

DSC Notice: (2006) 01 (W)
English DSCN Equivalent: N/A
Welsh Health Circular (2006) 028
Date of Issue: April 2006

IRSS Information Requirements and Standards Sub Committee	Subject: To introduce Independent Nurse Activity in the Outpatient mds & QS1
	Implementation date: 1 st April 2006

DATA SET CHANGE CONTROL PROCEDURE

Summary of change:

To introduce Independent Nurse Activity in the Outpatient mds & QS1.

To provide guidance on the recording and reporting of Outpatient activity undertaken by the Independent Nurse, and the recording of aggregated outpatient data to the Bed Use Statistics (QS1) and Corporate Quarterly Indicators (eQuest).

This change will be included in version 2.12 of the NHS Wales Data Dictionary.

Change Proposal Reference No: IRSS 20060421/01

The Information Requirements and Standards Sub Committee (IRSS) is currently responsible for approving information standards.

Please address enquiries about data set change proposals to the Data Standards and Information Quality Team, HSW, Brunel House, 2 Fitzalan Road, Cardiff CF24 0HA Tel: 029 20502539 or E-mail Data.Standards@hsm.wales.nhs.uk

Data Set Change Notices are available via the Intranet Service HOWIS <http://howis.wales.nhs.uk/> or by contacting the above address.

DSCN numbering format (draft) = (year of draft) 2-alpha character sequence (W)

Upon receiving approval for the change by IRSS, the draft DSCN number will be reformatted to:

DSCN number format = year of issue / sequence number, (W)

In addition,

Change Proposal Reference No. format = yearmonthday/sequence number (relates to when IRSS approved change)

Document Control

Version:	Created on:	Owner	Details:
0.1	09/03/06	Jen Evans	Initial draft for review by the Service
0.2	03/04/06	Jen Evans	WHC reference added
0.3	06/04/06	Jen Evans	Minor cosmetic changes following issuing for IRSS approval
1.0	25/04/06	Jen Evans	Allocated Welsh reference following IRSS approval

DATA SET CHANGE NOTICE (2006) 01 (W)

Reference:	IRSS 20060421/01
Subject:	To introduce the Independent Nurse Activity in the Outpatient mds & QS1
Reason for Change:	To report on the increased level of clinical activity as a result of new ways of working within NHS Wales.
Effective Date:	Implementation from 1 st April 2006

Background:

As part of the Hospital Activity Measurement project, a review was carried out across all NHS Wales Trusts to identify the extent of the recording of nurse-led activity. It became apparent that all Trusts were recording all or some nurse-led activity in the Outpatient environment. Most Trusts were providing management information on nurse-led activity at the Trust level.

Some Trusts were recording it in their patient administration systems, while others were aware that activity was being recorded manually by individual nurses. Figures received from 6 Trusts highlighted a total of nearly 84,000 nurse-led outpatient attendances for the financial year 2003/2004.

There was also an inconsistency across the service of including or excluding nurse-led activity in QS1 figures.

In January 2005, the Hospital Activity Measurement Project Board approved the mandating the identification and reporting of Outpatient nurse-led activity. This activity was to be submitted in the Outpatient minimum data set (OP mds).

In December 2004, WHC (2004) 081 re-authorized the flow of the mandated Outpatient activity MDS from all NHS Wales Trusts (and Powys LHB) to the newly established NHS Wales Data Switching Service (NWDSS). This WHC, also, instructed the Trusts and Powys LHB to submit all Outpatient activity MDS for the period 1st April 2004 to 31st January 2005. Thereafter, Trusts will be required to submit their monthly Outpatient activity minimum data sets to the NWDSS (hosted by Health Solutions Wales) by the 20th day of each month.

In May 2005, approval was given by the Welsh Assembly Government to establish an Outpatient Data Quality Project to review and address data quality issues of 14 mandated key data items.

Included in the scope of the project is the introduction of nurse-led activity. WHC (2006)028 formally informs NHS Trusts and Powys Local Health Board (LHB) of the

requirement to record and submit nurse-led activity in the returns transmitted to the national databases.

Discussions with the Trusts and Powys LHB have resulted in an agreement as to the definition of a nurse who manages and holds Outpatient Clinics in their own right. This nurse has been defined as an ‘Independent Nurse’ for reporting purposes.

