

WELSH INFORMATION STANDARDS BOARD

DSC Notice:	DSCN 2022 / 09
Date of Issue:	5 th May 2022

Welsh Health Circular / Official Letter: None	Subject: Planned Care Programme – Demand and Capacity
Sponsor: Olivia Shorrocks, Head of Major Conditions, Delivery and Performance Division, Welsh Government	
Implementation Date: 1st May 2022 (noting that demand and capacity submissions stopped in March 2020 at the onset of the COVID-19 pandemic.)	

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) at its meeting on Thursday 21st April 2022.

WISB Reference: ISRN 2022 / 005

Summary:

To retire the formal collection of information pertaining to Demand and Capacity.

Data sets / returns affected:

Retirement of an Aggregate Proforma:
Planned Care Programme – Demand and Capacity ([DSCN 2018/04](#))

Please address enquiries about this Data Set Change Notice to the Data Standards Team in Digital Health and Care Wales

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:

https://nhs.wales365.sharepoint.com/sites/DHC_DST/Lists/Information%20Standards%20Assurance%20Submission%20Log/AllItems.aspx

DATA STANDARDS CHANGE NOTICE

Introduction

Established in 2014, the Planned Care Programmes aimed to achieve a sustainable service for planned care specialties. It did this by working with and supporting NHS organisations to make effective changes in their service provision. The initial focus of work was on 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 aimed to gain a better understanding of demand and plan sufficient capacity, so that patients did not wait unnecessarily for treatment and services were managed sustainably. The mismatch between capacity and demand is one of the main reasons why waiting lists or backlogs develop.

Description of Change

Recently, Welsh Government (WG) colleagues made DHCW Data Standards aware that COVID-19 had an impact on the existing standard and that health boards had been unable to accurately reflect their true activity. In addition to this, the level of detail required at sub speciality level is more complex than can currently be provided.

Consequently, WG colleagues have confirmed that the existing standard should be retired with a view to capturing the necessary detail at patient level as part of the Outpatient Modernisation work (The Planned Care recovery plan outlines its intentions for a wider more detailed demand and capacity modelling which will inform the future of a demand and capacity standard, there are currently no timescales to get this implemented).

It should be noted that the existing DSCN ([DSCN 2018/04](#)) DSCN was introduced for a limited period (12 months from July 2018). This DSCN officially retires that Standard.

Data Dictionary Version

Where applicable, this DSCN reflects changes introduced by DSCN and/or DDCN since the release of version 4.15 of the NHS Wales Data Dictionary.

The changes introduced by such DSCNs will be published in version 4.16 of the NHS Wales Data Dictionary.

Actions Required

Local Health Boards / Trust:

- To cease the formal submission of the Planned Care Programme – Demand and Capacity pro forma to Welsh Government.

Actions for the Welsh Government Delivery & Performance Division:

- To cease the formal reporting of the Planned Care Programme – Demand and Capacity pro forma.

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	Retired	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.

a) Changes to Aggregate Proforma

Note: Planned Care Programme – Demand and Capacity will be moved to the 'Retired Data Sets and Aggregate Data Collections' section of the Data Dictionary, with the following changes.

Planned Care Programme – Demand and Capacity (Retired)

Valid From: 14th June 2018

Valid To: 31st March 2022¹

Change History	
DSCN 2022 / 09	Planned Care Programme Demand and Capacity - Retirement
DSCN 2018 / 04 v1.2	Planned Care Programme Demand and Capacity
DSCN 2018 / 04 v1.1	Planned Care Programme Demand and Capacity
DSCN 2018 / 04	Planned Care Programme Demand and Capacity

[Return Submission Details Information Requirements](#)

¹ Note that demand and capacity submissions stopped in March 2020 at the onset of the COVID-19 pandemic

Return Submission Details (Retired)

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 (Retired)

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.
- Routine and Urgent appointments should be included unless specifically stated in the relevant worksheet.

Speciality	Patient Group
Ophthalmology	Cataract Glaucoma Diabetic Retinopathy Wet AMD ODTC (non consultant activity) Other adults Paediatrics
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) Other
Ears Nose and Throat	Urgent suspected cancer (USC) Hearing loss, tinnitus and vertigo ("audiology stream") Other adults
Urology	PSA Haematuria Other
Dermatology	Urgent suspected cancer (USC) Other adults Paediatrics

Definitions (Retired)

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.