WELSH INFORMATION STANDARDS BOARD

DSC Notice:	DSCN 2016 / 01
Date of Issue:	

Ministerial / Official Letter: N/A	**Subject:** Out of Hours Data Collection
Sponsor: Roger Perks Head of Unscheduled Care – Welsh Government	
Implementation Date: April 2016	

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 the 14th June 2016.

WISB Reference: ISRN 2016 / 002

Summary:

To introduce the Out of Hours Data Collection

Data sets / returns affected:

- Out of Hours Data Collection

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 / Tel: 029 2050 2539

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

GP Out of Hours services support patients with urgent primary care needs across Wales in the evening, overnight, weekends and bank holidays. The Wales Quality and Monitoring Standards for the Delivery of Out of Hours Services were published in May 2014. The standards were developed by the information standards work stream of the national 111/Out of Hours sub group alongside the National Forum of GP Out of Hours Providers (Wales). They include a mixture of process and outcome measures which are expected to evolve, to measure the quality and equity of the services being delivered across Wales. All health boards are required to implement the standards by March 2018.

A standardised data collection tool has been developed to assist with the national monitoring of these standards and to compare Out Of Hours services. In April 2015, an Out of Hours Data Collection Standards group was established, consisting of a number of stakeholders including health board representatives, Welsh Government, NHS Direct Wales and NWIS. The group was commissioned to establish a standardised set of data and definitions for the collection of Out Of Hours information. The work of this group has concluded with the development of the new Out of Hours Data Collection.

The data collection is specifically related to the 'timely access' domain of *The Wales Quality and Monitoring Standards for the Delivery of Out of Hours Services,* rather than the full suite of quality standards.

The data collection is comprised of 3 parts:

- Specific performance data relating to Out of Hours Timely access domain – e.g. time to answer call;
- Activity information to aid planning – e.g. whether patients are seen at a primary care centre or have a home visit; and,
- Outcome information to illustrate what happened to the patient once they had been through the Out Of Hours system – e.g. following a primary care centre visit, whether the patient referred to their GP, was advised to attend an ED or whether they were treated and discharged from Out of Hours.

It is intended that the information collected will be used to populate national dashboard tools in order to provide a national and local view of services. The data will also be used to inform the future planning of the NHS Wales '111' service and the associated information / reporting requirements.

Description of Change

To introduce the information requirements that have been developed to support the monitoring of the GP Out of Hours Data Collection.

Data Dictionary Version

Where applicable, this DSCN reflects changes introduced by DSCN and/or DDCN since the release of version 4.8 of the NHS Wales Data Dictionary.

The changes introduced by such DSCNs will be published in version 4.9 of the NHS Wales Data Dictionary.

Actions Required

For Health Boards:

- Health Boards to provide one completed proforma on a monthly basis.
- Data must be submitted by the 10th working day of the following month.
    - Please refer to the proforma for the list of the exact submission dates.
- All submissions should be e-mailed to the Welsh Government Delivery & Performance Division inbox at: HSSDG.Performance@wales.gsi.gov.uk

Welsh Government:

- Welsh Government are required to collate the nationally reported data and use this for performance monitoring purposes.

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.

Data Definition Type	Name	New/Retired/ Changed	Page Number
Live Data Seta and Aggregate Data Collections / Aggregate Proformas	Out of Hours Data Collection	New	5

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.

GP Out of Hours Data Collection

Reporting Arrangements / Return Submission Details

Health Boards are to provide one completed template on a monthly basis.

Organisations are required to report by the 10th working day of each month, monthly counts of activity for the previous month. If the 10th working day falls on a weekend or a bank holiday, the deadline for submissions is the next available working day.

