



The Strategic Programme for Primary Care

Strategic Programme for
Primary Care

November 2018

Paper:	Work request for HoPCCs: Practice Contact Data
Date of Issue:	16 September 2019
Purpose:	To ask the HoPCC to undertake activity on behalf of the DoPCC/Strategic Programme Board. Full details are provided.
Produced by:	The Strategic Programme PMO & NWIS.
Accountable to:	The Strategic Programme Board (DoPCC).

Executive Summary:

The Heads of Primary and Community Care are key stakeholders in informing and developing the national Strategic Programme for Primary Care.

As part of the Data & Digital Technology work stream, a deliverable has been convened to oversee the roll out of Practice Contact Data (Deliverable 3.2a).

In August 2019, Stacey Forde (Senior Programme Manager, Strategic Programme) attended the HoPCC meeting and presented the direction of travel to meet the deliverable (Appendix A).

Building on that paper, this work-request provides further information and clarifies the level of input required from practices. The following section are provided:

1. Details about the deliverable
2. The ask
3. Next steps
4. Contact information

Please send a list of the practice W codes and named contacts (including a named contact and their email address) to Catherine.Quarrell@wales.nhs.uk by **30 September 2019**.

1. Introduction (the deliverable)

As part of the Data & Digital Technology work stream of the Strategic Programme, the following deliverable is to be achieved:

<u>ID</u>	<u>Description</u>	<u>Product</u>	<u>Milestones</u>	<u>Info:</u>
3.2.a	Roll out of Practice Contact Data.	<p>Data: All-Wales practice contact data.</p> <p>Reports:</p> <ol style="list-style-type: none"> 1. Summary of baseline data/national picture. 2. Follow up report to show appointment activity (Nov – March) 	<p>Aug 2109 – Discuss approach with HoPCC.</p> <p>Sept 2019 – HoPCC to nominate a range of practices to work on data validation. NWIS to manage process.</p> <p>Oct/Nov 2019 – Completion of HB data verification.</p> <p>Nov/Dec 2019 – Report re baseline data (from a national perspective) and inclusion of data within PC dashboard.</p> <p>May 2020 – Production of second report (providing an overview of appointment activity Nov 19 – Mar 20)</p> <p>June 2020 – Presentation, endorsement and launch of second report via by SPB.</p> <p>July 2020 – (Evaluation of deliverable): Qualitative feedback re added value of data from stakeholders.</p>	<p>Scope: Data gathered is not restricted to 'GP appointment' data; the scope has been determined/is limited by how information is coded and can be collected.</p> <p>Exclusions: The list of data caveats should be considered as data exclusions.</p> <p>Constraints and assumptions: Assumption that buy-in and key stakeholders continue to support the release of data.</p> <p>Interfaces, enablers and dependencies: Interface: Data could be presented within the PC Dashboard. Dependencies: Practice level engagement required to support the data validation. NWIS resource.</p> <p>Risks: Misunderstanding of the purpose of data i.e. this is not for performance management. Data used without reference to the caveats.</p> <p>Communications plan: To be developed by the Data & Digital work stream.</p> <p>Measures and evaluation: Production of defendable data. Qualitative feedback re added value from stakeholders.</p>

2. The Ask

To inform the deliverable, HoPCC are asked to engage with, and seek agreement from a number of general practices (from each HB) to take part in a data validation exercise.

The practices should represent a mix of different types (e.g. GP system, practice size etc.). We suggest between 3-5 practices per HB however this is flexible and may vary depending on size, demographics etc. HoPCC are best placed to nominate and determine the appropriate numbers to meet the validation exercise and purpose.

Data validation will require practices to:

- Undertake reports on their appointment data for counts of 'Contacts' and 'DNAs' for the following weeks:
 - 29th July – 4th August 2019
 - 5th August – 11th August 2019
 - 12th August – 18th August 2019
 - 19th August – 25th August 2019
 - 26th August – 1st September 2019.
- Submit the reports to NWIS for comparison.
- Access their own data on the Primary Care Information Portal which will be made available in a downloadable spreadsheet and will provide figures for the total 'Contacts' (activity recorded against a patients on the Practice appointment system) and total 'DNAs' for each week.
- Work with NWIS for the duration of circa 4-6 weeks (commencing late Sept/early Oct) to discuss any discrepancies and potential underlying causes. This may require an NWIS visit to the practice (if wanted/necessary).

A dedicated team within NWIS is ready to support the practices with completing this initial quality improvement exercise, which will inform the overall, iterative process.

