

## WELSH INFORMATION STANDARDS BOARD

<b>DSC Notice:</b>	DSCN 2020/18
<b>Date of Issue:</b>	30 <sup>th</sup> September 2020

<b>Ministerial / Official Letter:</b> WHC 2015 / 05	<b>Subject:</b> Outpatient Follow-Up Delay Reporting (AMD)
<b>Sponsor:</b> Welsh Government in conjunction with the Outpatient Transformation Steering Group	
<b>Implementation Date:</b> September 2020 for August 2020 data	

### DATA STANDARDS CHANGE NOTICE

A Data Standards 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 16<sup>th</sup> July 2020

**WISB Reference:** ISRN 2020/014

**Summary:**

To amend the Outpatient Follow-up Delay Reporting Data Collection to provide accurate reporting of the number of patients discharged to a 'see on symptoms' (SOS) pathway and a patient initiated follow up (PIFU) pathway.

**Data sets / returns affected:**

Outpatient Follow-up Delay Reporting

Please address enquiries about this Data Standards 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: 02920502539

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

Outpatient Follow-up Delay Reporting was first introduced in January 2015 via DSCN 2015 / 02 to monitor outpatient follow-up appointments which are delayed past their target date (i.e. the date in which a follow-up appointment should take place).

DSCN 2015 / 04 increased the scope of the data collection to include data for those patients who had been given a date for their follow-up appointment, also referred to as 'booked' patients.

The aim of this DSCN is to further enhance the data collection to ensure that the recent service redesign (SOS & PIFU) elements are captured.

### Description of Change

To include a list of definitions for See on Symptom (SOS) and Patient Initiated Follow Up (PIFU), amend the outpatient, follow up delay reporting measure for (SOS) (1b) and add an additional reporting measure for (PIFU) (1c) as described in the Information Specification below.

## 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:

- Health Boards are required to report as per the information requirements outlined in this DSCN with effect from October 2020 for the reporting of September 2020 data.
- Health Boards are required to report a monthly snapshot as at the last day of the month to Welsh Government.
- Data is required to be reported by Treatment Specialty

### Welsh Government:

- Delivery and Performance Division, Department for Health and Social Services are required to collect the data and monitor progress against Health Board improvement trajectory.

## **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>
Live Data Sets and Aggregate Data Collections / Aggregate Proformas	Outpatient Follow-Up Delay Reporting	Changed	6

## **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.

### **Outpatient Follow Up Delay Reporting**

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

Organisations are required to report on the 10th working day of the month a monthly snapshot as at the last day of the previous month to the Welsh Government Delivery and Performance Division:

[DHSS.Performance@wales.gsi.gov.uk](mailto:DHSS.Performance@wales.gsi.gov.uk)

The data is reported by [Treatment Function](#) (the specialty under which the patient is treated). This allows Health Boards the flexibility to report against those where there is a wait for follow-ups and leave blank those where there are not.

Any further queries regarding the data collection should be directed to the Delivery & Performance Division, Welsh Government, on 029 2082 3871, or e-mail: [HSSDG.Performance@wales.gsi.gov.uk](mailto:HSSDG.Performance@wales.gsi.gov.uk)

## Scope

The information required relates to patients who are waiting for a follow-up appointment with the consultant or a member of his or her firm within the same specialty.

The data collection includes counts which relate to the following:

- Patients who are waiting for a follow-up appointment where there IS NOT a documented date that the follow-up appointment SHOULD take place (referred to as 'Target Date').
- Patients where there IS NOT a documented date that the follow-up should appointment SHOULD take place and it is unclear whether or not they require or are waiting for a follow-up appointment.
- Patients who are waiting for a follow-up appointment where there IS a documented date that the follow-up appointment SHOULD take place (referred to as 'Target Date').
- Patients who have started the booking process and have been sent an invitation letter asking them to ring and book a follow-up appointment, referred to as 'invited patients' are INCLUDED in the scope of the return.
- Patients who are discharged to an SOS pathway, where clinically appropriate, as an outcome of the last clinical review.
- Patients who are discharged to a PIFU pathway, where clinically appropriate, as an outcome of the last clinical review.
- All follow up patients are eligible for inclusion for PIFU or SOS where this pathway has been assessed by a clinician to be clinically appropriate to the individual needs of the patient.
- Excludes mental health pathways.

