WELSH INFORMATION STANDARDS BOARD

DSC Notice:	DSCN 2019/02
Date of Issue:	31st January 2019

Welsh Health Circular / Official Letter: N/A	**Subject:** 111 and OOH services
Sponsor: Heather Giles, Urgent and Emergency Care, Welsh Government	
Implementation Date: 1st April 2019 (i.e. for April 2019 data submitted in May 2019)	

DATA STANDARD CHANGE NOTICE

A Data Standard 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 23rd January 2019

WISB Reference: ISRN 2018/028

Summary:

This outlines the new standards and activity measures to support the monitoring of the 111 / OOH service, replacing existing GP OOH data collection.

Applies to:

This standard applies to all OOH and 111 services in NHS Wales.

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

E-mail: 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 STANDARD CHANGE NOTICE

Introduction

Currently health boards must conform to the Wales Quality and Monitoring Standards for GP Out of Hours (OOH) services, with performance being monitored via a data collection proforma mandated via DSCN 2016 / 01[1] Those health boards which had moved over to the 111 Service were required to conform with an interim 111 standard (for which there is no associated DSCN). With the roll out of the 111 programme across Wales, there is a drive to align the two sets of standards to make the transition easier for health boards and the reporting more consistent going forwards.

A new set of standards have therefore been developed by the GP OOH forum. This DSCN describes the changes required to reporting to align with these standards.

Scope

All OOH and 111 services in NHS Wales.

Description of Change

This replaces the existing Out of Hours Data Collection mandated via DSCN 2016 / 01.

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

For Health Boards:

- Update local processes to support the information requirements mandated in this standard.
- Complete and submit the data collection proforma on a monthly basis in accordance with the specification described in this DSCN.

For Welsh Ambulance Service NHS Trust (WAST):

- Update local processes to support the information requirements mandated in this standard.
- Share telephony information with each relevant health board to allow them to report this information to Welsh Government.

For Welsh Government

- Make the OOH 111 pro forma and associated guidance available for OOH and 111 services to complete according to the submission timetable.

[1] http://nww.nwisinformationstandards.wales.nhs.uk/opendoc/430794

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

The following table shows where there are changes to the scope and/or definitions of 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 Pro Forma	OOH / 111 Standards	Changed	4

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.

~~GP~~ Out of Hours / 111 Standards ~~Data Collection~~

Reporting Arrangements / Return Submission Details

Health Boards are to provide one completed template on a monthly basis.

Organisations are required to report by the 10th working day of each month, monthly counts of activity for the previous month. If the 10th working day falls on a weekend or a bank holiday, the deadline for submissions is the next available working day.

All submissions should be emailed to the Welsh Government Delivery & Performance Division inbox at: ~~HSSDG.Performance@wales.gsi.gov.uk~~ hss.performance@gov.wales

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

~~HSSDG.Performance@wales.gsi.gov.uk~~

~~**Scope**~~

~~The scope of the new data collection is as follows:~~

- ~~The information required relates to all patients who have initiated contact with the GP Out of Hours Service across Wales in the evening, weekends and bank holidays.~~
- ~~Health Boards are required to provide counts for all of the following:~~
  - ~~Terminated Calls~~

- ~~Abandoned Calls~~
- ~~Answered Calls~~

- ~~Velindre NHS Trust is excluded, since they do not operate an Out Of Hours service.~~

~~A visualization of the business process which describes the patient pathway through Out of Hours services is shown below.~~

The latest version of each form is available on the Welsh Government's Performance Management Website:

http://howis.wales.nhs.uk/sitesplus/407/home

Any further queries regarding the data collection forms should be directed to the Delivery & Performance Division, Welsh Government, on 03000 258871, or e-mail:

HSS.Performance@gov.wales

General Points:

If data is not available, please leave the relevant cell on the pro-forma blank (as opposed to inserting a zero).
If the indicator value is zero, please insert a zero in the relevant cell on the pro-forma (as opposed to leaving the cell blank).
Cancelled cases should be excluded from all indicators i.e. where a patient calls Out of Hours / 111 again, following the initial call, and when the details of the patient are entered again by mistake.
Data should be provided for all patients for which the health board provides a service.