All submissions should be emailed to the Welsh Government Delivery & Performance Division inbox at: HSSDG.Performance@wales.gsi.gov.uk

Any further queries regarding the data collection should be directed to the Delivery & Performance Division, Welsh Government on 029 2082 3871, or via e-mail:

HSSDG.Performance@wales.gsi.gov.uk

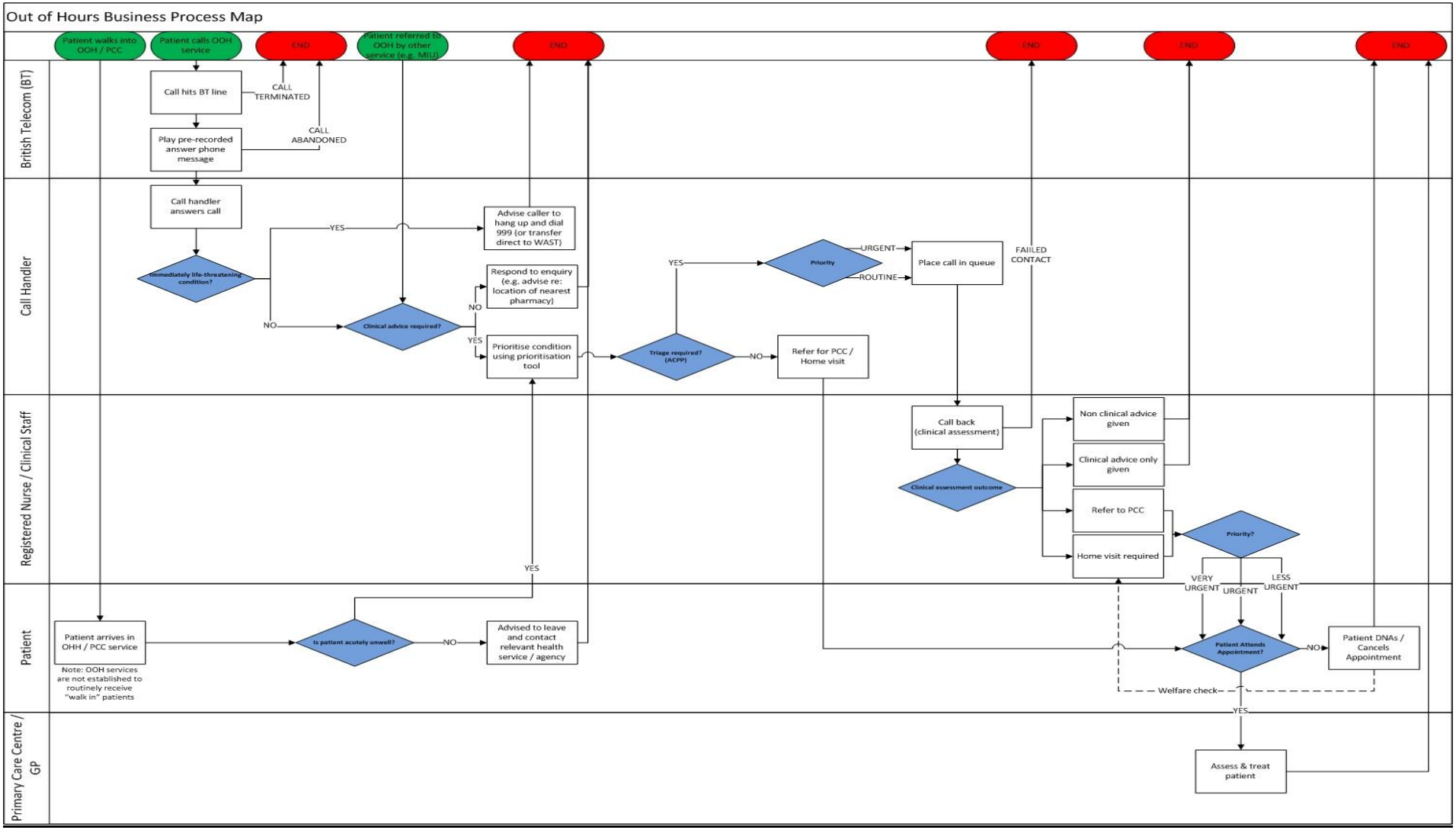
Scope

The scope of the new data collection is as follows:

- The information required relates to all patients who have initiated contact with the GP Out of Hours Service across Wales in the evening, weekends and bank holidays.
- Health Boards are required to provide counts for all of the following:
  - Terminated Calls
  - Abandoned Calls
  - Answered Calls
- Velindre NHS Trust is excluded, since they do not operate an Out Of Hours service.

