

DSC Notice: 13/05 (W)
English DSCN Equivalent: N/A
Date of Issue: January 2006

IRSS Information Requirements and Standards Sub Committee	Subject: Revising terminology to reflect ‘A Guide to Good Practice – Elective Services’
	Implementation date: April 1 st 2006

DATA SET CHANGE CONTROL PROCEDURE

Summary of change:

To revise the terminology in the NHS Wales Data Dictionary to reflect enhanced definitions in ‘A Guide to Good Practice – Elective Services’, launched September 2005 and to comply with the protocols set out in WHC (2005) 090.

Change Proposal Reference No: IRSS 20060103/13

The Information Requirements and Standards Sub Committee (IRSS), is 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 = sequence number/year, (W) for Welsh DSCN's.

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

DATA SET CHANGE NOTICE 13/05 (W)

Reference: IRSS *IRSS 20060103/13*

Subject: Revising terminology to reflect 'A Guide to Good Practice – Elective Services'

Reason for Change: To revise the terminology in the NHS Wales Data Dictionary to reflect enhanced definitions in 'A Guide to Good Practice – Elective Services', launched September 2005.

Effective Date: **April 1st 2006**

Background:

'A Guide to Good Practice' was first published by the Innovations in Care, Welsh Assembly Government, in October 2003. WHC (2004) 40 confirmed that all trusts and LHBs should manage patients for waiting list measurement purposes as set out in Chapter 2.1 of the Innovations in Care 2003 publication 'A Guide to Good Practice'. WHC (2004) 40 had to be read in conjunction with WHC (2004) 41 which set out new requirements relating to information support with particular reference to Waiting Times.

'A Guide to Good Practice: Elective Care' 2005 edition published by the National Leadership and Innovation Agency for Healthcare (NLIAH) in association with the Welsh Assembly Government was launched by the Minister for Health and Social Care in September 2005.

It is recognised that the 2005 Guide is now the required policy standard for all the systems recommended by NLIAH and the Welsh Assembly Government.

NHS Trusts are required to ensure that information which trusts are required to publish and provide is returned in accordance with the revised Guide to Good Practice and with the required definitions as referred to in WHC (2005) 090.

This DSCN is being published to bring the Data Dictionary in line with WHC (2005) 090 and the 'Guide to Good Practice – Elective Services' September 2005 edition.

See also DSCN 14/05 Addition of the Data item 'Waiting List Date' for complimentary change information.

Effect on the NHS Wales Data Dictionary:

Appendix A details the changes to the NHS Wales Data Dictionary in respect of the Admitted Patient Care (APC), Elective Admission List (EAL) and Outpatients data sets: -

Appendix A: Changes 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 being identified by ~~strikethrough~~.

a) Under the section Data Items: -

~~Referral Request Received Date~~

~~(OP mds)~~

~~This records the date the referral request was received.~~

Notes:

~~The waiting time for a first outpatient appointment should be calculated from the date when the referral request is received. Letters must therefore be opened and date stamped on the day of receipt. It is this date that must be entered on any PAS or similar system, not the date on which the information is fed into the system if this is later than the date of receipt.~~

~~If the referral request takes the form of a phone call followed by a letter, record the date when the letter arrives. If there is no following letter, the date of the verbal request should be recorded.~~

~~Format: 8 digit numeric, CCYYMMDD~~

~~Original Decided to Admit Date~~

~~(EAL mds)~~

~~This is the date of the first decision to admit a patient to a health care provider for a given condition which results in the patient being placed on an Elective Admission List. The date will always be used to monitor the Patients Charter right for admission to hospital within a reasonable time from the decision to admit. The date is never altered or removed until the patient is treated or the treatment is no longer required. This date should be recorded on all subsequent elective admission list entries, regardless of any change of provider or commissioner. For the first Elective Admission List Entry, this date will be the same as the Decided to Admit date.~~

~~**Format: 8 digit numeric, CCYYMMDD**~~

Clinical Referral Date

(OP mds: up to the 31st March 2006, this data item was known as 'Referral Request Receive Date')
(EAL mds: up to the 31st March 2006, this data item was known as 'Original Decided to Admit Date')

The Clinical Referral Date (CRD) is the clinically significant date marking the start of a period of waiting either for an initial outpatient consultation or for an episode of treatment such as elective surgery. The CRD is used to order pick lists used for booking patients, and it does not change under any circumstances. It is not used to calculate performance waiting times statistics.

