

## WELSH INFORMATION STANDARDS BOARD

<b>DSC Notice:</b>	DSCN 2019 / 07 (AMD)
<b>Date of Issue:</b>	20 <sup>th</sup> December 2019

<b>Ministerial / Official Letter:</b> N/A	<b>Subject:</b> Clinical Musculoskeletal Assessment and Treatment Services (CMATS) Metrics
<b>Sponsor:</b> Olivia Shorrocks, Head of Major Conditions (Performance), Welsh Government	
<b>Implementation Date:</b> 1 <sup>st</sup> July 2019 (first submission to Welsh Government 31 <sup>st</sup> October 2019 for Q2 data) The aggregate pro forma which underpins this Standard is approved as an interim solution. Consequently, this Standard is time limited whilst a more robust, digitally mature solution is developed. A specific expiration date will be set in due course but will reflect a period of not less than 12 months from the Date of Issue.	
<b>DATA STANDARDS CHANGE NOTICE</b>	
<p>A Data Standards 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 19<sup>th</sup> December, 2019.</p> <p><b>WISB Reference:</b> ISRN 2018 / 026</p>	
<b>Summary:</b>	
To address inconsistencies published in the original Standard issued 25 <sup>th</sup> September 2019. The aim of that Standard remains unchanged i.e. to formally mandate the collection and reporting of waits and outcomes for all CMATS referrals.	
<b>Data sets / returns affected:</b>	
N/A	
<p>Please address enquiries about this Data Standards Change Notice to the Data Standards Team in NHS Wales Informatics Service</p> <p>E-mail: <a href="mailto:data.standards@wales.nhs.uk">data.standards@wales.nhs.uk</a> / Tel: 029 2050 2539</p>	



Llywodraeth Cymru  
Welsh Government

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 Programme aims to achieve a sustainable service for planned care specialties. The key objective of the programme will be measuring and quantifying actions that enable service sustainability. Orthopaedics is the biggest single planned care service in Wales. There are over half a million trauma and orthopaedic outpatient consultations recorded per year.

CMATS are aligned with primary care and orthopaedic specialties and provide support for patients who have painful or functional problems, which may be associated with joints, muscles, ligaments, tendons, bones and/or sensitivity of the nervous system. They have been designed and set up to improve the pathway of care, supporting patients with complex musculoskeletal problems. They are not additional services, and do not replace existing physiotherapy and podiatry services.

A National CMAT group developed a specification for a national CMAT service – this is based upon best practice noted across Wales, endorsed by Orthopaedic Board (which has representation from every health board) and was circulated as a Welsh Health Circular (WHC) ([2017/27](#)). Since the WHC was issued, health boards have shadow reported the metrics; this has demonstrated a very different approach to collecting this data and resulted in the proposal to adopt a national standard approach.

### Description of Change

To address inconsistencies published in the original Standard issued 25<sup>th</sup> September 2019. The aim of that Standard remains unchanged i.e. to introduce the collection and reporting of waits and outcomes for all CMATS referrals as described in the Information Specification below.

It is understood that not all health boards have a labelled CMAT service. Consequently, any reference to CMATS in this Standard should be understood as:

All CMATS or CMATS type models across Wales. Patients within scope are defined in the Inclusion Criteria of the Recommended Guidelines Establishment of the Clinical Musculoskeletal Assessment Treatment Services (<https://gov.wales/sites/default/files/publications/2019-07/establishment-of-a-clinical-musculoskeletal-assessment-treatment-service.pdf>).

### Data Dictionary Version

Where applicable, this DSCN reflects changes introduced by DSCN and/or DDCN since the release of version 4.10 of the NHS Wales Data Dictionary.

The changes introduced by such DSCNs will be published in version 4.11 of the NHS Wales Data Dictionary.

### Actions Required

Local Health Boards / Trusts:

- Ensure that local processes and system updates are in place to meet the reporting requirements as described in this DSCN.

NWIS:

- There are no actions for NWIS

Welsh Government Delivery & Performance Division:

- Make the form for the reporting of waits and outcomes for all CMATS referrals available to health boards to complete and notify them of the deadline for the submission of data.

## Information Specification

The scope of this work extends to all CMATS or CMATS type models across Wales. Patients within scope are defined in the Inclusion Criteria of the Recommended Guidelines Establishment of the Clinical Musculoskeletal Assessment Treatment Services (<https://gov.wales/sites/default/files/publications/2019-07/establishment-of-a-clinical-musculoskeletal-assessment-treatment-service.pdf>).