Impact across NHS Wales

1. **NHS Trusts and Powys LHB** to identify nurses within their organisations who can be defined as an Independent Nurse (see definition of ‘Independent Nurse’ in Appendix A below) and their relevant details (below).
2. Updating of Reference Data with Registration Numbers for Independent Nurses

In order to validate the Registration Number of the Independent Nurse, the registration numbers must be held in a central repository under HOWIS Reference Data.

2.1 To add new Independent Nurses to Reference Data, the following 2 methods may be used: -

- a) **NHS Trusts and Powys LHB** to complete the existing Consultant Pro Forma (held under Reference Data on the HOWIS website) with the relevant details and forward to HSW for processing.

GMC Code	<input type="text"/>
Consultant Name	<input type="text"/>
PEDW Code	<input type="text"/>
Trust Code	<input type="text"/>
Specialty Code	<input type="text"/>
Active From	<input type="text"/>
Active to	<input type="text"/>

Where	GMC Code	= Independent Nurse Registration Number
	Consultant Name	= Name of Independent Nurse
	PEDW Code	= not required and will not be generated
	Trust Code	= Provider Code
	Specialty Code	= Code of Specialty of Independent Nurse
	Active From	= Start Date from when the Independent Nurse commenced patient responsibility
	Active To	= End date when Independent Nurse ceased patient responsibility

b) Issue of an email containing the above details to

sue.morris@hsw.wales.nhs.uk

Please Note, for the recording of nurse-led activity in the OP mds, the PEDW Code is not required.

2.2 **HSW** to enter and maintain new Independent Nurse details onto Reference Data

3. **HSW** to amend the validation rules (for the processing of outpatient data) of the data item 'Consultant Code' to include the validation of the Independent Nurse against Reference Data. Codes must also be active at the attendance date. If the record fails either check, the record is flagged as being in error.
(N.B. new validation rule implemented)
4. **HSW** to amend the QS1 & e_Quest software to allow for new Outpatient screens to record and show activity undertaken by the Independent Nurse.
5. **NHS Trusts and Powys LHB** to record their Independent Nurse activity on the new QS1 screen.

Implementation

All Trusts and Powys LHB will be expected to include nurse-led activity in their OP mds from April 2006.

Please note: registration details of Independent Nurses must be forward to HSW for adding to Reference Data before activity is submitted in their OP mds. This will ensure that Independent Registration details will be loaded onto Reference Data and records will not be flagged as invalid.

Independent Nurse activity must now be included in the QS1 returns. Inclusion of Independent Nurse activity in QS1 returns will commence with the April – June 2006 quarter.

Effect on the NHS Wales Data Dictionary:

Appendix A details the changes to the NHS Wales Data Dictionary to support Outpatient nurse-led activity.

Additional Information:

Please address enquiries about this DSCN to: -

*Data Standards and Information Quality Team
Health Solutions Wales
14th Floor - Brunel House
2 Fitzalan Road
Cardiff
CF24 0HA*

Tel: 029 20502539

Fax: 029 20502504

E-mail: Datastandards@hsw.wales.nhs.uk

Appendix A: Proposed Change

1. Under Operational Guidelines, new section to be added: -

Outpatient Nurse-Led Activity

Background

In early 2003 the Welsh Assembly Government sponsored the setting up of the Healthcare Activity Measurement (HAM) Task & Finish Group to review activity across all the Trusts. It was realised that reported NHS activity in Wales had reduced and reported waiting lists and lengths of stay were higher than those in England. This is despite substantially increased funding from the Welsh Assembly Government. However, anecdotal explanations suggest that the reported statistics do not reflect the reality and that, in particular, an increasing amount of NHS activity is taking place in new clinical settings where the activity is unrecorded.

The Task & Finish Group identified that in many areas the NHS in Wales had high levels of comparative performance with England but there are differing aspects in data recording and reporting which distort comparisons.

The work of the Task and Finish Group emphasised the need of keeping activity measurement in line with service development. As a result of clinical innovation and development, the information that was available did not provide a representative picture of the service provided by the NHS in Wales. One of the crucial areas of new ways of working has been the introduction of specialist nurses to address waiting times and improve the quality of the service for patients and by providing rapid consultation, diagnosis and treatment, in a number of clinical areas.

