

Outpatient Activity Minimum Dataset: Summary results for 2018-19

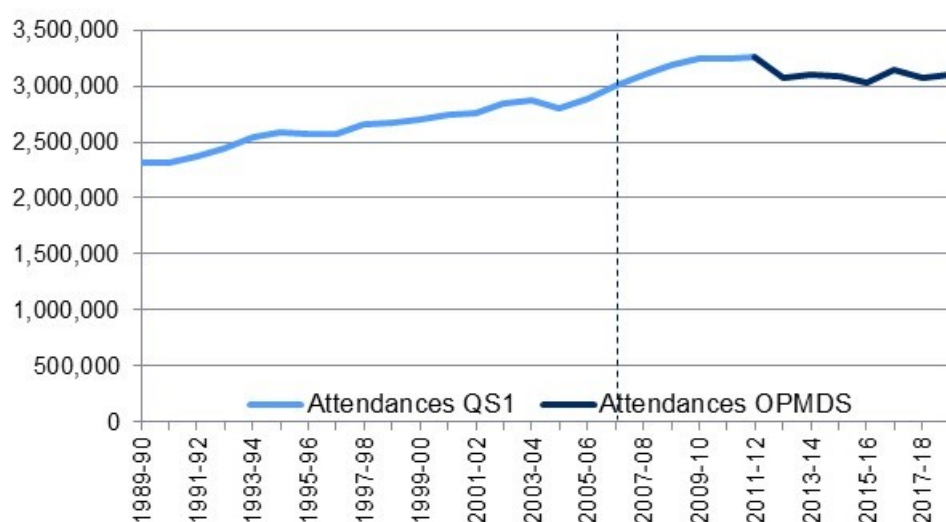
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The outpatient dataset covers consultant or independent nurse led appointments only, so appointments with other health professionals and telemedicine are not captured.

Main points

- There were over 3 million outpatient attendances in Wales in 2018-19 (3,097,636) and of these, 961,819 were new attendances.
- The number of outpatient attendances is broadly unchanged over the last 10 years.
- The rate of new attendances per 1,000 resident population has increased this year from 302 per 1,000 in 2017-18 to 306 per 1,000 in 2018-19.
- Abertawe Bro Morgannwg was the health board with the highest rate of new attendances in 2018-19. Powys had the lowest rate.
- The percentage of all outpatient appointments where the patient did not attend was the lowest on record, 0.8 percentage points lower than 2017-18.

Chart 1: Outpatient attendances, 1989-90 onwards



Source: QS1 and OP MDS, NHS Wales Informatics Service

Note: Nurse led activity was included from 2006-07 onwards

About this release

This annual release presents summary information, provided by the NHS Wales Informatics Service (NWIS), on Outpatient Activity in Wales.

Data is presented at Wales and local health board (LHB) level for total Outpatient attendances, rate of attendances by population, ratio of follow-up appointments to new appointments and total patients who did not attend (DNA).

The data presented in this release is available in more detail on [StatsWales](https://stats.wales.gov.uk/).

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Introduction

This release presents summary information for outpatient appointments in Wales for 2018-19. The data is sourced from the Outpatient Minimum Dataset (OP MDS) which includes data on new attendances, total attendances and outpatients who did not attend. Information is included by NHS organisation and treatment function. The information and figures provided are based on activity undertaken at hospital sites in Wales. As such, it includes activity delivered by English organisations in Welsh hospitals and excludes activity carried out in England. The OP MDS has been the source of official statistics for NHS outpatient activity from 2012-13 onwards. NHS Wales Informatics Service (NWIS) collect the OP MDS from health boards.

Quality

Prior to this statistical release, work was undertaken to review the quality of the OP MDS and compare the dataset with its previous source, the QueSt 1 (QS1) return. This work provides useful background to the information in this release and is available through:

- [Outpatient Activity Minimum Dataset: Publication of data and discussion of data quality](#): an overview of the Outpatient Activity Minimum Dataset, background information and commentary to assist in the interpretation of the data. An exploration of the differences between the OP MDS and the previous official data source used for outpatient activity, the QueSt 1 (QS1) return. It acted as an introduction to the data source.
- [Outpatient Activity Minimum Dataset: update on data quality and summary results for 2015-16](#): an update to the work carried out in the above article, along with the results for 2015-16.

