WELSH INFORMATION STANDARDS BOARD

DSC Notice:	DSCN 2020 / 23
Date of Issue:	15th October 2020

Ministerial / Official Letter: N/A	**Subject:** Eye Care Prioritisation Measures (AMD)
Sponsor: Olivia Shorrocks, Head of Major Conditions (Performance), Welsh Government	
Implementation Date: November 2020 submission (October 2020 data)	

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 18th June 2020.

WISB Reference: ISRN 2019 / 015

Summary:

To amend the scope reporting standard that supports waiting list management for eye care patients (DSCN 2018 / 07 (AMD)).

Data sets / returns affected:

Eye Care Prioritisation Measure (DSCN 2018 / 07).

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

Poor eye health is a common and growing issue. Concerns raised by clinicians and the Third Sector, and work conducted by a dedicated task and finish group, highlighted a need to redefine the way ophthalmology manages both new and follow up patients in order to reduce the risk of harm or adverse outcome from the patient not being seen in a clinically appropriate timeframe.

Description of Change

To amend the ophthalmology[1] outcome measures as described in the Information Specification below. These changes will provide the information required to evaluate against targets set by Welsh Government as referenced in the original proposal.

Data Dictionary Version

Where applicable, this DSCN reflects changes introduced by DSCN and/or DDCN since the release of version 4.9 of the NHS Wales Data Dictionary.

The changes introduced by such DSCNs will be published in version 4.10 of the NHS Wales Data Dictionary.

Actions Required

Local Health Boards / Trusts:

- Ensure that local processes and system updates are in place to meet the updated reporting requirements as described in this DSCN.

NWIS:

- Develop and deliver the functionality necessary to enable the implementation of the new eye care measures in WPAS.
- Ensure that VAS is updated to allow the new Personalised Target value in Priority Type.

Welsh Government Delivery & Performance Division:

- Make available the updated pro forma as described in the Information Specification below.
- On an annual basis, make the form for Eye Care Outcome Measures Reporting Data Collection available to health boards to complete, and notify them of the deadline for the submission of data.

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[1] This refers to all outpatient ophthalmology (new and follow up). Relevant team members can be a consultant, nurse, orthoptist, optometrist and the setting can be in secondary care, primary care or within the community, including ODTCs.

Information Specification

Health boards will be required to produce a combined waiting list view of all patients (new and follow up) in ophthalmic services with their clinical prioritisation. They will need to book patients from this combined list in line with their target review date and health risk factor.

In order to meet this requirement, some new concepts have been defined. These will enhance information already collected for ophthalmology patients. These concepts **only apply to the Ophthalmology specialty.** This includes a change to the existing Data Item *Priority Type (New Patient).*

Alongside the new prioritisation process, health boards are required to provide monthly data on waiting times measures, broken down by Health Risk Factor.

An explanation of the aforementioned concepts, definitions and user guidelines for the new measures and the amendment to Data Item *Priority Type (New Patient)* are presented in **Appendix B.**

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
Aggregate Proforma	Eye Care Prioritisation Measures	Changed	6
Data Item	Priority Type (New Patient)	Changed	12

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.

Eye Care Prioritisation Measures Reporting

Guidelines and Return Submission Details

Health boards to provide one completed template per month including both waiting times and activity data as per the proforma.

The information required relates to all new and follow up ophthalmology patients who are waiting for an outpatient appointment.

Health boards are required to report on the 10th working day of the month following the last day of the previous month (dates provided on the Definitions and Guidance sheet of the pro forma) and submit to the Welsh Government Delivery & Performance Division:

HSS.Performance@gov.wales

The latest version of each form is available on the Welsh Government's Performance Management Website:

http://howis.wales.nhs.uk/sitesplus/407/home

Any further queries regarding the data collection forms should be directed to the Delivery & Performance Division, Welsh Government, on 03000 258871, or e-mail via HSS.Performance@gov.wales.