The metrics generated from this proposal enables the monitoring of activity in relation to recommendations (R1, R5 and R6) outlined in the Wales Audit Office 2015 Report (A Review of orthopaedic Services) conducted on behalf of the Auditor general for Wales ([http://www.audit.wales/system/files/publications/Review\\_of\\_orthopaedic\\_ENG%20\\_2015.pdf](http://www.audit.wales/system/files/publications/Review_of_orthopaedic_ENG%20_2015.pdf)). They will also be used for discussion regarding improvement in service delivery with health boards, and for reporting to NHS Chief Executives and the Cabinet Secretary. The Welsh Audit Office will undertake another review of orthopaedic services in 2019 and will be requesting an update on progress made against the 2015 recommendations. Part of this will be on the progress around CMAT services in Wales.

Health boards are required to shadow report on CMATS using the pro forma in addition to RTT.

**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.

<b>Data Definition Type</b>	<b>Name</b>	<b>New/Retired/Changed</b>	<b>Page Number</b>
Aggregate Proforma	Clinical Musculoskeletal Assessment and Treatment Services (CMATS) Metrics	Changed	7

## **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.

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### **Clinical Musculoskeletal Assessment and Treatment Services (CMATS) Metrics**

#### **Guidelines and Return Submission Details**

The information required relates to all CMATS or CMATS type models across Wales. Patients within scope are defined in the Inclusion Criteria of the Recommended Guidelines Establishment of the Clinical Musculoskeletal Assessment Treatment Services (<https://gov.wales/sites/default/files/publications/2019-07/establishment-of-a-clinical-musculoskeletal-assessment-treatment-service.pdf>).

Health boards are to provide quarterly returns as indicated in Welsh Government submission guidelines. The latest version of each form is available at <http://howis.wales.nhs.uk/sitesplus/407/page/73014> along with census and submission dates.

Any further queries regarding the data collection forms should be directed to the Delivery & Performance Division, Welsh Government, on 03000 258871, or e-mail via [HSS.Performance@gov.wales](mailto:HSS.Performance@gov.wales).

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## Information Requirements

### Definitions: General

Topic	Definition
<b>Calculating weeks wait</b>	Weeks wait should be calculated using the existing NHS Wales Data Dictionary definition ( <a href="http://nww.datadictionary.wales.nhs.uk/#!/WordDocuments/weekswait.htm">http://nww.datadictionary.wales.nhs.uk/#!/WordDocuments/weekswait.htm</a> ). The day on which the referral is received is categorised as day 0.
<b>General waiting list reporting</b>	Standard national rules apply with regards to waiting list reporting i.e. start/stop/DNA/CNA/adjustments.

### Definitions: Metrics

Waits	
Measure	Definition
<b>Total waiting</b>	Total number of patients waiting for a first contact with the CMAT Service.
<b>Total wait: Up to 6 weeks</b>	Total number of patients waiting up to and including 6 weeks for a first contact with the CMAT Service (waiting less or equal to 42 days).
<b>Total wait: Over 6 weeks and up to 14 weeks</b>	Total number of patients waiting greater than 6 weeks and up to and including 14 weeks for a first contact with the CMAT Service (43 days – 98 days).
<b>Total wait: Greater than 14 weeks</b>	Total number of patients waiting greater than 14 weeks for a first contact with the CMAT Service (greater than or equal to 99 days).



<b>Longest patient wait (weeks)</b>	The longest patient waiting for initial assessment
<b>Referrals removed other than treated (ROTT)</b>	This is the number of new referrals removed from the waiting list

<b>Contact Type</b>	
<b>Measure</b>	<b>Definition</b>
<b>Total patient contacts in the period</b>	Total number of new (initial assessment) and follow up patient contacts with the CMAT Service. This includes face to face and telephone contacts with the patient.
<b>New patient contacts</b>	Total number of new (initial assessment) patient contacts with the CMAT Service. This includes face to face and telephone contacts with the patient.
<b>Follow up patient contacts</b>	Total number of follow up patient contacts with the CMAT Service. This includes face to face and telephone contacts with the patient.
<b>Total DNAs in the period</b>	Total number of new and follow up patients who DNA their appointment. This includes face to face and telephone contacts (if pre-arranged) with the patient. <del>This excludes patients that have been discharged (these should be recorded in Total Discharges from CMATS).</del> Patients who DNA and are discharged should also be included in this number.
<b>New patient DNAs</b>	Total number of new patient DNAs. This includes face to face and telephone contacts (if pre-arranged) with the patient. Patients who DNA and are discharged should also be included in this number.
<b>Follow up patient DNAs</b>	Total number of follow up patient DNAs. This includes face to face and telephone contacts (if pre-arranged) with the patient. Patients who DNA and are discharged should also be included in this number.

