Joint Technical Definitions for Performance and Activity

2017/18-2018/19

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Version	Date	Line	Amendment History
First	12/10/2016	Original	
Second	25/10/2016	E.H.9	Updated CYPMH Indicator Definitions
Third	22/11/2016	E.O.1	Updated wording of 18 Week Wheelchair Definition Updated wording of CYP ED 4 week definition
		E.H.10	Updated wording of CYP ED 4 week definition
		E.M.8 – E.M.11	Measures commissioning hubs completing
		E.A.3	Update to IAPT Roll-out Definition
		E.H.9	Update to CYPMH Definition

Contents

*New line for 2017/18 and 2018/19 planning

Executive Summary

The purpose of this Technical Definitions document is to describe the indicators in https://www.england.nhs.uk/wp-content/uploads/2015/12/ann-e-activity.pdf and to set out for each measure definitions, monitoring, accountability and planning requirements.

For any technical queries, please direct these to the planning mailbox: PAT@dh.gsi.gov.uk

E.A.3: IAPT roll-out

DEFINITIONS

Detailed Descriptor:

The Mental Health Five Year Forward View Implementation Plan set out the ambition to increase access to integrated evidence-based psychological therapies to at least 600,000 additional adults with anxiety and depression each year by 2020/21.The primary purpose of this indicator is to measure improvement in access rates to psychological therapy services via the national Improving Access to Psychological Therapies (IAPT) programme for people with depression and/or anxiety disorders.

The effectiveness of local IAPT services is measured using this indicator and **E.A.S.2** and **E.H.1-3. E.A.S.2** is focused on recovery of patients completing a course of treatment in IAPT services. **E.H.1-3** focus on the waiting times of patients accessing treatment.

E.A.3 measures the proportion of people that enter treatment against the level of need in the general population (the level of prevalence addressed or 'captured' by referral routes).

Lines Within Indicator (Units):

The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies.

Numerator: The number of people who receive psychological therapies.

Denominator: The local number of people who have depression and/or anxiety disorders.

Data Definition:

Relevant IAPT data items and the permissible values for each data item are defined in the IAPT Data Standard.

Psychological therapy: NICE recommended treatment from a qualified psychological therapist (low or high intensity).

For the denominator of this indicator, the expectation is NOT that CCGs carry out a survey of their own, but that they extrapolate local prevalence from the national Adult Psychiatric Morbidity Survey (APMS) as part of their needs assessment. Results of the 2014 APMS were published by NHS Digital in September 2016. An initial analysis using the latest population projection estimates suggests a national increase in the incidence of common mental health disorders (CMHD). It is currently not possible to disaggregate the increase at CCG level because of the need to consider the impact of demography and deprivation factors locally. Work will be commissioned to allow revised prevalence estimates to be calculated at CCG level but these will not be available in time to inform plans for 2017/18. For the purposes of planning for 2017/18 and 2018/19 CCGs are asked to use their previous year's

prevalence baseline with locally determined inflation in order to meet the needs of their local population.

MONITORING

Monitoring Frequency: Quarterly

Monitoring Data Source: IAPT Minimum Data Set**,** NHS Digital

ACCOUNTABILITY

What success looks like, Direction, Milestones:

The expectation is that IAPT services will achieve a minimum of 16.8 % access rate at the end of 2017/18 and 19% by the end of 2018/19. In addition it is expect that CCGs will develop a strategy to increase access further towards addressing 25% of local prevalence by the end of 2020/21.

NHS England will expect CCGs to commission services with this in mind and for the recovery rate to be a minimum of 50%.

Assessment will be based on a quarterly “run rate” requirement , with the expectation that each CCG will achieve a rate of at least 4.2% of local prevalence entering services in quarter 4 of 2017/18 and 4.75% in quarter 4 of 2018/19

Timeframe/Baseline: Ongoing to 2018/19.

Rationale:

This indicator focuses on improved access to psychological therapies, in order to address enduring unmet need. Around one in six adults in England have a common mental health disorder, such as depression or anxiety. Collecting this indicator will demonstrate the extent to which this need is being met.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, quarterly for 2016/17 via the Unify2 template

FURTHER INFORMATION

The IAPT Data Handbook explains the function of effective data collection and reporting in IAPT.