Information Requirements from February 2019 (January 2019 data)~~September 2018~~ **Onwards**

Definitions: General

Term	Definition
Scope	• Exclude Pre-op appointments from reporting on an open pathway. Include Pre-op appointments attended as reflects activity undertaken. • A separate workstream is currently developing best practice for SOS/PIFU. Handling of SOS/PIFU to remain as is for ECM reporting, acknowledging that there may be inconsistency across health board areas given that WPAS reporting includes such activity where See on Symptom records have a Target Date assigned. • Include Walk ins to Emergency Clinics where the result of the walk in has led to a subsequent referral, from an Open Pathway. Include Walk ins to Emergency Clinics appointments attended in reporting as reflects activity undertaken. • Exclude Private patients from reporting on an Open Pathway. Include Private patients' appointments attended as reflects activity undertaken. • Exclude Ophthalmology day cases and inpatients from reporting on an open pathway as Eye Care prioritisation applies to outpatient referrals only. Exclude Ophthalmology day cases and inpatients appointments attended as Eye Care prioritisation applies to outpatient activity only.
Health Risk Factor	Assigned by the clinician, this categorises the risk to the patient's eyesight if the Target Date is not met. It has three codes (R1, R2 and R3). This, along with Invite Priority, is used to calculate a Weighted Priority Factor for use in the management of waiting lists. **R1**: Risk of irreversible harm or significant patient adverse outcome if target date is missed. **R2**: Risk of reversible harm or adverse outcome if target date is missed **R3**: No risk of significant harm or adverse outcome **No Allocated HRF**: A Health Risk Factor has not yet been allocated. As Health Risk Factor is a mandatory field within this solution it is anticipated that data will be minimal within this measure.
Invite Priority	Created to support waiting list management, this has values of 1 – Late – needs to be seen – must book 2 – Late but within 20% of Target date - book 3 – Ideal - book 4 – Early but acceptable to be booked

	5 – Too early – do not book
Percentage Overrun	This is a calculation to provide guidance to a user as to the sequencing and order in which to see the patient.
Priority Type (New Patients)	Routine (Code 1) and Urgent (Code 2) will be deprecated for the **Ophthalmology specialty** where the new clinical prioritisation process has been applied. In such cases, Codes 1 and 2 will be replaced with Personalised Target (Code 4). **Note:** Codes remain unchanged for Data Item *Referrer Priority Type*
Target Date	The date on which the appointment (new or follow up) should occur.

Definitions: Outcome Measures

Open Pathways	
Outcome Measure	**Definition**
Total number of pathways without a target date allocated waiting at the end of the month (end of month snapshot)	This is the number of pathways (new or follow up) without a Target Date at the end of the data month. As Target Date is a mandatory field within this solution it is anticipated that there will be minimal data within this measure.
Total number of pathways within ~~not yet at~~ target date at the end of the month (end of month census snapshot)	This is the number of pathways (new or follow up) not beyond target date at the end of the data month and therefore includes pathways at target date.

Total number of pathways beyond target date (end of month census snapshot) - split by %	This is the number of new or follow up patients who are waiting beyond their target date at the end of the data month, split by the wait beyond that target date.

	This measure also includes hospital cancellations, CNAs and DNAs where these are still categorised as waiting according to RTT rules. This additional wait is calculated as a percentage. For each pathway, the method for calculating the percentage wait beyond the target date can be described as follows:
	
	If: Census Date = A
	           Target Date = B
	           Original Outpatient Attendance or Referral Date = C
	
	Then:
	
	$$\left(\left(\left(\frac{A-C}{B-C}\right)\times 100\right)-100\right)\%$$
	
	For example:
	If: Census Date = 15th December 2018
	           Original Outpatient Attendance = 1st November 2018
	           Target Date = 1st December 2018
	Then:
	
	$$\left(\left(\left(\frac{45\ days}{30\ days}\right)x\ 100\right)-100\right)=50\%\ BTD$$
	
	Note: No deductions should be made to the percentage reported based on any other existing guidance.

Total number of open pathways on the combined waiting list at the end of the month (end of month census snapshot)	This is the total number of open pathways (new or follow up) at the end of the data month. This is an automatic calculation summing column D (Total number of pathways within ~~not yet at~~ target date) and column I (Total number of pathways beyond target date).

