WELSH INFORMATION STANDARDS BOARD

DSC Notice:	DSCN 2018 / 04 v1.2
Date of Issue:	9th April 2019

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: With immediate effect	

DATA STANDARDS 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) out of committee 3rd April 2019

WISB Reference: ISRN 2017 / 004

Summary:
To provide additional clarity to the scope of the Planned Care Reporting Data Collection for Demand and Capacity (DSCN 2018 / 04 (AMD), published 29th November 2018) and to include the collection of orthoptist data

Data sets / returns affected: Planned Care Reporting Data Collection for Demand and Capacity

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 / 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 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 specialities 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 provide additional clarity to the scope of the information requirements published 29th November 2018 (DSCN 2017 / 04 (AMD)) that supports the management of demand and capacity planning for planned care. These amendments make particular reference to:

- Paediatrics
- Orthoptics

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 July 2018, health boards are required to produce a monthly snapshot as at the last day of the month and submit these, adhering to the National Planned Care Programme Specialty Submission Deadlines of relevant returns being required two weeks prior to the specialty board, to hss.performance@gov.wales,.
- Ensure that local processes and system updates are in place to meet the reporting requirements as described in this amended DSCN.

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

- Update relevant documentation within the Demand and Capacity Reporting Framework to meet the reporting requirements as described in this amended DSCN.
- Collate the submitted data and monitor progress against the planned care implementation plans as per the schedule.

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	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.

Planned Care Programme

Return Submission Details

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.

Information Requirements

Health boards will put in place systems to measure and report capacity and demand for the specialties and associated clinical conditions outlined in the table below, taking into account the following points:

- ~~Patients aged 16 and under on the date pertinent to the performance metric (e.g. as at attendance, treatment, removal etc) should be included. Where there is a specific patient group for paediatrics (i.e. Ophthalmology and Dermatology) these should be included in that category. For all other patient groups where paediatrics does not have its own category, they should be categorised in the most appropriate patient group in that speciality.~~
- *Paediatrics* Patient Groups should only be used to record young patients attending dedicated paediatric services that are labelled or promoted as such. Where young patients attend services that are not labelled or promoted as dedicated paediatrics services, they should be recorded in the most relevant Patient Group for that Speciality.
- *Other* Patient Groups should be used where patients do not fit into any other Patient Group within that Speciality. This would also include young patients where there is not a dedicated paediatrics service in that Speciality or any other relevant Patient Group for the young person.
- Routine and Urgent appointments should be included unless specifically stated in the relevant worksheet.

Speciality	Patient Group
Ophthalmology	• Cataract (patients seen in dedicated cataract clinics as well as 'general' clinics) • Glaucoma (patients seen in dedicated Glaucoma clinics by a consultant/medic only. This includes those seen in subspecialist consultant led clinics and glaucoma seen in 'general clinics' AND IDENTIFIED as glaucoma • Glaucoma – ODTC (Glaucoma patients seen in ODTC (hospital or community based) clinics by non-ophthalmologist) • Diabetic Retinopathy (Patients seen in dedicated diabetic retinopathy clinics as well as 'general' clinics) • ~~Wet~~ AMD (Patients seen in dedicated AMD clinics where there is a consultant lead present and other support personnel, which may include medical and non-medical staff. Intravitreal injections only (includes injections for Medical Retinopathy)

	• [1]Orthoptist – Paediatrics • [1]Orthoptist – Other • Other – Paediatrics • Other – ~~Adults~~
Orthopaedic	• Major joints (hips and knee replacement) • Specialist knee (soft tissue i.e. any procedure or activity on the knee which is not a replacement) • Shoulder • Hand • Foot and ankle • Spine (Back) • Paediatrics • Other
Ears Nose and Throat	• Urgent suspected cancer (USC) • Hearing loss, tinnitus and vertigo ("audiology stream") • Paediatrics • Other ~~adults~~
Urology	• PSA • Haematuria • Paediatrics • Other
Dermatology	• Urgent suspected cancer (USC) • Paediatrics • Other ~~adults~~

[1] Adults and paediatrics are not separated in Orthoptist waiting lists. Consequently, the separation of adults and paediatrics in Orthoptists relates to activity measures only.

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 October 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 October 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 October 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.