CORPORATE HEALTH
INFORMATION PROGRAMME

OUTPATIENT REFERRALS
DATA SET

DATA VALIDITY STANDARDS

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Page 2 of 19

Contents

Document: OP Referrals Data Validity Standards   Date Created: 16/10/2009
Programme: CHIP   Date Printed: 06/05/2010
Author: David Hawes   Version: 1.1
Status: FINAL

Page 3 of 19

1.   PURPOSE

1.1   The purpose of this document is to outline the data validity standards for data submitted to the Outpatient Referrals (OPR) national database via the OPR Data Set. The aim is to ensure that the indicators themselves, and the means by which performance against them is reported, are consistent with those that have already been developed for Admitted Patient Care (APC), outpatient and emergency department activity data.

1.2   For the purposes of this document and associated recommendations, data validity can be defined as being concerned with whether submitted data is provided in the agreed format and is populated with a nationally-agreed value, as defined in the NHS Wales Data Dictionary.

1.3   It is proposed that these indicators will form the foundations for future data quality performance monitoring and will be used as a basis to highlight specific validity issues in OPR data submitted to the national database by Welsh Local Health Boards (LHBs).

2.   BACKGROUND

2.1   One of the fundamental objectives of the Corporate Health Information Programme (CHIP), as outlined within the Project Initiation Document (PID), is the need to improve confidence in information leading to it being actively used to inform service improvement. An essential component of this aim is the quality of the data that is being used to support decision making within the service.

2.2   The OPR data set was mandated via Ministerial Letter effective October 2008[1]. LHBs are required to submit monthly extracts detailing all clinical referrals received into the LHB for new consultant / independent nurse outpatient appointments to the Business Services Centre (BSC) via the Health Solutions Wales (HSW) NHS Wales Data Switching Service (NWDSS). These referrals can come from a range of sources, including General Practitioners, General Dental Practitioners, other A&E Departments and self referrals. Tertiary referrals and referrals between hospitals are also captured as part of this data set.

2.3   The data set has principally been designed to support demand and capacity work for primary and secondary care policy within the Welsh Assembly Government and to support the information requirements of demand management, planning, performance management and the monitoring of service provision. High quality data is essential if it is to be relied upon to support such processes in NHS Wales.

2.4   Over the past two years, CHIP has developed a revised approach to tackling data quality. The general approach is described in the document *"Admitted Patient Care National Database – Data Validity Standards"*[2]. Six 'dimensions' of data quality were identified, and the need to address each was highlighted if the service is to understand how good (or bad) its data is. To this end, a set of data validity standards were developed for APC activity data[3], which aimed to address the dimensions of

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timeliness and validity. In April 2009, a set of data consistency[4] standards were also mandated for APC activity data[5]. Similarly, data validity standards have also been developed for outpatient activity data[6] and are in the process of being developed for the Emergency Department Data Set (EDDS).

2.5   This document aims to identify and evaluate any current data quality checking processes or national programmes in relation to OPR data. This includes the evaluation of any such processes currently in place in other UK countries. It goes on to outline a proposed set of data validity standards for OPR data based on these comparisons and from feedback on the proposals from the Service in Wales.

3.   THE APPROACH

3.1   It is essential that data being used for corporate purposes is deemed "*fit for purpose*". This fact is applicable to any data that is utilised by the service for secondary analysis purposes.

3.2   Using the principles outlined in the document *"Admitted Patient Care National Database – Data Validity Standards"*, it was deemed necessary to develop a set of data validity standards for OPR data. These will be used as one of the measures of the quality of submitted outpatient data for corporate uses.

3.3   As with the work carried out in developing the APC, outpatient activity and EDDS data validity standards, research was undertaken to compare any data quality reports and documentation currently available to the service to determine what data items were being monitored for validity, how they were being monitored and to whom this information was being reported. This research included a comparison with any similar data quality standards in place in both NHS England and NHS Scotland.

3.4   Once identified, a rationale was sought aiming to identify why each data item was being monitored. Where it appeared that new quality indicators had been developed, clarification was sought as to how these changes were agreed and by whom.

3.5   The proposed data quality standards were also compared with the checks found within the Validation at Source Service (VASS)[7] with a view to determining the levels of commonality between the two quality assurance processes.

