |
| **country** | A | 1 | E = England, W = Wales  S = Scotland, I = Northern Ireland | 46-46 |
| **dataflag** | Any Ascii | 2 | Flag to indicate data issue (see dataflag lookup*)* | 47-48 |
| **description** | Any Ascii | 255 | Description of data issue | 49-303 |
| **status** | A | 1 | Practice status  A = active, W = Withdrawn, S = Suspended | 304-304 |

***Data flag lookup***

|  |  |
| --- | --- |
| **dataflag** | **description** |
| 1 | One gap of 14 -30 days in therapy before conversion to Vision |
| 2 | Gap of over 30 days or more than one gap of over 14 days in therapy before conversion to Vision |
| 3 | One gap of 14 – 30 days in Medical records before conversion to Vision |
| 4 | More than one gap of over 14 days in Medical records before conversion to Vision |
| 5 | Gaps of over 14 days in Medical & therapy before conversion to Vision |
| 0 | Missing consultation in Medical and AHD files therefore missing locate & source flags |
| 6 | Low numbers of records in therapy records before conversion to Vision |
| 7 | Low numbers of records in medical records before conversion to Vision |
| 8 | Low numbers of records in medical and therapy before conversion to Vision |
| 9 | Low number of records in therapy records and a gap of over 14 days before conversion to Vision |
| A | One gap of over 14 days after conversion to Vision |
| \* | Limited therapy data (zero drugcodes) prior to Vision date |
| S | Practice has split |
| M | Practice has merged |
| C | Practice has changed user number |

# MidYearCounts: THIN Data denominators

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIELD** | **CHARACTER TYPE** | MAX NO. OF CHARACTERS | **DESCRIPTION** | **COLUMN POSITION** |
| **year** | 9999 | 4 | Years from 1986 - 2009 | 1-4 |
| **age** | 9999 | 4 | Ages from 0 – 100+ | 5-8 |
| **male** | 99999 | 5 | Number of males registered on the 1/7 | 9-13 |
| **female** | 99999 | 5 | Number of females registered on the 1/7 | 14-18 |
| **total** | 99999 | 5 | Total number of patients registered on the 1/7 | 19-23 |

# PatientStats: Counts of patients by practice

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIELD** | **CHARACTER TYPE** | MAX NO. OF CHARACTERS | **DESCRIPTION** | **COLUMN POSITION** |
| **prac** | Any ASCII | 5 | Practice | 1-5 |
| **totalpatients** | 99999 | 5 | Total number of patients in the practice | 6-10 |
| **acceptable** | 99999 | 5 | Total acceptable patients for research A or C | 11-15 |
| **active** | 99999 | 5 | Total active patients, still registered with the practice | 16-20 |
| **transferredout** | 99999 | 5 | Total number of patients with regstat 5 | 21-25 |
| **died** | 99999 | 5 | Total number of patients who have died regstat 99 | 26-30 |
| **female** | 99999 | 5 | Active female patients | 31-35 |
| **male** | 99999 | 5 | Active male patients | 36-40 |

# FirstAndLast: Details of THIN Data fields

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIELD** | **CHARACTER TYPE** | MAX NO. OF CHARACTERS | **DESCRIPTION** | **COLUMN POSITION** |
| **filename** | Text | 13 | File name | 1-13 |
| **recordcount** | 999999 | 8 | Number of record in file | 14-21 |
| **recordsize** | 99999 | 4 | Number of characters in record | 22-25 |
| **filesize** | 999999999 | 10 | Size of file in Kb | 26-35 |
| **firstrecord** | Text | 150 | First record in file | 36-185 |
| **lastrecord** | Text | 150 | Last record in file | 186-335 |

# Code Frequency Counts:

## DrugcodeFrequency

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIELD** | **CHARACTER TYPE** | **MAX NO. OF CHARACTERS** | **DESCRIPTION** | **COLUMN POSITION** |
| **drugcode** | ASCII | 8 | Drugcode | 1-8 |
| **description** | Text | 120 | Description of drug | 9-128 |
| **freq** | 9999999 | 8 | Count of drugcode frequency | 129-136 |

## MedicalReadcodeFrequency

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIELD** | **CHARACTER TYPE** | **MAX NO. OF CHARACTERS** | **DESCRIPTION** | **COLUMN POSITION** |
| **medcode** | ASCII | 7 | Readcode | 1-7 |
| **description** | Text | 60 | Readcode Description | 8-67 |
| **freq** | 9999999 | 8 | Count of Readcode frequency | 68-76 |