Outpatients

The Clinical Referral Date (CRD) is the date that the referral of an outpatient appointment is received in the Trust. All referrals should be date stamped on opening – this date stamp is the CRD. In addition, this CRD must be entered into PAS on the same day.

If the referral request takes the form of a phone call followed by a letter, record the date when the letter arrives. If there is no following letter, the date of the verbal request should be recorded.

Inpatient and Day case events

The Clinical Referral Date (CRD) is the date that a decision was made by the clinician within the Trust (or GP outside the Trust in cases of direct access referrals) to list the patient for treatment. The CRD is used to order the waiting list selection of patients.

Format: 8 digit numeric, CCYYMMDD

N.B. The Clinical Referral Date (CRD) never changes.

~~Referral Request Received Date Status~~

~~(OP mds)~~

~~Allows the recording of date supplied or date not applicable for the Referral Request Received Date.~~

~~Format: 1 digit numeric~~

~~See [Date Status](#)~~

~~Original Decided to Admit Date Status~~

~~(EAL mds)~~

~~Allows the recording of date supplied or date not applicable for the original decided to admit date.~~

~~Format: 1 digit numeric~~

~~See [Date Status](#)~~

Clinical Referral Date Status

(OP mds, EAL mds)

Allows the recording of date supplied or date not applicable for the Clinical Referral Date.

Format: 1 digit numeric

See [Date Status](#)

Decided ~~Decision~~ to Admit Date (APC ds99/ EAL mds)

The date upon which the clinician **makes the decision** ~~decides~~ to admit the patient. ~~to a hospital. This date is important as the calculation of the patients wait for elective treatment is calculated from this date to the date of admission in the case of Method of Admission 11 and 12.~~ An elective admission is an admission, which the ~~health care~~ **treatment** provider has known about at least 24 hours in advance.

Where the Admission Method ~~21, 22, 23, 24, 25, 27, 28, 31, 32, 81, 82, 83,~~ indicates **is for** an emergency, maternity or other admission, the ~~Decided to Admit date~~ **Decision to Admit Date** will equal the ~~same date the clinician decides to admit the patient for urgent care which will be equal to the admission date.~~

Where the Admission Method ~~11,~~ indicates an elective admission from a waiting list the ~~Decided to Admit date~~ **Decision to Admit Date** should equal the date the clinician decided to place the patient on the waiting list. A patient is placed on the waiting list when the facilities to carry out the treatment are not currently available and a bed cannot be booked at that time.

Where the Admission Method ~~12,~~ indicates a booked elective admission the ~~Decided to Admit Date~~ **Decision to Admit Date** should equal the ~~same date on which the patient was informed by the consultant of his the~~ intention to book a bed for the patient admission. A patient is a booked admission when the date for admission is given at the time of consultation and the bed is booked at the same time for the patient.

Where the Admission Method ~~13,~~ indicates a planned admission the ~~Decided to Admit Date~~ **Decision to Admit Date** is equal to the date the clinician confirms the patient is, for medical reasons, now able to receive the further planned treatment. This method is used following a first elective treatment, or an emergency treatment if further planned elective treatment is required e.g. check cystoscopies, check endoscopies, laser treatments.

Date Status is associated with this data item and should be used to indicate whether ~~Decided to Admit Date~~ **Decision to Admit Date** is supplied or not applicable.

Format: 8 digit numeric, CCYYMMDD

Decided ~~Decision~~ to Admit Date Status

(APC ds99/ EAL mds)

Allows the recording of date supplied or date not applicable for the ~~decided to admit date~~ **Decision to Admit Date.**

Format: 1 digit numeric

See [Date Status](#)

~~Offered for Admission Date~~

Agreed Admission Date

(EAL mds)

This is a formal offer in writing of a date of admission, usually referred to as the 'to come in date'. A telephoned offer of admission should not normally be recorded as a formal offer. Usually telephoned offers are confirmed by formal written offers, but in cases when a telephoned offer is made shortly before or, exceptionally, on the day of admission, there may not be time for this. A telephone offer made at short notice which is accepted should be regarded as formal. However, if a patient indicates that he/she is unable to take up a telephone offer, the refusal should not be counted as a self-deferral.

The Guidelines issued by the Royal College of Surgeons recommend that admission letters should give patients good notice of the admission date and should normally reach the patient a minimum of two weeks before the intended date of admission. The NHS Waiting Times Good Practice Guide advises that six weeks notice be given to patients. It is recognised, however, that this may not always be possible.