Information Requirements

1. Total number of calls offered to the Out of Hours / 111 service during the month

This is the total number of calls made to the Out of Hours / 111 service during the month. A call is classed as 'offered' as soon as the call connects to the service's telephony system. This is automatically calculated in the pro-forma and will be the sum of the number of:

- *Terminated calls (1a)*
- *Abandoned calls (1b)*
- *Answered calls (1c).*

1a) Terminated Calls

This is the total number of calls made to the Out of Hours / 111 service during the month which were terminated by the caller before or during the pre-recorded message. If there is no pre-recorded message, a call will be classed as terminated if the caller has hung up within 30 seconds of the call being recorded on the service's telephony system.

1b) Abandoned Calls

This is the total number of calls made to the Out of Hours / 111 service during the month which were abandoned by the caller i.e. the caller hung up before the call was answered by an Out of Hours / 111 call handler after the pre-recorded message (or after the initial 30 seconds if there is no pre-recorded message). The number of abandoned calls should be split as follows:

- *those abandoned in 60 seconds or less; and*
- *those abandoned after 60 seconds*

after the pre-recorded message / initial 30 seconds if no pre-recorded message.

1c) Answered Calls

This is the total number of calls made to the Out of Hours / 111 service during the month which were answered by an Out of Hours / 111 call handler. The number of calls answered should be split as follows:

- *those answered in 60 seconds or less; and*
- *those answered after 60 seconds*

after the pre-recorded message or after the call has been recorded on the service's telephony system if there is no pre-recorded message.

2. Of the number of calls answered by the Out of Hours / 111 service, how many were where the caller indicated that they wished to conduct the call in Welsh

This is the number of calls made to the Out of Hours / 111 service during the month where the caller indicated that they wished to conduct the call in Welsh.

~~2~~3. Total number of patient contacts recorded on ~~Adastra~~ during the month

This is the total number of patient contacts recorded ~~on Adastra~~. This is automatically calculated in the pro-forma and will be the sum of:

- ~~*those calls identified as life-threatening as advised to call / were transferred to 999 (2a)*~~
- ~~*those calls which the call handler prioritised the call as urgent (2b)*~~
- ~~*those calls which the call handler prioritised the call as routine (2c)*~~
- ~~*those patients who did not have a definitive clinical assessment undertaken by an Out of Hours clinician (2d).*~~
- *Those calls which are prioritised as P1CH (2a)*
- *Those calls which are prioritised as P2CH (2b)*
- *Those calls which are prioritised as P3CH (2c)*
- *Those patients directly streamed for a Primary Care Centre (PCC) appointment (2d)*
- *Those patients directly streamed for a home visit (2e)*
- *Those patients who did not have a definitive clinical assessment undertaken by an Out of Hours / 111 clinician (2f)*

Note – Priorities P1 to P3 are derived via a series of algorithms based on the answers provided to the call handler.

~~2~~3a) Of the total number of calls answered by the Out of Hours/111 call handler, how many patient~~s~~ contacts were prioritised as P1CH and started their definitive clinical assessment.~~were identified as having a life-threatening condition and advised to call / were transferred to 999:~~

This is the number of patient~~s~~ contacts that were prioritised by the Out of Hours/111 call handler as P1CH and then started their definitive clinical assessment within the following time bands: ~~*that the Out of Hours call handler identified as having a life-threatening condition and either:*~~

- In 60 minutes (1 hour) or less of the initial, call being answered.
- Over 60 minutes (1 hour) and up to and including 360 minutes (6 hours) of the initial call being answered; and
- Over 360 minutes (6 hours) of the initial call being answered.

A definitive clinical assessment is when a patient is transferred or called back by a clinical advisor for a clinical assessment.

- ~~*advised the caller to call 999 immediately; or*~~
- ~~*'warm' transferred the caller to 999 i.e. the Out of Hours call handler transferred the patient directly whilst the patient remained on the phone.*~~

~~*The following are deemed as 'life threatening conditions':*~~

- ~~*stroke (FAST positive i.e. FAST = Face, Arms above head, Speech and Telephone)*~~
- ~~*difficulty breathing / breathless, unable to talk in a sentence*~~
- ~~*heart attack / chest pain*~~
- ~~*uncontrolled bleeding / catastrophic bleeding*~~
- ~~*altered or loss of consciousness*~~
- ~~*abnormal pain with sweating / clammy (ectopic pregnancy, aortic aneurysm)*~~
- ~~*sepsis including meningitis*~~
- ~~*overdose (accidental or on purpose).*~~

Only patients who have spoken to the Out of Hours/111 call handler on the telephone should be included in these counts. Therefore patients such as walk-ins and patients who have been referred by an A&E department or MIU should be excluded from the counts.