During the summer of 2004, a review of what nurse-led activity was being captured locally by the Trusts was carried out. It became apparent that all Trusts were recording Outpatient nurse-led activity in one form or another.

In January 2005 the HAM Project Board agreed the recommendation to mandate the Trusts to start recording nurse-led activity in an Outpatient Environment. They agreed that national standards and definitions were to be put in place. This coincided with the mandating of the Outpatient activity data flow through the newly established NHS Wales Data Switching Service (WHC (2004) 081).

Across the service, different titles have been adopted by the Trusts to signify nurses carrying out nurse-led activity. These include:-

Specialist Nurse
Clinic Nurse Specialist
Nurse Practitioner
Nurse Consultant

For the purpose of standardising the definition of a nurse on an All Wales basis, for which nurse led activity is to be recorded, the term **Independent Nurse** is to be used. See Terms [‘Independent Nurse’](#).

2. Under 'Terms', one new definition to be introduced: -

The following text will be inserted under the Terms section of the NHS Wales Data Dictionary: -

Independent Nurse (Outpatients)

An Independent Nurse can be termed a Consultant Alternative, who works independently of a Consultant team.

They receive direct referrals for a first outpatient attendance and carry out follow up attendances. Direct referrals may come from any source for which a consultant would have a referral.

They have and manage their own patient lists and run their own clinics.

The Independent Nurse is the responsible healthcare professional.

All the activity carried out by the Independent Nurse is to be identified as nurse-led activity. See [Consultant Code](#).

Note that this **excludes**: -

- patients attending a consultant clinic or GP holding clinics in their own right
- patients attending a midwife clinic
- Ward Attenders

The Nurse's Registration Number will be used to identify the Independent Nurse. The current procedure for the insertion/amendment/deletion of Consultant Codes on Reference Data (for Validation at Source) will be used to store Independent Nurses' Registration Numbers on Reference Data.

3. Under 'Data Items': changes to existing Data Items -

The following shaded text is a copy of existing definitions for the Data Item 'Consultant Code'.

Additions to the definitions have been highlighted using **bold**, with deletions being shown with ~~strikethrough~~.

Consultant Code

(APC ds99/ EAL mds/ General/ OP mds)

Nationally agreed format for consultant code *or Independent Nurse*. It is the GMC code for the Consultant or the GP acting as a Consultant or locum Consultant, which is the unique identifier. *The nurse's Registration Number will be used to identify the Independent Nurse.*

Format: 8-character alphanumeric

Value	Meaning
XXXXXXXX	Consultant code based upon General Medical Council registration number. The first character of the code is usually a 'C'. The 2nd to 8th characters are the GMC registration number.
M9999998	Not applicable – Midwife- <i>led Activity</i>

For OP mds only:-

YYYYYYYY [Independent Nurse](#)

If the patient episode is under the direct care of a Midwife the default Consultant Code must be M9999998 ~~–Not applicable– Midwife~~ and the Consultant Specialty Function Code must be '560'. See Appendix A.

For Dental Consultants who have not been registered with the GMC the Dentists Practice Board number has to be used prefixed with DD.

See GMC/GDC Registration Number

For NHS patients treated overseas, if the overseas doctor does not have a GMC code the default code of C9999998 can be used.

For OP mds, the Nurse's Registration Number is used to record nurse-led activity in an Outpatients environment by an [Independent Nurse](#).

(PEDWAPC ds99)

This is the code of the consultant under whose care a patient is placed for a period of time using the bed(s) of one hospital provider.

Format: 3 or 4 character alphanumeric. For 3-character codes leave first character blank.

Value	Meaning
XXXX	Current consultant codes.

NB: Consultant codes were submitted to PEDW from Welsh hospitals using the 4 character codes described above, however only the 8 character Consultant codes are now submitted by NHS Trusts to APC ds99.

4. Further changes to existing definitions which are relevant to Independent Nurse :-

Additions to existing definitions (shaded) are highlighted in *red*. Deletions are marked with a ~~strikethrough~~.

4.1 Under Data Items:-

First Attendance (OP mds)

The first attendance is the start of the **Consultant** Outpatient episode and is the first attendance in a series with the same Consultant *or Independent Nurse* following a referral.