This is a formal offer in writing of a date of admission, usually referred to as the 'to come in date'. The admission date should be agreed with the patient at either the preoperative assessment which can be undertaken either in a clinic or by telephone. When the preoperative assessment is completed and the patient is clearly fit for surgery, the list can be booked. A letter confirming the agreed admission date is sent to the patient.

Format: 8 digit numeric, CCYYMMDD

~~Offered for Admission Date Status~~

Agreed Admission Date Status

(EAL mds)

Allows the recording of date supplied or date not applicable for the ~~Offered for Admission Date~~ [Agreed Admission Date](#).

Format: 1 digit numeric

See [Date Status](#)

Admission Offer Outcome

Agreed Admission Outcome

(EAL mds)

The outcome of an ~~offer of~~ **agreed** admission to a patient on an Elective Admission List.

Patients are taken off the Elective Admission List once they are admitted into hospital. If treatment is then deferred because of a lack of facilities, or for medical reasons, e.g. the patient, may have a cold or unacceptably high blood pressure, the patient is discharged with the outcome of the ~~offer of~~ **agreed** admission recorded as Patient admitted - treatment deferred. A new decision to admit and a new elective admission list entry will then be made for the patient.

Format: 1 digit numeric

Value	Meaning
1	Patient admitted - treatment completed
2	Admission cancelled by, or on behalf of, the patient
6	Admission cancelled by hospital before day offered for admission
7	Admission cancelled by hospital on day offered agreed for admission
4	Patient failed to arrive
5	Patient admitted - treatment deferred

Note:

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

Attended or Did not Attend

(OP mds)

This indicates whether a person or patient attended for an appointment. If the patient did not attend, it also indicates whether or not advanced warning was given.

Format: 1 digit numeric

Value	Meaning
5	Patient arrived on time or, if late, before the relevant health care professional was ready to see them
6	Patient arrived late, after the relevant health care professional was first ready to see them, but was seen
7	Patient arrived late and could not be seen
8	Did not Phone
2	Appointment cancelled by, or on behalf of the patient
3	Did not attend - no advanced warning given
4	Appointment cancelled or postponed by the health care provider

Elective Admission List Removal Reason

(EAL mds)

This records the reason why a patient was removed from the Elective Admission List

Format: 1 digit numeric

Value	Meaning
1	Patient admitted electively
2	Patient admitted as an emergency for the same condition
3	Patient died
4	Patient removed for other reasons
5	Did Not Phone
6	Did Not Phone for Pre-assessment
7	Did Not Attend Pre-assessment

b) Under the section, 'Data Items & Terms (Grouped by Dataset)': -

OP MDS

Layout of Outpatient Minimum Data Set :-

Rating 1=mandatory 2=optional		Format/length
1	Record Id	an1
	CONTRACT DETAILS	
1	Organisation Code (code of Provider)	an5
1	Code of Commissioner	an5
1	Commissioning Serial Number	an6
2	Health Care Contract Line Number	an10
1	Commissioners Reference Number	an17
	PATIENT DETAILS	
1	NHS Number	n10
1	NHS Number Status Indicator	n2 - from April 1999
1	Patient's name	an70 or structured name with 2 an35 elements
1	Name Format Code	n1
1	Patient's Usual Address	an175 (5 lines each an35)
1	Postcode of Usual Address	an8
1	Local Health Board of Residence	an3
1	Sex	n1
2	Carer Support Indicator	an2
1	Birth Date	ccyymmdd
1	Birth Date Status	n1
1	General Medical Practitioner (Code of	an8

	Registered GMP)	
2	Code of GP Practice (Registered GMP)	an6
1	Local Patient Identifier	an10
	REFERRAL DETAILS	
1	Referrer Code	an8
1	Referring Organisation Code	an6
1	Service Type Requested	n1
1	Date of Patient Referral	ccyymmdd
1	Patient Referral Date Status	n1
1	Referral Request Received Date Clinical Referral Date	ccyymmdd
1	Referral Request Received Date Status Clinical Referral Date Status	n1
1	Priority Type (new patients)	n1
	EPISODE DETAILS	
1	Source of Referral: Outpatients	an2
1	Specialty Function Code	n3
1	Consultant Specialty Function Code	n3
2	Local Sub-Specialty	an3
1	Clinic Purpose	an15
1	Consultant Code	an8
	APPOINTMENT AND ATTENDANCE DETAILS	
1	Attendance Identifier	an12
1	Administrative Category	n2
1	Location Type Code	n2
1	Site Code (of Treatment)	an5
1	Medical Staff Type Seeing Patient	an2
1	Attendance Date	ccyymmdd
1	Attendance Date Status	n1