4.   FINDINGS

4.1   SUMMARY OF FINDINGS

4.1.1   The OPR data set is a relatively new information standard, which has been developed by the Corporate Health Information Programme (CHIP), in order to facilitate the capture of more extensive and rich data in relation to referrals for a first outpatient consultant / independent nurse attendance. The data set structure and content has been shaped through stakeholders' business requirements that were developed and understood over the course of a 1 – 2 year development and implementation period.

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[4] Data consistency refers to whether *related* data items within the APC data set are consistent with one another (e.g. a record that indicates a male patient has given birth)
[5] EH/ML/005/09
[6] ML/EH/001/10
[7] http://nwdss.hsw.wales.nhs.uk/NwdssMerge/VASS/

4.1.2   The data set is designed so as to ensure that appropriate data are collected and submitted for each new outpatient referral to a LHB in Wales.

4.1.3   A copy of the NHS Wales OPR data set is shown in **Appendix 1** for information.

4.1.4   Ethnic Group is an optional data item within the OPR data set.

4.1.5   The Welsh Information and Governance Standards Boards (WIGSB) made it a requirement of the data set developer that appropriate data quality checking mechanisms should be introduced for the data set.

4.1.6   There is no equivalent data set for first outpatient referrals activity in either England or Scotland.

4.1.7   To support the implementation of the OPR data set prior to the introduction of these standards, the BSC are shall be producing an interim OPR Data Validity report, which is produced on a monthly basis following the submission and processing of LHB extracts of OPR data. Through the report, the developer and Data Quality Improvement Manager in CHIP will be able to focus on any areas that require improvement within each LHB.

4.1.8   A draft copy of the Interim OPR Data Validity Report is shown in **Appendix 2** for information.

4.1.9   Across the APC, outpatient activity and EDDS data sets, there are currently two reporting outputs summarising the validity of submitted LHB data. These are:

- APC, outpatient activity and EDDS Data Validity Performance Monitoring Reports[8] - Microsoft Excel spreadsheets summarising data validity performance for the financial year-to-date;

- eWebIndicators[9] - an online portal maintained by HSW and accessible to anyone who can access the Health of Wales Information Service (HOWIS). It presents a range of information, including data quality reports that incorporate the data validity indicators for APC and outpatient activity data.

4.1.10 In England, there a suite of data quality 'dashboards' is used to provide NHS Trusts, commissioners, stakeholders and other interested parties with information pertaining to the validity of APC, outpatient, A&E and maternity activity data[10]. The dashboards summarise performance at both a Strategic Health Authority (SHA) and NHS Trust level, enabling comparisons to be made across geographical and organisational boundaries.

4.1.11 Whilst the NHS England Information Governance (IG) Toolkit has an explicit requirement (#507) for Acute Hospital Trusts to ensure they have passed completeness and validity checks for activity data, at present this only relates to APC and outpatient activity data. There are no specific standards within the IG Toolkit in relation to OPR data.

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[8] http://howis.wales.nhs.uk/sites3/page.cfm?orgid=527&pid=23755
[9] http://eproducts.wales.nhs.uk/Webindicators/
[10] http://nww.connectingforhealth.nhs.uk/reporting-services/data-quality

4.1.12 VASS is an online facility that enables LHBs to validate their dataset extracts prior to their submission to the NHS Wales Data Switching Service (NWDSS). When OPR went live, five load checks[11] were introduced. These were as follows:

- Invalid Record ID;
- Invalid Referral ID;
- Invalid Provider Code;
- Invalid Local Patient Identifier;
- Invalid Clinical Referral Date;
- Invalid Main Specialty (of Consultant).

4.1.13 In addition to these checks on specific data items, a range of additional load checks were developed to ensure the data integrity of the OPR national database was maintained. These were as follows:

- Duplicate Record;
- No Record to Amend;
- Record Being Deleted Does Not Exist;
- Inactive/Invalid Provider Code for clinical referral date post-April 2008

4.1.14 There are currently no other data validity or consistency checks within VASS for OPR data.

4.2 SUMMARY OF SERVICE FEEDBACK

4.2.1 Feedback on the proposals was sought from the Service and other appropriate stakeholders. This included NHS Trusts, LHBs, Health Solutions Wales (HSW), Welsh Assembly Government (WAG), the Health, Statistics and Analysis Unit (HSA), the Business Services Centre (BSC), Delivery & Support Unit (DSU), the Welsh Cancer Intelligence & Surveillance Unit (WCISU) and National Public Health Service (NPHS).