The IAPT data set contains detailed guidance on use of the technical specification and the central return process.

E.A.S.1: Estimated diagnosis rate for people with dementia

DEFINITIONS

Detailed Descriptor:

Diagnosis rate for people aged 65 and over, with a diagnosis of dementia recorded in primary care, expressed as a percentage of the estimated prevalence based on GP registered populations.

Lines Within Indicator (Units):

Numerator: Number of people aged 65 or over diagnosed with dementia.

Denominator: Estimated prevalence of dementia based on GP registered populations.

Data Definition:

Numerator: Number of people, aged 65 and over, with a diagnosis of dementia recorded in primary care as counted within the Quality and Outcomes Framework (QOF) dementia registers. This figure will be published monthly. The end of year assessment will be against the figure published in April 2018 on data from March 2018.

Denominator:
Estimated prevalence of dementia in people aged 65 or over in the local population. The estimated prevalence for the CCG as calculated from the number of patients registered for General Medical Services on the National Health Application and Infrastructure Services (NHAIS) system (also known as 'Exeter') multiplied by dementia prevalence rates from the second cohort Cognitive Function and Ageing Study (CFAS II):

Estimated dementia prevalence rates (CFAS II)

Age Group	Females	Males
65-69	1.8%	1.2%
70-74	2.5%	3.0%
75-79	6.2%	5.2%
80-84	9.5%	10.6%
85-89	18.1%	12.8%
90+	35.0%	17.1%

The prevalence estimate for a CCG will be the sum of prevalence estimates in the 12 age and gender specific groups given in the table. The same six age groups are used for each gender and are 5 year age bands from age 65 to 89 and one an age group, per gender, for people aged 90 and above. The prevalence estimate for an age and gender specific group is calculated by multiplying the prevalence rate given in the table by the matching age and gender specific population count for the CCG.

The population used in the final assessment will be the number of patients registered at a GP practice as at 1st April 2018.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source:

- Quality and Outcomes Framework
- NHS Digital
- Cognitive Function and Ageing Study (CFAS II) second cohort

For planning purposes, projected resident populations for the end of 2017/18 and 2018/19 are supplied. Monthly monitoring will be based on the monthly dementia diagnosis rate report which will use as the relevant population, the number of patients registered at a GP practice on the first date of the following month.

ACCOUNTABILITY

What success looks like, Direction, Milestones:
Improving the ability of people living with dementia to cope with symptoms, access to treatment and care and support. The planning guidance states that the national dementia diagnosis rate of at least two thirds (66.7%) should be maintained through 2017/18.

Timeframe/Baseline: Ongoing

Rationale:
A timely diagnosis enables people living with dementia, and their carers/families to access treatment, care and support, and to plan in advance in order to cope with the impact of the disease. A timely diagnosis enables primary and secondary health and care services to anticipate needs, and working together with people living with dementia, plan and deliver personalised care plans and integrated services, thereby improving outcomes.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG plans, monthly for 2017/18 and 2018/19 via the Unify2 template.

E.A.S.2: IAPT recovery rate

DEFINITIONS

The current measure of recovery based on “caseness” has been a useful measure of patient outcome and has helped to inform service development. This measure will continue in 2017/18 and 2018/19.

However using this methodology means borderline cases that only show a very small change will be counted if they move across the threshold whereas more severe cases that show significant improvement but do not pass the cut-off will be excluded. More statistically robust indices of improvement i.e. reliable recovery and reliable improvement are reported in routine IAPT publications which provide a fairer assessment of the benefits of being seen in an IAPT service.

NHS England will continue to monitor progress against reliable change/improvement in shadow form with a view to assessing whether to set a standard for these measures.

Further detail is available in the Guide to measuring improvement and recovery (2014).

Detailed Descriptor:

The primary purpose of this indicator is to measure the maintenance of recovery rates in psychological services achieved at the end of 2016/17 via the national IAPT programme for people with depression and/or anxiety disorders. The effectiveness of local IAPT services is measured using this indicator and **E.A.3** which is focused on access to services as a proportion of local prevalence.

E.A.S.2 measures the proportion of people who complete treatment who are moving to recovery.