Rates

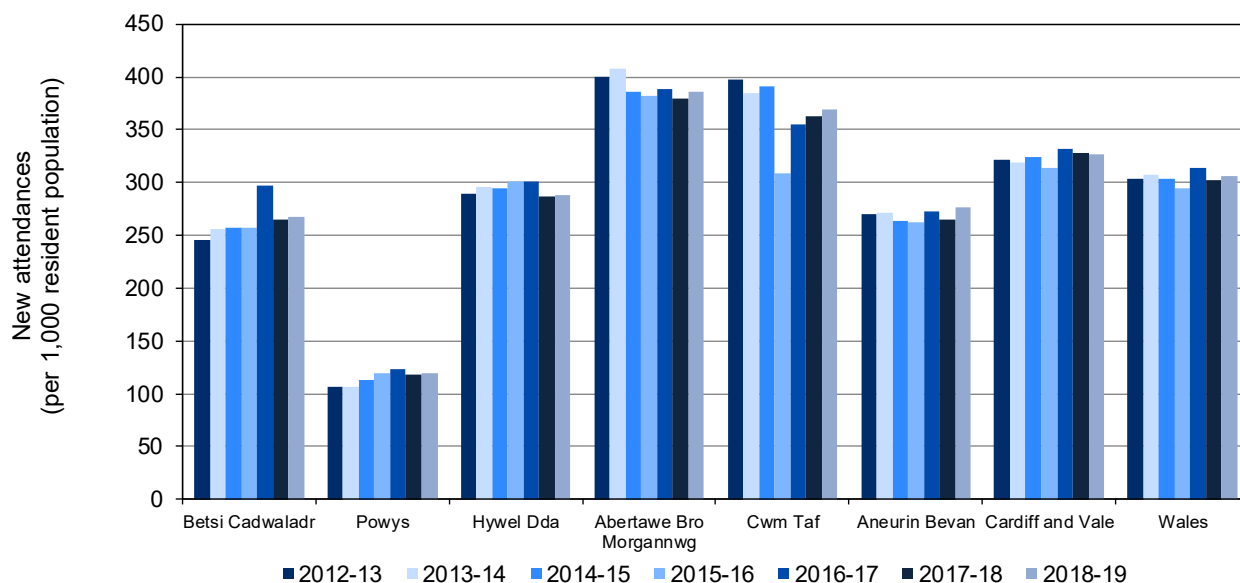
Local health board analyses are presented as rates per 1,000 resident population to ensure that the analysis of the data reflects actual differences between the health boards' outpatients' activity and not the difference in the population between health boards. Rates per population have been calculated using the [mid-year population estimates from 2011 to 2018](#), sourced from the [Office for National Statistics \(ONS\)](#). Activity shown against health boards is the activity that occurred at the sites within that health board, regardless of whether they provided the care.

Treatment function analysis

As mandated in [DSCN 2014/08](#), local health boards in Wales were instructed to adopt new treatment function codes from 1 April 2016, in order to provide a greater level of granularity. However, due to technical difficulties, this action was deferred as some health boards were not able to adopt the codes before the agreed deadline. Some hospitals have continued to use the new codes to improve comparability across health boards; NWIS have replaced any new codes in the past 2 years datasets with their previous counterpart.

New outpatient attendances

Chart 2: Rate of new outpatient attendances per 1,000 resident population, by health board, 2012-13 onwards



Source: OPMDS, NWIS

Note: Velindre NHS Trust is not shown in the chart as it does not cover a specific geographic population and we are unable to include it in rate calculations. It is included in the Wales rate.

Latest year

In 2017-18, there were 961,819 new attendances (306 per 1,000 resident population).

There is some variation between health boards in the rates of new attendances per 1,000 resident population. Abertawe Bro Morgannwg had the highest rate (386); whilst Powys had the lowest rate (120). This is due to a number of Powys' residents attending outpatient clinics in other health boards.