## Information Requirements from August 2020 (July 2020 data) onwards

### Definitions: General

Term	Definition
See on Symptom (SOS)	<p>A 'see on symptom' approach results in patients being discharged to an SOS pathway as an outcome of their last review by a clinician when it is clinically safe to do so, and then relies on the patient to self-refer if there are any issues with their condition.</p> <p>See on symptom pathways should be utilised for short term conditions.</p> <p>Where it is safe to do so, patients are discharged to an SOS time defined pathway and the patient record is updated accordingly. At the time of the decision to place the patient on to an SOS outcome, the clinician should determine and clearly communicate to patient, the timeframe for SOS access. Once the agreed period has passed the SOS pathway is automatically closed and no further action is required.</p>
Patient initiated follow up (PIFU)	<p>A Patient initiated follow up could be utilised for long term/chronic health complaints e.g. rheumatology linked conditions. A patient may be discharged to a PIFU pathway as an outcome of their last review by a clinician.</p> <p>A PIFU pathway can be used for cases where the next appointment does not need to be booked at that point in time as the condition is being managed well by the patient. Therefore, the patient and clinician agree that the Patient initiates the next Follow UP when required. The clinician may still need to review the patient (with or without the patient) at a defined time in the future in order to ensure NICE guidelines are followed and that patient care plans are still appropriate. Patients who have been discharged to a PIFU pathway and have not contacted the hospital regarding their condition for 2 years will be clinically reviewed by the clinician (office-based decision and/or use of PROMs) and a clinical decision made regarding future management of the patient's pathway.</p>

## Information Requirements

### By Treatment Function

#### 1. Total Number of Patients Waiting for Follow-up where there is NO Documented Target Date

1a) This is the total number of patients who;

a) i) are waiting for a follow-up appointment but there is NO documented date for when that follow-up appointment should take place (Target Date)

b) ii) do not have a documented date for when the follow-up appointment should take place and it is unclear whether or not they require or are waiting for a follow-up

1b) This is the number of patients where there is NO documented target date as the outcome of their last appointment was 'See on Symptom'. These patients are also referred to as 'expert patients'. This cohort of patients may become 'booked patients' but would never have a Target Date.

1b) Total number of patients where the outcome of their last review by a clinician was 'discharge to SOS pathway'.

This cohort of patients will not appear on the Follow Up Waiting List but instead be included in the SOS pathway list for the clinically determined time period (maximum 12 months). After this time, the patient will be automatically removed from the SOS pathway list.

1c) Total number of patients where the outcome of their last review by a clinician was 'discharge to PIFU pathway'.

This cohort of patients will not appear on the Follow Up Waiting List but instead be included in the PIFU pathway list. If a patient does not re-engage with services after a period of 2 years, this will be flagged up for validation and virtual review by a clinician.

#### 2. Total Number of Patients Waiting for Follow-up where there IS a Documented Target Date

2a. Number of Patients Waiting for Follow-up where there IS a documented Target Date (Not Booked)

This is the total number of patients who are waiting for a follow-up where there IS a documented date that the follow-up appointment should take place. This ONLY relates to those patients with a target date that HAVE NOT been given an actual 'booked' date to come back for their follow up.

2b. Number of Patients Waiting for Follow-up where there IS a documented Target Date (Booked)

This is the number of patients who are waiting for a follow-up where there IS a documented date that the follow-up should take place AND who have been given an actual date for their follow-up appointment, also referred to as 'booked' patients.

3a & 3b The Number of Patients Waiting for a Follow-up who are Delayed past their Target Date

This is the number of patients who are waiting for a follow-up over their target date split by how long they are delayed - the delay is calculated as a percentage. The calculation of the delay only relates to those patients WITH a documented target date and is reported separately for 'Booked' and 'Non Booked' patients (2a and 2b).

For each patient pathway, the method for calculating the % delay beyond the target date can be described as follows:



If:  
 Census Date = A  
 Target Date = B  
 Original Outpatient Attendance Date = C

Then:

$$\left( \left( \frac{A - C}{B - C} \times 100 \right) - 100 \right)$$

For example:

Outpatient Attendance 1st November 2014  
 Target Date: 1st December 2014  
 Census Date: 15th December 2015

$$\left( \left( \frac{45 \text{ days}}{30 \text{ days}} \times 100 \right) - 100 \right) \% = 50\% \text{ delay}$$

Note: No deductions should be made to the percentage reported based on any other existing guidance.

3c. Number of patients waiting for a follow-up who are delayed past their target date BUT Could Not Attend (CNA) or Did Not Attend (DNA) their last appointment.

Of the total number of patients delayed past their target review date (3a + 3b) how many previously CNA or DNA their last appointment.

These patients can either be booked or un-booked at the time of reporting.

The purpose is to quantify of the number of patients delayed past their target date (Counts 3a + 3b) how many had DNA'd or CNA's their last appointment.

### Supporting Definitions

#### Target Date

The target date as defined in [A Guide to Good Practice](#) (2005), is the date that a follow-up appointment SHOULD take place.

A Target Date should only be changed where it is clinically relevant and should never change as a result of a DNA or CNA without clinical review.

### Follow-up attendance

A follow-up attendance is 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)	An earlier attendance at a clinic run by the same consultant or independent nurse in any Local Health Board/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.