1	First Attendance	n1
1	Attended or Did Not Attend	n1
1	Outcome of Attendance	n1
1	Last DNA or Patient Cancelled Date	ccyymmdd
1	Last DNA or Patient Cancelled Date Status	n1
	Patient Diagnostic Codes (optional)	
2	Primary (ICD)	an6
2	Subsidiary (ICD)	an6
2	1st Secondary (ICD)	an6
	Patient Procedure Codes	
1	Operation Status (per attendance)	n1
	OPCS procedure coding	
1	Primary Procedure Code (OPCS)	an4
1	Procedure Code 2 (OPCS)	an4
1	Procedure Code 3 (OPCS)	an4
1	Procedure Code 4 (OPCS)	an4
1	Procedure Code 5 (OPCS)	an4
1	Procedure Code 6 (OPCS)	an4
1	Procedure Code 7 (OPCS)	an4
1	Procedure Code 8 (OPCS)	an4
1	Procedure Code 9 (OPCS)	an4
1	Procedure Code 10 (OPCS)	an4
1	Procedure Code 11 (OPCS)	an4
1	Procedure Code 12 (OPCS)	an4

Note: DSCN 14/05 (W) introduces two new data items 'Waiting List Date' and 'Waiting List Date Status'. These data items are located at the end of the above data set table.

APC DS99 MDS

Layout of the Admitted Patient Care Dataset

Rating 1=mandatory 2=optional		PEDW data item	Format/length
1	Record Id		an1
	CONTRACT DETAILS		
1	Provider Code	Yes	an5
1	Commissioner Code	Yes	an5
1	Commissioning Serial Number	Yes	an6
1	Commissioners Reference Number		an17
	PATIENT DETAILS		
1	NHS Number	Yes	n10
1	NHS Number Status Indicator	Yes	n2
1	Patient's name	Yes	an70 or structured name with 2 an35 elements
1	Name Format Code	Yes	n1
1	Patient's usual address	Yes	an175 (5 lines each an35)
1	Postcode of Usual Address	Yes	an8
1	Local Health Board of Residence	Yes	an3
1	Sex	Yes	n1
1	Marital Status (Mandatory for Psychiatric Patients)	Yes	n1
1	Birth Date	Yes	ccyymmdd
1	Birth Date Status	Yes	n1
1	General Medical Practitioner (code of registered GMP)	Yes	an8

1	Local Patient Identifier (Case Record Number)	Yes	an10
1	Ethnic Group	Yes	an2
1	Legal Status Classification	Yes	n2 - Legal Status Classification and Administrative Category replaced Category of Patient in April 1999
REFERRAL DETAILS			
1	Referrer Code	Yes	an8
1	Referring Organisation Code	Yes	an6
PROVIDER SPELL DETAILS			
1	Hospital Provider Spell Number	Yes	an12
1	Administrative Category	Yes	n2 - Legal Status Classification and
1	Decided to Admit Date (for this provider) Decision to Admit Date	Yes	ccyymmdd
1	Decided to Admit Date Status Decision to Admit Date Status	Yes	n1
1	Start Date (Hospital Provider Spell)	Yes	ccyymmdd
1	Admission Method (Hospital Provider Spell)	Yes	n2
1	Duration of Elective Wait	Yes	n4
1	Intended Management	Yes	n1
1	Source of Admission (Hospital Provider Spell)	Yes	n2
1	Discharge Date (Hospital Provider Spell)	Yes	ccyymmdd
1	Discharge Date Status	Yes	n1
1	Discharge Method (Hospital	Yes	n1

	Provider Spell)		
1	Discharge Destination (Hospital Provider Spell)	Yes	n2
1	Patient Classification	Yes	n1
1	Healthcare Resource Group (HRG)	Yes	an3 – Health Resource Group (HRG) replaced (DRG) in April 2000
	CONSULTANT EPISODE DETAILS		
1	Episode Number	Yes	n2
1	Last Episode in Spell Indicator		n1
1	Site Code (of treatment)	Yes	an5
1	Ward Type at Start of Episode	Yes	n7
1	Start Date (Consultant Episode)	Yes	ccyymmdd
1	End date (Consultant Episode)	Yes	ccyymmdd
1	End Date Status	Yes	n1
1	Specialty Function Code		n3
1	Consultant Specialty Function Code	Yes	n3
1	Local Sub Specialty (Wales)	Yes	an3
1	Consultant Code	Yes	an8
1	First Regular Day or Night Admission	Yes	n1
1	Neonatal Level of Care	Yes	n1
1	Psychiatric Patient Status	Yes	n1
	Diagnostic Codes		
	Mandatory ICD-10 diagnostic coding		
1	Primary (ICD)	Yes	an6

