



# WELSH INFORMATION STANDARDS BOARD

<b>DSC Notice:</b>	DSCN 2022 / 56
Date of Issue:	22nd December 2022

Welsh Health Circular/Official Letter:	Subject: My Planned Care Platform
None	
<b>Sponsor:</b> Lesley Law, Delivery & Performance	
Division, Welsh Government	
Implementation Date:	
1 <sup>st</sup> November 2022	
Implementation Date:	

### **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 **Thursday 20<sup>th</sup> October 2022**.

WISB Reference: ISRN 2022/024

### **Summary:**

An overview of the data and methodology used to update the patient facing My Planned Care Platform.

### Data sets / returns affected:

N/A

Please address enquiries about this Data Standards Change Notice to the Data Standards
Team in Digital Health and Care Wales

E-mail: data.standards@wales.nhs.uk / Tel: 02920502539

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:

https://nhswales365.sharepoint.com/sites/DHC\_DST/Lists/Information%20Standards%20Ass urance%20Submission%20Log/AllItems.aspx

#### **DATA STANDARDS CHANGE NOTICE**

### **Introduction**

As part of the Welsh Government Planned Care recovery, the following 7 key priorities have been identified to focus on over the next 4 years:

- Transformation of Outpatients
- o Patient prioritisation to minimise health inequalities
- o People with long waiting time for first Outpatient appointments and treatment
- o Provision of appropriate information and support to people
- o Prioritisation of diagnostic services
- o Focus on early diagnosis and treatment of suspected cancer patients
- Build sustainable planned care capacity

The plan makes 4 commitments to support people to access the advice and services they need in a timely manner. One of these commitments is to provide better information and support to people, especially those waiting for treatment.

With that in mind, WG requested the creation of the 'My Planned Care' platform under the 111 website which provides patients with the following information:

- Typical wait time to first Outpatient appointment
- Typical wait time to treatment
- o Material and resources to promote self-management in between appointments

The idea of this website is to provide patients with an indicator of their typical wait times broken down by speciality and Health Board. The information used will be collated and calculated using the aggregate RTT dataset monthly. WG already use the RTT data to publish the same information onto the StatsWales website.

It should be noted that NHS Digital also recently released a similar platform which shares the same information.

### Description of Change

This document notes the data sharing process and methodology used to calculate the typical wait times being published on the website.

### **Data Dictionary Version**

Where applicable, this DSCN reflects changes introduced by DSCN and/or DDCN since the release of version 4.16 of the NHS Wales Data Dictionary.

The changes introduced by such DSCNs will be published in version 4.17 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 reporting requirements as described in the RTT DSCN.

# Digital Health and Care Wales (DHCW):

- On a monthly basis, run wait time calculations on the RTT dataset based on the agreed methodology. Send this information over to WAST to update on 111 website.
- Any changes to the RTT dataset, to be reflected in this process to ensure published wait times are accurate.

### Welsh Ambulance Service NHS Trust (WAST):

• On a monthly basis, update the 'My Planned Care' platform using the data provided by DHCW.

# 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 Aggregate Data Collections	Referral to Treatment Times (Combined)	N/A	5
Methodology	My Planned Care Platform	New	6

# <u>Appendix B</u>: 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.

## **Referral to Treatment Times (Combined)**

#### **Return Submission Details**

Field Order	Format
Data Reference	2 alpha characters
Return Date	ccyymmdd
Organisation Code (LHB Area of Residence)	3 alpha numeric characters
Organisation Code (Code of Provider)	3 alpha numeric characters
Referring Organisation Code	3 alpha-numeric characters
Treatment Function Code	3 digit numeric
Local Sub Specialty Code	3 digit numeric
Stage of Pathway	1 digit numeric
Weeks Wait	Alpha Numeric
Count	Numeric
Age Group at Referral	2 character alpha numeric

All returns are to be sent in the form of a comma separated text file (csv format). There will be no header record.