Lines Within Indicator (Units):

The number of people who are moving to recovery.

Numerator: The number of people who have finished treatment having attended at least two treatment contacts and are moving to recovery (those who at initial assessment achieved "caseness” and at final session did not).

Denominator: (The number of people who have finished treatment within the reporting quarter, having attended at least two treatment contacts and coded as discharged) minus (The number of people who have finished treatment not at clinical caseness at initial assessment).

Data Definition:

Relevant IAPT data items and the permissible values for each data item are defined in the IAPT Data Standard.

Psychological therapy: NICE recommended treatment from a qualified psychological therapist (low or high intensity).

Psychological therapy: NICE recommended treatment from a qualified psychological therapist (low or high intensity).

Definition of a 'case': A patient suffering from depression and/or anxiety disorders, as determined by scores on the Patient Health Questionnaire (PHQ 9) for depression and/or the Patient Health Questionnaire (GAD7) for anxiety disorders, or other anxiety disorder specific measure as appropriate for the patient's diagnosis.

Finished treatment: This is a count of all those who have left treatment within the reporting quarter having attended at least two treatment contacts, for any reason including: planned completion; deceased; dropped out (unscheduled discontinuation); referred to another service or unknown.

MONITORING

Monitoring Frequency: Quarterly

Monitoring Data Source: IAPT Minimum Data Set, NHS Digital

ACCOUNTABILITY

What success looks like, Direction, Milestones:
Maintenance of at least 50% recovery rates is expected from those that achieved the standard at the end of 2016/17. Improvement is anticipated from areas where a rate of less than 50% was achieved with the expectation they will achieve at least 50% in 2017/18

Timeframe/Baseline: Ongoing to 2018/19

Rationale:
This indicator focuses on improved access to psychological therapies, in order to address enduring unmet need. Around one in six adults in England have a common mental health disorder, such as depression or anxiety. Collecting this indicator will demonstrate the extent to which this need is being met.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG plans, quarterly for 2017/18 and 2018/19 via the Unify2 template.

FURTHER INFORMATION

The IAPT Data Handbook explains the function of effective data collection and reporting in IAPT.

The IAPT data set includes detailed guidance on use of the technical specification and the central return process

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E.B.3: Incomplete RTT pathways performance

DEFINITIONS

Detailed Descriptor:
The percentage of referral to treatment (RTT) incomplete pathways (patients yet to start treatment) within 18 weeks.

Lines Within Indicator (Units):
The percentage of incomplete RTT pathways (patients waiting to start treatment) of 18 weeks or less at the end of the reporting period.

Data Definition:
A calculation of the percentage within 18 weeks for incomplete RTT pathways based on data provided by NHS and independent sector organisations and signed off by NHS commissioners via Unify2.

The definitions that apply for RTT waiting times, as well as guidance on recording and reporting RTT data, can be found on the NHS England Consultant-led Referral to Treatment Waiting Times Rules and Guidance web page.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source:
Consultant-led RTT Waiting Times data collection (National Statistics)

ACCOUNTABILITY

What success looks like, Direction, Milestones:
Performance will be judged against the incomplete operational standard of 92% – the percentage of incomplete pathways within 18 weeks should equal or exceed 92%

Timeframe/Baseline: Ongoing

Rationale:
The operational standard that 92% of patients on incomplete pathways should have been waiting no more than 18 weeks from referral.

This RTT waiting times standard leaves an operational tolerance to allow for patients who wait longer than 18 weeks to start their treatment for one or more of the following reasons:

- patient choice - patients choose not to accept earliest offered reasonable appointments along their pathway or choose to delay treatments for personal or social reasons
- co-operation - patients who do not attend appointments that they have agreed along their pathways

- clinical exceptions - where it is not clinically appropriate to start a patient's treatment within 18 weeks

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, monthly for 2017/18 and 2018/19 via the Unify2 template

E.B.4: Diagnostic test waiting times

DEFINITIONS

Detailed Descriptor:
The percentage of patients waiting 6 weeks or more for a diagnostic test.

Lines Within Indicator (Units):
The percentage of patients waiting 6 weeks or more for a diagnostic test (included in the Diagnostics Waiting Times and Activity Data Sets fifteen key diagnostic tests) at the end of the period.

