

## NHS Wales referrals for first outpatient appointments Quality Report

### What are these statistics?

The referrals statistics show monthly data on the number of referral requests for a first outpatient appointment received by Local Health Boards (LHB) in Wales.

The referral date is the date which the Local Health Board receives the referral and not the date which the patient was referred.

The data includes all patients, regardless of area of residence, referred to a Local Health Board in Wales. This data will not include any referrals located in Wales to a hospital outside Wales (e.g. England). It will however include referrals in a Welsh Local Health Board for people resident outside Wales.

### Publication of additional sources of referral data from February 2015 onwards

Prior to February 2015 we published data on first outpatient referrals for General Medical Practitioners and General Dental Practitioners only. However, these were not the only sources of referral for a first outpatient appointment.

On 24 February 2015 we published a statistical article, which looked at other sources of referrals, and identified patterns and trends of non-GP sources of referral.

[Statistical Article: Analysis of the outpatient referral dataset](#)

The article showed that GP referrals, while accounting for a large percentage of referrals, were not the only source of referral that should be factored into outpatient referral analysis.

From the GP referrals release published in February 2015 we included a section, which provided analysis of all sources of referrals, not just GP referrals. From December 2015, the publication was changed to lead with all referrals, and at the same time the name of the release was amended to reflect this change.

The table below shows the referral sources\*.

<b>Value</b>	<b>Meaning</b>
	Initiated by the Consultant or Independent Nurse responsible for the Outpatient episode
01	Following an emergency admission
02	Following a domiciliary visit
10	Following an A&E attendance
11	Other
	Not initiated by the Consultant or Independent Nurse responsible for the Outpatient episode
03	Referral from General Medical Practitioner
04	Referral from an A&E department
05	Referral from a Consultant or Independent Nurse, other than in an A&E department
06	Self-referral
07	Referral from Prosthetist
08	Other source of referral
15***	Optometrist
92	General Dental Practitioner
93	Community Dental Service

Note: The classification has been listed in logical sequence rather than numeric order.

\*\*\* - Included from October 2014.

\*<http://www.datadictionary.nhs.uk/>

From November 2014 (October 2014 data), local health boards have been submitting data for all of the codes in the above table. This caused the number of ophthalmology referrals to rise from October 2014. Due to the systems used in the health boards, only six out of seven LHBs are currently submitting data for the new optometrist source of referral code. Due to technical issues, Aneurin Bevan University LHB are currently unable to map the optometrist code to their systems, and these referrals are instead being mapped to code 08.

Until October 2014, code 08 was submitted by only two health boards. In the months since then the number of patients classified under "Other source of referral" has risen, and its inclusion makes assessment of trends with those from before this date difficult. As of December 2015 code 08 is submitted by six health boards.

### **Change of data source for GP referrals data in October 2012**

In October 2012, the data source for GP referrals for first outpatient appointments in the First Release 'NHS Wales GP Referrals for first Outpatient Appointments' and on StatsWales changed from the aggregate GP referrals data collection to the Outpatient Referrals Data Set (OPR DS).

The monthly aggregate GP Referrals data collection was historically used to assess trends at LHB and specialty level of GP referrals to first outpatient appointments. This data source has been published by the Welsh Government as the definitive source of GP referrals data from June 2006 data until July 2012 data.

The Outpatient Referrals Dataset (OPR DS) was approved in May 2007 by the Welsh Information Standards Board (WISB), full implementation was completed by December 2007 and formal collection and reporting began mid 2008. This is a patient-level data set that will allow more detailed analysis.

Following detailed data quality assessments and reviews of the data, the Welsh Government moved to using the OPR DS as the source of the official statistics in the Statistical Release published on 3 October 2012 and have now ceased the monthly aggregate GP Referrals data collection. The reasons for this are to:

- Have just one definitive source of data for GP referrals;
- Remove the burden on data providers of supplying data for two similar data sets;
- Remove the confusion for analysts and users which exists by having two similar data sets for GP referrals information, containing different data in some cases; and
- Allow more granularity for research and data mining (the OPR DS provides patient level data, whereas the aggregate GP referrals data collection provides high level, summary data).

**Comparison between figures submitted to aggregate GP referrals data collection and OPR DS for April to July 2012 (a)**

Month	Aggregate GP referrals data collection	OPR DS	Actual Difference	% Difference
April 2012	60,439	60,526	87	0.14
May 2012	71,476	73,095	1,619	2.27
June 2012	57,627	60,527	2,900	5.03
July 2012	67,158	68,454	1,296	1.93

(a) The OPR DS figures in this table are based on those submitted for the August 2012 release.

This table compares the data from the aggregate GP referrals data collection and the OPR DS for April to July 2012. As can be seen, the differences at Wales level are 5% or under each month, with the OPR DS showing more referrals than the aggregate collection.