4.2.2 As of Friday 16th October 2009, a total of 15 individual responses had been received in response to the proposal to introduce a range of data validity standards for OPR data. A breakdown of those organisations is detailed below:

- 10 NHS Trusts;
- Powys LHB;
- Business Services Centre (two responses);
- Financial Information Strategy (FIS);
- South East Wales Regional Office;

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[11] A load check is a distinct VASS check that detects key data integrity errors in submitted activity. The presence of a load error on a submitted record results in the rejection of the whole record from the data upload.

Document: OP Referrals Data Validity Standards   Date Created: 16/10/2009
Programme: CHIP   Date Printed: 06/05/2010
Author: David Hawes   Version: 1.1
                                                                         Status: FINAL

Page 7 of 19

4.2.3   The feedback indicated overwhelming support for the introduction of the standards. Furthermore, there was recognition that the proposed standards were part of a wider programme to enhance the data quality checking mechanisms in place for Welsh patient-level data sets.

4.2.4   A few significant issues, however, were raised. These were as follows:

4.2.4.1 Gwent Healthcare NHS Trust (now Aneurin Bevan LHB) repeated concerns highlighted in the original impact assessment in relation to the mandating of the data item 'Referrer Priority Type' and the proposed data validity target of 98%. The installed Patient Administration System (PAS) currently has no capacity to capture this information. The system defaults to '1 – routine' for the purposes of the data set as there is no option to submit a value for "unknown". It was recognised that this would ensure validity, but a preferred approach would be to be able to provide a value for "unknown" to prevent incorrect data analysis.
Response: Whilst recognising that the LHB is unable to submit this data item, it was not felt appropriate that this should preclude the introduction of the OPR data validity standards. Understanding the priority of new outpatient referrals is essential at both a local and national level. Furthermore, it is recognised that this issue will be corrected when the new Myrddin CiS PAS is installed across the LHB.

4.2.4.2 Cwm Taf NHS Trust (now Cwm Taf LHB) highlighted potential issues as to whether there is a conflict of what we are (or should be) counting as an individual referral, since such data can and does have an impact on not only service provision, but in the way that waiting times are calculated and in the way that operational colleagues are using such data to build business cases for additional resources. Specific examples were raised in relation to 'consultant-to-consultant' referrals and referrals following an emergency admission.
Response: The concerns expressed have been forwarded to the developer and sponsor for consideration. However, since the proposed standards are checking for the validity of submitted data, it was not considered necessary to delay their introduction whilst the issues were considered.

4.2.4.3 Velindre NHS Trust suggested higher targets (100%) for the data items 'Administrative Category', 'Birth Date' and 'Date of Patient Referral'. It was also noted that the current PAS does not hold any values for 'Referrer Priority Type' – the fields was derived for the purposes of the data set.
Response: A separate project is being undertaken within CHIP to 'raise the bar' for the mandated data quality standards across a range of national data sets. Whilst the suggestion to raise the targets is accepted as a valid one, a preferred approach is to update the targets for all mandated data validity standards at the same time. Therefore, a decision to raise the targets for these three data items will be considered upon approval of a new range of national targets for data validity by the Welsh Information Governance & Standards Board (WIGSB).

Again, it was not felt appropriate to defer the implementation of the standards on account of the fact that Velindre NHS Trust is unable to accurately populate the 'Referrer Priority Type' field. This issue will be explored through further dialogue between CHIP and the Trust.

4.2.4.4 Concerns were expressed by North West Wales NHS Trust (now part of Betsi Cadwaladr University LHB) as to the term 'outpatient referral'. These centred on known data definitional issues around the classification of outpatients and day cases rather than the referrals themselves. It was also noted that by limiting the data set to 'outpatient' activity, a complete picture of demand across all non-admitted services (e.g. community, diagnostic and therapy services) being undertaken could not be fully understood.
Response: CHIP is in the process of reviewing the data definitions associated with the classification of outpatient and APC activity data. This includes some cooperative working with NHS England, Scotland and Northern Ireland. Whilst the concerns expressed are accepted, any decision to further tackle the definitional issues associated with the two databases will be managed outside of these proposals.

4.2.4.5 North Wales NHS Trust (now part of Betsi Cadwaladr University LHB) noted that it is essential for both local and national reference data files to be fully up-to-date to ensure compliance with targets for data items that require external validation, such as 'Registered GP Code', 'Referrer Code' and 'Referring Organisation Code'.
Response: None required.

