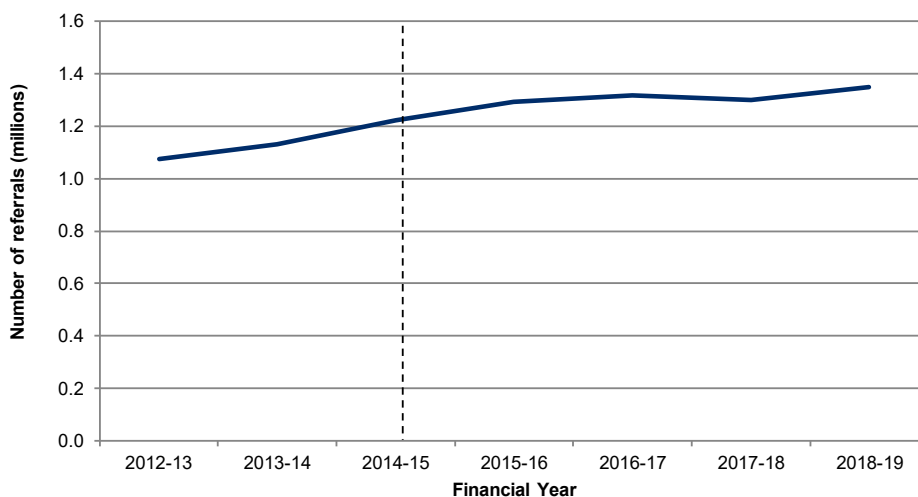


NHS Referrals for first outpatient appointments: 2018-19

30 January 2020
SB 3/2020

Chart 1: Referrals in each financial year, 2012-13 onwards



Note: In October 2014 the coverage of non-GP referrals was expanded which accounts for some of the increase. More detail is in the Key Quality Information section.

Main points

- There were 1,351,184 referrals for first outpatient appointments in 2018-19. This is an increase of 51,014 (3.9 per cent) from the previous year and the highest ever.
- The five treatment functions with the most referrals in 2018-19 were trauma and orthopaedics, general surgery, ophthalmology, ear, nose and throat and gynaecology respectively, similar to previous years.
- While most referrals were received by Abertawe Bro Morgannwg in 2018-19, Cwm Taf had the highest rate of referrals per 10,000 people.

About this bulletin

This statistical bulletin presents summary information on the number of referrals made for treatment in NHS Wales.

New this year: an

[interactive dashboard](#)

where you can explore the trends and data in more detail.

This information is published monthly along with other key indicators as part of the [NHS Activity and Performance Summary](#).

Interactive visuals are updated monthly in a [dashboard](#). The data behind this bulletin is available on [StatsWales](#).

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Introduction

Referrals are made when a medical professional in primary care requires additional support in order to provide the best outcome to a patient.

The main source of data in this bulletin is the outpatient referrals dataset provided by NHS Wales Informatics Service (NWIS). It includes all referrals for hospital treatment in NHS Wales, the treatment function, source of referral and the age, gender and residence of the patients.

These statistics show the number of referrals received at each health board for treatment. They are reported by local health boards and collected by NWIS.

To allow best comparison with area, where applicable, rates per 10,000 people are used to take account of the variation in population size. The source we use for the rate calculations are the Office for National Statistics (ONS) mid-year population projections, the latest available are for mid-year 2018.

The analysis focuses on referrals received in the 2018-19 financial year, but looks back over the whole time series to April 2012 to show long-term trends. There is volatility in the number of referrals by month so in some cases a 12-month rolling average is used from March 2013.

Note that the data are subject to change as further revisions are made to the data by local health boards.

New this year

An [interactive dashboard](#) has been published alongside this bulletin. This bulletin provides a summary of the latest full financial year of data, along with longer-term trends. The dashboard provides an interactive analysis with more detail. It includes breakdowns by local health board and treatment function.

Summary

Referrals for first outpatient appointments

- The number of referrals was 1,351,184 in 2018-19, an increase of 3.9 per cent from 2017-18 and an increase of 25.5 per cent from the first year of data in 2012-13.
- Although there is month to month variation, the average number of referrals has been stable for the last 3 years.
- While the number of GP referrals is the highest in 2018-19, the percentage of referrals coming from GPs has declined overtime (decreased by 7.5 percentage points compared with 2012-13) to the second lowest after 2017-18. This is due to increases in the number of non-GP referrals over time. Compared with 2012-13, the number of non-GP referrals has increased by 179,292 (58.7 per cent).

Referrals by treatment function

- The five treatment functions with the most referrals in 2018-19 were trauma and orthopaedics, general surgery, ophthalmology, ear, nose and throat and gynaecology respectively, similar to previous years. All have increased from last year except for ear, nose and throat which decreased by 1.1 per cent. General surgery, ophthalmology and gynaecology have had the most number of referrals in 2018-19 than any other financial year.
- While referrals from GPs are most common overall, patients for certain treatment functions are more likely to be referred from another source. In terms of the top five treatment functions for Wales, the majority of trauma and orthopaedics and ophthalmology referrals come from non-GP sources.