Data Definition:
The number of patients waiting six weeks or more for a diagnostic test (fifteen key tests) based on monthly diagnostics data provided by NHS and independent sector organisations and signed off by NHS commissioners as a percentage of the total number of patients waiting at the end of the period.

Full definitions can be found in Monthly Diagnostic Waiting Times and Activity

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: Monthly diagnostics data collection - DM01

ACCOUNTABILITY

What Success Looks Like, Direction, Milestones:
Diagnostic operational standard of less than 1% – the percentage of patients waiting six weeks or more for a diagnostic test should be less than 1%.

Timeframe/Baseline: Ongoing

Rationale:
Prompt access to diagnostic tests is a key supporting measure to the delivery of the NHS Constitution referral to treatment (RTT) maximum waiting time standards. Early diagnosis is also important for patients and central to improving outcomes, eg early diagnosis of cancer improves survival rates.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG plans, monthly for 2017/18 and 2018/19 via the Unify2 template

E.B.5: A&E waiting times – total time in the A&E department

DEFINITION

Detailed Descriptor: Percentage of patients who spent 4 hours or less in A&E.

Lines Within Indicator (Units):

1. Total number of A&E attendances.

2. Number of A&E attendances where the patient spent 4 hours or less in A&E from arrival to transfer, admission or discharge.

3. Percentage of A&E attendances where the patient spent 4 hours or less in A&E from arrival to transfer, admission or discharge.

Data Definition:

Full definitions can be found in the A&E attendances and emergency admissions monthly return definitions document.

A&E means a Type 1, Type 2, Type 3, Type 4 department or urgent care centre that averages more than 200 attendances per month. This average should be calculated over a quarter.

Types of A&E service are:

- Type 1 A&E department = A consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients
- Type 2 A&E department = A consultant led single specialty accident and emergency service (eg ophthalmology, dental) with designated accommodation for the reception of patients
- Type 3 A&E department/Type 4 A&E department/Urgent Care Centre = Other type of A&E/minor injury units (MIUs)/Walk-in Centres (WiCs)/Urgent Care Centre, primarily designed for the receiving of accident and emergency patients. A type 3 department may be doctor led or nurse led. It may be co-located with a major A&E or sited in the community. A defining characteristic of a service qualifying as a type 3 department is that it treats at least minor injuries and illnesses (sprains for example) and can be routinely accessed without appointment. An appointment based service (for example an outpatient clinic) or one mainly or entirely accessed via telephone or other referral (for example most out of hours services) or a dedicated primary care service (such as GP practice or GP-led health centre) is not a type 3 A&E service even though it may treat a number of patients with minor illness or injury.

Potential patients must be aware of A&E departments and perceive the service as an urgent and emergency care service. As a result, for a department to be classified under the above A&E nomenclature it must average over 200 attendances per month.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source:
Monthly A&E Attendances and Emergency Admissions collection (MSitAE)

ACCOUNTABILITY

What success looks like, Direction, Milestones:
Standard is 95% of patients seen within 4 hours

Timeframe/Baseline: Ongoing

Rationale:
Longer lengths of stay in the emergency department are associated with poorer health outcomes and patient experience as well as transport delays, treatment delays, ambulance diversion, patients leaving without being seen and financial effects. It is critical that patients receive the care they need in a timely fashion so that patients who require admission are placed in a bed as soon as possible, patients who need to be transferred to other healthcare providers receive transport with minimal delays and patients who are fit to go home are discharged safely and rapidly.

There is professional agreement that some patients need prolonged times in A&E. However, these exceptions are rare and unlikely to account for more than 5% of attendances. International literature suggests increases in adverse outcomes for patients who have been in A&E for more than 4-6 hours.

Excessive total time in A&E is linked to poor outcomes and patient delays should be minimised (but care should not be hurried or rushed). Changes in the practice of emergency medicine in some departments also means that more is being done for patients in A&E, which may take longer but is for the benefit of the patient.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG plans, monthly for 2017/18 and 2018/19 via the Unify2 template.

To be completed by lead CCG. Plans are to be submitted by lead commissioners of Type 1 Trusts. Plans submitted should be for all types of attendances to A&E.