## AHDCodeFrequency

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIELD** | **CHARACTER TYPE** | **MAX NO. OF CHARACTERS** | **DESCRIPTION** | **COLUMN POSITION** |
| **ahdcode** | 9999999999 | 10 | AHDcode | 1-10 |
| **description** | Text | 100 | AHDcode Description | 11-110 |
| **freq** | 9999999 | 8 | Count of AHDcode frequency | 111-118 |

## AHDReadcodeFrequency

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIELD** | **CHARACTER TYPE** | **MAX NO. OF CHARACTERS** | **DESCRIPTION** | **COLUMN POSITION** |
| **medcode** | ASCII | 7 | Readcode in AHD | 1-7 |
| **description** | Text | 60 | Readcode description | 8-107 |
| **freq** | 9999999 | 8 | Count of Readcode frequency | 108-115 |

# THINLookupTables

This ancil file provides an electronic copy of all the lookups for the THIN data files.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIELD** | **CHARACTER TYPE** | **MAX NO. OF CHARACTERS** | **DESCRIPTION** | **COLUMN POSITION** |
| **tablename** | Any ASCII | 10 | Description of table | 1-10 |
| **lookupval** | Any ASCII | 3 | Table lookup value | 11-13 |
| **description** | Text | 255 | Value description | 14-268 |

# Demography file

The demography file provides researchers with summary demographic information for all patients in THIN Data. In addition to basic demographic information such as age/sex and registration status, the file includes patients’ start and end dates, last recorded weight and height and most recent smoking and alcohol status (with dates).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Field name** | **Format** | **Max. No. of Characters** | **Description** | **COLUMN POSITION** |
| combid | Text | 9 | Combined practice & patid | 1-9 |
| pracid | Text (A1234) | 5 | THIN practice id | 10-14 |
| patid | Text | 4 | Patient id | 15-18 |
| patflag | Text (A) | 1 | patflag | 19-19 |
| active | Text (Y/N) | 1 | Calculated Y/N Y = regstat 1 or 2 and prac status = A, N = any other regstat | 20-20 |
| age | Number (999) | 3 | Calculated age at last date of collection | 21-23 |
| dob | Date (DD/MM/YYYY) | 10 | Date of Birth where month and day is missing 01/01 is used | 24-33 |
| sex | Text (M) | 1 | M = male or F = female | 34-34 |
| regstat | Number (01) | 2 | Patient registration status | 35-36 |
| startdate | Date (DD/MM/YYYY) | 10 | Calculated – later of regdate or AMR date | 37-46 |
| enddate | Date (DD/MM/YYYY) | 10 | Calculated – earlier of transferout date or last collection date | 47-56 |
| regdate | Date (DD/MM/YYYY) | 10 | Patient registration date from patient file | 57-66 |
| compdate | Date (DD/MM/YYYY) | 10 | Practice computerisation date | 67-76 |
| visdate | Date (DD/MM/YYYY) | 10 | Date practice converted to Vision | 77-86 |
| amrdate | Date (DD/MM/YYYY) | 10 | Practice AMR date | 87-96 |
| Collection date | Date (DD/MM/YYYY) | 10 | Practice last collection date | 97-106 |
| xferdate | Date (DD/MM/YYYY) | 10 | Patient transfer out date | 107-116 |
| deathdte | Date (DD/MM/YYYY) | 10 | Patient death date | 117-126 |
| smoking | Text | 1 | Smoking status - Calculated C/X/N/U see ‘notes on changes to THIN Data 1009’ | 127-127 |
| smokedate | Date (DD/MM/YYYY) | 10 | Date of last smoking record | 128-137 |
| alcohol | Text | 1 | Alcohol status - Calculated C/T/X/U see ‘notes on changes to THIN Data 1009’ | 138-138 |
| alcoholunits | Number (999) | 5 | Alcohol units/week | 139-143 |
| alcoholdate | Date (DD/MM/YYYY) | 10 | Date of last alcohol record | 144-153 |
| height | Number | 5 | Most recent height in M | 154-158 |
| heightdate | Date (DD/MM/YYYY) | 10 | Date of last height | 159-168 |
| weight | Number | 7 | Most recent Weight in KG | 169-175 |
| bmi | Number | 8 | Most recent BMI from Vision | 176-183 |
| weightdate | Date (DD/MM/YYYY) | 10 | Most recent weight date | 184-193 |