

# WELSH INFORMATION STANDARDS BOARD

<b>DSC Notice:</b>	DSCN 2020 / 03
<b>Date of Issue:</b>	3 <sup>rd</sup> March 2020

<b>Welsh Health Circular / Official Letter:</b> N/A	<b>Subject:</b> 111 Service Case Types & Priorities
<b>Sponsor:</b> Roger Perks, Head of Performance, Welsh Government	
<b>Implementation Date:</b> October 2020	

## 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 24<sup>th</sup> February 2020

**WISB Reference:** ISRN 2019 / 003

### Summary:

This outlines the new standards for case types and priorities within the newly procured 111 / OOH system in Wales.

### 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](mailto: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

As part of a 5-year plan, NHS Wales is in the process of adopting 111 Services to replace existing GP Out of Hours services across Wales by 2020-21. As well as changing the way that OOH services operate, a new electronic system is being procured to capture information for use both in the direct care of patients, including the clinical record as well as in performance monitoring and service improvement.

In preparation for these forthcoming changes, a workstream was established with the aim of standardising the capture of OOH information where this was possible without significant development to the existing ADAstra electronic system. As a result, it was identified that significant improvements could be made in the area of informational outcomes. These describe what was understood as the next course of action following completion of the contact with the OOH service, for example, signposting the patient to another service, or a more formal referral.

This Standard defines a consolidated list of the informational outcomes available for selection within the ADAstra OOH System to confer an outcome descriptor for patients following completion of their OOH contact.

This is the first step in standardising OOH information across Wales, ahead of the anticipated new system procurement.

---

### Scope

The scope of this Standard is to mandate a defined national list of case types and priorities for use in the new 111 procured system across Welsh Ambulance Service Trust (NHSDW/111) and all OOH services in NHS Wales and not for the current systems. This list is defined in the Information Specification section below.

### Actions

For external supplier:

- Update the national list of case types and priorities within the new 111 system.

For health boards:

- Update local processes to incorporate the use of the national list of case types and priorities

For Welsh Government:

Ensure that the OOH reporting proforma and associated guidance documentation are updated to incorporate the national list of informational outcomes

NHS Wales Informatics Service:

- Ensure that all national systems have been updated to comply with the standard set out in the Information Specification within this DSCN.

# SPECIFICATION

---

## Information Specification

The tables below list the Case Types and priorities with corresponding definitions that make up the information standard mandated by this DSCN.

### Information Case Types for OOH's/ 111

<b>Case Type Name</b>	<b>Definition</b>
Non-Clinical Triage	Logging of patients contact for health information or further assessment or advice.
Health Information	Health information - information provided to the public on common health concerns. This information is provided by non-clinical health professionals
Clinical Assessment	A remote clinical assessment by a clinician
Base Appointment	A face to face assessment by a clinician in an urgent primary care setting.
Home Visit	A visit to a patient's residency by a clinician working for an urgent care service.
Home Visit Other Urgent care practitioner	A visit to a patient's residency by a health professional working within the urgent care service.
Dental Non-Clinical Assessment	Logging of patients contact details for dental advice, information or other dental services.
Dental Clinical Triage	A remote dental assessment by a dental clinician.
Dental Care Appointment	A face to face assessment by a dental clinician in a dental care setting.
Dental Home Visit	A visit to a patient's residency by a dental clinician.

App. Web access assessment	A call transferred following advice by a web or app-based symptom checker for clinical assessment.
Health Professional Access	A phone call directly received or transferred electronically from a health professional e.g. primary care, WAST and, WCCIS. community nursing services.
DOS (Direction of service) lookup assessment / Quick call	A phone call received in relation to wanting information on services only (e.g local pharmacy opening times, GP practice telephone number)

Priorities for 111 / OOH's services

<b>Stage</b>	<b>Definition</b>
Call Handler Stage – P0CH	A call handler is the person who has the initial contact with the patient. This is the number of patient contacts that were prioritised by the Out of Hours / 111 call handler as P0CH with a target to start their definitive clinical assessment within 20 Minutes.
Call Handler Stage - P1CH	A call handler is the person who has the initial contact with the patient. This is the number of patient contacts that were prioritised by the Out of Hours / 111 call handler as P1CH with a target to start their definitive clinical assessment within 1 hour.
Call Handler Stage - P2CH	A call handler is the person who has the initial contact with the patient. This is the number of patient contacts that were prioritised by the Out of Hours / 111 call handler as P2CH with a target to start their definitive clinical assessment within 2 hours.
Call Handler Stage - P3CH	A call handler is the person who has the initial contact with the patient. This is the number of patient contacts that were prioritised by the Out of Hours / 111 call handler as P3CH with a target to start their definitive clinical assessment within 4 hours.

Post Clinical Assessment - P0T	Post clinical assessment is a call back to the patient following the prioritisation by the call handler within 20 minutes. (This is to be used when a case is closed after remote clinical assessment)
Post Clinical Assessment - P1T	Post clinical assessment is a call back to the patient following the prioritisation by the call handler within 1 hour. (This is to be used when a case is closed after remote clinical assessment)
Post Clinical Assessment – P2T	Post clinical assessment is a call back to the patient following the prioritisation by the call handler within 2 hours. (This is to be used when a case is closed after remote clinical assessment)
Post Clinical Assessment – P3T	Post clinical assessment is a call back to the patient following the prioritisation by the call handler within 4 hours. (This is to be used when a case is closed after remote clinical assessment)
For Further Assessment - P0FFA	For Further Assessment is a call back to the patient following an initial assessment and requires a more appropriate clinician to undertake an assessment within 20 minutes. (This is to be used when a case requires further clinical assessment from a more appropriate clinicians)
For Further Assessment - P1FFA	For Further Assessment is a call back to the patient following an initial assessment and requires a more appropriate clinician to undertake an assessment within 1 Hours. (This is to be used when a case requires further clinical assessment from a more appropriate clinicians)
For Further Assessment – P2FFA	For Further Assessment is a call back to the patient following an initial assessment and requires a more appropriate clinician to undertake an assessment within 2 Hours. (This is to be used when a case requires further clinical assessment from a more appropriate clinicians)
For Further Assessment – P3FFA	For Further Assessment is a call back to the patient following an initial assessment and requires a more appropriate clinician to undertake an assessment within 4 Hours. (This is to be used when a case requires further clinical assessment from a more appropriate clinicians)
Face to Face - P1F2F	A face to face appointment is anytime a clinician is physically with a patient. Patients that have been assessed as needing a face to face visit within 1 hour from the end of their clinical assessment.

Face to Face - P2F2F	A face to face appointment is anytime a clinician is physically with a patient. Patients that have been assessed as needing a face to face visit within 2 hours from the end of their clinical assessment.
Face to Face - P3F2F	A face to face appointment is anytime a clinician is physically with a patient. Patients that have been assessed as needing a face to face visit within 6 hours from the end of their clinical assessment.