E.B.6-7: Cancer two week waits

DEFINITIONS

Detailed Descriptor:

Two week wait (urgent referral) services (including cancer).

Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer (**E.B.6**) and percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected (**E.B.7**).

Lines Within Indicator (Units):

E.B.6: All cancer two week wait

Numerator: Patients urgently referred with suspected cancer by their GP (GMP, GDP or Optometrist) who were first seen within 14 calendar days within the given month/quarter.

Denominator: All patients urgently referred with suspected cancer by their GP (GMP, GDP or Optometrist) who were first seen within the given month/quarter.

E.B.7: Two week wait for breast symptoms (where cancer was not initially suspected)

Numerator: Patients urgently referred for evaluation/investigation of “breast symptoms” by a primary or secondary care professional during a period (excluding those referred urgently for suspected breast cancer) who were first seen within 14 calendar days during the given month/quarter.

Denominator: All patients urgently referred for evaluation/investigation of “breast symptoms” by a primary or secondary care professional within a given month/quarter, (excluding those referred urgently for suspected breast cancer) who were first seen within the given month/quarter.

All referrals to a breast clinical team (excluding those for suspected cancer and those to family history clinics) should be included within the dataset supplied for **E.B.7**.

Data Definition:

Numerator and denominator details are defined above.

All data are to be returned to the Cancer Waiting Times Database (CWT-Db) as per the definitions and mandates for the National Cancer Waiting Times Monitoring Dataset (NCWTMDS) specified to the NHS in Amd 7/2015.

An interactive copy of the NCWTMDS definitions, including the changes specified in Amd 7/2005, is available in the NHS Data Dictionary.

MONITORING

Monitoring Frequency: Monthly and Quarterly

Monitoring Data Source:
Data are sourced from the CWT-Db on a monthly and quarterly basis.

ACCOUNTABILITY

What success looks like, Direction, Milestones:

E.B.6: All cancer two week wait
Performance is to be sustained at or above the operational standard of 93%.

E.B.7: Two week wait for breast symptoms (where cancer was not initially suspected).
Performance is to be sustained at or above the operational standard of 93%.

Timeframe/Baseline: Ongoing

Rationale:
These two week wait services are a vital component of the patient pathway. They ensure fast access to diagnostic tests, supporting the provision of an earlier diagnosis and therefore assist in improving survival rates for cancer. It remains important for patients with cancer or its symptoms, to be seen by the right person, with appropriate expertise, within two weeks to ensure that they receive the best possible survival probability and a lower level of anxiety than if they were waiting for a routine appointment.

This indicator also relates to a patient's right to be seen in two weeks as expressed in the NHS Constitution.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG plans, monthly and quarterly for 2017/18 and 2018/19 via the Unify2 template

E.B.8-11: Cancer 31 day waits

DEFINITIONS

Detailed Descriptor:

Cancer 31 day waits.

Percentage of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat') (**E.B.8**)

Percentage of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Surgery (**E.B.9**), an Anti-Cancer Drug Regimen (**E.B.10**) or a Radiotherapy Treatment Course (**E.B.11**)

Lines Within Indicator (Units):

E.B.8: Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis (measured from 'date of decision to treat')

Numerator: Number of patients receiving first definitive treatment for cancer within 31 days of receiving a diagnosis (decision to treat) within a given period for all cancers (ICD-10 C00 to C97 and D05).

Denominator: Total number of patients receiving first definitive treatment for cancer within a given period for all cancers (ICD-10 C00 to C97 and D05).

E.B.9: 31-day standard for subsequent cancer treatments-surgery

Numerator: Number of patients receiving subsequent treatment of surgery within a maximum waiting time of 31-days during a given month/quarter, including patients with recurrent cancer.

Denominator: Total number of patients receiving subsequent treatment of surgery during a given month/quarter, including patients with recurrent cancer.

Scope: Those treatments classified as "Surgery" within the National Cancer Waiting Times Monitoring Dataset (NCWTMDS).

E.B.10: 31-day standard for subsequent cancer treatments - anti cancer drug regimens

Numerator: Number of patients receiving a subsequent/adjuvant anti-cancer drug regimen within a maximum waiting time of 31-days within a given month/quarter, including patients with recurrent cancer.