~~2~~3b) Of the total number of calls answered by the Out of Hours/111 call handler, how many patient~~s~~ contacts were prioritised as P2CH ~~urgent~~ and started their definitive clinical assessment

This is the number of patient~~s~~ contacts that were prioritised by the Out of Hours/111 call handler as P2CH~~urgent~~ and then started their definitive clinical assessment within the following time bands:

- *in 120 minutes (2 hours) or less of the initial call being answered~~; and~~*
- *~~after~~over 120 minutes (2 hours) and up to and including 360 minutes (6 hours) of the initial call being answered~~.~~: and*
- *over 360 minutes (6 hours) of the initial call being answered.*

A definitive clinical assessment is when a patient is transferred or called back by a clinical advisor for a clinical assessment.

Only patients who have spoken to the Out of Hours/111 call handler on the telephone should be included in these counts. Therefore patients such as walk-ins and patients who have been referred by an A&E department or MIU should be excluded from the counts.

~~2~~3c) Of the total number of calls answered by the Out of Hours/111 call handler, how many patient~~s~~ contacts were prioritised as P3CH ~~routine~~ and started their definitive clinical assessment

This is the number of patients contacts that were prioritised by the Out of Hour/111 call handler as P3CH ~~routine~~ and then started their definitive clinical assessment within the following time bands:

- *In 24~~6~~0 minutes (4 hours) or less of the initial call being answered; ~~and~~*
- *~~After~~over 24~~6~~0 minutes (4 hours) and up to and including 360 minutes (6 hours) of the initial call being answered~~.~~: and*
- *Over 360 minutes (6 hours) of the initial call being answered.*

A definitive clinical assessment is when a patient is transferred or called back by a clinical advisor for a clinical assessment.

Only patients who have spoken to the Out of Hours/111 call handler on the telephone should be included in these counts. Therefore patients such as walk-ins and patients who have been referred by an A&E department or MIU should be excluded from the counts

~~2~~3d) Total number of patient contacts recorded ~~on Adastra~~ where the patient was referred for a Primary Care Centre (PCC) appointment following direct streaming by the Out of Hours/111 call handler

This is the number of patients contacts that were streamed by the Out of Hours/111 call handler, using a criteria-based algorithm and as a result were referred directly for a Primary Care Centre (PCC) appointment without undertaking a definitive clinical assessment following a call back from a clinical member of the Out of Hours/111 service.

~~2~~3e) Total number of patient contacts recorded ~~on Adastra~~ where the patient required a home visit following direct streaming by the Out of Hours/111 call handler

This is the number of patients contacts that were streamed by the Out of Hours/111 call handler, using a criteria-based algorithm and as a result were referred directly for a home visit without undertaking a definitive clinical assessment following a call back from a clinical member of the Out of Hours/111 service.

~~2~~3f) Total number of patient contacts recorded ~~on Adastra~~ where the patient did not have a definitive clinical assessment undertaken by an Out of Hours/111 clinician (e.g. in the case of a patient who has been transferred from an A&E department / MIU, walk-in patients) ~~and where the patient was given information only by the call handler)~~

This is the number of patients contacts that did not have a definitive clinical assessment undertaken by an Out of Hours/111 clinician. This could include, for example, a patient who was transferred from an A&E department or an MIU prior to attending a Primary Care Centre (PCC), a walk-in patient or where a patient has received information only by the call handler and the call was closed.

~~**3. Of the Total number of patient contacts recorded during the month on Adastra, how many were given the case type of:**~~

~~*This provides a high level summary of the case types on Adastra and looks at the number of patients who were given the following case types:*~~

- *Home visit required*
- *Primary Care Centre (PCC) appointment required*
- *Clinical advice only given - this is for patients who were only given clinical advise and nothing else (i.e. if, for example, a patient was given clinical advice as part of their PCC appointment then that patient would not be included).*
- *Non-clinical advice only given by the call handler and the call was closed - this is where the call handler has given the patient information only and the call was closed (i.e. no definitive clinical assessment took place)*
- *other - any other case types not specified above*

3- Outcome. Of the patient contacts recorded on Adastra that were given a case type of 'clinical advice only given' how many patients

This provides a high level summary of the outcomes of patients that were given a case type of 'clinical advice given' as follows:

- *Patient received a telephone assessment only and the call was closed (e.g. if information only was provided, patient was now better etc.) - where the patient is referred back to their GP, but does not need to be seen within the next 24 hours, should also be captured here;*
- *Patient was referred to WAST - for life-threatening conditions only i.e. 999 calls;*
- *Patient was referred to their GP for an appointment within the next 24 hours. Patients who were referred back to their GP but do not need to be seen within 24 hours should be captured within 'Received a telephone assessment only and the call was closed';*
- *Patient was referred to or advised to attend an Emergency Department or Minor Injury Unit;*
- *Patient was referred for a direct assessment or inpatient admission for further clinical assessment;*
- *Patient was referred to a district nurse;*
- *Patient was referred for a dental appointment - includes emergency dental hospital appointment, own dentist appointment etc.; and*
- *Other - any other outcome not specified above. Please include details of the specific outcomes included in 'Other' on the 'Supporting Information' tab for the specific indicator.*

Any local outcomes will need to be mapped to these high level outcomes to enable an all Wales comparison to be made.

4. ~~Total~~ Number of patients~~s~~ contacts who were referred to or remained in a Primary Care Centre (PCC) following their definitive clinical assessment / face to face triage (in the case of walk-in patients)

This is the total number of patients~~s~~ contacts who were referred to or remained in a Primary Care Centre (PCC) following their definitive clinical assessment / face to face triage (in the case of walk-in patients). This is automatically calculated in the pro-forma and will be the sum of the number of patients referred to or remained in a PCC following their definitive assessment and were prioritised as:

- ~~*very urgent (4a)*~~
- ~~*urgent (4b)*~~
- ~~*less urgent (4c)*~~
- ~~*patients who were not prioritised (4d).*~~
- P1F2F (4a)
- P2F2F (4b)
- P3F2F (4c)
- Patients who were not prioritised (4d).

4a) Of the total number of patient~~s~~ contacts that ~~who~~ were referred to or remained in a Primary Care Centre (PCC) following ~~either:~~ **their definitive clinical assessment / face to face triage (in the case of walk-in patients), how many were prioritised as P1F2F and seen….**

- ~~their definitive clinical assessment; or~~
- ~~face to face triage (in the case of walk-in patients), how many were prioritised as very urgent and seen~~

This is the total number of patient~~s~~ contacts that ~~who~~ were referred to or remained in a Primary Care Centre (PCC) and were prioritised as ~~very urgent~~ P1F2F following their definitive clinical assessment / face to face triage (in the case of walk-in patients). The number of ~~very urgent~~ P1F2F patients referred to or remained in a PCC should be split as follows:

- *seen in 60 minutes (1 hour) or less ~~following the completion of definitive clinical assessment / face to face triage; and~~*
- *seen after 60 minutes (1 hour) and up to and including 480 minutes (8 hours): and ~~following the completion of definitive clinical assessment / face to face triage.~~*
- Over 480 (8 hours) following the completion of definitive clinical assessment / face to face triage

The prioritisation level of urgency will be determined by clinical judgement.

4b) Of the total number of patient~~s~~ contacts that ~~who~~ were referred to or remained in a Primary Care Centre (PCC) following ~~either:~~**their definitive clinical assessment / face to face triage (in the case of walk-in patients), how many were prioritised as P2F2F and seen….**

- ~~their definitive clinical assessment; or~~
- ~~face to face triage (in the case of walk-in patients), how many were prioritised as urgent and seen~~

This is the total number of patient~~s~~ contacts that ~~who~~ were referred to or remained in a Primary Care Centre (PCC) and were prioritised as ~~urgent~~P2F2F following their definitive clinical assessment / face to face triage (in the case of walk-in patients). The number of ~~urgent~~ P2F2F patients referred to or remained in a PCC should be split as follows:

- *seen in 120 minutes (2 hours) or less ~~following the completion of definitive clinical assessment / face to face triage; and~~*
- *seen after 120 minutes (2 hours) and up to and including 480 minutes (8 hours); and ~~following the completion of definitive clinical assessment / face to face triage.~~*
- Over 480 (8 hours) following the completion of definitive clinical assessment / face to face triage

The prioritisation level of urgency will be determined by clinical judgement.