5. CONCLUSIONS

5.1 To progress to a position whereby submitted OPR data can be used for reasons for which it has been developed, it is considered appropriate to introduce data quality checking and assurance measures to assess whether it can be considered safe and of sufficient quality to use. This requirement of the developer has been made by the Welsh Information Governance and Standards Board (WIGSB) following initial consideration of the implementation plan.

5.2 The proposal is that a set of data validity standards adopted for submitted OPR data. These indicators will be for validity only and will be applied to all data loaded into the OPR national database by LHBs. The proposed set of indicators has been developed based on discussions and investigations into which data items within the dataset are of real corporate value to the service and/or are being used (or could be used) for performance monitoring purposes.

5.3 **The full list of data validity indicators for submitted OPR data is shown in Appendix 4.**

5.4 There is a need for LHBs to be able to identify errors in their data against the proposed standards at the point of submission to the NWDSS.

5.5 It is accepted that any set of indicators for OPR data may not be an exhaustive list and are subject to change. It is likely that, as a dataset develops and new healthcare initiatives are introduced, it may be necessary to add (or remove) quality checks to ensure all data items that are of corporate use to the service are fully represented by any data quality performance monitoring, since the corporate/service need is one that is not set in stone, but continually changing.

5.6 It is also acknowledged that further investigation will be required to assess performance in relation to other data quality dimensions, such as data consistency.

Document: OP Referrals Data Validity Standards Date Created: 16/10/2009
Programme: CHIP Date Printed: 06/05/2010
Author: David Hawes Version: 1.1
Status: FINAL
Page 9 of 19

5.7   Since Ethnic Group is an optional data item within the data set, the data item should not be included amongst the proposed set of data validity indicators for OPR data. It will, however, be included in VASS as a data quality check so that LHBs can validate their data should they so wish to submit this data item.

5.8   It is recommended that all the indicators proposed in **Appendix 4** have targets associated with them. Wherever possible, these should mirror those established for similar data items as per the APC and outpatient activity data validity standards, thus ensuring consistency in terms of the data items being monitored across datasets and in the targets themselves.

5.9   A standardised set of reports to report data quality performance for OPR data, available via a single, online data quality "portal" on the Health of Wales Information Service (HOWIS), is recommended.

5.10 LHB performance against the new standards should be referenced in any national reports where data quality is escalated to a senior authority for further investigation and corrective action.

6.   RECOMMENDATIONS

In summation the following recommendations are made, and timescales around the implementation of these recommendations are included within **Appendix 5**:

6.1   A set of data quality indicators *for validity should be adopted for submitted Outpatient Referrals activity data. These are detailed in Appendix 4.**

   A data validity indicator will check whether submitted data is provided in the agreed format and is populated with a nationally-agreed value, as defined in the NHS Wales Data Dictionary.

6.2   The reporting of performance against these targets should be standardised via the use of an online reporting tool (eWebIndicators) and a data validity performance monitoring report, to be updated and published monthly. All the data quality reports should be accessible via a single data quality "portal", thus ensuring access to the necessary reports is made easier for interested parties.

6.3   Validation at Source (VASS) should be developed to ensure users are able to identify data validity errors in their OP Referrals activity data. A further programme of redevelopment will be undertaken to support the future implementation of the data consistency standards.

6.4   Performance against the new standards will be incorporated into appropriate national reports relating to data quality to ensure the Service is held accountable for the data quality of their organisation.

<div align="right">**Appendix 1**</div>

NHS WALES OUTPATIENT REFERRALS DATA SET

Data Item	Format/Length
Record ID	an1
CONTRACT DETAILS	
Provider Code	an5
PATIENT DETAILS	
Local Patient Identifier	an10
NHS Number	n10
NHS Number Status Indicator	n2
Code of Registered GP Practice	an6
Ethnic Group	an2
Patient's Name	an70 or structured name with 2 an35 elements
Name Format Code	n1
Birth Date	ccyymmdd
Birth Date Status	n1
Sex	n1
Patient's Usual Address	an175 (5 lines each an35)
Postcode of Usual Address	an8
Local Health Board of Residence	an3
REFERRAL DETAILS	
Source of Referral: Outpatients	an2
Referring Organisation Code	an6
Service Type Requested	n1
Referrer Code	an8
Administrative Category	n2
Date of Patient Referral	ccyymmdd
Patient Referral Date Status	n1
Clinical Referral Date	ccyymmdd
Clinical Referral Date Status	n1
Main Specialty (consultant)	n3
Referrer Priority Type	n1
Reason for Referral	an8
Referral Identifier	an12
Treatment Function Code	n3

Format / Length Code Key

Code	Description
n	Numeric Field
an	Alphanumeric Field
ccyymmdd	Date Field (e.g. 31st March 2007 = 20070331)

Appendix 2

DRAFT INTERIM OPR DATA VALIDITY REPORT

Interim Outpatient Referrals Data Set Data Validity Performance Report - 2009/10

Welsh NHS Trusts are required to send outpatient referrals (OPR) data set extracts to Health Solutions Wales by the 27th day of each month.
The following report details the percentage validity of data items in the OPR data set by Welsh NHS Trust.

