

WELSH INFORMATION STANDARDS BOARD

DSC Notice:	DSCN 2018 / 04
Date of Issue:	14 th June 2018

Welsh Health Circular / Official Letter: WHC 2015 / 003, WHC(2015)/034, WHC (2016)/006, WHC (2016) /017, WHC (2017)/040	Subject: Planned Care Programme – Demand and Capacity
Sponsor: Chris White (in capacity as Planned Care Programme Chairman) Chief Operating Officer Abertawe Bro Morgannwg UHB	
Implementation Date: 1 st July 2018	
<p style="text-align: center;">DATA STANDARDS CHANGE NOTICE</p> <p>A Data Set Change Notice (DSCN) is an information mandate for a new or revised information standard.</p> <p>This DSCN was approved by the Welsh Information Standards Board (WISB) at its meeting on 1st June 2018</p> <p>WISB Reference: ISRN 2017 / 004</p>	
Summary: To introduce the Planned Care Reporting Data Collection for demand and capacity	
Data sets / returns affected: n/a	
<p>Please address enquiries about this Data Set Change Notice to the Data Standards Team in NHS Wales Informatics Service</p> <p>E-mail: data.standards@wales.nhs.uk / Tel: 029 2050 2539</p>	
<p>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:</p> <p>http://howis.wales.nhs.uk/sites3/page.cfm?orgid=742&pid=24632</p>	

DATA STANDARDS CHANGE NOTICE

Introduction

Established in 2014, the Planned Care Programmes aims to achieve a sustainable service for planned care specialties. It is doing this by working with and supporting NHS organisations to make effective changes in their service provision. The initial focus of work has been upon key specialties where there is either clinical risk to a patient following a long wait for treatment or where there are unacceptable long waits for treatment. These are ophthalmology, orthopaedic, ears, nose and throat (ENT), urology and more recently dermatology.

The programme aims to gain a better understanding of demand and plan sufficient capacity, so that patients do not wait unnecessarily for treatment and services are managed sustainably. The mismatch between capacity and demand is one of the main reasons why waiting lists or backlogs develop. The understanding of the approach, data sets and methodology for demand and capacity modelling are a fundamental requirement for the planning and delivery of planned care services in Wales.

Clinically led boards for each modality have been responsible for developing a speciality implementation plan, which were issued as Welsh Health Circulars, namely:

- The national ophthalmic planned care implementation plan: WHC(2015)/003
- The national orthopaedic implementation plan: WHC(2015)/034
- The national ears, nose and throat implementation plan: WHC (2016)/006
- The national urology implementation plan; WHC (2016) /017
- The national dermatology implementation plan: WHC (2017)/040

Implementation plans include a number of requirements upon which health boards need to report against a variety measures, which are also outlined in the plans. A single framework includes all of the requirements that need to be submitted to the Planned Care Programme two weeks prior to each reporting board.

Completed pro forma should be submitted to hss.performance@gov.wales

Reporting against these measures will commence in July 2018 for a period of 12 months.

Description of Change

To introduce the information requirements that have been developed to support the management of demand and capacity planning for planned care.

Data Dictionary Version

Where applicable, this DSCN reflects changes introduced by DSCN and/or DDCN since the release of version 4.9 of the NHS Wales Data Dictionary.

The changes introduced by such DSCNs will be published in version 4.10 of the NHS Wales Data Dictionary.

Actions Required

Local Health Boards / Trusts:

- With effect from 1st July 2018, submit a monthly snapshot as at the last day of the month to hss.performance@gov.wales

Welsh Government – Delivery and Performance Division, Department for Health and Social Services:

- Collate the submitted data and monitor progress against the planned care implementation plans on a monthly basis.

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.

Data Definition Type	Name	New/Retired/Changed	Page Number
Aggregate Proforma	Planned Care – Demand and Capacity	New	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.

Planned Care Programme

Return Submission Details

Completed pro formas should be submitted to hss.performance@gov.wales

Reporting against these measures will commence in July 2018 for a period of 12 months.

Information Requirements

Health boards will put in place systems to measure and report capacity and demand for the following specialties and associated clinical conditions:

Speciality	Clinical Condition
Ophthalmology	Cataract Glaucoma Diabetic Retinopathy Wet AMD ODTC Other adults Other paediatrics
Orthopaedic	Major joints (hips and knees) Shoulder Hand Foot and ankle Spine (Back) Other
Ears Nose and Throat	Urgent suspected cancer (USC) Routine paediatrics Hearing loss, tinnitus and vertigo ("audiology stream") Other adults
Urology	PSA Haematuria Other
Dermatology	Urgent suspected cancer (USC) Other adults Other paediatrics

Definitions

New Outpatient:

Templated Capacity

This is a measure of new outpatient core capacity (both in terms of room availability and staff availability) which will be derived from existing templates for consultants and other professionals' outpatient clinics together with adjustments for accepted capacity variance e.g. capacity lost due to sickness, maternity, emergency leave, etc.

Calculations however MUST look to account for capacity lost due to annual and study/professional leave, Bank holidays, audit, etc. in order not to artificially inflate potential service capacity.

Demand (Derived)

The difference between the two waiting list positions at the start and finish of the month + Activity (Core) + Additional Activity (internal) + Additional Activity (outsourced) + DNAs. This applies to new outpatient activity only.