Appointments Attended	
Outcome Measure	**Definition**
Total number of appointments attended during the month - ~~split by at/within target date and beyond target date~~ **split by no allocated target date, within target date and beyond target date (monthly count) split by %**	This is the total number of appointments (for new or follow up patients) where the patient was seen by the relevant member of the clinical team during the month and who were either at/within their clinically advised target date or beyond their target date, split by the wait beyond that date. The relevant team member can be a consultant, nurse, orthoptist, optometrist and the setting can be in secondary care, primary care or within the community, including ODTCs.

With No Allocated Target Date provides a count of appointments attended during the data month where those patients had not been allocated a Target Date. As Target Date is a mandatory field within this solution it is anticipated that there will be minimal data within this measure.

~~At/~~Within Target Date provides a count of appointments attended during the data month where that appointment was at or within target date. This is the actual target date and does not include any permitted tolerances.

Beyond Target Date provides a count of appointments attended during the data month where that appointment was beyond target date. This is the actual target date and does not include any permitted tolerances. For each appointment attended, the method for calculating the percentage wait beyond the target date can be described as follows:

For example:
New Activity
If: A = Target Date (Taken from initial referral)
    B = Seen Date (Taken from treatment)
    C = Referral Date (Taken from referral)
Then:

$$\left(\left(\frac{A - B}{C - A} \right) * 100 \right)$$

Follow-up Activity
If: A = Target Date (Taken from previous treatment)
    B = Seen Date (Taken from current treatment)
    C = Previous Seen Date (Taken from previous treatment) |

	Then:
	$$\left(\left(\frac{A-B}{C-A}\right) * 100\right)$$
	Total is a sum of all patients seen within the data month i.e. With No Allocated Target Date + ~~At/~~Within Target Date + Beyond Target Dates
Number of appointments where patients cancelled or declined - originally within the target date and total	A count that is included for context. For all new or follow up patients who attended appointments beyond their target date at the end of the data month, this highlights the count of those where the patient had accepted a reasonable offer that was within TD but subsequently the patient DNA or CNA. As this is an activity measure, this reflects number of appointments cancelled or declined as opposed to number of patients. Definitions for CNA are as per RTT Rules
Total number of appointments where patients cancelled or declined	As this is an activity measure, this reflects number of appointments cancelled or declined as opposed to number of patients. Definitions for CNA are as per RTT Rules

Total number of appointments where patients did not attend	As this is an activity measure, this reflects number of appointments where patients did not attend as opposed to number of patients. Definitions for DNA are as per RTT Rules. **Note** - The measures recorded for Total number of appointments where patients cancelled or declined and Total number of appointments where patients did not attend do not include all scenarios where the appointment agreed has not been met e.g. where the patient is deceased, where the hospital has cancelled the appointment etc.; consequently, the total of these two measures are not representative of all non activity

Definitions: Data Item (from September 2018 onwards)

Priority Type (New Patients)

Change History	
DDCN 2014 / 04	Priority Type (New Patients)
DSCN 2012 / 11	Elective Admission List Data Set (EAL Ds)
DSCN 2010 / 06	Outpatient Activity Minimum Data Set (OP MDS) Data Validity Standards
DSCN (2006) 02 (W)	This change is to clarify the definition of the data item 'Priority Type' in the NHS Wales Data Dictionary and to instruct the Trusts to place 'soon' priorities into the 'urgent' category.

This data item is / was included in the following data sets / collections between the dates shown:

Data Set / Collection	Valid From	Valid To
EAL ds	1st April 1999	21st November 2012
OP ds	1st April 1999	

This is the priority of a request for services and is to be recorded for new attendances only, that is, where 'Attendance Category'= 1. In the case of services to be provided by a Consultant, it is as assessed by or on behalf of the Consultant.

For a Follow Up Attendance or a Pre-Operative Assessment Attendance, Priority Type must be blank.

Note: Priority Type can be defined more precisely if this is needed for local purposes, as long as the classifications can be mapped back to the national ones. Appointments which have been classified as 'soon' locally must be defined as 'Urgent' in the datasets. This excludes **Ophthalmology specialty** (where the new clinical prioritisation process has been applied.)

Format: 1 digit numeric

Value	Meaning	Valid From	Valid To
1	Routine	1st April 1999	
2	Urgent	1st April 1999	
Ophthalmology specialty (where the new clinical prioritisation process has been applied)			
4	Personalised Target	1st September 2018	