Report details the validity of records whose clinical referral date falls within the 2009/10 financial year - includes data received by 27th July 2009

Trust	Target* (%)	All Welsh Providers	Abertawe Bro Morgannwg NHS Trust	Cardiff & Vale NHS Trust	Cwm Taf NHS Trust	Gwent Healthcare NHS Trust	Hywel Dda NHS Trust	North Wales NHS Trust	North West Wales NHS Trust	Velindre NHS Trust
OPR submission received by the 27th	-	-	✓	✓	✓	✓	✗	✓	✓	✓
Number of Records Loaded	-									
Administrative Category	98%									
Birth Date	98%									
Clinical Referral Date	100% [L]									
Code of Registered GP Practice	98%									
Date of Patient Referral	98%									
Ethnic Group	98%									
Local Health Board of Residence	95%									
Main Specialty (consultant)	98%									
NHS Number	95%									
NHS Number Status Indicator	95%									
NHS Number Valid & Traced	95%									
Postcode of Usual Address	98%									
Provider Code	100% [L]									
Record ID	100% [L]									
Referrer Code	98%									
Referrer Priority Type	98%									
Referring Organisation Code	98%									
Sex	98%									
Source of Referral: Outpatients	98%									
Treatment Function Code	98%									

Comments

The term "data validity" refers to whether the submitted data is provided in the agreed format and is populated with a nationally-agreed value, as defined in the NHS Wales Data Dictionary.

A full consultation exercise will be undertaken during 2009/10 in order to determine an agreed set of data items (with associated targets) to monitor for data validity.

For further information, please visit the Corporate Health Information Programme website: **http://howis.wales.nhs.uk/pmuw/chip**

Document: EDDS Data Validity Standards
Programme: CHIP
Author: David Hawes

Date Created: 16/10/2009
Date Printed: 06/05/2010
Version: 1.1
Status: FINAL

Page 12 of 19

<div align="right">

Appendix 3

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CONSULTATION FEEDBACK

Name	Organisation	Feedback	Action
Nia Jones	Hywel Dda NHST	I am happy with the proposed checks and the timescales specified.	n/a
Mark Bowling	FIS	Whilst fully supporting the good work to deliver DQ I've read attached and not a lot I can contribute from FIS perspective beyond a couple of typos that stood out: 4.1.7 'are shall be' in sentence 4.1.10 'are used report provide' perhaps 'which are used to provide' Presume I'm wrong on this one but Appendix 1 seems to say that record ID is an alphanumeric field but length only 1 character, just thought it might need to be bigger?	n/a
Paula Talbot *(Written by Pete Burcham)*	North Wales NHST (Central)	Nothing to add to the main Body. All my Comments relate to Appendix 3 the 'Proposed Outpatient Referral Data Validity Standards' Section. Checks Table: 1. 'Valid NHS Number & Traced' – Surely this is covered by the 'NHS Number Status Indicator' Field. Doesn't a Status of 01 mean Valid and Traced with a Single Match? Or is it different with WAS? 2. Referrer Code – For this to work both HSW and each Trust must have up to date reference files for All GP's, GDP's and Consultants. GDP's in particular seem to be lacking 3. Referring Organisation Code – Same point as point as point 2 Additional Comments below table: 1. The comment regarding the '*' (that I can't find in the table!) suggests that these %age targets are against ALL OPR data submitted to HSW – Is that right or shouldn't it mean for each Batch of data submitted? Seems unfair that changes could be made over time so that each batch could reach 100% (or at least the target) but that due to older 'dirtier' data the target may never be attained.	n/a
Bevleigh Atkins	SEW RO	Hi David - Hope that you are well, thanks for sending me the above information. I guess my only comment would be that there seems to be a focus on data completeness which is good but not necessarily data quality.	n/a
Christine Fisher	North Wales NHST (East)	David, agree with validation checks to be undertaken and nothing further to add.	n/a