Annual change

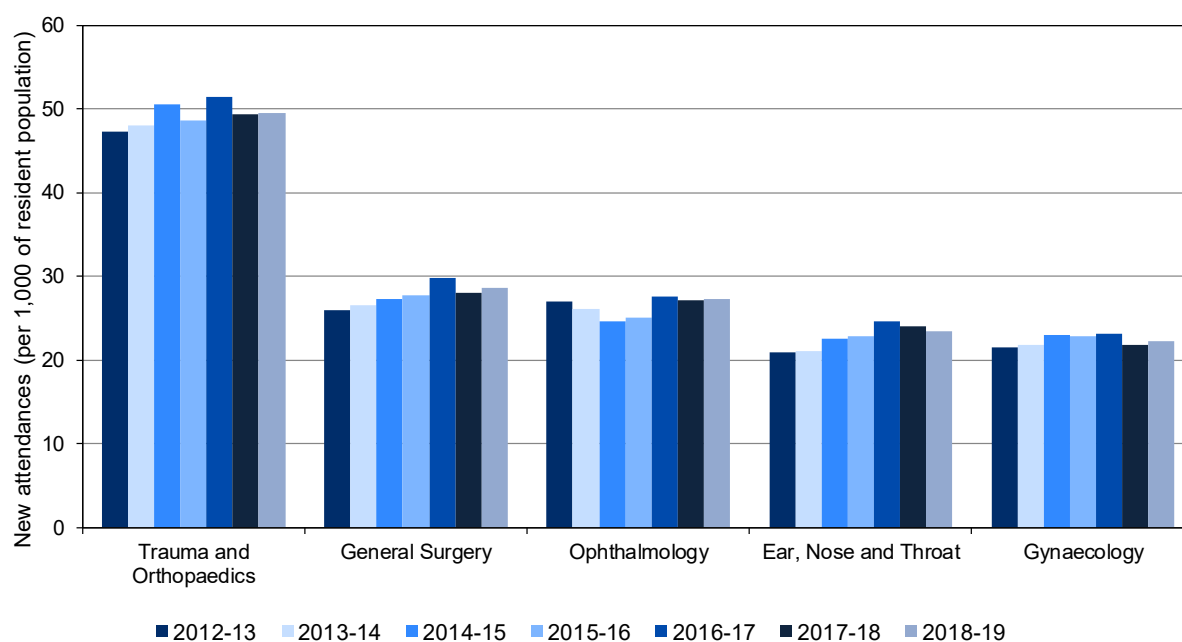
There were 18,666 more new attendances than the previous year, an increase of 5 per 1,000 resident population.

Six of the seven health boards saw an increase in the rate of new attendances per 1,000 population between 2017-18 and 2018-19. Cardiff and Vale had the only decrease (-1 per 1,000). Aneurin Bevan had the largest increase (12 per 1,000) and Hywel Dda and Powys had the smallest increase (1 per 1,000).

Since 2012-13

Since 2012-13, when the OP MDS became the official source for outpatient data, the rate of new attendances per 1,000 population has increased by 3 for every 1,000 people in the resident population; the number of new outpatient attendances has increased by around 28,212 (3.0 per cent).

Chart 3: Rate of new outpatient attendances per 1,000 resident population, by treatment function code, 2012-13 onwards



Source: OPMDS, NWIS

Note: Only the five treatment function codes with the most new attendances in 2018-19 are displayed.

Chart 3 displays the rate of new attendances per 1,000 resident population for the five treatment function codes accounting for the largest number of new attendances across Wales, based on the 2018-19 data. For further information on treatment function codes please see the [Key quality information](#).

Latest year

In 2018-19 across Wales, the treatment function codes accounting for the largest number of new attendances were (in order from the largest): trauma & orthopaedic, general surgery, ophthalmology, ear, nose and throat (ENT) and gynaecology. These five treatment function codes accounted for 49.3 per cent (151) of the 306 new attendances per 1,000 of resident population in 2018-19.