New Outpatient Attendances (QS1)

A new attendance is initiated other than by the consultant *or Independent Nurse* in charge of the clinic in the circumstances described below:

1. Referral from a GP
2. Referral from an A&E department
3. Referral from a consultant, other than in the A&E department
4. Self Referral
5. Referral from prosthetist
6. Other

A follow up attendance is initiated by the consultant *or Independent Nurse* in charge of the clinic.

Outcome of Attendance

(OP mds)

This records the outcome of the Outpatient Attendance:

Format: 1 digit numeric

Value	Meaning
1	Discharged from Consultant care (last attendance) or Independent Nurse
2	Another appointment given
3	Appointment to be made at a later date

Outpatient Clinic Sessions

(QS1)

An Outpatient Clinic is defined as a Consultant Clinic. Patients may see a consultant, **an Independent Nurse**, a member of his firm or associated health professional. Also, covers GPs acting as consultants by arrangement of the health care provider. It does not include clinics not controlled by the consultant **or Independent Nurse**, (e.g. run by midwives or GPs in their own right).

Number of outpatient clinic sessions held during quarter. Sessions must be held, not merely scheduled.

The following clinics should count as a single session:-

- a. One consultant present, however many other doctors are assisting.
- b. No consultant present but held specifically on behalf of a consultant.
- c. Held jointly by consultants in different specialties; these should be recorded as a single unit under joint consultant clinic (code 9900).
- d. **A clinic held by an Independent Nurse**
- e. Any combination of joint ante-natal, post-natal and gynaecology sessions; recorded as an ante-natal session.

Primary OPCS Procedure Code

(APC ds99/ OP mds)

The primary operation/operative procedure performed on a patient at a particular time, during the relevant episode, as determined by the responsible Consultant *or Independent Nurse*

Format: 4 character alpha-numeric

Value	Meaning
ANNN	See OPCS Classification of Surgical Operations and Procedures, Fourth Revision (Consolidated Version).
Spaces	Not applicable i.e. operation not performed

NB: Codes for the anaesthetic used (Y80 - Y84) should be recorded after the relevant operation or procedure.

Primary Read Procedure Code

(APC ds99/ OP mds)

It is a classification for patient procedures using codes maintained by the NHS Centre for Coding and Classification. The primary operation/operative procedure performed on a patient at a particular time, during the relevant episode, as determined by the responsible Consultant or *Independent Nurse*.

Format: 7 character alpha-numeric

Referrer Code

(APC ds99/ EAL mds/ OP mds)

The code of the person making the referral. This may be a GMP, GDP or a Consultant *or Independent Nurse*.

If the referral is not from a GMP, GDP, ~~or a~~ Consultant *or Independent Nurse*, use one of the default codes below:

Format: 8 character alpha-numeric

Default code:

Value	Meaning
M9999998	Midwife
N9999997	NHS Direct *
N9999998	Nurse Referral
S9999998	Self Referral

See Consultant Code

See GP Code

See GP Code (Referring)

*** Note:**

- Emergency patients referred via NHS Direct will require the data item **Method of Admission** to have the value **27** ('Via NHS Direct Services').
The value for the data item **Referring Organisation Code** will be **RVCLA** ('NHS Direct – Wales')

Referring Organisation Code

(APC ds99/ EAL mds/ OP mds)

The code of the organisation of the GMP or GDP or Consultant or **Independent Nurse** making the referral. This information is essential for managing contracts which are based on patterns of referral.

Format: 6 character alpha-numeric

Where a five character organisation code is used, it should be left justified and padded with a space.

Default codes:

Value	Meaning
X99998	Organisation code not applicable

See Organisation Code

See GP Practice Code

Source Of Referral: Outpatients

(OP mds)

A classification which is used to identify the source of referral of each **Consultant** Outpatient episode.