4c) Of the total number of patient~~s~~ contacts who were referred to or remained in a Primary Care Centre (PCC) following ~~either:~~**their definitive clinical assessment / face to face (in the case of walk-in patients), how many were prioritised as P3F2F and seen….**

- ~~their definitive clinical assessment; or~~
- ~~face to face triage (in the case of walk-in patients), how many were prioritised as less urgent and seen~~

This is the total number of patient~~s~~ contacts who were referred to or remained in a Primary Care Centre (PCC) and were prioritised as ~~less urgent~~ P3F2F following their definitive clinical assessment / face to face triage (in the case of walk-in patients). The number of ~~less urgent~~ P3F2F patients referred to or remained in a PCC should be split as follows:

- *seen in 360 minutes (6 hours) or less ~~following the completion of definitive clinical assessment / face to face triage; and~~*
- *seen after 360 minutes (6 hours) and up to and including 480 minutes (8 hours); and ~~following the completion of definitive clinical assessment / face to face triage.~~*over 480 (8 hours) following the completion of definitive clinical assessment / face to face triage

The prioritisation level of urgency will be determined by clinical judgement.

4d) Of the total number of patients~~s~~ contacts who were referred to or remained in a Primary Care Centre (PCC) how many were not prioritised before being seen (due to no definitive clinical assessment being recorded ~~on Adastra~~) or were not seen (due to the patient not attending or cancelling their appointment)

This is the total number of patients~~s~~ contacts who were referred to or remained in a Primary Care Centre (PCC) but were not prioritised before being seen because of, for example, the patient did not have a definitive clinical assessment recorded ~~on Adastra~~. It also includes those patients who were not seen because, for example, they did not attend or cancelled their appointment

~~**4 – Outcome. Of the total number of patients who were referred to or remained in a Primary Care Centre (PCC), what was the final/definitive outcome for the patient:**~~

~~*This provides a high level summary of the final outcome of patients following their attendance at a Primary Care Centre (PCC) as follows:*~~

- ~~*Patient did not attend the Primary Care Centre (PCC) appointment or left the PCC before the appointment took place;*~~
- ~~*Patient was treated and discharged;*~~
- ~~*Patient was referred to WAST - for life-threatening conditions only i.e. 999 calls;*~~
- ~~*Patient was referred to their GP for an appointment within the next 24 hours. Patients who were referred back to their GP but do not need to be seen within 24 hours should be captured within 'Treated and Discharged';*~~
- ~~*Patient was referred to or advised to attend an Emergency Department or Minor Injury Unit;*~~
- ~~*Patient was referred for a direct assessment or inpatient admission for further clinical assessment; and*~~
- ~~*Other - any other outcome not specified above. Please include details of the specific outcomes included in 'Other' on the 'Supporting Information' tab for the specific indicator.*~~

~~*Any local outcomes will need to be mapped to these high level outcomes to enable an all Wales comparison to be made.*~~

~~*All patients who have had a definitive clinical assessment undertaken (whether with an Out of Hours clinician or another clinician) should be included in these counts as well as those patients who just received an face to face triage (e.g. in the case of walk-ins).*~~

5. Total number of patients~~s~~ contacts that ~~who~~ required a home visit following their definitive clinical assessment.

This is the total number of patients who required a home visit following their definitive clinical assessment. This is automatically calculated in the pro-forma and will be the sum of the number of patients who required a home visit following their definitive assessment and were prioritised as:

- ~~*very urgent*~~ *P1F2F(5a)*
- ~~*urgent*~~ *P2F2F(5b)*
- ~~*less urgent*~~ *P3F2F(5c)*

- *patients who were not prioritised (5d).*

5a) Of the total number of patient~~s~~ contacts that ~~who~~ required a home visit following their definitive clinical assessment, how many were prioritised as ~~very urgent~~ P1F2F and seen

This is the total number of patient~~s~~ contacts that ~~who~~ required a home visit and were prioritised as ~~very urgent~~ P1F2F following their definitive clinical assessment. The number of ~~very urgent~~ P1F2F patients who required a home visit should be split as follows:

- ~~*in 60 minutes (1 hour) or less following the completion of definitive clinical assessment; and*~~
- *after 60 minutes (1 hour) and up to and including 480 minutes (8 hours); and ~~following the completion of definitive clinical assessment.~~*
- Over 480 minutes (8 hours) following the completion of definitive clinical assessment.

The prioritisation level of urgency will be determined by clinical judgement.