A visualization of the business process which describes the patient pathway through Out of Hours services is shown below.

GP Out of Hours Business Process Map



Information Requirements

1. Total number of calls offered to the Out of Hours service during the month

This is the total number of calls made to the Out of Hours service during the month. A call is classed as 'offered' as soon as the call connects to the service's telephony system. This is automatically calculated in the pro-forma and will be the sum of the number of:

- *Terminated calls (1a)*
- *Abandoned calls (1b)*
- *Answered calls (1c).*

1a) Terminated Calls

This is the total number of calls made to the Out of Hours service during the month which were terminated by the caller before or during the pre-recorded message. If there is no pre-recorded message, a call will be classed as terminated if the caller has hung up within 30 seconds of the call being recorded on the service's telephony system.

1b) Abandoned Calls

This is the total number of calls made to the Out of Hours service during the month which were abandoned by the caller i.e. the caller hung up before the call was answered by an Out of Hours call handler after the pre-recorded message (or after the initial 30 seconds if there is no pre-recorded message). The number of abandoned calls should be split as follows:

- *those abandoned in 60 seconds or less; and*
- *those abandoned after 60 seconds*

after the pre-recorded message / initial 30 seconds if no pre-recorded message.

1c) Answered Calls

This is the total number of calls made to the Out of Hours service during the month which were answered by an Out of Hours call handler. The number of calls answered should be split as follows:

- *those answered in 60 seconds or less; and*
- *those answered after 60 seconds*

after the pre-recorded message or after the call has been recorded on the service's telephony system if there is no pre-recorded message.

2. Total number of patient contacts recorded on Adastra during the month

This is the total number of patient contacts recorded on Adastra. This is automatically calculated in the pro-forma and will be the sum of:

- *those calls identified as life-threatening as advised to call / were transferred to 999 (2a)*
- *those calls which the call handler prioritised the call as urgent (2b)*
- *those calls which the call handler prioritised the call as routine (2c)*
- *those patients who did not have a definitive clinical assessment undertaken by an Out of Hours clinician (2d).*

2a) Of the total number of calls answered by the Out of Hours call handler, how many patients were identified as having a life-threatening condition and advised to call / were transferred to 999:

This is the number of patients that the Out of Hours call handler identified as having a life threatening condition and either:

- *advised the caller to call 999 immediately; or*
- *'warm' transferred the caller to 999 i.e. the Out of Hours call handler transferred the patient directly whilst the patient remained on the phone.*

The following are deemed as 'life threatening conditions':

- *stroke (FAST positive i.e. FAST = Face, Arms above head, Speech and Telephone)*
- *difficulty breathing / breathless, unable to talk in a sentence*
- *heart attack / chest pain*
- *uncontrolled bleeding / catastrophic bleeding*
- *altered or loss of consciousness*
- *abnormal pain with sweating / clammy (ectopic pregnancy, aortic aneurysm)*
- *sepsis including meningitis*
- *overdose (accidental or on purpose).*

Only patients who have spoken to the Out of Hours call handler on the telephone should be included in these counts. Therefore patients such as walk-ins and patients who have been referred by an A&E department or MIU should be excluded from the counts.

2b) Of the total number of calls answered by the Out of Hours call handler, how many patients were prioritised as urgent and started their definitive clinical assessment

This is the number of patients that were prioritised by the Out of Hours call handler as urgent and then started their definitive clinical assessment within the following time bands:

- *in 20 minutes or less of the initial call being answered; and*
- *after 20 minutes of the initial call being answered.*

A definitive clinical assessment is when a patient is transferred or called back by a clinical advisor for a clinical assessment.

Only patients who have spoken to the Out of Hours call handler on the telephone should be included in these counts. Therefore patients such as walk-ins and patients who have been referred by an A&E department or MIU should be excluded from the counts.

