



## **Consultation paper**

Proposals for changing the methodology used for the production of completed inpatient and outpatient waiting time information in Northern Ireland



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## **Executive Summary**

1. Hospital Information Branch (HIB), a branch of the Northern Ireland Statistics and Research Agency (NISRA) located within the Department of Health and Social Services and Public Safety (DHSSPS) in Northern Ireland is currently responsible for collating and publishing official statistics on the number of (i) patients admitted for inpatient treatment and (ii) patients attending a first outpatient appointment, following a period of time spent on a waiting list. These are known as completed inpatient and outpatient waits. The information is collected and published on a quarterly basis in the Northern Ireland Waiting Lists publication.
2. The current methodology for the compilation of the number of completed inpatient waits involves the extraction of information from Health and Social Care Trust's Patient Administration Systems on a regionally consistent basis by the PAS Charter 2 (CH2) report, with completed outpatient waits extracted in a similar format using the PAS Charter 4 (CH4) report.
3. Recent developments in the methodologies used by HIB to collate inpatient and outpatient activity information has resulted in alternative methodologies now being available by which completed inpatient and outpatient waits can be collected.
4. These alternative methodologies utilise data already collected and validated by HIB and provide a more streamlined and potentially accurate system for the collection of completed wait data.
5. An analysis of the likely consequences of adopting the proposed methodology, together with an examination of the rationale for the introduction of the new methodology, has been completed and is presented.
6. HIB proposes that the new methodology be introduced for the collection of completed inpatient and outpatient wait information for the quarter ending 30<sup>th</sup> June 2009 and each quarter thereafter.
7. **You are invited to provide feedback on this proposal no later than Friday 3<sup>rd</sup> July 2009.**

## **Proposal to adopt a new methodology for the production of completed inpatient and outpatient wait information in Northern Ireland**

### **1 Introduction**

1.1 Hospital Information Branch (HIB), a branch of the Northern Ireland Statistics and Research Agency (NISRA) located within the Department of Health and Social Services and Public Safety (DHSSPS) in Northern Ireland is currently responsible for collating official statistics on the number of completed inpatient and outpatient waits in hospitals in Northern Ireland on a quarterly basis.

1.2 Data relating to the number of completed inpatient and outpatient waits are published on a quarterly basis in the Northern Ireland Waiting List publication and are currently National Statistics. The data collection system for both completed inpatient and outpatient waits was introduced in the early 1990's in order to monitor a previous Departmental waiting time target that related to the length of time a patient had waited for either inpatient admission or a first outpatient appointment.

1.3 Departmental waiting time targets no longer require this method of measurement as they now relate to the length of time patients are currently waiting for either inpatient admission or a first outpatient appointment, not the length of time they had waited once they had been either treated or assessed.

1.4 While data on completed inpatient and outpatient waiting times are no longer used for Departmental performance monitoring, the data published by the Department are National Statistics and the number of completed waits still provides a valuable indicator of Health Service performance when presented in conjunction with information on the number of patients currently waiting.

1.5 National Statistics are produced to high professional standards set out in the UK Statistics Authority Code of Practice for Official Statistics. They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from political interference.

1.6 NISRA requires all data series produced as National Statistics to comply with the UK Statistics Authority Code of Practice for Official Statistics. In particular the Code's Protocol on User engagement requires HIB to undertake a user consultation outlining the proposed changes to methodology; the rationale for such proposals and the consequences of any change upon the existing data series.

1.7 The UK Statistics Authority Code of Practice for Official Statistics can be found at the web link below:

<http://www.statisticsauthority.gov.uk/reports---correspondence/reports/report-2.pdf>

1.8 HIB have recently developed new methodologies for the collection of both inpatient and outpatient activity. These methodologies were developed for the purpose of collecting robust hospital activity data in order to meet a wide range of Departmental requirements for both inpatient and outpatient activity information.

1.9 The data collection systems used for the collection of both inpatient and outpatient activity now have the capability of also providing data on inpatient admissions following a period of time on the the inpatient waiting list (a completed inpatient wait), and the number of attendances for a first outpatient appointment (a completed outpatient wait). They cannot, however, provide an indication of the length of time a patient had waited.