Format: 2 character alpha-numeric

Value	Meaning
	Initiated by the Consultant <i>or Independent Nurse</i> responsible for the Consultant Outpatient episode
01	Following an emergency admission
02	Following a domiciliary visit
10	Following an A&E attendance
11	Other
	Not initiated by the Consultant <i>or Independent Nurse</i> responsible for the Consultant Outpatient episode
03	Referral from General Medical Practitioner
04	Referral from an A&E department
05	Referral from a Consultant <i>or Independent Nurse</i> , other than in an A&E department
06	Self-referral
07	Referral from Prosthetist
08	Other source of referral
92	General Dental Practitioner
93	Community Dental Service

Note:

The classification has been listed in logical sequence rather than numeric order.

4.2 Under Terms: -

Consultant Clinic

(QS1)

An administrative arrangement enabling patients to see a consultant, *Independent Nurse*, a member of his firm or associated health professionals and providing the opportunity for consultation, investigation and treatment.

Includes clinics run by GP's acting as consultants by the arrangement of the health care provider, but excludes clinics not controlled by a consultant *or an Independent Nurse* (e.g. run by midwives or GPs in their own right).

Attendance is normally by prior appointment. Although a consultant *or an Independent Nurse* is in overall charge, ~~he~~ *they* may not be present on all occasions that the clinic is held (however a member of ~~his~~ *their* firm or locum will always be present).

A consultant out-patient clinic usually occurs at regular intervals to a fixed pattern in the same location. It is always pre-arranged. Consultants *or Independent Nurses* may hold out-patient clinics in many locations. It may be held in an out-patient department or elsewhere on a hospital site (for example, accident and emergency department or a ward) or on premises off the hospital site which may or may not be NHS owned. An out-patient clinic may be held on a ward if a consultant *or Independent Nurse* has a regular arrangement to see patients who are not using a hospital bed. Out-patients may be seen in

premises covered by contractual arrangements with non-NHS providers. These arrangements differ from district to district. Although details of the availability of this resource are not required, the number of patients seen under a contractual arrangement should be recorded.

Number of clinic sessions held: sessions held (not merely scheduled) by or on behalf of one consultant *or Independent Nurse*. The following clinics should count as a single session:-

- a. One consultant present, however many other doctors are assisting.
- b. No consultant present but held specifically on behalf of a consultant
- c. Held jointly by consultants in different specialties; these should be recorded as a single unit under joint consultant clinic (code 9900).
- d. *A clinic held by an Independent Nurse*
- e. Any combination of joint ante-natal, post-natal and gynaecology sessions; recorded as an ante-natal session.

Cancelled clinic session: one which was intended to be available but which was not held by any specialty, classified by the last specialty scheduled to the session.

Included are cancellations due to unplanned study leave, sickness and holidays. Cancellations due to public or planned holidays or planned study leave should be taken into account instead in the number intended to be available.

Out-Patient Attendances

(General/ QS1)

Out-patient attendance: an attendance to enable a patient to see a consultant (or a GP acting as a consultant employed by the trust as a hospital practitioner) or clinical assistant, a member of his medical team or a locum for such a member *or an independent nurse* in respect of one referral.

Includes:

- a) An attendance at a hospital out patient department clinic for the purpose of consultation, examination or treatment by a doctor *or independent nurse*
- b) A visit to the home of a patient made at the insistence of the Trust for either of the following:
 - i. To review the urgency of a proposed admission to hospital.
 - ii. To continue to supervise treatment initiated or

prescribed at a hospital or clinic.

- c) Attendances that occur off hospital premises – those which are hospital consultant or nurse led clinics either in the community or at a GP surgery.
- d) Attendance by a patient at a ward (where the use of a bed is not made) for the purpose of examination or treatment by a doctor *or independent nurse*.

Excludes:

- a) Any visit made to the home of the patient for which a fee is payable under paragraph 140 of the terms and conditions of service.
- b) Any attendance at a hospital ward where a *non-independent nurse* (see Ward Attenders) undertakes the examination, treatment or care.
- c) Any consultations, which occur during an inpatient consultant episode (hospital provider) with the consultant *or independent nurse* responsible for the patient's care i.e. Ward Rounds. See Consultant Episode (Hospital Provider)
- d) Any attendance where the patient does not see a doctor *or independent nurse*. Other clinic attendances may count as contacts with a paramedical service or community nurses.

See Contact

Counting out-patient Attendances: A patient may undergo a series of outpatient attendances with a given consultant *or independent nurse* for a particular health care provider. The series may begin with a new, or follow-up attendance, according to the circumstances described below.

