

WELSH INFORMATION STANDARDS BOARD

DSC Notice:	DSCN 2018 / 03
Date of Issue:	4 th June 2018

Welsh Health Circular / Official Letter:	Subject: Consolidation of the Informational Outcomes for Out of Hours (OOH) services
Sponsor: Heather Giles, Policy lead for urgent care and OOH services, HSSG, Welsh Government	
Implementation Date: 1st April 2018	

DATA STANDARD CHANGE NOTICE

A Data Standard 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 21st February 2018

WISB Reference: ISRN 2017 / 010

Summary:

This new Standard regulates the informational outcomes made available within the ADASTRA system to ensure that all health boards in Wales are using the same list. This will provide greater continuity of data across the seven health boards in Wales that currently use ADASTRA to submit data on their Out of Hours (OOH) services.

Applies to:

All seven health boards in Wales.

Please address enquiries about this Data Standard 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 STANDARD CHANGE NOTICE

Introduction

As part of a 5-year plan, NHS Wales is in the process of adopting 111 Services to replace existing GP Out of Hours services across Wales by 2020-21. As well as changing the way that OOH services operate, a new electronic system is being procured to capture information for use both in the direct care of patients as well as in performance monitoring and service improvement.

In preparation for these forthcoming changes, a workstream was established with the aim of standardising the capture of OOH information where this was possible without significant development to the existing ADASTRAs electronic system. As a result, it was identified that significant improvements could be made in the area of informational outcomes. These describe what was understood as the next course of action following completion of the contact with the OOH service, for example, signposting the patient to another service, or a more formal referral.

This Standard defines a consolidated list of the informational outcomes available for selection within the ADASTRAs OOH System to confer an outcome descriptor for patients following completion of their OOH contact.

This is the first step in standardising OOH information across Wales, ahead of the anticipated new system procurement.

Scope

The scope of this Standard is to mandate a defined national list of informational outcomes for use in the ADASTRAs system across all OOH services in NHS Wales. This list is defined in the Information Specification section below.

Note – Only primary and secondary outcomes can be recorded, and these are what will be used in reporting. However, a free text field will be available on Adastra where additional information can be recorded for future reference.

Actions

For external supplier:

- Update the national list of informational outcomes within the ADASTRAs system.

For health boards:

- Update local processes to incorporate the use of the national list of informational outcomes

For Welsh Government

- Ensure that the OOH reporting proforma and associated guidance documentation are updated to incorporate the national list of informational outcomes.

Information Specification

The table below defines the list of national informational outcomes for selection in the ADASTRA system. These describe the onward care or advice provided following the end of the contact, i.e. after the final telephone call, PCC attendance or home visit.

Primary Outcome	Definition	Secondary Outcomes
Advised to contact General Practice	Following assessment by a clinician (telephone/face to face), a patient is advised to contact their own General Practice, is provided with worsening advice and details of how to re-contact the service, and/or is advised to contact their own General Practice for further follow up care or treatment. No formal referral is made to the GP by the GPOOH service	<ul style="list-style-type: none"> • Urgent - Next Day • Routine - 7 +/- days
Referred to Social Services	This outcome should be used when there is a formal handover of care to Social Services, who need to act on the referral. However, in some circumstances, the patient may be advised to contact Social Services directly if they are already in contact with them.	<ul style="list-style-type: none"> • Safeguarding Referral (Adult & Child) • Contact Emergency Duty Social worker • Mental health section assessment • Advised to contact usual professional • Mental Health Referral

Referral to Secondary Care	Patient is referred directly by a clinician to secondary care for further assessment with a handover of clinical information. This could include direct pathways into specialties (eg. ambulatory care) or through hospital bed management processes	<ul style="list-style-type: none"> • SC - General Medicine • SC - Paediatrics • SC - Gastroenterology • SC - Cardiology • SC - Palliative Medicine • SC - General Surgery • SC - Urology • SC - T&O • SC - ENT • SC - Ophthalmology • Mental health section assessment • SC - Oral Surgery • SC - A&E • SC - Obstetrics • SC - Gynae • Adult Mental Illness • Child & Adolescent Psychiatry • SC - Old Age Psychiatry
Advised to attend ED/MIU	Patient is advised to attend an Emergency Department or Minor Injury Unit using their own transport.	<ul style="list-style-type: none"> • Emergency Department • Minor Injury Unit
Referred to 999	The patient is directed to the 999 service including streamed calls at the call taking stage, and/or assessment by a clinician into the Emergency Medical Service either through a 999 call or via a health professional line.	<ul style="list-style-type: none"> • Immediately life threatening • Further assessment/assistance with conveyance
Advised to contact another Health Professional	Following prioritisation and/or assessment by a clinician (telephone/face to face) a patient is advised to contact another health professional for further follow up care or treatment and provided with worsening advice during the period when their usual service may be closed	<ul style="list-style-type: none"> • Physiotherapist • Optometrist (Opticians) • General Dental Practitioner • Health Visitor • Hospice Services • Community Pharmacist • Specialist Nursing Services • Community Nursing Services • Midwife • Public Health • Other
Self Care	Patient is provided with self care advice and advised to re-contact if necessary	<ul style="list-style-type: none"> • Prescription issued • No prescription issued

Death	Covers all reported deaths into the service.	<ul style="list-style-type: none"> • Expected - verified by GP • Expected - verified by other professional • Unexpected - verified GP - reported to police • Unexpected - verified HCP - reported to police • Unexpected - reported directly to the police
Dental	Patients who are directly booked, or referred into an Emergency Dental Clinic or referred to an in hours access sessions (this outcome will predominantly be used in 111 service to direct patients away from the GPOOH service)	<ul style="list-style-type: none"> • Referred/booked into emergency dental clinic • Advised to contact own/ a dentist • Triage and referred to health board
Administration	Category used to close calls that do not require clinical intervention (for example, changes in demographic details, callers re-accessing the service)	<ul style="list-style-type: none"> • Duplicate Call • Other
Failed Contact	Unable to contact patient in line with local policy.	<ul style="list-style-type: none"> • No answer - no voice mail • No answer - voice mail left to call service again if required • Number unobtainable • Self referral to 999 • Self referral to ED/ MIU • DNA PCC • HV - Not at address • Did not wait (PCC) • HV - Unable to gain access
Health Information/Quick Call	Patients who are provided with health information (either at the call taking stage or referral to the Health Information service) - this will predominantly be used in the 111 service	
Referral to Mental Health Team	This outcome should be used only when there is a formal handover of care to local mental health services, including urgent and routine care, who need to act on the referral	<ul style="list-style-type: none"> • Crisis Team (urgent referral) • Adult Mental Illness • Mental health section assessment • Child & Adolescent Psychiatry • SC - Old Age Psychiatry • CPN

Referred to a General Practitioner (handover of care)	This outcome should be used only when there is a formal handover of to a General Practitioner who needs to act on the referral	
Referred to another Health Professional	This outcome should be used only when there is a formal handover of care to another professional who needs to act on the referral.	<ul style="list-style-type: none"> • Physiotherapist • Optometrist (Opticians) • General Dental Practitioner • Health Visitor • Hospice Services • Community Pharmacist • Specialist Nursing Services • Community Nursing Services • Midwife • Public Health • Other