2c) Of the total number of calls answered by the Out of Hours call handler, how many patients were prioritised as routine and started their definitive clinical assessment

This is the number of patients that were prioritised by the Out of Hours call handler as routine and then started their definitive clinical assessment within the following time bands:

- *in 60 minutes or less of the initial call being answered; and*
- *after 60 minutes of the initial call being answered.*

Only patients who have spoken to the Out of Hours call handler on the telephone should be included in these counts. Therefore patients such as walk-ins and patients who have been referred by an A&E department or MIU should be excluded from the counts.

2d) Total number of patient contacts recorded on Adastra where the patient was referred for a Primary Care Centre (PCC) appointment following direct streaming by the Out of Hours call handler

This is the number of patients that were streamed by the Out of Hours call handler, using a criteria-based algorithm and as a result were referred directly for a Primary Care Centre

(PCC) appointment without undertaking a definitive clinical assessment following a call back from a clinical member of the Out of Hours service.

2e) Total number of patient contacts recorded on Adastra where the patient required a home visit following direct streaming by the Out of Hours call handler

This is the number of patients that were streamed by the Out of Hours call handler, using a criteria-based algorithm and as a result were referred directly for a home visit without undertaking a definitive clinical assessment following a call back from a clinical member of the Out of Hours service.

2f) Total number of patient contacts recorded on Adastra where the patient did not have a definitive clinical assessment undertaken by an Out of Hours clinician (e.g. in the case of a patient who has been transferred from an A&E department / MIU, walk-in patients and where the patient was given information only by the call handler)

This is the number of patients that did not have a definitive clinical assessment undertaken by an Out of Hours clinician. This could include, for example, a patient who was transferred from an A&E department or an MIU prior to attending a Primary Care Centre (PCC), a walk-in patient or where a patient has received information only by the call handler and the call was closed.

3. Of the total number of patient contacts recorded on Adastra, how many were given the case type of:

This provides a high level summary of the case types on Adastra and looks at the number of patients who were given the following case types:

- *Home visit required*
- *Primary Care Centre (PCC) appointment required*
- *Clinical advice only given - this is for patients who were only given clinical advise and nothing else (i.e. if, for example, a patient was given clinical advice as part of their PCC appointment then that patient would not be included).*
- *Non-clinical advice only given by the call handler and the call was closed - this is where the call handler has given the patient information only and the call was closed (i.e. no definitive clinical assessment took place)*
- *other - any other case types not specified above*

3 - Outcome. Of the patient contacts recorded on Adastra that were given a case type of 'clinical advice only given' how many patients

This provides a high level summary of the outcomes of patients that were given a case type of 'clinical advice given' as follows:

- *Patient received a telephone assessment only and the call was closed (e.g. if information only was provided, patient was now better etc.) - where the patient is referred back to their GP, but does not need to be seen within the next 24 hours, should also be captured here;*
- *Patient was referred to WAST - for life-threatening conditions only i.e. 999 calls;*
- *Patient was referred to their GP for an appointment within the next 24 hours. Patients who were referred back to their GP but do not need to be seen within 24 hours should be captured within 'Received a telephone assessment only and the call was closed';*
- *Patient was referred to or advised to attend an Emergency Department or Minor Injury Unit;*
- *Patient was referred for a direct assessment or inpatient admission for further clinical assessment;*

- *Patient was referred to a district nurse;*
- *Patient was referred for a dental appointment - includes emergency dental hospital appointment, own dentist appointment etc.; and*
- *Other - any other outcome not specified above. Please include details of the specific outcomes included in 'Other' on the 'Supporting Information' tab for the specific indicator.*

Any local outcomes will need to be mapped to these high level outcomes to enable an all Wales comparison to be made.