At the same time we moved to using a more suitable data item to determine into which specialty the GP referral is made, changing from 'Main Specialty (of Consultant)' (i.e. the specialty of the consultant under which the patient will be/is currently being treated) to 'Treatment Function Code' (the specialty under which a patient is currently being treated or is waiting to be treated, irrespective of the specialty of the consultant). The reasons for using Treatment Function Code are as follows:

- To provide an improved measure of demand on the service. GP referral figures have been reported historically using 'Main Specialty (of Consultant)' to identify the consultant care for which the patient is awaiting treatment. Using Treatment Function Code will enable reporting of referrals by the specialty to which the patients have been referred rather than by the specialty to which the consultant is registered.
- Due to the changing management of referrals in secondary care (for example, the use of pooled specialty waiting lists and referrals now often being referred directly to a specialty or service rather than a named individual) using Main Specialty is no longer appropriate;
- It should make the data more standardised. Using Treatment Function Code will bring this data set in line with national standards; and
- It should introduce more coherence between data sets (i.e. specialty figures for referral to treatment times are also reported using Treatment Function Code).

NHS Wales Informatics Service also carried out a general data collection impact assessment earlier in the year around 'Main Specialty (Consultant)' and 'Treatment Function Code' and the feedback noted little requirement for 'Main Specialty (Consultant)' at a national level for reporting / analysis.

Therefore, from the Statistical Release and StatsWales tables published on 3 October 2012, the data item Treatment Function Code has been used to capture the specialty under which a patient is currently being treated or is waiting to be treated. So, if comparing GP referrals data prior to April 2012 with that for April 2012 onwards, it should be noted that the specialty data will not be strictly comparable.

Finally, so that the data is available on the same basis for a full financial year, the data in the release and on StatsWales has been backdated to April 2012 using the OPR DS. The impact is shown in the table above.

## **Users and uses**

We believe the key users of the statistics are:

- Ministers and their advisors;
- Assembly members and Members Research Service in the National Assembly for Wales;
- NHS Wales;
- Communities and Local Government;
- Local government unitary authorities (elected members and officials);
- Students, academics and universities;
- Other areas of the Welsh Government;
- Other government departments; and
- Individual citizens and private companies.

The statistics are used in a variety of ways. Some examples of these include:

- Advice to Ministers;
- To assess NHS Wales performance against targets;
- To inform service improvement projects for areas of focus and opportunities for quality improvement;
- NHS Health Boards, to benchmark themselves against other health boards;
- To help determine the service the public may receive from NHS Wales.

If you are a user and do not feel the above list adequately covers you please let us know.

[stats.healthinfo@wales.gsi.gov.uk](mailto:stats.healthinfo@wales.gsi.gov.uk)

## **Data processing cycle**

### **Current situation (for the October 2012 release onwards)**

#### **Data collection**

Local Health Boards in Wales send data for the OPR DS to the NHS Wales Informatics Service (NWIS) on a monthly basis. NWIS then takes an extract from this data set and provides it to the Health Statistics and Analysis Unit of the Welsh Government via a secure reporting portal on the NHS intranet site, hosted by NWIS.

#### **Validation and verification**

The Health Statistics and Analysis Unit uploads the data extract received and the system in place ensures that valid codes are submitted for all the fields and data is not missing. The Health Statistics and Analysis Unit does further validation and verification checks, including checking trends in the data. Any abnormalities in the data are noted and these are taken back to NWIS to query with the Local Health Boards. This allows Local Health Boards to check and correct or comment on their data and to provide contextual information where unexpected changes have occurred.

#### **Publication**

The statistics published by the Health Statistics and Analysis Unit are produced by summarising the information provided by the Local Health Boards. Producing the release is a semi automated process but key points and commentary are produced separately. The information on the release is checked against the data supplied. The information presented in StatsWales is produced automatically. The data for the latest month is published as provisional and may be revised in future updates of the release. This is to enable Local Health Boards to submit revised data if they carry out further validation following submission.

### **Change to publication format from December 2015**

Following the consultation held regarding '[Proposals concerning the publication of official statistics](#)' between December 2013 and March 2014, we decided that the GP referrals release would move to a monthly data release (including a summary headline statistic and StatsWales tables) and an analytical release published each quarter. Therefore, from the release published on 2 December, we have adopted this publishing format. We also changed the structure of the release to lead with referrals from all sources, and amended the title to reflect that we are now leading with all referrals rather than just referrals from GPs. However, we have continued to include statistics on GP referrals.

### **Previous situation**

#### **Data collection**

The Health Statistics and Analysis Unit within the Welsh Government received data via aggregate returns on a monthly basis from each of the Local Health Boards.

#### **Validation and verification**

The Health Statistics and Analysis Unit uploaded the data received and the system in place ensured that valid codes are submitted for all the fields and data is not missing. The Health Statistics and Analysis unit did further validation and verification checks, including checking trends in the aggregate data. Any abnormalities in the data were noted and these were raised with the Local Health Boards. This allowed Local Health Boards to check and correct or comment on their data and to provide contextual information where unexpected changes occurred.

