

## WELSH INFORMATION STANDARDS BOARD

<b>DSC Notice:</b>	DSCN 2015 / 05
<b>Date of Issue:</b>	15 <sup>th</sup> September 2015

<b>Welsh Health Circular / Official Letter:</b> WHC 2015 / 05	<b>Subject:</b> Outpatient Follow-Up Delay Reporting
<b>Sponsor:</b> Andrew Carruthers Head of Portfolio Programme Management Department of Health and Social Services Welsh Government	
<b>Implementation Date:</b> September 2015 census reported October 2015	

### DATA SET CHANGE NOTICE

A Data Set Change Notice (DSCN) is an information mandate for a new or revised information standard.

This DSCN was approved by the Welsh Information Standards Board (WISB) at its meeting on 20<sup>th</sup> August 2015

**WISB Reference:** ISRN 2014 / 023

#### Summary:

Updates to the Outpatient Follow-up Delay Reporting Data Collection to address queries and operational challenges raised by NHS Wales.

#### Data sets / returns affected:

Outpatient Follow-up Delay Reporting

Please address enquiries about this Data Set Change Notice to the Data Standards Team in NHS Wales Informatics Service

E-mail: [data.standards@wales.nhs.uk](mailto:data.standards@wales.nhs.uk) / Tel: 029 2050 2539

The Welsh Information Standards Board is responsible for appraising information standards. Submission documents and WISB Outcomes relating to the approval of this standard can be found at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=742&pid=24632>

## DATA SET CHANGE NOTICE

### Introduction

Outpatient Follow-up Delay Reporting was first introduced in January 2015 via DSCN 2015 / 02 to monitor outpatient follow-up appointments which are delayed past their target date (i.e. the date in which a follow-up appointment should take place).

DSCN 2015 / 04 increased the scope of the data collection to include data for those patients who had been given a date for their follow-up appointment, also referred to as 'booked' patients.

The aim of this DSCN is to further enhance the data collection to ensure that the scope of the reporting enables Health Boards to identify the status of all patients waiting for follow-up outpatient appointments. It is recognised that this data collection is still under development and the changes outlined in this DSCN are a result of queries and operational challenges raised by Health Boards.

### Description of Change

1. Removal of reference to Consolidated Waiting Times Guidance (RTT) regarding adjustments. This has caused confusion within the service as adjustments do not apply to this data collection unless clinically relevant.
2. Inclusion of additional count (1b) to separately identify patients who do not have a target date as the outcome of their last appointment was 'See on Symptom'. These are also referred to as 'expert patients'. To date, some Health Boards have been including this cohort of patients in Count 1, inclusion of an additional count will enable Welsh Government to separately identify them from the 'un-validated' patients. To note; from a performance perspective these patients are not considered to be waiting for a follow-up appointment.
3. Inclusion of additional count (3c) to identify the number of patients who are waiting for a follow-up who are delayed past their target date but who previously could not attend (CNA) or did not attend (DNA) their last appointment. It has been confirmed that where a patient could not attend or did not attend their last appointment, the original target date will not change unless clinically relevant. Therefore increasing the length of delay past their target date. This additional count will assist in quantifying the number of patients who are further delayed as a result of a CNA or DNA. This is a count of the number of patients reported in 3a and 3b who did not attend their last appointment.
4. Additional guidance added to the term 'Target Date' to confirm that a Target Date should only be changed where it is clinically relevant and should never change as a result of a DNA or CNA.

Health Board's also queried whether patients who are within scope of this return may also be on an open Referral to Treatment (RTT) pathway. It has been confirmed that these patients should be reported in BOTH returns.

### Data Dictionary Version

Where applicable, this DSCN reflects changes introduced by DSCN and/or DDCN since the release of version 4.8 of the NHS Wales Data Dictionary.

The changes introduced by such DSCNs will be published in version 4.9 of the NHS Wales Data Dictionary.

### Actions Required

#### Local Health Boards / Trusts:

- Health Boards are required to report as per the information requirements outlined in this DSCN with effect from September 2015.
- Health Boards are required to report a monthly snapshot as at the last day of the month to Welsh Government.
- Data is required to be reported by Treatment Specialty

#### Welsh Government:

- Delivery and Performance Division, Department for Health and Social Services are required to collect the data and monitor progress against Health Board improvement trajectory.

**Appendix A: Table reflecting areas that are impacted as a result of this DSCN**

The following table shows all applicable data sets, data items, terms and other associated areas that are linked with the changes documented within this DSCN.

Each data definition type is listed in alphabetical order and is shown in the sequence in which it appears in this DSCN.

<b>Data Definition Type</b>	<b>Name</b>	<b>New/Retired/Changed</b>	<b>Page Number</b>
Live Data Sets and Aggregate Data Collections / Aggregate Proformas	Outpatient Follow-Up Delay Reporting	Changed	5

## **Appendix B: Highlighted changes to be made to the NHS Wales Data Dictionary**

Changes to the NHS Wales Data Dictionary are detailed below, with new text being highlighted in **blue** and deletions are shown with a ~~strikethrough~~. The text shaded in **grey** shows existing text copied from the NHS Wales Data Dictionary.

### **Outpatient Follow-up Delay Reporting**

#### **Reporting Arrangements**

Organisations are required to report on the 10<sup>th</sup> working day of the month a monthly snapshot as at the last day of the previous month to the Welsh Government Delivery and Performance Division:

[DHSS.Performance@wales.gsi.gov.uk](mailto:DHSS.Performance@wales.gsi.gov.uk)

The data is reported by [Treatment Function](#) (the specialty under which the patient is treated). This allows Health Boards the flexibility to report against those where there is a wait for follow-ups and leave blank those where there are not.

