

National Statistics Consultation paper

Proposal 1: to replace aggregate returns with patient level downloads from the HSC Data Warehouse for the quarterly Outpatient Waiting Times publication.

Proposal 2: to collect data for the Outpatient Activity publication at Trust level rather than for each hospital site.

Contents

EXECUTIVE SUMMARY	2
1 Background and Context.....	3
2 National Statistics Obligations	3
3 Outpatient Waiting Times	4
3.1 <i>Current methodology for the production of Outpatient Waiting Times Publication</i>	5
3.2 <i>Rationale for change in methodology to Outpatient Waiting Times</i>	5
3.3 <i>Proposed change in methodology for the production of Outpatient Waiting Times Publication</i>	6
3.4 <i>Impact of change in methodology to Outpatient Waiting Times</i>	7
4 Outpatient Activity	7
4.1 <i>Current methodology for the production of Outpatient Activity Publication</i>	8
4.2 <i>Rationale for change in methodology to Outpatient Activity Publication</i>	9
4.3 <i>Proposed change in methodology for the production of Outpatient Activity Publication</i>	9
4.4 <i>Impact of change in methodology to Outpatient Activity Publication</i>	9
5 Proposal and invitation to respond.....	10
ANNEX: Response Form	11

EXECUTIVE SUMMARY

1. In order to improve the quality of some existing publications, the Department of Health is proposing to change how and what data are collected for the following publications:
 - a. **Northern Ireland Waiting Times Statistics: Outpatient Waiting Times** – Hospital Information Branch (HIB) propose to adopt a new methodology of extracting patient level data relating to the number of patients waiting for a first consultant led outpatient appointment from the HSC Data Warehouse. This would replace the quarterly aggregate returns submitted to HIB by the Health and Social Care (HSC) Trusts.
 - b. **Hospital Activity Statistics: Outpatient Activity** – HIB propose to collect this data at Trust level rather than for each Hospital Site within each Trust. This data is currently provided to HIB by HSC Trusts on a quarterly basis.
2. These publications are designated as National Statistics and are governed by the [Statistics and Registration Service Act 2007](#) and the [Code of Practice for Statistics](#). Within the Code, the Quality pillar has a number of principles. The principle on Sound Methods advises that producers of statistics and data should provide users with advance notice about changes to methods, explaining why the changes are being made.
3. In compliance with the Code of Practice, the Department is informing users of the changes to data collection methods for these National Statistics publications.
4. You are invited to provide feedback on this proposed change (using the template provided in the Annex) by no later than **Friday 6th December 2019**.

1 Background and Context

Information and Analysis Directorate (IAD), within the Department of Health, is responsible for the production and publication of a range of Health and Social Care statistics for Northern Ireland, covering Hospital Activity, Community Services, Public Health, Patient Experience, Family Health Services and Workforce Statistics. These statistics can be accessed from the DoH website at <https://www.health-ni.gov.uk/topics/doh-statistics-and-research>.

As part of the process of managing health and social care in Northern Ireland it is important not only to have reliable and robust data on the performance of the service, but also to understand where future demands and pressures are likely to arise and how best resources can be targeted to address these demands.

2 National Statistics Obligations

The [Outpatient Waiting Times](#) publication is published on a quarterly basis. The [Outpatient Activity](#) publication is published annually. Both publications are designated as National Statistics by the UK Statistics Authority.

National Statistics publications are governed by the Statistics and Registration Service Act 2007 and the UK Statistics Authority [Code of Practice for Statistics](#). These statistics are produced to the highest professional standards set out in the Code of Practice. They undergo regular quality assurance reviews to ensure that they meet user needs. They are produced free from any political interference.

Within the Code, the [Quality](#) pillar has a number of principles including the principle on [Sound Methods](#). In line with this principle, the Department is carrying out this consultation which covers the proposed changes to the Outpatient Waiting Times and Outpatient Activity National Statistics publications.

In addition, these changes have been assessed against the other principles within the Code of Practice and in particular those relating to transparent processes and management, innovation and improvement, relevance to users, and efficiency and proportionality.

3 Outpatient Waiting Times

The primary purpose of this statistical release is to allow users to monitor performance against the Ministerial target for outpatient waiting times in Northern Ireland. The draft 2019/20 Ministerial target for outpatient waiting times requires that:

By March 2020, 50% of patients should wait no longer than nine weeks for a first outpatient appointment; with no patient waiting longer than 52 weeks.