Trauma & orthopaedic had the highest rate of new attendances at around 49 new attendances per 1,000 population. Its rate is 73.2 per cent higher than the rate of the next treatment code (General Surgery, 29 per 1,000 population).

Annual change

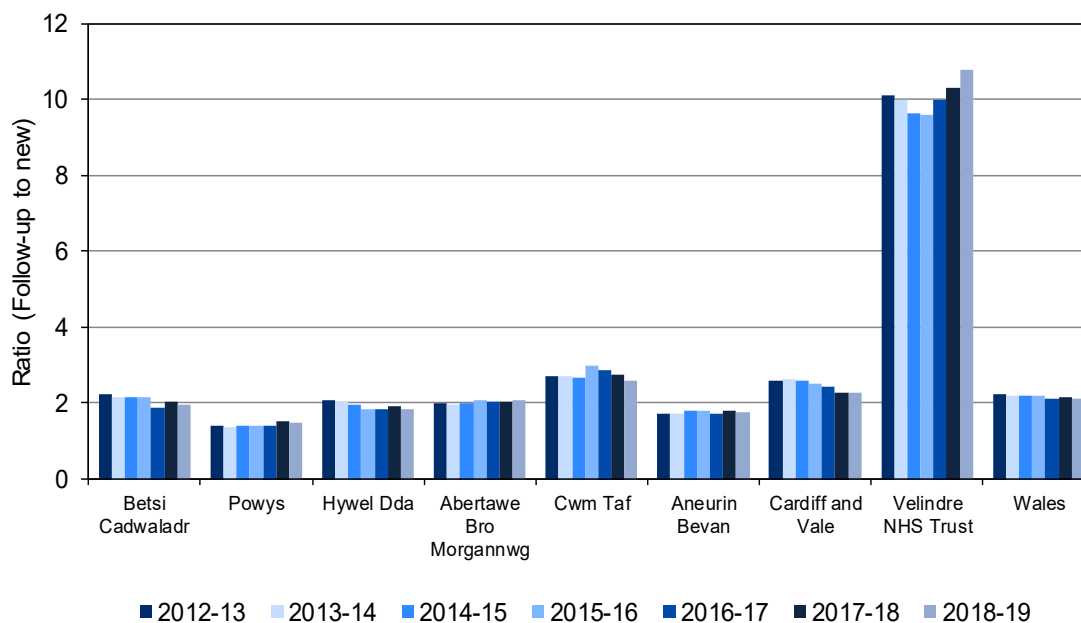
Between 2017-18 and 2018-19, four of the top five treatment functions had increase in rate per 1,000 resident population (coinciding with the overall increase in new attendances). These increases were between 0.1 and 0.5 per 1,000. General surgery increased by the most, while ear, nose and throat had the only decrease in the top five of 0.5 per 1,000.

Since 2012-13

Since 2012-13, trauma & orthopaedic has had the largest number of new attendances at around 150,000 per year (around 50 per 1,000 resident population per year). General surgery has had the largest increase in new attendances of the top five since 2012-13 (2.7 per 1,000 population).

Follow-up attendances

Chart 4: Ratio of follow-up to new attendances by health board/NHS Trust, 2012-13 onwards



Source: OPMDs, NWIS

Latest year

In 2018-19 across Wales, the ratio of follow-up to new outpatient attendances was 2.1 follow up appointments to every new attendance.

Velindre had a far higher ratio of follow-up to new attendances than the health boards, with a ratio of 10.8 in 2018-19. Out of the seven health boards, Cwm Taf had the highest (2.6 to 1) and Powys had the lowest (1.5 to 1).