Referrals by local health board provider

- Most referrals were received by Abertawe Bro Morgannwg in 2018-19, followed by Aneurin Bevan and Betsi Cadwaladr. Powys received the fewest referrals. There were more referrals in all health boards compared to last year, with the exception of Betsi Cadwaladr which had slightly fewer referrals.
- Looking at the number of referrals but with respect to each local health board's population, Cwm Taf had the highest rate of referrals per 10,000 people overall, followed by Abertawe Bro Morgannwg (in each year since 2014-15).
- Each health board had the highest rate of referrals in trauma and orthopaedics, except for Betsi Cadwaladr and Powys which had the highest rate in ophthalmology and ear, nose and throat respectively.
- In terms of the top five treatment functions in Wales in 2018-19, Aneurin Bevan (followed closely by Hywel Dda) had the highest rate of referrals for trauma and orthopaedics. Cwm Taf had the highest rate of referrals for general surgery, ear, nose and throat and gynaecology. Hywel Dda had the highest rate for ophthalmology. Powys had the lowest rate of referrals for trauma and orthopaedics, general surgery and gynaecology.

Key quality information

We publish a detailed [quality report on NHS Wales Referrals for first outpatient appointment statistics](#) that contains information on users, definitions and coverage, as well as other aspects of quality such as timeliness and relevance.

In this release, GP referrals cover both referrals from General Medical Practitioners and General Dental Practitioners.

The data are based on the January 2020 release of the NHS Activity and Performance Summary. The data are subject to change as further revisions are made by local health boards as part of subsequent monthly releases.

Changes to the statistical release

This is the second in the series of annual bulletins relating to outpatient referrals. We have also published an interactive dashboard alongside the release for the first time. We welcome feedback on the release and dashboard, along with requests for further analysis that would be of interest.

In this release we publish analyses on referrals from all sources. Historically, Welsh Government published data on first outpatient referrals from General Medical Practitioners and General Dental Practitioners only. However, these are not the only sources of referral for a first outpatient appointment. Therefore a decision was made to include referrals from non-GP sources. Further information on the impact of including other sources of referrals and identified patterns and trends of non-GP sources of referral are included in the [statistical article published on the 24 February 2015](#).

Change in treatment function codes

In April 2016, there was a change in the treatment function codes submitted by the local health boards. This included the cessation of the nursing treatment function. Whilst the other changes are likely to have resulted in movements between different codes, the cessation of the nursing treatment function affected Cwm Taf University Local Health Board as it was the only health board to submit a large number of referrals for that code. A list of treatment function codes and when they commenced or ceased to be valid, can be found on the NHS Wales Data Dictionary. Further to this the new codes were used inconsistently across the health boards in Wales, so they have been rolled back to the pre-April 2016 codes to allow better comparisons to be made.

The table below shows the referral sources*.

Table 5: Codes and meanings and groupings used for source of referral

Referral Code	Source of Referral	Grouping
03	Not initiated: Referral from General Medical Practitioner	GP
92	Not initiated: General Dental Practitioner	GP
04	Not initiated: Referral from an A&E department	Non-GP
05	Not initiated: Referral from a Consultant or Independent Nurse, other than in an A&E department	Non-GP
07	Not initiated: Referral from Prosthetist	Non-GP
15***	Not initiated: Optometrists	Non-GP
93	Not initiated: Community Dental Service	Non-GP
01	Initiated: Following an emergency admission	Non-GP
02	Initiated: Following a domiciliary visit	Non-GP
10	Initiated: Following an A&E attendance	Non-GP
11	Initiated: Other	Non-GP
00	Unknown Source of Referral	Non-GP
06	Not initiated: Self-referral	Non-GP
08	Not initiated: Other source of referral	Non-GP

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

*** - Included from October 2014.

*[NHS data model and dictionary](#)

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, so care must be taken when analysing ophthalmology referrals over time.

Until October 2014, code 08 was submitted by some 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.

Local health board (area of residence) methodology

In March 2015, there was a change in the methodology used to derive local health board (LHB) of residence. The data used to be based on just the postcode LHB, now it is based on the official residence derivation, which uses the following:

Postcode LHB

Registered GP LHB

Submitted residence LHB

Treatment Site LHB

Provider LHB

Accuracy

2012-13 data

GP services were affected by the doctors' strikes on 21 June 2012. This may have had an impact on the number of referrals for that day. Please note that there were two bank holidays in June 2012 due to the Jubilee. This may have had an impact on the number of referrals.

Volatility within the referrals dataset

The referrals dataset can be quite varied in the numbers of referrals received each month. The use of a 12 month rolling average better accounts for the volatility.

Revisions

From December 2015, our revisions policy is to revise back every 12 months on a monthly basis and perform a full revision back to April 2012 at the end of every financial year (when data for March in any given year is the latest available data to us).

Abertawe Bro Morgannwg health board resubmitted data back to April 2014 (in the March 2019 monthly release) to include data for the Source of Referral: Other source of referral (not initiated), which was previously not reported when it should have been. This accounts for some of the increase from April 2014.

Inappropriate referrals

There is the possibility that some of the referrals which are made are inappropriate. If the referral received by the service is deemed as incorrect or inappropriate then it is marked as inappropriate and closed. These are still included in the dataset.

Timeliness and punctuality

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 practicable after the relevant time period. Data for the end of month reference date is published within six weeks of the reference date. This allows for significant validation by local health boards, NWIS and the Health Statistics and Analysis Unit.

Accessibility and clarity

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.

For further details, please refer to the [quality report](#).

Comparability and coherence

For further details, please refer to the [quality report](#).

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

The document is available at:

<https://gov.wales/nhs-referrals-first-outpatient-appointments>

Next update

January 2021 (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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