Activity (Core)

This is a measure of new outpatient activity which has taken place from existing templates for consultants and other professionals' outpatient clinics (including activity undertaken by visiting consultants). This should only include elective activity, i.e. excluding fracture clinics, eye casualty, etc.

Additional Activity (internal)

This is any new outpatient non-core activity that has been carried out within the health board, e.g. backfill, waiting list initiatives, etc. This should only include elective activity, i.e. excluding fracture clinics, eye casualty, etc.

Additional Activity (outsourced)

This is any new outpatient non-core activity that has been carried out outside of the health board, e.g. Spire, Nuffield etc. This should only include elective activity, i.e. excluding fracture clinics, eye casualty, etc.

DNA – Did Not Attend

This is the number of new outpatients who have not attended with no notice given.

This figure is included in the derived demand calculation as the capacity cannot be re-utilised.

For definitions of DNA and CNA, refer to Pars 66 -72 of the [Revised Rules for Managing Referral to Treatment Waiting Times for Phased Implementation April 2017](#)

ROTT – Removals Other Than Treatment

This is the number of new outpatients removed from the waiting list having not been seen in clinic, whether that be core, internal or outsourced activity.

Waiting List

This is the total waiting list position for new outpatient appointments.

It should include both reportable and non-reportable RTT patients, i.e. all elective waiting list.

Outpatient Procedures (Treatments)

This is the number of new outpatients who have received a procedure as part of their outpatient attendance.

This figure should be included within the overall activity figure.

Follow Up Outpatient:

Templated Capacity

This is a measure of follow up outpatient core capacity (both in terms of room availability and staff availability) which will be derived from existing templates for consultants and other professionals' outpatient clinics together with adjustments for accepted capacity variance, e.g. capacity lost due to sickness, maternity, emergency leave, etc.

Calculations however MUST look to account for capacity lost due to annual and study/professional leave, Bank holidays, audit, etc. in order not to artificially inflate potential service capacity.

Demand (Derived)

The difference between the two waiting list positions at the start and finish of the month + Activity (Core) + Additional Activity (internal) + Additional Activity (outsourced) + DNAs. This applies to follow-up outpatient activity only.

Activity (Core)

This is a measure of follow up activity which has taken place from existing templates for consultants and other professionals' outpatient clinics (including activity undertaken by visiting consultants). This should only include elective activity, i.e. excluding fracture clinics, eye casualty, etc.

Additional Activity (internal)

This is any follow up non-core activity that has been carried out within the health board, e.g. backfill, waiting list initiatives, etc. This should only include elective activity, i.e. excluding fracture clinics, eye casualty, etc.

Additional Activity (outsourced)

This is any follow up non-core activity that has been carried out outside of the health board, e.g. Spire, Nuffield, etc. This should only include elective activity, i.e. excluding fracture clinics, eye casualty, etc.

DNA – Did Not Attend

This is the number of follow up patients who have not attended with no notice given.

This figure is included in the derived demand calculation as the capacity cannot be re-utilised.

For definitions of DNA and CNA, refer to Pars 66 -72 of the [Revised Rules for Managing Referral to Treatment Waiting Times for Phased Implementation April 2017](#)

ROTT – Removals Other Than Treatment

This is the number of follow up outpatients removed from the waiting list having not been seen in clinic, whether that be core, internal or outsourced activity.

Backlog

This is the total number of follow up patients waiting for a follow up appointment beyond their target date.

Outpatient Procedures (Treatments)

This is the number of follow up patients who have received a procedure as part of their outpatient attendance.

This figure should be included within the overall activity figure.

Treatment:

Templated Capacity

This is a measure of inpatient/day case core capacity (both in terms of room availability and staff availability) which will be derived from existing templates for consultants and other professionals' inpatient/day case theatre slots together with adjustments for accepted capacity variance, e.g. capacity lost due to sickness, maternity, emergency leave, etc.

Calculations however MUST look to account for capacity lost due to annual and study/professional leave, Bank holidays, audit, etc. in order not to artificially inflate potential service capacity.

Demand (Derived)

The difference between the two waiting list positions at the start and finish of the month + Activity (Core) + Additional Activity (internal) + Additional Activity (outsourced) + DNAs.

This applies to inpatient and daycase activity only.

Activity (Core)

This is a measure of inpatient/day case activity which has taken place from existing templates for consultants and other professionals' theatre slots (including activity undertaken by visiting consultants). This should only include elective activity.

Additional Activity (internal)

This is any inpatient / day case non-core activity that has been carried out within the health board, e.g. backfill, waiting list initiatives, etc. This should only include elective activity.

Additional Activity (outsourced)

This is any inpatient / day case non-core activity that has been carried out outside of the health board, e.g. Spire, Nuffield, etc. This should only include elective activity.

DNA – Did Not Attend

This is the number of inpatient / day case patients who have not attended with no notice given.

This figure is included in the derived demand calculation as the capacity cannot be re-utilised.

For definitions of DNA and CNA, refer to Pars 66 -72 of the [Revised Rules for Managing Referral to Treatment Waiting Times for Phased Implementation April 2017](#)

ROTT – Removals Other Than Treatment

This is the number of inpatient / day case patients removed from the waiting list having not been admitted for treatment, whether that be core, internal or outsourced activity.

Waiting List

This is the total waiting list position for inpatient/day case admissions.

It should include both reportable and non-reportable RTT patients, i.e. all elective waiting list.