Denominator: Total number of patients receiving a subsequent/adjuvant anti-cancer drug regimen within a given month/quarter, including patients with recurrent cancer.

Scope: Using the definitions published in the NCWTMDS "Anti-Cancer Drug Regimens" includes: Cytotoxic Chemotherapy, Immunotherapy, Hormone Therapy - plus other specified and unspecified drug treatments.

E.B.11: 31-day standard for subsequent cancer treatments – radiotherapy

Numerator: Number of patients receiving subsequent/adjuvant radiotherapy treatment within a maximum waiting time of 31-days within a given month/quarter, including patients with recurrent cancer.

Denominator: Total number of patients receiving subsequent/adjuvant radiotherapy treatment within a given month/quarter, including patients with recurrent cancer.

Scope: Using the definitions published in the NCWTMDS "Radiotherapy Treatments" includes: Teletherapy (beam radiation), Brachytherapy, Chemoradiotherapy and Proton Therapy.

Data Definition:
Numerator and denominator details are defined above.

All data are to be returned to the Cancer Waiting Times Database (CWT-Db) as per the definitions and mandates for the National Cancer Waiting Times Monitoring Dataset (NCWTMDS) specified to the NHS in Amd 7/2015.

An interactive copy of the NCWTMDS definitions, including the changes specified in Amd 7/15, is available in the NHS Data Dictionary.

MONITORING

Monitoring Frequency: Monthly and Quarterly

Monitoring Data Source:
Data are sourced from the CWT-Db on a monthly and quarterly basis

ACCOUNTABILITY

What success looks like, Direction, Milestones:

E.B.8: Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis (measured from 'date of decision to treat')
Performance is to be sustained at or above the operational standard of 96%.

E.B.9: 31-day standard for subsequent cancer treatments-surgery
Performance is to be sustained at or above the operational standard of 94%.

E.B.10: 31-day standard for subsequent cancer treatments - anti cancer drug regimens
Performance is to be sustained at or above the operational standard of 98%.

E.B.11: 31-day standard for subsequent cancer treatments – radiotherapy
Performance is to be sustained at or above the operational standard of 94%.

Timeframe/Baseline: Ongoing

Rationale:
Maintaining these standards will ensure that cancer patients receive all treatments within their package of care within clinically appropriate timeframes, thus providing a better patient-centred care and improve cancer outcomes.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, monthly and quarterly for 2017/18 and 2018/19 via the Unify2 template

E.B.12-14: Cancer 62 day waits

DEFINITIONS

Detailed Descriptor:

E.B.12: Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.

E.B.13: Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from a NHS Cancer Screening Service.

E.B.14: Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.

Lines Within Indicator (Units):

E.B.12: All cancer two month urgent referral to first treatment wait

Numerator: Number of patients receiving first definitive treatment for cancer within 62-days following an urgent GP (GDP, GMP or Optometrist) referral for suspected cancer within a given month/quarter, for all cancers (ICD-10 C00 to C97 and D05).

Denominator: Total number of patients receiving first definitive treatment for cancer following an urgent GP (GDP, GMP or Optometrist) referral for suspected cancer within a given month/quarter, for all cancers (ICD-10 C00 to C97 and D05).

E.B.13: 62-day wait for first treatment following referral from a NHS cancer screening service

Numerator: Number of patients receiving first definitive treatment for cancer within 62-days following referral from a NHS Cancer Screening Service within a given month/quarter (CD-10 C00 to C97 and D05).

Denominator: Total number of patients receiving first definitive treatment for cancer following referral from a NHS Cancer Screening Service within a given month/quarter (ICD-10 C00 to C97 and D05).

E.B.14: 62-day wait for first treatment for cancer following a consultant's decision to upgrade the patient's priority

Numerator: Number of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.

Denominator: Total number of patients receiving first definitive treatment for cancer following a consultant decision to upgrade their priority status within a given period.

Scope: Patients included in this indicator will not have been referred urgently for suspected cancer by their GP or referred with suspected cancer from a NHS Cancer Screening Service with suspected cancer (routine referrals from these services where cancer was not initially suspected may be upgraded).

Data Definition:
Numerator and denominator details are defined above.