<b>Contact Outcome: Treated</b>	
<b>Measure</b>	<b>Definition</b>
<b>Total number of steroid injections performed</b>	Total number of contacts where intra or peri-articular injections were performed by the Service. If more than one injection is undertaken, report the total number per contact e.g. 3 injections at one visit should be reported as 3.

<b>Contact Outcome: Diagnostic Request</b>	
<b>Measure</b>	<b>Definition</b>
<b>Referrals to diagnostics: Total number made in the period</b>	<p>Total number of referrals to diagnostic services for each differing investigation should be reported as categorised below:</p> <ul style="list-style-type: none"> <li>• Computerised Tomography (CT)</li> <li>• Magnetic Resonance Imaging (MRI)</li> <li>• Nerve Conduction Studies (NCS)</li> <li>• Ultrasound</li> <li>• X-ray</li> </ul> <p>Multiple referrals for different investigations should be reported i.e. 1 contact may result in a referral for X-ray and NCS. In this scenario, the number of referrals reported would be 2 (one in each category).</p>

<b>Contact Outcome: Onward Referral</b>	
<b>Measure</b>	<b>Definition</b>
<b>Onward referrals from CMATS contact: Total number made in the period</b>	<p>Total number of onward referrals to each service pathway from each CMAT Service contact should be reported as categorised below:</p> <ul style="list-style-type: none"> <li>• Core Musculoskeletal (MSK) Physiotherapy</li> <li>• Interventional Radiology</li> <li>• Lifestyle Services</li> <li>• National Exercise Referral Scheme (NERS)/Joint Care Programme (JCP)/Community Programmes</li> <li>• Orthopaedics</li> <li>• Pain Management</li> <li>• Rheumatology</li> <li>• Therapies: Occupational Therapy</li> <li>• Therapies: Podiatry</li> <li>• Therapies: Orthotics</li> <li>• Therapies: Dietetics</li> <li>• Secondary Care Consultant (other than above)</li> <li>• Other Service (not listed above)</li> </ul> <p>Multiple referrals for different pathways should be reported i.e. 1 contact may result in a referral to Pain Management and Other Service. In this scenario, the number of referrals reported would be 2 (one in each category).</p> <p>This includes patients discharged at the same contact.</p> <p>Note that a patient may have an onward referral but still be required to be seen again by the CMAT Service.</p>

<b>Contact: Discharges</b>	
<b>Measure</b>	<b>Definition</b>
<b>Total discharges from CMATS</b>	Total number of discharges from the Service. Includes those that are 'referred on and discharged' from CMAT Service at the same contact and DNA discharges.

<b>Referrals Received</b>	
<b>Measure</b>	<b>Definition</b>
<b>Total number of referrals received in the period</b>	<p>Total number of referrals received in the period by the CMAT Service for initial triage (i.e. prior to assessment) as categorised below:</p> <ul style="list-style-type: none"> <li>• Total electronic referrals received for initial triage</li> <li>• Total paper referrals received for initial triage</li> </ul> <p>Includes those received via paper or electronic means. Organisations should work towards full compliance with electronic referral.</p>

<b>Triage</b>	
<b>Measure</b>	<b>Definition</b>
<b>Initial triage pathway selection (referrals received in the period)</b>	<p>Of the total referrals received (paper / electronic) in the period by the CMAT Service for initial triage (i.e. prior to assessment), report the number of referrals triaged to each pathway from the total received as categorised below:</p> <ul style="list-style-type: none"> <li>• Clinical Musculoskeletal Assessment and Treatment Services (CMATS)</li> <li>• Core Musculoskeletal (MSK) Physiotherapy</li> <li>• National Exercise Referral Scheme (NERS)/Joint Care Programme (JCP)/Community Programmes</li> <li>• Orthopaedics</li> <li>• Pain Management</li> <li>• Rheumatology</li> <li>• Therapies: Occupational Therapy</li> <li>• Other (not listed above)</li> </ul>

<b>Total number of referrals triaged within 5 working days</b>	Of the total referrals received (paper / electronic) in the period by the CMAT Service, for initial triage (i.e. prior to assessment), report the number of referrals triaged within 5 working days.
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