

WELSH INFORMATION STANDARDS BOARD

DSC Notice:	DSCN 2024 / 10
Date of Issue:	23 rd April 2024

<p>Welsh Health Circular/Official Letter: None</p> <p>Sponsor: Lesley Law, Delivery & Performance Division, Welsh Government</p> <p>Implementation Date: 1st April 2024</p>	<p>Subject: Recording Group Activity (Clinics and Consultations) – Retirement</p>
<p>DATA STANDARDS CHANGE NOTICE</p> <p>A Data Standards Change Notice (DSCN) is an information mandate for a new or revised information standard.</p> <p>This DSCN was approved by the Welsh Information Standards Board (WISB) at its meeting on Thursday 21st March 2024.</p> <p>WISB Reference: ISRN 2024 / 004</p>	
<p>Summary: To retire the formal collection of information pertaining to Recording Group Activity (Clinics and Consultations).</p>	
<p>Data sets / returns affected:</p> <p>Retirement of an Aggregate Proforma: Recording Group Activity (Clinics and Consultations) (DSCN 2022 / 55 & DSCN 2021 / 22)</p>	
<p>Please address enquiries about this Data Standards Change Notice to the Data Standards Team in Digital Health and Care Wales</p> <p>E-mail: data.standards@wales.nhs.uk / Tel: 02920502539</p>	
<p>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:</p> <p>https://nhs.wales365.sharepoint.com/sites/DHC_DST/Lists/Information%20Standards%20Assurance%20Submission%20Log/AllItems.aspx</p>	

DATA STANDARDS CHANGE NOTICE

Introduction

The traditional model for delivering services couldn't keep pace with the growing demand for new appointments and follow up care. Any delay in the patient's pathway was undesirable and had potential for harm to occur. Implementing alternative ways of delivering outpatient services enabled patients to be seen in a more flexible way and help to address that issue. One such alternative approach to service delivery was the implementation of Group Clinics.

The primary purpose of the Group Clinic programme was to conduct a consultation with more than one patient in a group setting. The clinician would review the patient's condition, and the next step of the patient's pathway would be agreed and actioned, e.g. ordering of additional tests/investigations, prescribing new medication/dosage. If the Group Clinic had not taken place this would have resulted in patients requiring separate individual consultations. As part of the Group Clinic, advice may be shared which helps patients about their condition, how to manage it and what actions need to be taken to maximise their health outcomes, e.g. reduce weight or stop smoking. They may also have received peer support. However, the primary purpose was the consultation.

The purpose of the pro forma mandated through this Standard was to provide a monthly report relating to the Group Clinics delivered (both face-to-face and video formats are included). Only Group Clinics where the responsibility of care is within Secondary Care are included, however the Clinic may be delivered in a secondary, primary or community setting. The quantitative data provided an opportunity to monitor the progress of the model's roll-out and efficient utilisation across Wales. The data collected was also included with qualitative data (patient and clinician feedback) to inform an evaluation of the roll out of Group Clinics across Wales. The qualitative data did not form part of the Standard and was collected in the form of patient feedback following each clinic.

Description of Change

It has been advised by Welsh Government (WG) that there has been a slow uptake by Health Boards with the data collection, with several Health Boards having issues with collecting the information required as part of the DSCN. Only 3 Health Boards are currently regularly providing monthly submissions. However, it has been identified that one of the Health Boards is unable to complete all fields required in the submission document.

Consequently, Welsh Government (WG) colleagues have confirmed that the existing standard should be retired with a view to capturing this work within the Modernised Outpatient work and it will be looked into how this information can be captured going forward within a national dataset.

Data Dictionary Version

Where applicable, this DSCN reflects changes introduced by DSCN and/or DDCN since the release of version 4.20 of the NHS Wales Data Dictionary.

The changes introduced by such DSCNs will be published in version 4.21 of the NHS Wales Data Dictionary.

Actions Required

Local Health Boards / Trust:

- To cease the formal submission of Recording Group Activity (Clincs and Consultations) pro forma to Welsh Government.

Actions for the Welsh Government Delivery & Performance Division:

- To cease the formal reporting of Recording Group Activity (Clincs and Consultations) pro forma.

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	Recording Group Activity (Clinics and Consultations)	Retired	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.

Changes to Aggregate Proforma

Note: Recording Group Activity (Clinics and Consultations) will be moved to the 'Retired Data

Sets and Aggregate Data Collections' section of the Data Dictionary, with the following changes.

Recording Group Activity (Clinics and Consultations) (Retired)

Valid from: 28th October 2012

Valid to: 31st March 2024

Change History	
DSCN 2021 / 22	Recording Group Activity (Clinics and Consultations)
DSCN 2022 / 55 (AMD)	Recording Group Activity (Clinics and Consultations)
DSCN 2024 / 10	Recording Group Activity (Clinics and Consultations) Retirement

[Return Submission Details](#)

[Information Requirements September 2021 onwards](#)

Return Submission Details (Retired)

Health boards to provide one completed template per month and are to report on a provider basis (i.e. for the services they provide as a Health Board) and not on a resident basis (i.e. for the residents of their Health Board).