Any further queries regarding the data collection should be directed to the Delivery & Performance Division, Welsh Government, on 029 2082 3871, or e-mail:

[HSSDG.Performance@wales.gsi.gov.uk](mailto:HSSDG.Performance@wales.gsi.gov.uk)

#### **Scope**

The information required relates to patients who are waiting for a follow-up appointment with the consultant or a member of his or her firm within the same specialty.

The data collection includes counts which relate to the following:

- Patients who are waiting for a follow-up appointment where there IS NOT a documented date that the follow-up appointment SHOULD take place (referred to as 'Target Date')
- Patients where there IS NOT a documented date that the follow-up appointment SHOULD take place and it is unclear whether or not they require or are waiting for a follow-up appointment
- Patients who are waiting for a follow-up appointment where there IS a documented date that the follow-up appointment SHOULD take place (referred to as 'Target Date')
- Patients who have started the booking process and have been sent an invitation letter asking them to ring and book a follow-up appointment, referred to as 'invited patients' are INCLUDED in the scope of the return.

## Information Requirements

By [Treatment Function](#)

### 1. Total Number of Patients Waiting for Follow-up where there is **NO Documented Target Date**

**1a)** *This is the total number of patients who;*

- a) are waiting for a follow-up appointment but there is NO documented date for when that follow-up appointment should take place (Target Date)*
- b) do not have a documented date for when the follow-up appointment should take place and it is unclear whether or not they require or are waiting for a follow-up*

**1b)** *This is the number of patients where there is NO documented target date as the outcome of their last appointment was 'See on Symptom'. These patients are also referred to as 'expert patients'. This cohort of patients may become 'booked patients' but would never have a Target Date.*

### 2. Total Number of Patients Waiting for Follow-up where there **IS** a Documented Target Date

#### **2a. Number of Patients Waiting for Follow-up where there IS a documented Target Date (Not Booked)**

*This is the number of patients who are waiting for a follow-up where there IS a documented date that the follow-up appointment should take place. This ONLY relates to those patients with a target date that HAVE NOT been given an actual 'booked' date to come back for their follow up.*

#### **2b. Number of Patients Waiting for Follow-up where there IS a documented Target Date (Booked)**

*This is the number of patients who are waiting for a follow-up where there IS a documented date that the follow-up should take place AND who have been given an actual date for their follow-up appointment, also referred to as 'booked' patients.*

### **3a & 3b The Number of Patients Waiting for a Follow-up who are Delayed past their Target Date**

*This is the number of patients who are waiting for a follow-up over their target date split by how long they are delayed - the delay is calculated as a percentage. The calculation of the delay only relates to those patients WITH a documented target date and is reported separately for 'Booked' and 'Non Booked' patients (2a and 2b).*

*Consolidated Waiting Times Guidance (RTT) regarding adjustments apply to this data collection. Therefore if an adjustment has been made the calculation of the delay is based on the adjusted date and not the original.*

For each patient pathway, the method for calculating the % delay beyond the target date can be described as follows:

If:  
Census Date = A

Target Date = B  
Original Outpatient Attendance Date = C

Then:

$$\left( \left( \frac{A - C}{B - C} \times 100 \right) - 100 \right) \%$$

For example:

Outpatient Attendance 1<sup>st</sup> November 2014  
Target Date: 1<sup>st</sup> December 2014  
Census Date: 15<sup>th</sup> December 2014

$$\left( \left( \frac{45 \text{ days}}{30 \text{ days}} \times 100 \right) - 100 \right) \% = 50\% \text{ delay}$$

*Note: No deductions should be made to the percentage reported based on any other existing guidance.*

### **3c. Number of patients waiting for a follow-up who are delayed past their target date BUT Could Not Attend (CNA) or Did Not Attend (DNA) their last appointment.**

*Of the total number of patients delayed past their target review date (3a + 3b) how many previously CNA or DNA their last appointment.*

*These patients can either be booked or un-booked at the time of reporting.  
The purpose is to quantify of the number of patients delayed past their target date (Counts 3a + 3b) how many had DNA'd or CNA's their last appointment.*

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## **Supporting Definitions**

### **Target Date**

The target date as defined in [A Guide to Good Practice](#) (2005), is the date that a follow-up appointment SHOULD take place.

A Target Date should only be changed where it is clinically relevant and should never change as a result of a DNA or CNA without clinical review.

### **Follow-up attendance**

A follow-up attendance is initiated by the consultant or independent nurse in charge of the clinic under the following conditions:

- |    |  |
|----|--|
| a) | Following an emergency inpatient hospital spell under the care of the consultant or independent nurse in charge of the clinic. |
|----|--|

b)	Following a non-emergency inpatient hospital spell (elective or maternity) under the care of the consultant or independent nurse in charge of the clinic.
c)	Following an A/E attendance to an A/E clinic for the continuation of treatment.
d)	An earlier attendance at a clinic run by the same consultant or independent nurse in any Local Health Board/Trust, community or GP surgery.
e)	Following return of the patient within the timescale agreed by the consultant or independent nurse in charge of the clinic for the same condition or effects resulting from same condition.

### **Appendix C: Data Collection Tool**

<http://nww.nwisinformationstandards.wales.nhs.uk/opendoc/406474>