1	Subsidiary (if necessary) (ICD)	Yes	an6
1	1st Secondary (ICD)	Yes	an6
1	2nd Secondary (ICD)	Yes	an6
1	3rd Secondary (ICD)	Yes	an6
1	4th Secondary (ICD)	Yes	an6
1	5th Secondary (ICD)		an6
1	6th Secondary (ICD)		an6
1	7th Secondary (ICD)		an6
1	8th Secondary (ICD)		an6
1	9th Secondary (ICD)		an6
1	10th Secondary (ICD)		an6
1	11th Secondary (ICD)		an6
1	12th Secondary (ICD)		an6
1	Histological Diagnosis	Yes	an6
1	Source of Histological Diagnosis	Yes	n1
	Patient Procedure Codes		
1	Operation Status (per episode)		n1
	Mandatory OPCS procedure coding (up to 12 Operative Procedures per episode)		
1	Primary Procedure (OPCS)	Yes	an4
1	Procedure Date	Yes	ccyymmdd
1	Procedure Date Status	Yes	n1
1	2nd Procedure (OPCS) - 12th Procedure (OPCS) items as for Primary Procedure (OPCS)	Yes (up to 4th procedure for PEDW)	an4
1	Record Type	Yes	n2
	PREGNANCY & DELIVERY DETAILS		
1	General Medical Practitioner (code of GMP responsible for Antenatal care)	Yes	an8

1	First Antenatal Assessment Date	Yes	ccyymmdd
1	First Antenatal Assessment Date Status	Yes	n1
1	Pregnancy : Total Previous Pregnancies	Yes	n2
1	Delivery Place Type (actual)	Yes	n1
1	Delivery Date		ccyymmdd
1	Delivery Place Type (intended)	Yes	n1
1	Delivery Place Change Reason	Yes	n1
1	Gestation Length	Yes	n2
1	Labour / Delivery Onset Method	Yes	n1
1	Delivery Method	Yes	n1
1	Status of Person Conducting Delivery	Yes	n1
1	Anaesthetic given during labour/delivery	Yes	n1
1	Anaesthetic given post labour/delivery	Yes	n1
1	Number of Babies	Yes	n1
	<i>Birth details (up to 6 births from one pregnancy)</i>		
	1st Baby		
1	Sex	Yes	n1
1	Birth Order	Yes	n1
1	Live or Still Birth	Yes	n1
1	Birth Weight	Yes	n4
1	Resuscitation Method	Yes	n1
1	Birth Date (baby)	Yes	ccyymmdd

1	Birth Date (mother)		ccymmdd
1	Birth Date Status (mother)		n1
	2nd Baby, 3rd Baby, 4th Baby, 5th Baby and 6th Baby : Items as 1st Baby		

Note: DSCN 14/05 (W) introduces two new data items 'Waiting List Date' and 'Waiting List Date Status'. These data items are located at the end of the above data set table.

EAL MDS

Layout of the Elective Admission List Minimum Data Set

Rating 1=mandatory 2=optional		Format/length	End of Period Census	Event During Period (opt. Flow)
	CONTRACT DETAILS			
1	Organisation Code (code of Provider)	an5	*	*
1	Code of Commissioner	an5	*	*
1	Commissioning Serial Number	an6	*	*
2	Health Care Contract Line Number	an10	*	*
1	Commissioners Reference Number	an17	*	*
	PATIENT DETAILS			
1	NHS Number	n10	*	*
1	NHS Number Status Indicator	n2 - from April 1999	*	*
1	Patient's name	an70 or structured name with 2 an35 elements	*	*
1	Name Format Code	n1	*	*
1	Patient's Usual Address	an175 (5 lines each an35)	*	*
1	Postcode of Usual Address	an8	*	*
1	Local Health Board of Residence	an3	*	*
1	Sex	n1	*	*
2	Carer Support Indicator	an2	*	*