All data are to be returned to the Cancer Waiting Times Database (CWT-Db) as per the definitions and mandates for the National Cancer Waiting Times Monitoring Dataset (NCWTMDS) specified to the NHS in Amd 7/2015.

An interactive copy of the NCWTMDS definitions, including the changes specified in Amd 7/2015 is available in the NHS Data Dictionary.

MONITORING

Monitoring Frequency: Monthly and Quarterly

Monitoring Data Source:
Data are sourced from the CWT-Db on a monthly and quarterly basis

ACCOUNTABILITY

What success looks like, Direction, Milestones:

E.B.12: All cancer two month urgent referral to first treatment wait
Performance is to be sustained at or above the published operational standard of 85%.

E.B.13: 62-day wait for first treatment following referral from a NHS cancer screening service
Performance is to be sustained at or above the published operational standard of 90%.

E.B.14: 62-Day wait for first treatment for cancer following a consultant's decision to upgrade the patient's priority
There is no current operational standard, therefore will not be centrally assessed against a set threshold. These performance data will however be monitored and published as national statistics.

Timeframe/Baseline: Ongoing

Rationale:
Maintaining these standards will ensure that a cancer patient will receive timely access to treatment and move along their pathway of care at a clinically appropriate pace, thus providing better patient-centred care and improve cancer outcomes.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG plans, monthly and quarterly for 2017/18 and 2018/19 via the Unify2 template.

E.B.17: Ambulances - Proportion of calls closed by telephone advice

DEFINITIONS

Detailed Descriptor:

Calls to the ambulance service that can be resolved by telephone advice only avoid the need to dispatch an ambulance and reduce demand on the service. Increasing the hear and treat rate, where clinically appropriate, increases the availability of ambulance fleet for incidents requiring a vehicle response.

Lines Within Indicator (Units):

Numerator:
Number of emergency calls that have been resolved by providing telephone advice

Denominator:
Number of emergency calls that receive a telephone or face-to-face response from the ambulance service at the scene of the incident

Data Definition:

Numerator:
Number of successfully completed emergency calls that have been resolved (that is, where advice has been given with any appropriate action agreed with the patient), with no face-to-face resource, by

- a designated HCP accountable to the Trust providing telephone advice only,
- or; calls dealt with by an HCP accountable to the Trust, or;
- call dealt with through decisions supported by clinical decision support software, or;
- calls passed to another organisation working with the Trust through an agreed contract or Service Level Agreement, or Directory of Services.
- Include emergency incidents resolved by one of the above options where a vehicle is dispatched but stood down before arrival, and not with a stop code of:
- Duplicate;
- Cancelled;
- Abandoned; or
- Information only (no clinical information).

Denominator:
All emergency calls that receive a telephone or face-to-face response from the ambulance service at the scene of the incident.

Exclusions

- The following calls should be excluded from the numerator and denominator of this indicator:

- Calls where a face-to-face contact and likely transport has been pre-determined, from HCP calls, whether urgent or immediate (because no such calls can currently be re-triaged for an alternative outcome such as hear and treat);
- Duplicate or multiple calls to an incident where a response has already been activated;
- Hang-ups before coding is complete;
- Caller not with patient and unable to give details;
- Caller refuses to give details;
- Hoax calls where response not activated;
- Response cancelled before coding is complete (for example, patient recovers).

All calls that have been passed from NHS 111 as requiring an ambulance response either electronically or manually should not be included in this indicator.

From 01 April 2007, all "urgent" calls have been prioritised and categorised in the same way as emergency calls. However, these "urgent" calls should not be included with data for emergency calls for this indicator.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: Ambulance Quality Indicators

ACCOUNTABILITY

What success looks like, Direction, Milestones:

Although no targets have been set, an increase in the proportion of Hear and Treat rate would be seen as successful. As the volumes of calls to the ambulance services are increasing it may be acceptable that an increase in the total number of incidents dealt with as "Hear and Treat" could also be seen as success.

Local trajectories should be set in line with national analysis of variation in ambulance services led by NHS England and in response to SCHaRR 'VAN' report1. A 2020/21 casemix has been agreed as realistic with the Association of Ambulance Chief Executives (AACE) of: 11% 'hear and treat'; 40% 'see and treat'; 40.8% conveyance to type 1 and 2 A&E and 6.2% conveyance to other settings. This will be reviewed in line with additional evidence.