1.10 The purpose of this document is to:

(i) Detail proposed methodological changes to the collection of completed inpatient and outpatient waiting time information and the consequential impact this will have upon the Northern Ireland Waiting List publication. This is in line with the UK Statistics Authority Code of Practice for Official Statistics, specifically Protocol 1 relating to User engagement;

(ii) Provide data providers and users with an opportunity to comment on these proposed changes.

## **2 Completed Inpatient and Outpatient Wait Information**

- 2.1 A completed inpatient wait relates to patients who have been admitted for treatment as either an ordinary admission or a day case following a period of time on a waiting list. In such circumstances, the date on which the decision to admit the patient for treatment is before the date on which they were admitted i.e. they are not emergency admissions. Completed inpatient waits also exclude patients admitted for planned treatment i.e a planned admission.
- 2.2 An ordinary admission is a patient admitted electively with the expectation that they will remain in hospital for at least one night, including a patient admitted with this intention who leaves hospital for any reason without staying overnight. A day case is a patient admitted electively during the course of a day with the intention of receiving care who does not require the use of a hospital bed overnight and who returns home as scheduled. If this original intention is not fulfilled and the patient stays overnight, such a patient should be counted as an ordinary admission.
- 2.3 The number of completed inpatient waits, and the length of time a patient waited for hospital admission are produced by the PAS CH2 report. The completed waiting time is measured from the date on which a decision to admit a patient was taken to the date on which the patient was admitted to hospital. This does not exclude periods of medical or social suspension.
- 2.4 An outpatient attendance is an attendance at an outpatient service. An outpatient service is an administrative arrangement enabling patients to see a consultant, their staff or associated health professionals, irrespective of the location of the service. Outpatient services are usually provided during a clinic session providing an opportunity for consultation, investigation and minor treatment. Patients normally attend by prior arrangement. Although a consultant is in overall charge, they may not be present on all occasions the clinic is held. They must however, be represented by a member of their team.
- 2.5 A completed outpatient wait relates to all attendances at a new (or first) outpatient appointment.
- 2.6 A new (or first) outpatient appointment is the first of a series, or the only attendance, with a consultant or their representative following an outpatient referral. First attendances at an outpatient clinic that are initiated by a consultant (who has already seen the patient) are classified as review attendances i.e. following an attendance at an Accident and Emergency unit or following an inpatient admission.
- 2.7 The number of completed outpatient waits, and the length of time a patient waited for a first outpatient appointment are produced by the PAS CH4 report. The completed waiting time is measured from the date on which a referral for a first outpatient appointment is received by the provider HSC Trust and ends on the date on which the patient attends their first appointment. This does not account for the waiting time being reset in circumstances in which the patient cancels their first appointment or does not attend their first appointment.



### **3 Current methodology for the production of completed inpatient and outpatient wait information in Northern Ireland**

3.1 The current methodology for the compilation of completed inpatient and outpatient wait information was introduced in the early 1990's in order to provide regionally consistent information on completed waits across the Health Service in Northern Ireland and was designed to monitor progress against the then Department waiting time targets.

3.2 The Patient Administration System (PAS) CH2 and CH4 reports were designed at this time to extract information on completed inpatient and outpatient waits, and the length of time patients had waited for either hospital admission or a first outpatient appointment, from PAS on a regionally consistent basis.

3.4 The length of time a patient waited for either hospital admission or a first outpatient appointment calculated by the PAS CH2 and CH4 reports do not reflect current Departmental waiting time policy. For example, the length of time a patient waited for hospital admission does not exclude periods of medical or social suspension and the length of time a patient waited for a first outpatient appointment is not adjusted to account for circumstances in which a patient cancels, or does not attend a first appointment. These adjustments are applied to waiting times to generate a 'statistical waiting time'. Departmental waiting time targets are monitored using these 'statistical waiting times'. Consequently, the length of time a patient had waited on both the CH2 and CH4 returns, do on occasion exceed the length of time the patient waited as per current Departmental waiting time policy. Given that both current waiting times and completed waits are published in the same publication, this information had led to considerable confusion amongst data users in recent times.