- 1 Each attendance is counted in a series of attendances provided that the consultant, locum, GP acting as a *consultant or independent nurse* or a member of a medical team sees the patient.
- 2 An appointment can not be counted unless the patient actually attends.
- 3 A person attending clinics run by different consultants (*or independent nurses*) (whether for the same or different condition) would have two separate series of attendance.
- 4 If a second consultant *or independent nurse* is consulted for

- advice or specialist treatment a separate attendance (new series) is counted only if a separate appointment is made to see the second consultant *or independent nurse*.
- 5 Where a patient is seen at one clinic and then seen by the same consultant *or independent nurse* at a different location the subsequent attendance is a follow up unless it does not relate to the original referral.
 - 6 An attendance is counted as a follow up attendance if it follows an inpatient or day case hospital spell with the same consultant who treated the patient during the hospital spell.
 - 7 Post-natal outpatient attendances are counted as follow ups if the mother sees the same consultant who provided the antenatal care.
 - 8 If a consultant *or independent nurse* sees more than one person during a consultation e.g. a family, then each attendance is counted only if there is an identifiable individual record maintained for each of the attendees.
 - 9 If a consultant *or independent nurse* sees a member of the patients family for a consultation regarding the treatment or care for that patient and a record is kept in the patients case notes and a specific appointment has been made.
 - 10 A count should be made of each subsequent attendance by the patient who having seen the consultant *or independent nurse* at the clinic returns for treatment or surgical dressings unless:
 - i. The *non-independent* nurse's attention is in effect the completion of the attendance with the consultant *or independent nurse*.
 - ii. The patient is sent to another department before returning for the completion of the consultation.
 - 11 A count of each attendance should be made for an inpatient attending an outpatients department for any treatment by another consultant or doctor *or independent nurse* e.g. dental or optical treatment.
 - 12 Count any treatment carried out during a pre-arranged visit to the hospital by a consultant *or independent nurse* not responsible for the care owing to immobility of the patient or lack of outpatient facilities.
 - 13 A count can be made for all attendances made by the patient where the clinical care and physiotherapy is given during the same or subsequent visit but only when such care is supervised by the ~~clinician~~ *consultant or independent nurse*.

Follow-up attendance: initiated by the consultant *or independent nurse* in charge of the clinic under the following conditions:

- a) following an emergency inpatient hospital spell under the care of the consultant *or independent nurse* in charge of the clinic.
- b) following a non-emergency inpatient hospital spell (elective or maternity) under the care of the consultant *or independent nurse* in charge of the clinic.
- c) following an A/E attendance to an A/E clinic for the continuation of treatment.
- d) at an earlier attendance at a clinic run by the same consultant *or independent nurse* in any NHS trust, community or GP surgery.
- e) Following return of the patient within the timescale agreed by the consultant *or independent nurse* in charge of the clinic for the same condition or effects resulting from same condition.

New attendance: initiated from a new referral to a consultant *or independent nurse* in a hospital provider. This referral is initiated under the following circumstances:

- a) referral from a GP
- b) referral from an A/E Consultant within the same or different hospital provider to different consultant *or independent nurse*
- c) a different Consultant *or independent nurse* to the one receiving the referral either from the same hospital provider or a different hospital provider
- d) self referral by the patient
- e) other referral from a prosthetist, dentist or optician
- f) Referral from a domiciliary visits by the consultant *or independent nurse* in charge of the clinic
- g) A referral from a private consultation with a consultant *or independent nurse* in charge of the clinic

Discharge: the series of attendance ends when one of the following occurs:

- a) The patient is not given a further appointments by the consultant or member of his medical team *or independent nurse* and is not expected to return within twelve months for the same

- complaint as the reason for referral or effect resulting from the same complaint.
- b) The patient was given an invitation to return to the clinic should his *or her* original condition worsen and has not done so by the timescale originally agreed with the consultant *or independent nurse* at the time of the last attendance.
- c) Six months has passed since the patient failed to attend their last offered appointment and no further requests for a appointment have been made.

A logical extension of this is that the patient should not be discharged if there is any reasonable possibility that they will need to return.

First out-patient consultation: the first out-patient attendance in relation to a particular referral.