Annual change

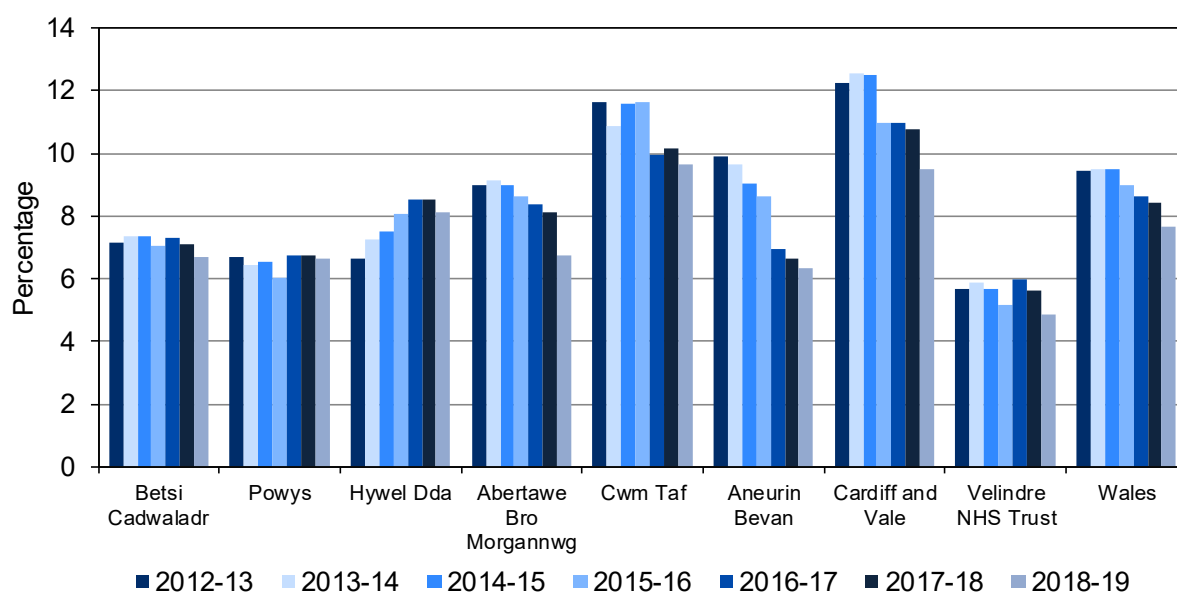
The Wales ratio is the same as it was last year and there has been little change among the health boards too. Abertawe Bro Morgannwg, Aneurin Bevan and Cardiff and Vale remained the same, whilst the ratio in Betsi Cadwaladr, Powys, Hywel Dda and Cwm Taf decreased by 0.1. Velindre's ratio increased by 0.5.

Since 2012-13

There has been a slight decrease in the ratio from 2.2 to 1 in 2012-13 to 2.1 to 1 in 2018-19. This has been gradual over the last six years. In each year since 2012-13, Velindre has had a ratio of about 10 to 1 and Cwm Taf has had the highest ratio of the health boards with between 2.6 and 3 follow-up appointments to every new attendance. All the health boards had ratios between around 1.4 and 3 over the past 7 years.

Total appointments where the outpatient did not attend

Chart 5: Percentage of total appointments where the outpatient did not attend, by health board, 2012-13 onwards



Source: OP MDS, NWIS

Note that the definition used to calculate 'did not attend' rates was changed in 2016-17. Data published prior to that was revised in the 2017 statistical release so all figures are calculated from the same definition. (See [Key quality information](#) for more information).

Latest year

Across Wales in 2018-19, the percentage of appointments where the outpatient did not attend was 7.7 per cent. Cwm Taf had the highest (9.6 per cent) closely followed by Cardiff and Vale (9.5 per cent); Velindre had the lowest (4.9 per cent).

Annual change

Overall, there was a decrease of 0.8 percentage points from 8.5 per cent in 2017-18. All of the health boards and Velindre experienced a decrease from 2017-18. Abertawe Bro Morgannwg had the largest decrease (-1.4 percentage points) and Powys had the smallest decrease (-0.1 percentage points).

