Edwina Hart AM MBE

Y Gweinidog dros lechyd a Gwasanaethau Cymdeithasol Minister for Health and Social Services

Our ref:

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To: Chairs of NHS Trusts & Local Health Boards



Llywodraeth Cynulliad Cymru Welsh Assembly Government

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Dear Chair

OUTPATIENT REFERRALS DATA SET

This letter formally communicates to the service the introduction of the Outpatient Referral Data Set.

Following formal approval by the Welsh Information Governance and Standards Board (WIGSB) in February 2008 collection of the outpatient referral information will commence from September 2008. The Data Set Change Notice DSCN(2008) 05 (W) gives notification of the structure of the Outpatient Referral Data Set, relevant definitions and technical information for the required submission.

With the release of "Designed for Life" in May 2005, a commitment was undertaken to make significant service improvements from 2005-06 onwards. Performance management of the NHS was seen as integral to the service development agenda, and within the policy specific reference was made to the requirement to ensure demand management within both primary and secondary care is developed further. Since May 2001, a national aggregate data collection has been in place covering outpatient referrals from GPs only. This has been facilitated by the Health & Care Statistics Branch of the Statistical Directorate in the Welsh Assembly Government who commenced publication from June 2006. In developing the national Outpatient Referral data set due consideration has been given to the scope of the existing aggregate data collection, to ensure that there is no increase in the data collection burden upon Trusts and no duplication of effort required.

There are a number of drivers for the development of an Outpatient Referral data set, including the need to:-

- Support demand and capacity work for primary and secondary care policy within the Welsh Assembly Government.
- Support the information requirements of demand management, planning, performance management and the monitoring of service provision.

In light of the above strategic drivers the data submissions will cover clinical referrals received by the Trust, for a first outpatient consultant / independent nurse appointment, regardless of the area of residence and should include referrals to clinics under their management control. For a list of those sources of referrals considered within scope please see the DSCN. Referrals to the Diagnostic and Therapy disciplines are excluded from the scope of the data set at this present time as the existence of operational systems in Trusts to collect this referral data is variable. Where feasible Trusts are requested to include a reason for referral for each referral received, which must be a valid clinical code or term. It is acknowledged that systems may not currently be in place to record this data, and it has been included on request of LHBs who may consult with Trusts in their area to agree the necessary arrangements to populate this field. Submissions will be made monthly, covering all referrals received by the Trust in the preceding month. Data submissions should be based upon the Clinical Referral Date, rather than based upon the date upon which the referral was made.

Actions Required

Each Welsh NHS Trust and Powys LHB is required to;

- Ensure that the data conforms to the DSCN, and is supplied on 27th day of each month for those referrals received into the Trust for the preceding month.
- Supply a 2 year extract in order to back populate the national database, based upon the data standards within the DSCN.
- Submit the data set via the secure file upload facility of the NWDSS.
- Review the data quality reports and take appropriate action where necessary.

The Business Services Centre (BSC) is required to:

- Support submissions via the NHS Wales Data Switching Service (NWDSS) and provide assistance to those submitting data when necessary
- Provide support for the ongoing management of the national database
- Provide standard reports, to all identified users, within an agreed number of days following submissions

- Produce data quality reports, to be fed back to data submitters and the Data Quality Improvement Manager within the Corporate Health Information Programme, in a frequent and timely fashion
- Support ad-hoc requests, which will be serviced in accordance with their existing ad-hoc request policy

Monitoring Arrangements

Compliance with these recommendations will be monitored via standard reports, and data quality reports.

Any queries relating data set development should be directed to:

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I will be kept appraised of progress and compliance by my officials

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