1	Birth Date	ccyymmdd	*	*
1	Birth Date Status	n1	*	*
1	General Medical Practitioner (Code of Registered GMP)	an8	*	*
2	Code of GP Practice (Registered GMP)	an6	*	*
1	Local Patient Identifier	an10	*	*
	REFERRAL DETAILS			
1	Referrer Code	an8	*	*
1	Referring Organisation Code	an6	*	*
	ELECTIVE ADMISSION LIST DETAILS			
1	Elective Admission List Entry Number	an12	*	*
1	Elective Admission List Record Type	an2		*
1	Administrative Category	n2	*	*
1	Elective Admission Type	n2	*	*
1	Date of Patient Referral	ccyymmdd	*	*
1	Patient Referral Date Status	n1	*	*
1	Decided to Admit Date (for this provider) Decision to Admit Date	ccyymmdd	*	*
1	Decided to Admit Date Status Decision to Admit Date Status	n1	*	*
1	Original Decided to Admit Date Clinical Referral Date	ccyymmdd	*	*

1	Original Decided to Admit Date Status Clinical Referral Date Status	n1	*	*
2	Guaranteed Admission Date	ccyymmdd	*	*
2	Guaranteed Admission Date Status	n1	*	*
1	Intended Procedure Status	n1	*	*
1	Intended Procedure (OPCS)	an4	*	*
1	Intended Procedure 2 (OPCS)	an4	*	*
1	Intended Procedure 3 (OPCS)	an4	*	*
1	Intended Management	n1	*	*
2	Intended Site Code (of treatment)	an5	*	*
1	Priority Type	n1	*	*
1	Elective Admission List Status	an2	*	
1	Specialty Function Code (main specialty of consultant or list specialty)	n3	*	*
1	Consultant Specialty Function Code (treatment specialty)	n3	*	*
2	Local Sub-Specialty	an3	*	*
1	Consultant Code	an8	*	*
1	Date of Elective Admission List Census	ccyymmdd	*	
1	Last DNA or Patient Cancelled Date	ccyymmdd	*	*
1	Last DNA or Patient Cancelled Date Status	n1	*	*

2	Waiting List Entry Last Reviewed Date	ccyymmdd	*	*
2	Waiting List Entry Last Reviewed Date Status	n1	*	*
	CONTRACT CHANGE DETAILS			
2	Service Arrangement Change Type	an2	*	*
2	Service Arrangement Change Date	ccyymmdd	*	*
2	Service Arrangement Change Date Status	n1	*	*
	SUSPENSION DETAILS			
1	Count of Days Suspended	n4	*	
1	Suspension Start Date	ccyymmdd		*
1	Suspension Start Date Status	n1		*
1	Suspension End Date	ccyymmdd		*
1	Suspension End Date Status	n1		*
	OFFER OF ADMISSION DETAILS			
1	Offered for Admission Date Agreed Admission Date	ccyymmdd	*	*
1	Offered for Admission Date Status Agreed Admission Date Status	n1	*	*
2	Admission Offer Outcome Agreed Admission Outcome	n1	*	*
	HEALTHCARE RESOURCE GROUP DETAILS			

2	Healthcare Resource Group Code	an3		
	REMOVAL DETAILS			
1	Elective Admission List Removal Date	ccyyymmdd		*
1	Elective Admission List Removal Date Status	n1		*
1	Elective Admission List Removal Reason	n1		*

Note: DSCN 14/05 (W) makes changes to 'Guaranteed Admission Date' and 'Guaranteed Admission Date Status'.

c) Under the section, 'Operational Guidelines': -

New Waiting Times Definitions

The following table shows the Waiting Times Definitions along with the reporting guidelines associated with them.

DEFINITION	REPORTING GUIDELINES
<p>Reasonable Offer of appointment / admission</p>	<p>Patient choice is an essential part of the appointment process. Choice offered to patients must be reasonable, both in the number of alternative appointments or admissions; timing of those appointments; who the appointment or admission is with; and location of the appointment.</p> <p><i>Outpatient appointment:</i></p> <p>Must be offered a choice of 3 alternatives within the following 6 weeks (where practically possible e.g. monthly clinics may have difficulty in adhering to this guidance). One of these dates must be more than 4 weeks in the future.</p> <p>Patients who decline all three dates should be managed as a CNA and the Waiting List Date should be reset to the date of offer.</p> <p>Transport from the Trust provided if appointment site outside the Trust boundary.</p> <p><i>Inpatient or Daycase admission:</i></p> <p>Must be offered a choice of 2 alternative dates</p> <p>A patient may be removed from a waiting list for as a result of a DNA or CNA only if a reasonable offer has been made.</p> <p><i>(The reasonable offer may need to operate within the Second Offer Scheme)</i></p>
<p>Did Not Phone (DNP)</p>	<p>Part of the Patient Focussed Booking (Partial Booking) process. 'Did Not Phone' (DNP) is used during validation where a patient is</p>