Since 2012-13

Overall across Wales, the percentage of appointments where the outpatient did not attend was stable from 2012-13 to 2014-15, at 9.5 per cent. From then, in 2015-16, it decreased to 9.0. This was mainly due to the reduction recorded in Cardiff and Vale, which accounted for 45 per cent of the decrease between 2014-15 and 2015-16. The Wales ratio has continued to decrease, mainly due to the decrease recorded by Cwm Taf and Aneurin Bevan. The introduction of a new automated check in service in Cwm Taf and the implementation of a new reminder service in Aneurin Bevan may have been a factor in the reduction in missed appointments. (See [Key quality information](#) for more information).

OP MDS fields and definitions

For more information on the definitions of terms used in this article, and on data sources, see the [NHS Wales Data Dictionary](#).

Measures

- **New Attendances** include any attendance that is the start of the outpatient episode and is the first attendance in a series with the same Consultant or Independent Nurse following a referral (Attendance Category = '1'). Patient arrived on time or late and was seen (Attended or DNA = '5' or '6').
- **Total Attendances** includes all outpatient attendances including new, follow-up and pre-operative assessment attendances (Attendance Category = '1' or '2' or '3'). Patient arrived on time or late and was seen (Attended or DNA = '5' or '6').
- **Ratio of follow-up to new attendances** is the number of follow-up attendances (Attendance Category = '8') divided by new attendances (Attendance Category = '1') during the period under review. Calculated as:

$$\frac{\text{Follow up attendances}}{\text{New attendances}}$$

- **New outpatients who did not attend (DNA)** includes any new attendance (Attendance Category = '1') where the outpatient did not attend and no advanced warning was given (Attended or DNA = '3').
- **Total outpatients who did not attend (DNA)** includes any attendance (Attendance Category = '1' or '2' or '3') where the outpatient did not attend and no advanced warning was given (Attended or DNA = '3').
- **New appointments** includes new appointments (Attendance Category = '1') regardless of whether the outpatient attended the appointment (Attended or DNA = all categories).
- **Total appointments** includes all outpatient appointments including new, follow-up and pre-operative assessment appointments (Attendance Category = '1' or '2' or '3') regardless of whether the outpatient attended the appointment (Attended or DNA = all categories).
- **The percentage of new appointments where the outpatient did not attend** is now calculated as:

$$\frac{\text{New outpatients who DNA X 100}}{(\text{New attendances} + \text{New outpatients who DNA})}$$

- **Percentage of total appointments where the outpatient did not attend** is calculated as:

$$\frac{\text{Total outpatients who DNA X 100}}{(\text{Total attendances} + \text{Total outpatients who DNA})}$$

- **Follow-up attendances** includes all follow-up attendances (Attendance Category = '8') where the patient arrived on time or late and was seen (Attended or DNA = '5' or '6').

For further information, please visit the [NHS Data Dictionary Attendance Category webpage](#), the [Attended or Did not Attend webpage](#) and the [Outpatient Attendances webpage](#).

Specialties

Specialties are divisions of clinical work which may be defined by body systems (dermatology), age (paediatrics), clinical technology (nuclear medicine), clinical function (rheumatology), group of diseases (oncology) or combinations of these factors.

Treatment function is the specialty under which the patient will be or is treated. This may either be the same as the consultant's main specialty or a different specialty function which will be the consultant's interest specialty function. Note that both the main specialty function and the interest specialty function should be based on one of the Royal College specialties. Some health boards implemented new treatment codes before the mandated date (1 April 2016) in 2014-15 and 2015-16. Detailed definitions of each treatment function code can be found on the [NHS Wales Data Dictionary Treatment Function Code web page](#) including the valid from and to date.

We have published data from OP MDS based on the treatment function, that is the specialty under which the patient will be or is treated.

Key quality information

Relevance

The OP MDS is the source of official statistics for outpatient activity in the NHS in Wales.

We encourage users of the statistics to contact us to let us know how they use the data, please see the Feedback section of this publication for the contact details.

Users and uses

We believe the key users of these statistics are:

- ministers and their advisors
- assembly members and Members Research Service in the National Assembly for Wales
- officials within the Health and Social Services Group at Welsh Government
- NHS Wales
- students, academics and universities
- other areas of the Welsh Government
- other government departments
- media
- individual citizens.

If you are a user and do not feel the above list adequately covers you please let us know by contacting via stats.healthinfo@gov.wales.