5b) Of the total number of patient~~s~~ contacts that ~~who~~ required a home visit following their definitive clinical assessment, how many were prioritised as ~~urgent~~ P2F2F and seen

This is the total number of patient~~s~~ contacts that ~~who~~ required a home visit and were prioritised as ~~urgent~~ P2F2F following their definitive clinical assessment. The number of ~~urgent~~ P2F2F patients who required a home visit should be split as follows:

- ~~*in 120 minutes (2 hours) or less following the completion of definitive clinical assessment; and*~~
- *after 120 minutes (2 hours) and up to and including 480 minutes (8 hours); and ~~following the completion of definitive clinical assessment.~~*
- Over 480 minutes (8 hours) following the completion of definitive clinical assessment.

The prioritisation level of urgency will be determined by clinical judgement.

5c) Of the total number of patient~~s~~ contacts that ~~who~~ required a home visit following their definitive clinical assessment, how many were prioritised as ~~less urgent~~ P3F2F and seen

This is the total number of patient~~s~~ contacts that ~~who~~ required a home visit and were prioritised as ~~less urgent~~ P3F2F following their definitive clinical assessment. The number of ~~less urgent~~ P3F2F patients who required a home visit should be split as follows:

- ~~*in 360 minutes (6 hours) or less following the completion of definitive clinical assessment; and*~~
- *after 360 minutes (6 hours) and up to and including 480 minutes (8 hours); and ~~following the completion of definitive clinical assessment.~~*

Over 480 minutes (8 hours) following the completion of definitive clinical assessment.

The prioritisation level of urgency will be determined by clinical judgement.

5d) Of the total number of patient~~s~~ contacts that ~~who~~ required a home visit following their definitive clinical assessment, how many were prioritised before their home visit or were not seen

This is the total number of patients who required a home visit but were not prioritised before their home visit because of, for example, the patient did not have a definitive clinical assessment recorded ~~on Adastra~~. It also includes those patients who were not seen because, for example, they were not at home or cancelled their home visit.

~~**5 – Outcome. Of the total number of patients who required a home visit, what was the final/definitive outcome for the patient**~~

~~*This provides a high level summary of the final outcome of patients following their home visit as follows:*~~

- ~~*Patient was not at location when home visit was made;*~~
- ~~*Patient was treated and discharged;*~~
- ~~*Patient was referred to WAST – for life-threatening conditions only i.e. 999 calls;*~~
- ~~*Patient was referred to their GP for an appointment within the next 24 hours. Patients who were referred back to their GP but do not need to be seen within 24 hours should be captured within 'Treated and Discharged';*~~
- ~~*Patient was referred to or advised to attend an Emergency Department or Minor Injury Unit;*~~
- ~~*Patient was referred for a direct assessment or inpatient admission for further clinical assessment;*~~
- ~~*Patient died / death verification – after the patient had had a definitive clinical assessment but before the home visit had occurred or if a home visit is required for death verification; and*~~
- ~~*Other – any other outcome not specified above. Please include details of the specific outcomes included in 'Other' on the 'Supporting Information' tab for the specific indicator.*~~

~~*Any local outcomes will need to be mapped to these high level outcomes to enable an all Wales comparison to be made.*~~

6. Of the total number of patient contacts recorded, what was the primary outcome for the patient:

This provides a high-level summary of the primary outcome of patients recorded on the system as follows:

- Administration;
- Advised to attend ED/MIU;
- Advised to contact another Health Professional;

- Assessment and advise;
- Death;
- Dental;
- Failed contact;
- Health information/quick call;
- Referred to 999;
- Referred to a General Practitioner (handover of care);
- Referred to another Health Professional;
- Referred to Mental Health Team;
- Referred to Secondary Care;
- Referred to Social Services; and
- No outcome recorded.

~~d) New Terms~~

~~1.1 Out of Hours Service~~

~~A service which meets the needs of individuals with urgent primary care needs that cannot wait until the next available in-hours appointment, and provides information, advice and treatment with referral to other services where necessary. The out of hours period is overnight 6.30pm to 8.am on weekdays and 24 hours at weekends and bank holidays.~~

~~All health boards use Adastra, a clinical patient management system, to measure and analyse the patient journey in the out of hours care setting, although all health boards have a different configuration for analysis.~~

~~1.2 Primary Care Centre~~

~~Location where out of hours patients are seen for face to face consultations, usually by appointment.~~