The return should be named as:

xxxmmmyy.csv

where:

xxx = the Local Health Board / Trust code.

mmm = first three letters of the month to which the data relates, e.g. Apr for the submission of data relating to waiting times at end April.

yy = last 2 digits of the year.

Each file may contain RTT data relating to one month only – i.e. contain data relating to one return (or census) date only. Resubmissions are routinely permissible for the month proceeding the current reporting month only and should be submitted separately.

The return should be sent via the secure upload mechanism located on the NHS Wales Data Switching Service (NWDSS) – <a href="http://nwdss.hsw.wales.nhs.uk/">http://nwdss.hsw.wales.nhs.uk/</a> (NHS Wales Users Only)

Returns should be submitted monthly and signed off in the NHS Wales Data Switching Service by Local Health Boards / Trusts by 17:00 on the 10<sup>th</sup> working day of the month.

The 26 week Referral to Treatment Time target is applicable to Welsh residents only. Therefore, there is no requirement to submit Referral to Treatment Times for English patients being treated (or waiting for treatment) in Welsh LHBs.

Where LHBs / Trusts provide specialty services for which there are no waits to report, they are not required to include a count for that specialty. However, if the Local Health Board / Trust provides a zero open or closed pathway count for any specialty, the Organisation Code (Code of Provider), Treatment Function Code and Local Sub Specialty Code fields should be populated as normal and:

- CP or OP may be submitted in the Data Reference field, depending on the data reference where the zero count is applicable;
- X98 should be submitted in the Organisation Code (LHB of Residence) field;
- X98 should be submitted in the Referring Organisation Code field;
- A '9' should be submitted in the Stage of Pathway field;
- A zero should be submitted in the zero Weeks Wait time band;
- A zero should be submitted in the Count field.

### **My Planned Care Platform**

Upon receipt of each monthly Health Board submission of the above aggregate RTT dataset, Digital Health and Care Wales (DHCW) will derive the 50<sup>th</sup> and 90<sup>th</sup> percentile wait time estimates for first outpatient appointments and time to treatment from the point of referral.

### Definition and calculation of 50th and 90th percentiles

A percentile is a measure used in statistics to indicate the value below, or at, which a chosen percentage of observations fall.

The 50th percentile (known as the median) is the point at which 50% of pathway waits are above and 50% are below. In the context of RTT, if the 50th percentile is 23 weeks then 50% of pathway waits are less than 23 weeks and 50% are 23 weeks or more.

The 90th percentile is the point at which 90% of pathway waits are up to or below and 10% are above. In the context of RTT, if the 90th percentile is 38 weeks then 90% of pathway waits are less than 38 weeks and 10% are 38 weeks or more.

The RTT dataset is an aggregate data collection, meaning data are grouped into whole weeks waiting (e.g. 3 weeks, 4 weeks etc). For grouped data, percentiles can only be calculated to the weeks wait group the value falls within. Consequently, a percentile of the aggregate RTT dataset alone does not tell us how far into the week the true percentile value lies.

The technique of interpolation, leading to an interpolated percentile, provides a more accurate and meaningful measurement than the percentile group alone.

## **Publishing of Data**

DHCW will provide Welsh Ambulance Service Trust (WAST) with data so this can then be published onto the 111 website under the My Planned Care Platform.

Before the data is published WAST will exclude any specialties which have fewer than 200 pathways. This is because smaller samples give less stable, and therefore less meaningful, percentile estimates. Welsh Government statisticians have investigated and advised on the appropriate level of suppression.

### **Examples:**

The below are examples of how the data will be described on the website.

### 50<sup>th</sup> percentile:

Median waiting time for first outpatient appointment by specialty	23 weeks
Median waiting time for referral to treatment by specialty	32 weeks

### 90<sup>th</sup> percentile:

10% of people waiting for Neurology at Powys Health Board are waiting for at least 65 weeks for a first outpatient appointment.

10% of people waiting for Neurology at Powys Health Board are waiting for at least 140 weeks from referral to treatment.