4. Total number of patients who were referred to or remained in a Primary Care Centre (PCC) following their definitive clinical assessment / face to face triage (in the case of walk-in patients)

This is the total number of patients who were referred to or remained in a Primary Care Centre (PCC) following their definitive clinical assessment / face to face triage (in the case of walk-in patients). This is automatically calculated in the pro-forma and will be the sum of the number of patients referred to or remained in a PCC following their definitive assessment and were prioritised as:

- *very urgent (4a)*
- *urgent (4b)*
- *less urgent (4c)*
- *patients who were not prioritised (4d).*

4a) Of the total number of patients who were referred to or remained in a Primary Care Centre (PCC) following either:

- their definitive clinical assessment; or
- face to face triage (in the case of walk-in patients), how many were prioritised as very urgent and seen

This is the total number of patients who were referred to or remained in a Primary Care Centre (PCC) and were prioritised as very urgent following their definitive clinical assessment / face to face triage (in the case of walk-in patients). The number of very urgent patients referred to or remained in a PCC should be split as follows:

- *seen in 60 minutes (1 hour) or less following the completion of definitive clinical assessment / face to face triage; and*
- *seen after 60 minutes (1 hour) following the completion of definitive clinical assessment / face to face triage.*

The prioritisation level of urgency will be determined by clinical judgement.

4b) Of the total number of patients who were referred to or remained in a Primary Care Centre (PCC) following either:

- their definitive clinical assessment; or
- face to face triage (in the case of walk-in patients), how many were prioritised as urgent and seen

This is the total number of patients who were referred to or remained in a Primary Care Centre (PCC) and were prioritised as urgent following their definitive clinical assessment / face to face triage (in the case of walk-in patients). The number of urgent patients referred to or remained in a PCC should be split as follows:

- *seen in 120 minutes (2 hours) or less following the completion of definitive clinical assessment / face to face triage; and*

- *seen after 120 minutes (2 hours) following the completion of definitive clinical assessment / face to face triage.*

The prioritisation level of urgency will be determined by clinical judgement.

4c) Of the total number of patients who were referred to or remained in a Primary Care Centre (PCC) following either:

- their definitive clinical assessment; or
- face to face triage (in the case of walk-in patients), how many were prioritised as less urgent and seen

This is the total number of patients who were referred to or remained in a Primary Care Centre (PCC) and were prioritised as less urgent following their definitive clinical assessment / face to face triage (in the case of walk-in patients). The number of less urgent patients referred to or remained in a PCC should be split as follows:

- *seen in 360 minutes (6 hours) or less following the completion of definitive clinical assessment / face to face triage; and*
- *seen after 360 minutes (6 hours) following the completion of definitive clinical assessment / face to face triage.*

The prioritisation level of urgency will be determined by clinical judgement.

4d) Of the total number of patients who were referred to or remained in a Primary Care Centre (PCC) how many were not prioritised before being seen (due to no definitive clinical assessment being recorded on Adastra) or were not seen (due to the patient not attending or cancelling their appointment)

This is the total number of patients who were referred to or remained in a Primary Care Centre (PCC) but were not prioritised before being seen because of, for example, the patient did not have a definitive clinical assessment recorded on Adastra. It also includes those patients who were not seen because, for example, they did not attend or cancelled their appointment.

4 – Outcome. Of the total number of patients who were referred to or remained in a Primary Care Centre (PCC), what was the final/definitive outcome for the patient:

This provides a high level summary of the final outcome of patients following their attendance at a Primary Care Centre (PCC) as follows:

- *Patient did not attend the Primary Care Centre (PCC) appointment or left the PCC before the appointment took place;*
- *Patient was treated and discharged;*
- *Patient was referred to WAST - for life-threatening conditions only i.e. 999 calls;*
- *Patient was referred to their GP for an appointment within the next 24 hours. Patients who were referred back to their GP but do not need to be seen within 24 hours should be captured within 'Treated and Discharged';*
- *Patient was referred to or advised to attend an Emergency Department or Minor Injury Unit;*
- *Patient was referred for a direct assessment or inpatient admission for further clinical assessment; and*
- *Other - any other outcome not specified above. Please include details of the specific outcomes included in 'Other' on the 'Supporting Information' tab for the specific indicator.*

Any local outcomes will need to be mapped to these high level outcomes to enable an all Wales comparison to be made.