This target applies to those patients waiting for a first outpatient appointment with a consultant (or member of the consultant's team) i.e. a first consultant-led outpatient appointment. This is referred to as a first outpatient appointment in the text below.

Outpatient waiters are defined as patients still waiting for their first outpatient appointment at the end of the quarter, including those who have cancelled or missed a previous appointment. The purpose of an outpatient appointment is to enable a patient to see a consultant, a member of their team or a locum for such a member, in respect of one referral.

Waiting time for a first outpatient appointment begins on the date the HSC Trust receives a referral for a first outpatient appointment and ends on the date a patient attends a first outpatient appointment. Patients who cannot attend (CNA) have their waiting time adjusted to commence on the date they informed the HSC Trust that they could not attend, while patients who do not attend (DNA) have their waiting time adjusted to commence on the date of their DNA.

The 'Northern Ireland Waiting Time Statistics: Outpatient Waiting Times' publication currently provides for the end of the quarter, statistical information, i.e. tables, charts and supporting commentary on:

- the total number of patients waiting for a first outpatient appointment;
- the percentage (and number) waiting over 9 weeks for a first outpatient appointment;
- and
- the number of patients waiting over the target maximum waiting time (currently 52 weeks).

Analysis of performance is provided for the current quarter compared with the previous quarter of the year and the same quarter in the previous year. Supporting charts detailing performance for the current quarter by Specialty and by HSC Trust are also provided. Downloadable tables in Open Data Format are also published alongside the publication. These tables provide the number of patients

waiting (in aggregated time bands) at the end of each quarter by HSC Trust, Specialty and Programme of Care (POC). There is some variation in the time bands reported over time, reflecting changes in the Ministerial target. Data are available from 30 June 2008 for Outpatient Waiting Times.

3.1 *Current methodology for the production of Outpatient Waiting Times Publication*

HSC Trusts are supplied with a [technical guidance document](#) outlining the methodologies that should be used in the collection, reporting and validation of this data return.

HSC Trusts use CH3 Business Objects queries to extract aggregated data from the 'Outpatients Waiting – CH3' database. This database is populated with data on patients waiting for a first outpatient appointment at the end of each month, which is extracted directly from each Trust's Patient Administration System (PAS). Data on patients waiting for a first outpatient appointment with services that are not recorded on PAS are not included in this database but are extracted directly by HSC Trust staff and manually supplemented on the CH3 aggregated return.

HSC Trusts run their Business Objects query on a particular date, usually three weeks after the end of each quarter, allowing HSC Trust administrative staff sufficient time to ensure their outpatient waiting time data are recorded correctly on PAS.

Following receipt of the return from each HSC Trust, HIB validate the figures by comparing figures at HSC Trust and at specialty level for the current quarter against the previous quarter and against the same quarter in the previous year. Any irregularities identified are queried with HSC Trusts. The validation queries are compiled at Trust level for each of the five HSC Trusts.

This process is relatively basic, largely determined by the lack of detail contained in the data provided on the CH3 return. Upon validation, the information provided on the CH3 is published in the Outpatient Waiting Times Publication.

3.2 *Rationale for change in methodology to Outpatient Waiting Times*

By moving to patient level data extracted from the HSC Data Warehouse, the dataset now contains an array of associated variables relating to age, area of residence, specialty, length of time currently waiting etc. This enables in depth analyses to be performed such as waiting time by residential area, analysing the impact these patients have on other services etc. It also removes some of the resource burden on HSC Trusts currently supplying aggregate returns.

3.3 Proposed change in methodology for the production of Outpatient Waiting Times Publication

It is possible for statisticians within the Department to access patient level information on the number of patients waiting for a first outpatient appointment via the 'Outpatient Waiting – CH3' database in the HSC Data Warehouse. Patient level information is protected to avoid disclosure of personal identifiable data, including names and addresses of patients.

During the official testing period (for the quarters ending December 2016, March 2017, June 2017 and September 2017), HIB took patient level extracts from PAS through the HSC Data Warehouse and compared this to the aggregate CH3 returns sent in by HSC Trusts. HSC Trusts were consulted on this process and provided information on particular exclusions relating to non-consultant led services and reallocation of visiting consultant figures to another HSC Trust. For the quarter ending December 2017, HSC Trusts submitted their aggregate CH3 returns to HIB, which were used in the relevant publication following our current validation checks. However, alongside this, HIB extracted patient level data for a first outpatient appointment from the HSC Data Warehouse and completed a validation process with each HSC Trust. The data was downloaded from the HSC Data Warehouse after the second Friday in January 2018 to allow for records to be updated on PAS and HSC Trusts were given two weeks to complete the validation queries. Since then, HIB have continued to download the patient level data alongside receipt of the aggregate return from Trusts to enable general comparison of the figures from each data source.