3.5 Consequently, HIB undertook a targeted consultation with known data users in May 2008, to ascertain if a requirement still existed for data on the length of time patients waited for either hospital admission or a first outpatient appointment (as calculated by the PAS CH2 and CH4 reports). The consultation found that requirement for the publication of such data no longer existed. A decision was therefore taken to continue publishing information on the number of completed inpatient and outpatient waits, but to suspend the publication of data on the length of time patients had waited, as measured by the CH2 and CH4. The collection of this information was, however, retained and made available to data users upon request. To date, no data users have requested this information.

3.6 The PAS CH2 and CH4 reports are currently generated by each of the five Health and Social Care Trusts in Northern Ireland.

3.7 These data are then manually supplemented by completed inpatient and outpatient completed activity data that are held on systems other than PAS and are then submitted to HIB on the CH2 and CH4 data return on a quarterly basis.

3.8 The CH2 and CH4 reports are run by HSC Trust personnel approximately one month after the end of each quarter and provides data for the quarter ending March, June, September and December.

3.9 Data are provided on the number of completed inpatient and outpatient waits by legacy HSC Trust. Consequently, data on completed waits by either hospital or specialty are not currently available.

3.10 This information is processed by personnel within HIB who liaise with the data providers within the HSC Trusts to undertake a basic validation of the data submitted. The data are then published in the Northern Ireland Waiting List publication on a quarterly basis. Data are published as a Northern Ireland total.

3.11 Tables 1 and 2 provide an example of the format in which data are currently published in the Northern Ireland Waiting List publication.

3.12 Both the CH2 and CH4 report on completed waits within HSC Trust hospitals. HIB also collect estimates of the number of completed inpatient and outpatient waits for health service patients that occurred within the independent sector, and these are added to the figures published in Tables 1 and 2 to provide an estimate of the total number of completed waits for health service patients.

**Table 1 – Completed Inpatient Waits**

Quarter	Total Number of Completed Inpatient Waits	
	Excluding patients who self deferred or did not attend on a previously arranged admission date	Including patients who self deferred or did not attend on a previously arranged admission date
J - M 2005	39,359	42,567
A - J 2005	41,285	44,448
J - S 2005	37,191	40,422
O - D 2005	40,456	44,606
<b>J - D 2005</b>	<b>158,291</b>	<b>172,043</b>
J - M 2006	41,240	45,827
A - J 2006	39,425	43,553
J - S 2006	36,858	41,004
O - D 2006	39,973	44,994
<b>J - D 2006</b>	<b>157,496</b>	<b>175,378</b>
J - M 2007	41,197	46,645
A - J 2007	40,856	46,140
J - S 2007	38,530	43,853
O - D 2007	40,538	46,230
<b>J - D 2007</b>	<b>161,121</b>	<b>182,868</b>
J - M 2008	39,091	45,217
A - J 2008	42,372	48,612
J - S 2008	38,811	44,802
O - D 2008	42,045	48,132
<b>J - D 2008</b>	<b>162,319</b>	<b>186,763</b>

Source : Departmental Return CH2

**Table 2 – Completed Outpatient Waits**

Quarter	Total Number of Completed Outpatient Waits	
	Excluding patients who had cancelled or did not attend a previous appointment	Including patients who had cancelled or did not attend a previous appointment
J - M 2005	86,944	94,865
A - J 2005	91,489	99,698
J - S 2005	82,721	92,047
O- D 2005	91,969	101,037
<b>J - D 2005</b>	<b>353,123</b>	<b>387,647</b>
J - M 2006	91,695	101,249
A - J 2006	90,531	99,418
J - S 2006	90,716	100,769
O- D 2006	104,266	113,927
<b>J - D 2006</b>	<b>377,208</b>	<b>415,363</b>
J - M 2007	110,712	121,104
A - J 2007	105,202	114,317
J - S 2007	102,848	110,509
O- D 2007	109,135	116,634
<b>J - D 2007</b>	<b>427,897</b>	<b>462,564</b>
J - M 2008	104,041	112,140
A - J 2008	108,230	115,771
J - S 2008	101,318	109,341
O- D 2008	109,825	117,731
<b>J - D 2008</b>	<b>423,414</b>	<b>454,983</b>