Document: EDDS Data Validity Standards
Programme: CHIP
Author: David Hawes

Date Created: 16/10/2009
Date Printed: 06/05/2010
Version: 1.1
Status: FINAL

Page 13 of 19

Name	Organisation	Feedback	Action
Leon May	BSC	I've had a look through the proposals and there are a couple of things I'm not sure of. 4.1.12) This isn't a full list of load checks currently in place, the additional checks are: 20005 – Duplicate Record 20006 – No Record to Amend 20007 – Record Being Deleted Does Not Exist 20008 – Invalid Referral ID 20009 – Inactive/Invalid Provider Code for clinical referral date post April 2008 Appendix 3) A VASS check is proposed for 'Referrer Code' and 'Consultant Code' but I don't think there is a field for 'Consultant Code' this is the 'Referrer Code' Appendix 3) 'Clinical Referral Date' and 'Provider Code' have been included but have also been marked as Load checks, is there a need for this as a validity check as in theory no invalid codes should be allowed by the load checks?	Add list of LOAD checks into document. Correct reference to 'Consultant Code'.
Helen Thomas	ABMU NHST	Feedback from ABMU is that we are happy to comply and support the introduction of these validity standards. One general comment from my team is the desire to 'sign off' the logic used to assess compliance, which will avoid the recent situation encountered with EDDS? And just one more specific query really, I don't understand the need for the NHS number valid & traced indicator when the NHS number status indicator already details if the number present is valid & traced?	n/a
Sonia Stevens	Gwent Healthcare NHST	1. We feel the application of a standardised VASS process will be of benefit in highlighting issues more quickly. 2. As originally highlighted in our Impact Assessment, we continue to have concerns around the mandating of field "Referrer Priority Type" and now the proposal of a 98% target. Our PAS system has no capacity to capture this information so our dataset defaults to "1" Routine, as there is no "unknown" option. From a completeness perspective we will achieve the target but I would be much happier to supply an "unknown" value to prevent mis-analysis.	Inability to submit data items should not detract from introduction of data validity standards. Issue will be referred to HSW to ensure any associated analysis is not misinterpreted.
Jeff Pye	North West Wales NHST	The Trust supports the introduction of the data validity standards; however we do have some concern over the term outpatient referral. This is more to do with the ambiguity around the classification of outpatients and daycases rather than referrals themselves. As the service continues to find new and innovative ways of responding more efficiently and effectively to patient needs the traditional outpatient environment is no longer the sole location for initial contact. The concern of the Trust is that in limiting the referral dataset to outpatients it will not provide a complete picture of the elective demands placed on the services.	Data Definitions Task & Finish Group to consider issues re: classification of outpatient and APC activity.

Document: EDDS Data Validity Standards
Programme: CHIP
Author: David Hawes

Date Created: 16/10/2009
Date Printed: 06/05/2010
Version: 1.1
Status: FINAL

Page 14 of 19

Name	Organisation	Feedback	Action
Troy Vinson	Powys LHB	Thank you for your extensive report on the current position of the OPR MDS and for asking for feedback. Overall Powys is satisfied that the checks defined in the document are pragmatic and relevant and that the existing technology and communication channels are being utilised to meet the objectives. We will continue to develop and re-develop our internal data quality processes in order to achieve the highest possible data quality scores.	n/a
Jack Attwood	Cwm Taf NHST	Thanks for your e mail. I have discussed these proposed data items and targets with my PAS staff and in the main we do not have a problem with the proposals. The only issue which is unclear is that ethnicity is optional but there is a target for it. Also does referrer priority type refer to the urgency of the referral such us routine or urgent?	n/a
Gordon Craig	Cwm Taf NHST	I think my main concern is what should and should not be counted as a referral. The new world in which we operate is not so much driven by financial income (although my finance colleagues might disagree with Service Line Reporting waiting in the wings). The service is much more clinically focused with emphasis on planning and achieving prescribed waiting times – thank goodness for RTT????? I wonder therefore whether there is a conflict of what we are – or should – be counting as a referral since such data can & does have an impact on not only service provision, but in the way that waiting times are calculated and in the way that operational colleagues are using such data to build business cases for additional resources. DSCN(2008) 05 contains the definitions of an ORDS, however, I would like to clarify 2 issues within it, namely: 1. It states that "consultant to consultant" referrals should be counted. However, I feel that this needs to be more explicit. Does this relate to consultant who sees a patient in clinic and then decides that due to sub-specialisation that they must refer to a colleague within the same specialty (for that same medical condition?) Should there be "rules" in place that state when a consultant to consultant referral cannot be counted as a new referral? This might have a bearing when calculating RTT waiting times. 2. It states that a referral should be counted "following an emergency admission". Yet, I think that you will find that Data Dictionary v2.20 states that follow up attendance should be counted "following an emergency inpatient hospital spell under the care of the consultant or independent nurse". Doesn't this present us with a conflict of recording referrals and activity? It may be that as I have said I am missing the obvious. But I feel that there needs to be closer correlation between the recording of referrals (that in my opinion should automatically generate a new outpatient waiting list appointment) with the manner in which we record activity.	Issues will not impact on introduction of the data validity standards. However, issues raised to be referred to data set developer and sponsor for consideration.
Alan Roderick	Cardiff & Vale	As discussed, the document is pretty much there and makes sense. I've noted a few typos in the attached and emphasise the need to strengthen para 2.2 to make reference to tertiary referrals or referrals between hospitals.	n/a

