To: LHB and Trust Head of Information Services

CC: Director of Operations, Department of Health & Social Services, Welsh Government
        Andrew Griffiths, Director – NHS Wales Informatics Service
        Operational Services (Data Acquisition) Team, NHS Wales Informatics Service
        Information Standards Team, NHS Wales Informatics Service

Dear Colleagues,

Outpatient Activity Data Consistency Standards

This letter formally mandates the introduction of the Outpatient Data Set (OP Ds) Data Consistency Standards for NHS Wales.

OP data are submitted monthly to the national database at the NHS Wales Informatics Service (NWIS) by Local Health Boards (LHBs) and Velindre NHS Trust. These data are used to support the planning and management of healthcare services through the ongoing monitoring of demand for, and provision of, outpatient services at both a local and national level.

In order to help address issues of data quality across Wales, a Data Quality Improvement Project was established through the Corporate Health Information Programme (CHIP) in March 2007, which had the overall objective of raising the profile of data quality and implementing a revised approach with a view to securing demonstrable improvements. This programme is now being taken forward by the Data Quality Team within the Information Services Division, NWIS.

In 2010, a set of data validity standards for OP data were introduced, which were designed to check submitted data to ensure that they were being provided in the agreed format and, where applicable, that they were populated with a nationally-agreed value as defined in the NHS Wales Data Dictionary. Whilst being a useful initial check of the data, this process in itself does not guarantee that the data are accurate.

To further enhance the data quality checks, a set of data consistency standards are to be introduced for OP ds data from November 2013, to be applied to 2013/14 activity data onwards. These will check submitted OP data to ensure *related* data items for the same patient are consistent with one another. The introduction of a broader set of data quality standards and an updated set of tools to monitor the quality of the OP data is in response to the increasing requirement for accurate and robust outpatient data.

In developing the new indicators, NWIS consulted with NHS Wales organisations and a range of other stakeholders. These were widely accepted as a mechanism for improving the data quality of the dataset. Performance against the standards will be monitored using a new monthly Data Consistency Performance Monitoring Report, similar to the reports currently used to monitor APC and EDDS data consistency, and also OP ds data validity.

Performance against the standards will be published on the NWIS Data Quality website, which can be accessed via the following link:

http://howis.wales.nhs.uk/dataquality

The full set of data consistency standards are listed in Appendix A.

To enable LHBs to monitor the data quality of their own submissions to the NHS Wales Data Switching Service (NWDSS), new data consistency checks will be incorporated into the Validation at Source Service (VASS) on 1st November 2013 in time for the submission of October data which is due by 20th November 2013.

Should you have any queries, please contact David Hawes, Information Standards Manager, NWIS on 029 2050 2571 or via email – david.hawes@wales.nhs.uk.

Yours sincerely,

Tim O'Sullivan
Head of Information
NHS Wales Informatics Service

DATA CONSISTENCY INDICATORS FOR OUTPATIENT ACTIVITY DATA

The following table outlines the new data consistency indicators. The logic outlines the general reasoning as to the use of such a check and should not be regarded as a complete description of the check itself.

Full descriptions and the underpinning SQL logic of each of these checks can be found on the VASS website:

http://nwdss.hsw.wales.nhs.uk/NwdssMerge/VASS/

#	Data Item 1	Data Item 2	Logic	Target (% Consistent)
1	Clinical Referral Date	Attendance Date	Clinical Referral Date <= Attendance Date	98%
2	Date of Birth	Attendance Date	Birth Date <= Attendance Date	98%
3	Attendance Date	Date of Patient Referral	Date of Patient Referral <= Attendance Date.	98%
4	Date of Birth	Clinical Referral Date	Date of Birth <= Clinical Referral Date	98%
5	Date of Patient Referral	Clinical Referral Date	Date of Patient Referral <= Clinical Referral Date	98%
6	Date of Birth	Date of Patient Referral	Date of Birth <= Date of Patient Referral	98%
7	Consultant Code	Main Specialty (consultant)	The main specialty that a consultant is works under is submitted to NWIS when Trusts register their consultant codes. The submitted 'Main Specialty (consultant)' code should relate to the specialty under which the consultant is registered by the General Medical Council and is held on the NWIS lookup tables. The presence of inconsistent data would infer a problem with either local documentation or a failure to update the national lookup tables.	98%
8	First Attendance	Priority Type: New Patients	A code indicating the 'Priority Type' should only be included on records where the 'First Attendance' flag indicates that the patient is a new patient. The field should be left blank for all follow-up patients.	98%
9	Location Type Code	Site Code of Treatment	The Location Type Code indicates the type of accommodation/building in which an attendance took place. The submitted Site Code of Treatment should correspond with this code (and vice versa).	98%
10	Postcode	Local Health Board of Residence	Check to ensure that the submitted 'Postcode' lies within the boundaries of the submitted 'Local Health Board of Residence'.	95%
11	Primary Procedure Code*	Sex	Vital data for epidemiology studies. Consistency check prevents invalid procedures being recorded in the National Database (e.g. female patients undergoing a prostate biopsy).	95%
12	Referrer Code	Referring Organisation Code	A check to ensure that the 'Referrer Code' is registered to the submitted 'Referring Organisation Code'.	98%

#	Data Item 1	Data Item 2	Logic	Target (% Consistent)
13	Source of Referral: Outpatients	Referrer Code	Referrer Code identifies the type of individual who referred the patient to outpatients and should correspond with the submitted Source of Referral (e.g. if the referrer is a GP, the source of referral cannot state the patient was a self-referral).	98%
14	Source of Referral: Outpatients	Referring Organisation Code	Referring Organisation Code identifies the type of organisation from which the referral originated and should correspond with the submitted Source of Referral (e.g. if the referring organisation code is a community dental service, the source of referral cannot state the patient was a self-referral).	98%

A data consistency indicator will check whether *related* data items in submitted EDDS data are consistent with one another. For example, the Attendance Date cannot be reported as occurring before the Clinical Referral Date.

* The target refers to the percentage of patient records within OP Ds that should be correctly populated with consistent values for the associated data items at any point in time. Performance will be monitored on both a financial year-to-date and month-by-month basis.