Source: Departmental Return CH4

#### **4 Proposed change in methodology for the production of completed inpatient and outpatient wait information in Northern Ireland**

4.1 With the development of the Departmental data warehouse, HIB now have access to a range of anonymised inpatient and outpatient activity information extracted from HSC Trust Patient Administration Systems.

4.2 These data have been used to develop a Departmental Hospital Inpatient System (HIS), containing a wide array of information relating to inpatient episodes in hospitals in Northern Ireland. This includes information on the method of admission, reason for admission, length of stay etc.

4.3 Analyses of the information contained on the HIS is used for a variety of purposes, primarily to allow the Department to monitor activity and to make informed decisions on the allocation of resources to health service providers through capitation formula and tariff modelling for payment by results and reference costs. It is also used to report on various Ministerial Targets, to respond to Assembly & Parliamentary Questions, to respond to Freedom of Information and ad hoc enquiries.

4.4 The data contained on the HIS also allows an analysis of the number of patients admitted to hospitals in Northern Ireland by method of admission. The number of patients admitted as either 'Waiting List' or 'Booked' equates definitionally to the total number of inpatient waits as recorded by the PAS CH2 report. It is not possible to estimate the length a time such patients waited for admission from HIS data. Data can, however, be collected by hospital and specialty.

4.5 HIB have also utilised information contained in the Departmental data warehouse in the development of a system reporting on outpatient activity performed within Health and Social Care Trusts – the Departmental Quarterly Outpatient Activity Return (QOAR).

4.6 Collection of outpatient activity on the QOAR involves the extraction of data on outpatient activity from the Departmental Data Warehouse which is then supplemented with non PAS data to provide a accurate indication of total outpatient activity. These data are used to report on various Ministerial Targets, to respond to Assembly & Parliamentary Questions, to respond to Freedom of Information and ad hoc enquiries. Among the variables collected on the QOAR is one relating to new (or first) outpatient attendances.

4.7 All patients attending a new (or first) outpatient appointment do so as the consequence of a referral being received by the HSC Trust from either a General Practitioner or other health professional and the patient will wait a period of time between the referral being received by the provider Trust and the new (or first) attendance.

4.8 A completed outpatient wait, as measured by the PAS CH4 report, is therefore equivalent to a new (or first) outpatient attendance, as recorded on the QOAR. It is not possible to estimate the length of time such patients waited for a first outpatient appointment from QOAR data. Data can, however, be collected by hospital and specialty.

- 4.9 Both the HIS and QOAR undergo rigorous validation with data providers.
- 4.10 Neither the HIS or QOAR can currently provide robust data on the number of completed inpatient and outpatient waits for health service patients in the independent sector. HIB will continue to collect estimates of the number of completed inpatient and outpatient waits for health service patients that occurred within the independent sector and these will be added to the data from the HIS and QOAR to provide an estimate of the total number of completed waits for health service patients.

## **5 Impact of change in methodology**

- 5.1 The proposed new methodology, if adopted will have a minimal impact upon the completed inpatient and outpatient information published in the Northern Ireland Waiting List publication.
- 5.2 While information on the number of completed inpatient and outpatient waits will continue to be collected, information on the length of time patients had waited for either hospital admission or a first outpatient appointment will no longer be collected centrally by the Department. HSC Trusts will still, however, retain the facility to provide data users with information generated by the PAS CH2 and CH4 reports.
- 5.3 Given that the proposed new methodology will utilise existing data collection systems, greater validation of data provided by Health and Social Care Trusts will be undertaken. Consequently, the new methodology will enhance the quality and accuracy of data on the number of completed waits, and will allow more indepth analyses of information to be performed.