Document: EDDS Data Validity Standards
Programme: CHIP
Author: David Hawes

Date Created: 16/10/2009
Date Printed: 06/05/2010
Version: 1.1
Status: FINAL

Page 15 of 19

Name	Organisation	Feedback	Action
David Howells	Velindre	It does show an omission on our part with the Referrer Priority Type. This item is on the list of modifications to be done on our system but we cannot at present say when it will be populated. The definition of the Date of Patient Referral gives several possible values (depending on what is available) including in order: The date the patient is told of the referral (the genuine date of referral), The date of the referral letter, The date the referral letter was received (only where no date on document). The last of these is identical to the Clinical Referral Date. Therefore this field should be at least as complete as the Clinical Referral Date field and since the proposal for the CRD is 100% the DPR should be 100% too. Clinical Referral Date - Since the 'Date of Patient Referral' can default to this date it will not be a particularly good way of indicating efficiency. Date of Patient Referral - Shouldn't this match the clinical referral date target? Referrer Priority Type - This is not currently held as a data item on our system, it is derived. If the disease is a cancer it is assumed to be high priority, if not then it is taken from the disease. Main Specialty (Consultant) - Is this the consultant to whom the patient has been referred? The consultant to whom the patient has been referred is not included in the table above.	Any changes to targets associated with non-LOAD check data items will be made following approval of revised data validity targets by WIGSB.
Eluned Cousins	BSC	I agree with your proposals for data validity standards for outpatient referrals.	n/a

Document: EDDS Data Validity Standards   Date Created: 16/10/2009
Programme: CHIP   Date Printed: 06/05/2010
Author: David Hawes   Version: 1.1
                                                                   Status: FINAL
Page 16 of 19

<div align="right">

Appendix 4
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PROPOSED OUTPATIENT REFERRALS DATA VALIDITY STANDARDS

Data Item / Quality Indicator	Why monitor this data item for quality?	Target (% Valid)
Administrative Category	Enables corporate analysis of activity by patient type – NHS patient, private patient etc.	98%
Birth Date	Essential for calculating age-based indicators. Used in studies looking at activity rates within various age groups and can also be used to look at casemix by age. Also used in the tracing and validation of the NHS number.	98%
Clinical Referral Date	Marks the clinically significant date marking the start of a period of waiting for an OP appointment. Provides an indication of the efficiency of referral processes when compared to 'Date of Patient Referral'.	100% [L]
Code of Registered GP Practice	Ensures that communication is sent to the correct GP. Also enables corporate analysis of admitted patient activity at GP practice level. Important for epidemiology and cross-border commissioning.	98%
Date of Patient Referral	An indicator of the efficiency of referral processes when compared to 'Clinical Referral Date'. Also, an indicator of the uptake of outpatient activity when compared to counts of the number of referrals to the outpatient setting.	98%
Local Health Board of Residence	Enables LHB-based epidemiology and activity analysis. Essential for service planning and the commissioning process.	95%
Main Specialty (of Consultant)	Affects clinical audit data and assignment of the patient to a healthcare agreement. Important for service, healthcare and workforce planning.	98%
NHS Number	If incorrect, activity may be assigned to the wrong health record. Central to the Informing Healthcare (IHC) and Individual Health Record (IHR) projects.	95%
NHS Number Status Indicator	Important field for ensuring the validity of the NHS number is maintained and validated.	95%
Valid NHS Number & Traced	Provides a check on the validity and accuracy of the patient's NHS number.	95%
Postcode of Usual Address	Essential for epidemiology studies and resource allocation investigation. Provides detailed information as to the geographical distribution of patients attending for outpatient appointments,	98%
Provider Code	Enables activity analysis by the organisation responsible for providing the patient care. Important for service and workforce planning and the commissioning process.	100% [L]
Referrer Code	Important for service and healthcare analysis and planning. Provides important information for measuring demand by and is used for measuring referral rates in the outpatient setting.	98%
Referring Organisation Code	Important for service and healthcare analysis and planning. Provides important information for measuring demand by and is used for measuring referral rates in the outpatient setting.	98%
Referrer Priority Type	Essential data item for demand and casemix management.	98%
Sex	Used for epidemiology studies and also used in the tracing and verification of the NHS number.	98%