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## **Disclosure and confidentiality**

While there are some small numbers in the data collected and presented, the information is not considered to be sensitive in nature and there is no identifying information presented.

## **Quality**

Health Statistics and Analysis Unit adhere to a [quality strategy](#) and this is in line with Principle 4 of the [Code of Practice for Official Statistics](#).

Specifically, the list below details the six dimensions of the European Statistical System and how we adhere to them:

### **Relevance**

*The degree to which the statistical product meets user needs for both coverage and content.*

The statistics cover all aspects of GP referrals and are used to monitor and evaluate performance in the NHS Wales. Other interests and uses of this data are outlined above.

We maintain a live list of users and uses. We encourage users of the statistics to contact us to let us know how they use the data.

We consult with key users prior to making changes, and where possible publicise changes on the internet, at committees and other networks to consult with users more widely.

We actively review all our outputs and welcome. [stats.healthinfo@wales.gsi.gov.uk](mailto:stats.healthinfo@wales.gsi.gov.uk)

### **Accuracy**

*The closeness between an estimated result and an (unknown) true value.*

Accuracy can be broken down into sampling and non-sampling error. Non-sampling error includes areas such as coverage error, non-response error, measurement error, processing error.

The data provided by the local health boards has a 100% response rate and as such no estimation of the figures is calculated, and hence there is no sampling error. Where estimates are used, this is clearly outlined in the output.

Non-sampling error is reduced by standards and guidance is provided about the data collections (see above). Where non-sampling error affects the data we provide full information for users to allow them to make informed judgements on the quality of the statistics, particularly if there are limitations of the data.

All our outputs include key quality information on coverage, timing and geography.

In the unlikely event of incorrect data being published, revisions would be made and users informed in conjunction with the Welsh Government's [Revisions, Errors and Postponements](#) arrangements.

### **Timeliness and punctuality**

*Timeliness refers to the lapse of time between publication and the period to which the data refer. Punctuality refers to the time lag between the actual and planned dates of publication.*

All outputs adhere to the Code of Practice by pre-announcing the date of publication through the [Upcoming calendar](#) web pages. Furthermore, should the need arise to postpone an output this would follow the Welsh Government's [Revisions, Errors and Postponements](#) arrangements.

We publish releases as soon as practical after the relevant time period. Data for the end of month position is published within six weeks of the reference date. This allows for the significant validation by Local Health Boards and the Health Statistics and Analysis Unit.

### **Accessibility and clarity**

*Accessibility is the ease with which users are able to access the data, also reflecting the format(s) in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.*

The statistics are published in an accessible, orderly, pre-announced manner on the Welsh Government website at 9:30am on the day of publication. An RSS feed alerts registered users to this publication. Simultaneously the releases are also published on the National Statistics Publication Hub. We also publicise our outputs on [Twitter](#). All releases are available to download for free.

More detailed data is available at the same time on the StatsWales website and this can be manipulated online or downloaded into spreadsheets for use offline.

We aim to use Plain English in our outputs and all outputs adhere to the Welsh Government's [accessibility policy](#). Furthermore, all our headlines are published in Welsh and English.

Further information regarding the statistics can be obtained by contacting the relevant staff detailed on the release or via [stats.healthinfo@wales.gsi.gov.uk](mailto:stats.healthinfo@wales.gsi.gov.uk)

### **Comparability**

*The degree to which data can be agreed over both time and domain.*

Where there are changes to the data provided, this is shown clearly in the outputs. Where advance warning is known of future changes these will be pre-announced in accordance with Welsh Government arrangements.

There is similar information available from other parts of the UK but the data is not exactly comparable due to local definitions and standards in each area.

Agreed standards and definitions within Wales provide assurance that the data is consistent across as Local Health Boards.

### **Coherence**

*The degree to which data that are derived from different sources or methods, but which refer to the same phenomenon, are similar.*

Every month the data are all collected from the same sources and adhere to the national standard: they will also be coherent within and across organisations.

### **Dissemination**

All the data is of sufficient quality following the significant checking outlined above to justify publication. The high level messages are published on the first page of the relevant release and high level tables are included in the release. All the actual data provided is published on our interactive website, [StatsWales](#).



## **Revisions policy**

From the publication in December 2015 our revisions policy is to revise the previous 12 month's of data each month and, once a year, with the publication of the March data, perform a full revision back to April 2012.

## **Evaluation**

We always welcome feedback on any of our statistics. Please contact us on [stats.healthinfo@wales.gsi.gov.uk](mailto:stats.healthinfo@wales.gsi.gov.uk)

Produced by Knowledge and Analytical Services, Welsh Government  
Last reviewed: December 2015