	<p>under consideration for removal from the Waiting List.</p> <p>The patient should be sent a letter a maximum of 6 weeks before the expected appointment date and asked to phone the Trust to arrange a convenient date and time to be seen within the Partial Booking guidance. If there has not been a response from the patient within the 14-day period, then a 2nd letter is sent to the patient. If no response to the second letter is received within a further 14-day period, then the patient is removed from the waiting list by reason of DNP.</p> <p>Any patient who does not phone in response to a partial booking letter or a validation letter may, once certain preconditions have been met, be removed from the waiting list with the reason for removal being 'DNP'.</p> <p>Under partial booking a DNP should be recorded only where the required number of reminder letters have been sent, and the required time for a response has lapsed. In most cases this will mean an initial letter and a reminder letter have been sent (two weeks apart) and a further two weeks after the second letter has elapsed.</p> <p>A DNP should be removed from the waiting list and suitable notification made.</p>
Did Not Attend (DNA)	<p>The definition of a DNA is a patient who does not attend for appointment or admission and fails to notify the Trust (applied to Inpatients, Outpatients and Day-cases).</p>
Could Not Attend (CNA)	<p>The definition of a CNA is a patient who notifies the Trust that they are not able to attend.</p> <p>When the patient has been offered another appointment. If they then notify the Trust that they are not able to make this appointment, they would then be classified as a second CNA and managed as a DNA.</p>

	<p>Where a mutually agreed appointment is changed by the patient, then the Waiting List Entry date is reset to the date of the notification.</p> <p>It is recognised that the service should work towards the dating of CNAs on their systems, to enable reports to be available on the notice period that has been given by patients.</p> <p>A Could Not Attend (CNA) is recorded where a patient notifies the Trust that they will not be able to attend an appointment or admission event, up to the end of the day of their appointment or admission.</p> <p>Treatment of CNAs</p> <p>First CNA</p> <p>Any patient who contacts the Trust to notify it that they will be unable to attend an outpatient appointment or admission event should have another appointment or event arranged at the time of the notification. If the patient notifies by phone, the new appointment should be made then. If the patient notifies by letter or email, an immediate response should be sent asking the patient to contact the Trust by phone to arrange a new appointment.</p> <p>At the time of contact, the Waiting List Date (WLD) should be reset to the date of the contact with the patient.</p> <p>Second CNA</p> <p>When a patient contacts the Trust to cancel a second appointment the Trust may treat the cancellation as a DNA and not make an appointment. In this case, the communication standards for a DNA must be followed.</p>
<p>Did Not Phone for Pre-assessment (DNP for</p>	<p>A patient who does not phone in response to a partial booking letter to complete a phone</p>

Pre-assessment)	pre-assessment that will deem them fit to proceed for surgery or to arrange a pre-assessment outpatients appointment.
Did Not Attend Pre-assessment (DNA'd Pre-assessment)	<p>Preoperative assessment should be undertaken six weeks prior to surgery, and should be booked using partial booking. Preoperative assessment allows both staff and patient to check suitability for anaesthetic and surgery, agree the booking date for surgery, and organise discharge arrangements.</p> <p>The definition of a DNA'd Pre-assessment is a patient who does not attend for a pre-assessment appointment and fails to notify the Trust.</p>
Reinstatement to the Waiting List	<p>Reinstatement to the Waiting List can be via a reasonable request from a patient, authorised Trust employee, GP, validation or DNP letter</p> <p>The definition of the reset date is the date that the person patient contacts the Trust and the Waiting List Date is changed accordingly.</p> <p>The definition of the time period is:- The date between removal and reinstatement should be no more than 3 months. The patient should then be referred back to their GP.</p>
Changing the patient's Care Provider or treatment location whilst on the Waiting List	<p>At the instigation of the Trust a request is made to the patient to change to an alternative Care Provider. The rationale for this approach is based on a shorter length of wait with the alternative Consultant.</p> <p>If the offer that has been made to the patient is not in the usual place of treatment i.e. that of the initial Consultant, then transportation should be offered. (If outside the normal boundaries of the Trust).</p> <p>If the patient chooses to exercise their right of choice and remain with the original Consultant, they should be made aware of the effect that this could have on the time that they will be waiting for treatment. The Waiting List Entry Date is then reset to the date that the alternative Consultant was offered and</p>