The validation process incorporated the following checks:

- Patients waiting for non-consultant led services were removed from the dataset. Additionally, patients currently waiting for a visiting consultant service were reallocated back to the HSC Trust responsible for the wait.
- The remaining data set was interrogated to identify erroneous records such as a patient's date of birth being recorded as the date the patient's referral was received by the HSC Trust, patients over 16 appearing in paediatric specialties etc. Erroneous records were either corrected following information supplied by HSC Trusts, or removed from the dataset.
- Patients waiting longer than the 9 week waiting time target as set by The Department of Health were identified and validated with HSC Trusts.
- Completion of the existing quarter on quarter and year on year validation of the dataset by specialty and HSC Trust.

- Any potential duplicate cases and the longest waiter for each specialty were also validated with each HSC Trust. Duplicate cases were removed from the dataset once the HSC Trust identified which case was to be deleted.
- For the small number of specialties within HSC Trusts that are not on PAS, these specialties were submitted to HIB on an aggregate return and combined with the patient level data.

3.4 Impact of change in methodology to Outpatient Waiting Times

For the quarter ending June 2019, the impact of the proposed change in methodology against the existing methodology is outlined in the following table.

Table 1: Comparison of outpatient waiting times sourced from the CH3 aggregate return and the Data Warehouse data extract, Quarter ending June 2019

Methodology	Patients waiting for a first consultant-led outpatient appointment by weeks waiting							Total
	0-6	>6-9	>9-12	>12-15	>15-18	>18-52	>52	
Aggregate CH3 Return	57,307	17,999	12,988	12,833	11,822	81,037	105,450	299,436
Patient Level Dataset	56,711	17,769	12,822	12,635	11,653	80,114	104,421	296,125
Difference	596	230	166	198	169	923	1,029	3,311

This difference in figures between the methodologies was down to the small number of specialties within HSC Trusts that are not on PAS. These specialties are submitted to HIB on aggregate returns and contain waits within four specialties. These returns will continue to be submitted to HIB and appended to the patient level data extracted.

The proposed change in methodology will not impact upon the data series published in the Northern Ireland Outpatient Waiting Lists Bulletin and therefore will still be in a position to provide trend data.

4 Outpatient Activity

Data contained in this publication relate to Health Service commissioned activity at consultant led outpatient services, either in HSC Hospitals or the Independent Sector, and activity in Integrated Clinical Assessment and Treatment Services (ICATS). Virtual activity is also included.

The main uses of these data are to monitor activity at consultant led and ICATS outpatient services in Northern Ireland, to help assess Trust performance, to monitor Trust performance, to inform and

monitor related policy, and to respond to parliamentary / assembly questions and ad-hoc queries from the public.

Information presented in this publication in relation to the QOAR, R-QOAR, QIAR and V-QOAR returns (as defined in the publication) is validated and quality assured by HSC Trusts prior to publication. HSC Trusts are given a set period of time to submit the information to HIB. Following submission, HIB perform a series of checks to verify that information is consistent both within and across returns. Trend analyses are used to monitor annual variations and emerging trends. Queries arising from validation checks are presented to HSC Trusts for clarification and if required, returns may be amended and/or re-submitted. Finally, prior to the publication of this information, the data are formally signed off by HSC Trusts.

Integrated Clinical Assessment and Treatment Services (ICATS) data are derived from a single administrative system. Data providers have been given in-depth guidance providing instructions for recording, collection and submission of data. In addition, variance checks are employed as an integral part of the production process, with large discrepancies between the current year and the previous year being queried with the data provider.

Downloadable tables in Open Data Format are also published alongside the publication. These tables provide the number of new and review attendances at Outpatient services at the end of each financial year by Specialty and Programme of Care. Tables are also presented for missed appointments (DNAs), patient cancellations (CNAs), hospital cancellations, ward attendance and reasons for cancellation. Comparable data is available from 2015/16.

4.1 *Current methodology for the production of Outpatient Activity Publication*

HSC Trusts are supplied with a [technical guidance document](#) outlining the methodologies that should be used in the collection, reporting and validation of this data return.