Accuracy

This data is not a sample, and should therefore include all relevant data. The validation checks that NWIS have in place help to ensure that the data submitted is accurate. However, it is the responsibility of health boards/Trusts to ensure that the data they submit is accurate. We know that there are instances of some data being coded incorrectly. For example, three attendances were coded in 2013-14 for a hospital that closed in 2007.

Note that the data refers to health board boundaries prior to the change in April 2019. Activity in Bridgend is recorded under Abertawe Bro Morgannwg rather than Cwm Taf.

Invalid site and treatment function codes [The outpatient data is subject to Validation at Source Service \(VASS\), as mentioned in the previous articles](#) 'Data coverage and processing cycle' section.

Since 2014-15 there has been data recorded against closed hospital sites. In 2018-19, there were 1,430 attendances (426 new attendances) recorded against invalid sites across 3 health boards; this accounts for 0.05 per cent of outpatient attendances. Some of these were recorded using the health board code in place of the site code. In these cases, they were recoded to be invalid sites.

Health boards are informed automatically when they submit against site codes that are not active and NWIS monitor the validity of data on a monthly basis alerting health boards if the validity falls below 98

per cent. The validity of the site code of treatment has always been above this threshold. This is a small proportion of the number of outpatient records submitted.

In cases where the site code of treatment was blank the records were excluded from the extract provided to Welsh Government and are not published.

Treatment codes

This year data for 2017-18 and 2018-19 was recoded to change any of the new treatment function codes being submitted to their previous grouping. This is because not all healthboards have been able to start using the codes so without recoding, comparisons would have been more difficult. The new treatment codes are described in [DSCN 2014 \(08\)](#). The codes they have been rolled back to are shown in the table below:

Submitted code	Submitted description	Changed code	Changed description
103	Breast Surgery	100	General Surgery
104	Colorectal Surgery	100	General Surgery
107	Vascular Surgery	100	General Surgery
192	Critical Care Medicine	190	Anaesthetics
211	Paediatric Urology	420	Paediatrics
253	Paediatric Clinical Haematology	420	Paediatrics
260	Paediatric Medical Oncology	420	Paediatrics
264	Paediatric Cystic Fibrosis	420	Paediatrics
290	Community Paediatrics	420	Paediatrics
307	Diabetic Medicine	300	General Medicine
309	Haemophilia Service	300	General Medicine
321	Paediatric Cardiology	320	Cardiology
324	Anticoagulant Service	303	Clinical Haematology
325	Sport and Exercise Medicine	110	Trauma & Orthopaedics
327	Cardiac Rehabilitation	170	Cardiothoracic Surgery
328	Stroke Medicine	300	General Medicine
329	Transient Ischaemic Attack	300	General Medicine
422	Neonatology	420	Paediatrics
650	Physiotherapy	314	Rehabilitation Service
653	Podiatry	314	Rehabilitation Service
811	Interventional Radiology	810	(Unknown)
812	Diagnostic Imaging	810	(Unknown)
920	Diabetic Education Service	300	General Medicine

There was a large drop from 2016-17 to 2017-18 in the number of attendances for General medicine in Hywel Dda. This has been explained by the implementation of Respiratory Medicine, Geriatric Medicine and Gastroenterology that have increased in in 2017-18 alongside the decrease in general medicine.

In 2016-17, 2017-18 and 2018-19, Betsi Cadwaladr submitted data for community medicine (900) and nursing (950) which are both invalid codes. After discussion with the health board, they found the data

was valid outpatient activity but the codes were used in error. All activity submitted under these codes has been included under 'invalid treatment function' on StatsWales.

In 2016-17, 2017-18 and 2018-19, Cwm Taf also submitted data for community medicine (900) and nursing (950) which are both invalid codes. After discussion with the health board, they found the data was outside the scope of the outpatients data set and so all activity against those codes has been excluded from this release.