All patients who have had a definitive clinical assessment undertaken (whether with an Out of Hours clinician or another clinician) should be included in these counts as well as those patients who just received an face to face triage (e.g. in the case of walk-ins).

5. Total number of patients who required a home visit following their definitive clinical assessment.

This is the total number of patients who required a home visit following their definitive clinical assessment. This is automatically calculated in the pro-forma and will be the sum of the number of patients who required a home visit following their definitive assessment and were prioritised as:

- *very urgent (5a)*
- *urgent (5b)*
- *less urgent (5c)*
- *patients who were not prioritised (5d).*

5a) Of the total number of patients who required a home visit following their definitive clinical assessment, how many were prioritised as very urgent and seen

This is the total number of patients who required a home visit and were prioritised as very urgent following their definitive clinical assessment. The number of very urgent patients who required a home visit should be split as follows:

- *in 60 minutes (1 hour) or less following the completion of definitive clinical assessment; and*
- *after 60 minutes (1 hour) following the completion of definitive clinical assessment.*

The prioritisation level of urgency will be determined by clinical judgement.

5b) Of the total number of patients who required a home visit following their definitive clinical assessment, how many were prioritised as urgent and seen

This is the total number of patients who required a home visit and were prioritised as urgent following their definitive clinical assessment. The number of urgent patients who required a home visit should be split as follows:

- *in 120 minutes (2 hours) or less following the completion of definitive clinical assessment; and*
- *after 120 minutes (2 hours) following the completion of definitive clinical assessment.*

The prioritisation level of urgency will be determined by clinical judgement.

5c) Of the total number of patients who required a home visit following their definitive clinical assessment, how many were prioritised as less urgent and seen

This is the total number of patients who required a home visit and were prioritised as less urgent following their definitive clinical assessment. The number of less urgent patients who required a home visit should be split as follows:

- *in 360 minutes (6 hours) or less following the completion of definitive clinical assessment; and*

- *after 360 minutes (6 hours) following the completion of definitive clinical assessment.*

The prioritisation level of urgency will be determined by clinical judgement.

5d) Of the total number of patients who required a home visit following their definitive clinical assessment, how many were prioritised before their home visit or were not seen

This is the total number of patients who required a home visit but were not prioritised before their home visit because of, for example, the patient did not have a definitive clinical assessment recorded on Adastra. It also includes those patients who were not seen because, for example, they were not at home or cancelled their home visit.

5 – Outcome. Of the total number of patients who required a home visit, what was the final/definitive outcome for the patient

This provides a high level summary of the final outcome of patients following their home visit as follows:

- *Patient was not at location when home visit was made;*
- *Patient was treated and discharged;*
- *Patient was referred to WAST - for life-threatening conditions only i.e. 999 calls;*
- *Patient was referred to their GP for an appointment within the next 24 hours. Patients who were referred back to their GP but do not need to be seen within 24 hours should be captured within 'Treated and Discharged';*
- *Patient was referred to or advised to attend an Emergency Department or Minor Injury Unit;*
- *Patient was referred for a direct assessment or inpatient admission for further clinical assessment;*
- *Patient died / death verification - after the patient had had a definitive clinical assessment but before the home visit had occurred or if a home visit is required for death verification; and*
- *Other - any other outcome not specified above. Please include details of the specific outcomes included in 'Other' on the 'Supporting Information' tab for the specific indicator.*

Any local outcomes will need to be mapped to these high level outcomes to enable an all Wales comparison to be made.

d) New Terms

Out of Hours Service

A service which meets the needs of individuals with urgent primary care needs that cannot wait until the next available in-hours appointment, and provides information, advice and treatment with referral to other services where necessary. The out of hours period is overnight 6.30pm to 8.am on weekdays and 24 hours at weekends and bank holidays.

All health boards use Adastra, a clinical patient management system, to measure and analyse the patient journey in the out of hours care setting, although all health boards have a different configuration for analysis.

Primary Care Centre

Location where out of hours patients are seen for face to face consultations, usually by appointment.