Please send a list of the practice W codes and named contacts (including their email addresses and if possible, a brief description of the practice type) to Catherine.Quarrell@wales.nhs.uk by 30 September 2019.

3. Next Steps:

Once the Data & Digital Project Manager (Catherine Quarrel) has received the practice information, this will be issued to NWIS.

The dedicated NWIS team will set up the Primary Care Information Portal accordingly and contact each practice to agree the process over the 4-6 week validation period.

NWIS will provide a progress report to the Data & Digital Working Group and to the Strategic Programme Board.

Subject to the outcome of the validation exercise, the plan is to publish all practice baseline data within the Primary Care Information Portal in November 2019.

4. Key Contacts:

The HoPCC representative on the Data & Digital group are:

- Jayne Lawrence
- Sam Page

For all other queries, please contact the Project Manager:

Catherine.Quarrell@wales.nhs.uk

Appendix: A

Initial Brief for Heads of Primary Care (16 Aug 2019)

GP contacts data

1. Background

The work to extract appointment data from the GP practice systems began in 2016 when the Primary Care Measures project board included DNA rates for GP appointments in the first phase of the indicators.

Audit+ – the clinical data analysis tool – did not support administrative data within its data extraction and analysis model, and a change notice had to be issued to the Clinical System Data Extraction (CSDE) requirement of the GP Systems and Services framework contract.

For practices using Vision, this change was facilitated via the existing API arrangement with Informatica Systems Ltd (the supplier of Audit+). For EMIS systems a chargeable development had to be undertaken which was deployed to the entire EMIS estate in release v7.2 (May 2018).

From June 2018 onward appointment data was received from GP practices where initial analysis of the data received was undertaken and validated against a small number of Vision and EMIS practices. This validation exercise highlighted the fact that GP practices use their appointment systems in a multitude of differing ways with no standardised approach. Hence, it was acknowledged that the term ‘contact’ should be used instead of ‘appointment’ as it was not possible in many cases to determine if a physical appointment had taken place or some administrative task (repeat prescription etc.) had been undertaken in relation to a patient only the fact that the patient had generated some form of activity within the GP practice.

In parallel, NHS Digital has undertaken a similar piece of work involving the GP system suppliers directly. However, the same issues have been identified. When NHS Digital first published appointment data for English practices, the following statement was posted on the web site which resonated with the work being undertaken by NWIS:

‘Data collected within GP systems is used to manage and coordinate the day to day running of practices and is not designed to be used for analysis. Data standards do not exist as to how activity should be classified. The lack of data standards around how activity is recorded within a GP system has meant that there is wide variation in appointment management between practices. In addition, the GP appointment publication has received data from practices using different GP supplier systems, this adds another level of variation’.

The work to extract appointment data is clearly uncharted territory and hence caveats must be applied to all reports published and any conclusions made as a result of analysing this data. The Strategic Programme, NWIS and GPC Wales will be working collaboratively to manage the message and make it clear that this data is NOT being gathered for the purpose of performance management.

2. Initial findings

As stated above, GP practices use their systems to manage and co-ordinate the day-to-day running of their practices and the data collected is not currently designed for analysis purposes.

The following are examples of the initial examination of the data:

- a) On one particular date, 364 practices submitted data; this included 8008 different descriptions for the type of appointment, and it was not possible to determine what each of them were e.g. common-sense appointment, red/blue appointment, 3 letter acronyms
- b) There were 296 different appointments relating to ‘Baby’ clinics e.g. name of surgery/branch surgery, name of GP, nurse etc, time of scheduled clinic, type of review (2-6 weeks, 8 weeks etc)

c) Appointments not being closed, therefore shown as DNAs in the data extracts
The validation exercises described above proved to be extremely useful for the NWIS team undertaking the task. The knowledge gained was applied across all GP practices data with results being presented to the Directors of Primary Care in December 2018.

3. Next steps

A further validation exercise has been requested by workstream 3 of the Strategic Programme for Primary Care, before reports for 'contacts' are published in the Primary Care Information Portal. Heads of Primary Care are asked to nominate 3-5 GP practices per Health Board by the end of August 2019. It is requested that those selected represent a mix of GP practice types (GP system, practice size etc.) and are prepared to take part in the validation exercise.

The data will be made available to the GP practices taking part in the validation via the Primary Care Information Portal. This should be available from mid-September and the exercise is expected to take 4-6 weeks.

Any additional lessons learnt from this exercise will be applied across the data for all GP practices and all processes will be documented. It is planned to publish baseline data in the Primary Care Information Portal during November 2019, subject to the outcome of the validation exercise.