This data is currently extracted directly from each Trust's Patient Administration System (PAS). Trusts must then collate their PAS data and complete an aggregate return for each hospital site which falls within their remit.

HSC Trusts run their outpatient activity data on a particular date, usually two weeks after the end of each quarter, allowing HSC Trust administrative staff sufficient time to ensure their data are recorded correctly on PAS. This is then provided to HIB a further two weeks after the data has been run.

Following receipt of the returns from each HSC Trust, HIB validate the data by comparing figures for the current time period against previous time periods. Any irregularities within hospital sites, specialties or overall volume is identified and queried with HSC Trusts.

Upon validation, the information provided on the QOAR, R-QOAR and V-QOAR returns is collated by HIB, prepared for analysis and published in the Outpatient Activity Publication.

4.2 *Rationale for change in methodology to Outpatient Activity Publication*

Concerns around the quality of data provided at Hospital Site level have been raised, given the increased use of centralised services in recent years. Centralisation of services across Northern Ireland has meant that data provided on the QOAR, V-QOAR and R-QOAR returns at hospital site level are based on the PAS systems of hospitals which manage the service rather than where the activity is actually happening. This means that true volumes of activity are not accurately captured for each hospital and therefore collection at Trust level would provide greater accuracy of the data.

In addition, recent discussions with HSC Trust staff have indicated that the returns for this particular publication are increasingly burdensome, given the granular level of detail involved. Changing these returns to include Trust level data rather than hospital site level will remove some of the resource burden on HSC Trusts currently supplying multiple aggregate returns for each hospital site.

4.3 *Proposed change in methodology for the production of Outpatient Activity Publication*

It is proposed that the returns used in the production of the Outpatient Activity Publication will continue to be supplied by HSC Trusts on a quarterly basis but will be submitted at Trust level rather than at Hospital site level.

4.4 *Impact of change in methodology to Outpatient Activity Publication*

The impact of the change proposed will mean that users will not have access to outpatient activity statistics at hospital site level from 2020/21 onwards. It is however expected that the proposed change will improve the quality of the data available in future and which will subsequently be presented in the Outpatient Activity Publication. Outpatient Activity data prior to 2020/21 will continue to be available for download online.

5 Proposal and invitation to respond

On the basis of the evidence contained in this document it is proposed that:

- HIB adopts the new methodology of extracting patient level data relating to the number of patients waiting for a first consultant led outpatient appointment from the HSC Data Warehouse and ceases the collection of outpatient activity data at hospital site level.
- Outpatient waiting list data using the methodology proposed at point 3.3 will be published for the quarter ending March 2020 onwards.
- Outpatient activity data collected from 1 April 2020 will follow the methodology proposed at point 4.3, and data using the revised methodology will be published for the year ending 31 March 2021.

You are invited to consider these proposals and respond with your views. Please complete the proforma in the Annex of this document and submit your response to this proposal no later than **Friday 6th December 2019**.

Responses should be submitted:

By email to:	statistics@health-ni.gov.uk
By post to:	Paul Woods Information and Analysis Directorate Department of Health Room 11, Annexe 2 Castle Buildings Stormont BT4 3SQ

ANNEX: Response Form

(Please expand response boxes as required)

Details of respondent

Name	
Organisation(s) represented	
Address	
Telephone Number	
Email Address	

Please answer the following questions as fully as possible to help HIB evaluate your views on the introduction of the proposed changes to outpatient waiting times and outpatient activity.

1. Are you content that HIB adopt the proposed change in the methodology for the production of statistics on Outpatient Waiting Times as outlined in Section 3.3?

Yes No

If no, please provide reason for this response:

2. Are you content with the validation process proposed for Outpatient Waiting Times as outlined in Section 3.3?

Yes No

If no, please outline reasons for this response together with suggestions for alternative / additional validation.

3. Are you in agreement that HIB should commence the publication of data on outpatient waiting times derived from the proposed new methodology for the position at the end of March 2020?

Yes No

If no, please provide reason for this response:

4. Are you content that HIB adopt the proposed change for the production of statistics on Outpatient Activity as outlined in Section 4.3?

Yes No

If no, please provide reason for this response:

5. Are you in agreement that HIB should commence the publication of data on outpatient activity excluding hospital site for the position at the end of March 2021?

Yes No

If no, please provide reason for this response:

General comments

6. Do you have any other comments relevant to this consultation?

Many thanks for your response to this consultation. Please note that responses may be made public and attributable to the respondent.