The information required relates to all GCs (definitions for these are provided below) including both face-to-face and video formats. Only Group Clinics **where the responsibility of care is within Secondary Care are included**, however the Clinic may be delivered in a secondary, primary or community setting.

Health boards are required to report on the 20th working day of the month to include activity carried out in the previous calendar month (specific dates are 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 &

Information Requirements (Retired)

Definitions: General

Term	Definition
<p>Group Clinics (GCs)</p>	<p>The primary purpose of a Group Clinic is to conduct a consultation with more than one patient in a group setting. The clinician reviews the patient’s condition and the next step of the patient’s pathway is agreed and actioned, e.g. ordering of additional tests/investigations, prescribing new medication/dosage. If the Group Clinic had not taken place this would have resulted in patients requiring separate individual consultations. As part of the Group Clinic advice may be shared which helps patients about their condition, how to manage it and what actions need to be taken to maximise their health outcomes, e.g. reduce weight or stop smoking. They may also receive peer support. However, the primary purpose is the consultation. GCs may be delivered face-to-face (F2F GC) or via video (VGC)</p> <p>All activity including Group therapy or group education (including hybrid sessions) to be recorded as GC/VGC activity given that:</p> <ul style="list-style-type: none"> • There is likely to be an element of education in all Group Clinics / Virtual Group Clinics • There is likely to be an element of patient led questioning and interaction in all Educational Group Clinics • It is difficult to quantify how much of each element would be needed to clearly define a session as coming under one of the 2 headings • There is likely to be an element of reviewing the patient’s condition. <p>Group Clinics are not:</p> <p><u>Video Appointments</u> Where one patient, who may be accompanied by carers or family members, is provided with an appointment with a clinician utilising a video platform instead of face-to-face in a clinic or surgery.</p> <p><u>Multi Clinician Consultations</u> Several clinicians consult jointly with one patient who may be accompanied by carers or family members.</p> <p><u>Case Conferences</u> Several professionals coming together with the patient, their carer(s) and family to discuss care or treatment plan.</p> <p><u>Multidisciplinary Team Meetings</u> Clinicians meeting to discuss a number of patients whom they jointly support</p>

	<p>Only GCs where the responsibility of care is within Secondary Care are included, however the Clinic may be delivered in a secondary, primary or community setting.¹</p> <p>1 Noting that all specialities are included where this mode of delivery meets the clinical and wider needs of the patient.</p> <p>IMPORTANT INFORMATION Please refer to the following toolkit which provides information on how GCs/VGCs should be conducted. This link also provides essential information on updating a patients' medical record relating to GCs/VGCs: Video Group Clinic (VGC) Toolkit Digital Health Wales</p>
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Definitions: Measures (Retired)

Measure	Definition
Specialty	Clinical specialty. This pick list holds values from Treatment Function Code and is used to indicate where GCs are being utilised. The selection here is the key to each row of data i.e. when completing the following columns the data should relate to that specialty for the reporting month. The Specialty display both codes and text descriptors
Number of F2F GCs	Number of Face-to-Face Group Clinics (F2F GCs) delivered during the reporting month
Number of VGCs	Number of Video Group Clinics (VGCs) delivered during the reporting month
Total number of GCs delivered	This is derived and equates to the total of Number of F2F GCs plus Number of VGCs
Number of patients HIC for F2F GC	Number of patients booked to attend a F2F GC but the clinic was cancelled by the provider
Number of patients HIC for VGC	Number of patients booked to attend a VGC but the clinic was cancelled by the provider
Total number of HIC for GCs	This is derived and equates to the total of Number of patients HIC for F2F GC plus Number of patients HIC for VGC
Number of patients CNA for F2F GC	Number of patients booked to attend a F2F GC but cancelled their appointment in advance of the clinic
Number of patients CNA for VGC	Number of patients booked to attend a VGC but cancelled their appointment in advance of the clinic.
Total number of CNA for GCs	This is derived and equates to the total of Number of patients CNA for F2F GC plus Number of patients CNA for VGC
Number of patients DNA for F2F GC	Number of patients booked to attend a F2F GC but did not attend and did not cancel their appointment in advance of the clinic.
Number of patients DNA for VGC	Number of patients booked to attend a VGC but did not attend and did not cancel their appointment in advance of the clinic.

Total number of DNA for GCs	This is derived and equates to the total of Number of patients DNA for F2F GC plus Number of patients DNA for VGC
DNA Rate	This is derived and equates to the (Total number of DNA for GCs divided by (Total number of patients attended a GC plus Total number of DNA for GCs)) x 100
Number of patients attended F2F GC	Attendance is classed as those patients who are booked for the F2F GC and attended. This can be for any length of time i.e. the patient does not need to attend for the complete duration of the clinic
Number of patients attended VGC	Attendance is classed as those patients who are booked for the VGC and attended. This can be for any length of time i.e. the patient does not need to attend for the complete duration of the clinic
Total number of patients attended a GC	This is derived and equates to the total of Number of patients attended F2F GC plus Number of patients attended VGC
Average number of patients per GC	Average number of patients who attended a GC (whether F2F GC or VGC). This is derived and equates to Total number of patients attended a GC divided by Total number of GCs delivered