Document: EDDS Data Validity Standards
Programme: CHIP
Author: David Hawes

Date Created: 16/10/2009
Date Printed: 06/05/2010
Version: 1.1
Status: FINAL

Page 17 of 19

Data Item / Quality Indicator	Why monitor this data item for quality?	Target (% Valid)
Source of Referral: Outpatients	An essential data item for monitoring demand. Provides high-level information about the source of a referral and is central to the monitoring of referral rates.	98%
Treatment Function Code (Specialty of Treatment)	The specialty under which a patient will be treated. Important for service, healthcare and workforce planning and is central to the commissioning process.	100% [L]

A data validity indicator will check whether submitted data is provided in the agreed format and is populated with a nationally-agreed value, as defined in the NHS Wales Data Dictionary.

* The target refers to the percentage of patient records on the OPR national database that should be correctly populated with an acceptable value for the associated data item at any point in time.

[L] indicates that the data item will also be classed as a Load Error within VASS. A Load Error is a distinct VASS check that detects key data integrity errors in submitted activity. The presence of a load error on a submitted record results in the rejection of the whole record from the data upload.

Although the data items are not to be monitored for performance management purposes (they have no significant value in a secondary use context) the following load checks will be introduced within VASS as the data items concerned are essential for maintaining the integrity of the national database:

- **Invalid Record ID;**
- **Invalid Referral Identifier;**
- **Invalid Local Patient Identifier.**

Document: EDDS Data Validity Standards
Programme: CHIP
Author: David Hawes

Date Created: 16/10/2009
Date Printed: 06/05/2010
Version: 1.1
Status: FINAL

Page 18 of 19

<div align="right">**Appendix 5**</div>

PROPOSED IMPLEMENTATION PLAN

Recommendation Number	Finding	Recommendation	Timescales
6.1	It is considered appropriate to introduce data quality checking and assurance measures to assess whether it can be considered safe and of sufficient quality to use.	A single, standardised set of data quality indicators *for validity** should be adopted for submitted OP Referrals activity data. These are detailed in Appendix 3.	Jan / Feb 2010
6.2	A standardised set of reports to report data quality performance for OPR data, available via a single, online data quality "portal" on the Health of Wales Information Service (HOWIS), is recommended.	The reporting of performance against these targets should be standardised via the use of an online reporting tool (eWebIndicators) and a data validity performance monitoring report, to be updated and published monthly. All the data quality reports should be accessible via a single data quality "portal", thus ensuring access to the necessary reports is made easier for interested parties.	April 2010 onwards
6.3	There is a need for Trusts to be able to identify errors in their data against the proposed standards at the point of submission to the NWDSS.	Validation at Source (VASS) should be developed to ensure users are able to identify data validity errors in their OP Referrals activity data. A further programme of redevelopment will be undertaken to support the future implementation of the data consistency standards.	Jan / Feb 2010
6.4	Trust performance against the new standards should be referenced in any national reports where data quality is escalated to a senior authority for further investigation and corrective action.	Performance against the new standards will be incorporated into appropriate national reports relating to data quality to ensure the Service is held accountable for the data quality of their organisation.	April 2010 onwards

* The timescales stated are subject to change depending on agreement being reached between Welsh Assembly Government and Health Solutions Wales as to the authorisation and prioritisation of the development work required to support the introduction of the OPR data validity standards and their associated reporting and monitoring tools (e.g. VASS).

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Version: 1.1
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Page 19 of 19