Other changes made to the dataset:

Treatment function	Changed to	In	Reason
900	Invalid	Betsi Cadwaladr, 16-17; 17-18; 18-19	Data recording error
950	Invalid	Betsi Cadwaladr, 16-17; 17-18; 18-19	Data recording error
900	Removed	Cwm Taf, 16-17; 17-18; 18-19	Out of scope of dataset
950	Removed	Cwm Taf, 16-17; 17-18	Out of scope of dataset
900	Invalid	Powys, 18-19	Data recording error
610	Removed (1 attendance)	Cardiff and Vale, 17-18	Data quality issue
510	501	Betsi Cadwaladr 16-17	Coding consistency
520	501	Abertawe Bro Morgannwg 16-17; 17-18; 18-19	Coding consistency
820	822	Abertawe Bro Morgannwg 16-17; 17-18; 18-19 Cwm Taf 17-18; 18-19	Coding consistency
655	Invalid	Abertawe Bro Morgannwg 12-13	invalid code
620	Invalid	Powys 16-17; 17-18; 18-19	invalid code

Did not attend (DNA) figures (2015-16 and 2016-17)

Cardiff and Vale's did not attend figures decreased to a large extent in 2015-16. Cardiff and Vale explained the main factor behind this decrease as the introduction of a Fully Automated Booking (FAB) system, which contributed to the vast majority of this improvement. FAB works by:

- automatically generating appointments with around 5 weeks notice
- sending up to two reminder letters giving patients more opportunity to confirm, rebook or cancel
- delivering a telephone call reminder service 10 days out from the patient's appointment (also provided to follow-up appointments, if the specialty is in the FAB model)
- automatically cancelling appointments if patients have not made contact within 7 days of their appointment (every effort is made to refill slots).

Other health boards in Wales have looked to automate bookings and reminding services. Aneurin Bevan and Cwm Taf have introduced a system that encourages patients to update contact details regularly in order to maintain good contact. Both health boards had improvements in their Did Not Attend figures for 2016-17.

Timeliness and punctuality

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.

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

For more information on timeliness, see the [discussion of data quality](#).

Accessibility and clarity

The annual statistics will be 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 outputs are also listed on the National Statistics Publication Hub. We also publicise the outputs on Twitter. All outputs 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 they 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 this article/headline or via stats.healthinfo@gov.wales.

The outpatient data from the OP MDS is published annually in November (provisional) on [StatsWales](#) with this accompanying release and headline showing key points. The publication's exact date will be preannounced one month before on the [Upcoming calendar](#) on the [Welsh Government website](#).

Comparability and coherence

Other UK countries also measure outpatient activity. However, the coverage is not the same between the countries. The English figures include tele consultations and a wide range of allied health professional activity, which are not covered in Wales or Scotland to the same extent. Further investigation would be needed to establish whether the definitional differences have a significant impact on the comparability of the data.

In England, the statistics are published monthly and annually by NHS digital: [Hospital Outpatient Activity](#)

In Scotland, the statistics are published on a quarterly and annual basis by Information Services Division (ISD) Scotland: [Outpatient Activity](#)

In Northern Ireland, the department of health publishes annual statistics on outpatient activity: [Outpatient Activity](#)

For detailed information on the comparisons between treatment functions and health boards, see the [discussion of data quality](#).

Well-being of Future Generations Act (WFG)

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural well-being of Wales. The Act puts in place seven well-being goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators (“national indicators”) that must be applied for the purpose of measuring progress towards the achievement of the Well-being goals, and (b) lay a copy of the national indicators before the National Assembly. The 46 national indicators were laid in March 2016.

Information on the indicators, along with narratives for each of the well-being goals and associated technical information is available in the [Well-being of Wales report](#).

Further information on the [Well-being of Future Generations \(Wales\) Act 2015](#).

The statistics included in this release could also provide supporting narrative to the national indicators and be used by public services boards in relation to their local well-being assessments and local well-being plans.

Further details

This report is available at: <https://gov.wales/outpatient-activity>

Next update of data

November 2020 (Provisional)

We want your feedback

We welcome any feedback on any aspect of these statistics, which can be provided by email to stats.healthinfo@gov.wales

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