	<p>refused.</p> <p>The definition for the date of alternative offer and refusal is 'The date where a reasonable offer of alternative treatment with another consultant or at another provider, is declined by the patient'.</p> <p>The 'Date on Waiting List' 'Waiting List Date' is reset to the date that the reasonable offer of alternative treatment is declined.</p> <p><i>(This rule may need to operate within the Second Offer Scheme where applicable)</i></p>
<p>Suspending patients on a waiting list</p>	<p>The definition for the suspension is that a patient can be suspended for a maximum period of 6 months which includes a period of up to 6 weeks for management time. Pregnant women would be the only exception to this rule, as they may would need to be suspended for a longer period.</p> <p>The only Occasions when where a patient can be suspended is when one or both the following conditions exist:-</p> <p>Medically unfit</p> <p>Socially unavailable</p> <p>The suspension time should be subtracted from the Waiting Time.</p> <p>When the patient is suspended the suspension date is entered and the Waiting List Date remains the same. Once the suspension period has ended the Waiting List Date will be incremented by the suspension period.</p> <p>Applicable to Inpatients/Daycases and Outpatients.</p>
<p>Patients admitted but treatment deferred</p>	<p>If a patient is unfit for treatment, then it is recommended that they are managed through the "suspension" route.</p> <p>If the Trust cancels the operation for non-medical reasons, then the patient should remain at the original point on the Waiting List</p>

	<p>Date does not change.</p> <p>The definition for the deferment period – the period that the patient is suspended.</p> <p>If a patient has not followed issued guidance (e.g. fasting before admission), then the activity will be managed as a CNA.</p> <p>Applicable to Inpatients/Daycases and Outpatients.</p>
<p>Musculoskeletal clinics / Back Pain clinics</p> <p>ESP clinics (Extended Scope Practitioner)</p> <p>GP with special interest</p>	<p>The patient will remain on the waiting list until the screening review is applied. The patient will be removed from the waiting list once the appropriate course of treatment is agreed.</p>
<p>Patients listed in more than one specialty</p>	<p>Where the specialties are independent, separate waiting lists are to be maintained.</p>
<p>Date on list</p> <p>Waiting List Date (WLD)</p>	<p>The "date on list" should always be the date that the decision was taken to place the patient on the waiting list; e.g. received date of referral.</p> <p>The current Data Dictionary terms relate to 'Decision to Admit' for inpatients/daycases and 'Referral Request Received Date' for outpatients. These definitions have not change since the previous version of the Data Dictionary.</p> <p>The 'Waiting List Entry Date' will be known as the 'Waiting List Date'. The waiting list date (WLD) is initially set as the same date as the Clinical Referral Date (CRD). The WLD is used to calculate waiting times for the purposes of measuring Trust performance against Welsh Assembly Government performance targets. It is not used to order out-patient waiting lists for partial booking or to order in-patient or day case lists for selection of patients for surgery.</p> <p>There are a number of situations where the</p>

	<p>WLD may be changed. These include rescheduling an appointment at the patient's request, reinstatement to a waiting list following removal, following a period of suspension or where a patient has chosen to remain with a consultant when offered an earlier appointment with a different consultant.</p> <p>This is a data item and can be found in the main Dictionary.</p>
<p>Which trust counts the patients</p>	<p>The Trust responsible for maintaining the waiting lists is the Originating Provider (OP). (This rule may need to operate within the Second Offer Scheme, where applicable)</p>
<p>Tertiary Referrals</p>	<p>(Innovations in Care states that referrals to the wrong consultant, which are then forwarded to a different consultant within the same specialty should be treated as a follow-up appointment. This statement contends with current definition of a new and follow-up appointment. Subject to the results of an investigation by the IiC team, version 2.4 of the Data Dictionary will not contain definitions based on the current release of the IiC).</p> <p>Transfers to a different Trust (tertiary referrals) or to a different speciality in the same Trust, should be treated as a new referral.</p>

d) Further changes to NHS Wales Data Dictionary

All references to the following data items and phrases will be changed throughout the NHS Wales Data Dictionary:-

From	To
Referral Request Received Date	Clinical Referral Date
Original Decided to Admit Date	
Referral Request Received Date Status	Clinical Referral Date Status
Original Decided to Admit Date Status	
Decided to Admit Date	Decision to Admit Date
Decided to Admit Date Status	Decision to Admit Date Status
Offered for Admission Date	Agreed Admission Date
Offered for Admission Date Status	Agreed Admission Date Status
Admission Offer Outcome	Agreed Admission Outcome
Date on Waiting List	Waiting List Date
Waiting List Entry Date	Waiting List Date

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