## **6 Rationale for change in methodology**

6.1 Both existing and proposed methodologies contain strengths and weaknesses.

6.2 The rationale for the proposed change in methodology is best displayed in an analysis of the strengths and weaknesses of the contrasting methodologies.

6.3 Table 3 outlines the strengths and weaknesses associated with the existing CH2 and CH4 methodologies.

Table 3 – Strengths and Weaknesses of existing CH2 and CH4 methodologies

<b>Strengths</b>	<b>Weaknesses</b>
Existing methodology. Currently a National Statistic.	Data only provided by legacy HSC Trust. Information not available on the number of completed waits by specialty.
Provides indication of the actual length of time a patient waited for either hospital admission or a first outpatient assessment.	The actual length of time a patient had waited does not take into account waiting time management protocol as outlined in the Patient Elective Access Protocol i.e. the statistical waiting time. For example, completed inpatient waits do not exclude periods of medical or social suspension and completed outpatient waits do not facilitate the resetting of waiting times if a patient cannot or did not attend their first outpatient appointment. Consequently completed wait information is not consistent with current waiting time information.
	HIB cannot apply in-depth validation checks to the data returned by HSC Trusts.
	Data are extracted by a PAS CH2 and CH4 report that cannot be maintained by the DHSSPS.
	Considerable administrative resource is required to generate and submit CH2 and CH4 data.
	Multiple sources of similar data creates confusion among data users.

6.4 Table 4 outlines the strengths and weaknesses associated with the proposed methodology utilising data obtained from the Hospital Inpatient System and Quarterly Outpatient Activity Return.

Table 4 – Strengths and Weaknesses of proposed methodology utilising HIS and QOAR

<b>Strengths</b>	<b>Weaknesses</b>
Information will be generated from two existing data returns minimising burden placed upon data providers.	Information on neither the ‘actual’ nor ‘statistical’ length of time a patient had waited for either inpatient admission or a first outpatient appointment will not be available. Data on ‘actual’ completed waiting times will still be available from HSC Trusts upon request.
Format in which data are provided will allow in-depth validation to be undertaken.	
Information will be provided in greater detail. For example, the number completed waits by specialty will be available.	
Information will be extracted from the data warehouse. This will allow DHSSPS to maintain and amend the new methodologies in a timely and affordable manner.	
Only one source of information will be published reducing confusion among data users.	

## **7 Proposal and invitation to respond**

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

(i) HIB adopts the new methodology of extracting data relating to completed inpatient and outpatient waits in hospitals in Northern Ireland.

(ii) The full methodological process outlined in Section 4 is adopted.

(iii) Data derived from this methodology is collected from the quarter ending June 2009 and is published in the Northern Ireland Waiting List publication from this quarter onwards.

7.2 Responses to this proposal are required in early July 2008 in order to allow the new methodology to be introduced for the position relating to the quarter ending 30<sup>th</sup> June 2009 onwards.

7.4 You are invited to complete the pro-forma contained in Annex A of this document and submit your response to this proposal no later than Friday 3<sup>rd</sup> July 2009.



**Annex A      Response to proposal**

Name

Organisation(s) represented

Address

Telephone number

E-mail address

Please answer the following questions as fully as possible to help HIB (DHSSPS) evaluate the feasibility of introducing the proposal to change the methodology used to collect information relating to completed inpatient and outpatient waits. Please underline your response.

***Your views on the proposal to change the methodology for the production of completed inpatient and outpatient wait information in Northern Ireland***

1 - Are you content that HIB adopt the proposed change in the methodology for the production of data on completed inpatient and outpatient waits in hospitals in Northern Ireland?

Yes    No

If no, please provide reason for this response:

2 – Are you in agreement that HIB should commence the collection of data on completed and outpatient waits derived from the proposed new methodology for the position at the end of June 2009 and each quarter thereafter?

Yes No

If no, please provide reason for this response:

***General comments***

3 – Do you have any other comments relevant to this consultation?

**Responses should be returned no later than Friday 3<sup>rd</sup> July 2009.**

**Please return to: [paula.henry@dhsspsni.gov.uk](mailto:paula.henry@dhsspsni.gov.uk)**

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