Timeframe/Baseline:

Ongoing monthly collection. Baselining would need to take into consideration the introduction of Ambulance Response Programme measures. Patient re-contact rates following "Hear and Treat" disposition should also be monitored.

[1] Understanding variation in rates of ambulance service 'non-conveyance of patients to an emergency department' (VAN) – led by SCHaRR

Rationale:
Ambulance services should aim for continuous improvement on these indicators and monitor as long a time series as possible (24 continuous months is preferable). In addition to comparing current performance with performance in the immediately preceding periods, services may also find it helpful to compare current performance against a baseline of activity in the same period in the previous year. This will allow services to place current performance in context and stimulate discussion on how to continuously improve.
When comparing current performance with historical performance care should be taken to assess how much of the observed change in activity or performance is affected by changes in the coverage and quality of the data.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, monthly for 2016/17 via the Unify2 template.
To be completed by lead CCG.

FURTHER INFORMATION

Further information on data available to support this metric can be found on the Ambulance Quality Indicators landing page;
https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/

E.B.18: Ambulances - Proportion of incidents managed without need for transport to Accident and Emergency departments

DEFINITIONS

Detailed Descriptor:

A large proportion incidents dealt with by the ambulance service can be treated at the scene or transferred to a health care setting other than an emergency department (Type 1 or 2). These incidents are often referred to as “See and Treat”, or “See, Treat and Convey”.. Ambulance service ability to manage patients as “See and Treats” avoids patients being directed towards the Accident and Emergency services. Increasing the proportion of “See and Treats” is seen as positive and ambulance trusts are encouraged to develop their services to increase this metric.

Lines Within Indicator (Units):

Numerator:
Patient journeys to a destination other than Type 1 and Type 2 A&E plus number of patients discharged after treatment at the scene or onward referral to an alternative care pathway

Denominator:
All emergency calls that receive a face-to-face response from the ambulance service

Data Definition:

Numerator:
Patient journeys to a destination other than Type 1 and Type 2 A&E, plus number of patients discharged after treatment at the scene or onward referral to an alternative care pathway: Emergency only.

Denominator:
All emergency calls that receive a face-to-face response from the ambulance service.

- Each incident conveyed is counted as an individual transport. Number of incidents without requiring onward conveyance is counted as an individual treated at the scene. Trusts should include only those patients conveyed as a result of an emergency call made by a member of the public or organisation.
- It should be noted that the activity currency is a single incident even though it may result in more than one patient journey.
- Emergency patient journeys to a destination other than Type 1 and Type 2 A&E: Include those incidents which result in an emergency patient journey to all other destinations other than Type 1 or Type 2 A&E departments. An example of this could be conveying a patient to a minor injuries unit or a Walk-in Centre, GP service or any other health or social care service.
- Include those incidents where patients were treated at the scene by the ambulance service and as a result of that treatment no patients required onward transportation for further treatment. If, as part of that treatment, the Ambulance Service staff arranged, for example, an appointment for the patient at a GP surgery or a follow-up home visit from a health professional,

that should also be counted as treatment at the scene. Responses where ambulance trust staff attended an incident and advice was given, but no clinical intervention was necessary with no onward transportation required, should also be included as treatment at the scene.

- From 01 April 2007, all "urgent" calls have been prioritised and categorised in the same way as emergency calls. However, these "urgent" calls should not be included with data for emergency calls for this indicator.
- Calls from an HCP should be excluded from this indicator because a likely transport and destination has been pre-determined, whether urgent or immediate, as none of these calls can be transported to an alternative destination or treated at scene.
- All calls that have been passed from NHS 111 as requiring an ambulance response either electronically or manually should be included in this indicator

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: Ambulance Quality Indicators

ACCOUNTABILITY

What success looks like, Direction, Milestones:

Although no targets have been set, an increase in the proportion of See and Treat rate would be seen as successful. As the volumes of calls to the ambulance services are increasing it may be acceptable that an increase in the total number of incidents dealt with as "See and Treat" could also be seen as success.

Local trajectories should be set in line with national analysis of variation in ambulance services led by NHS England and in response to SCHaRR 'VAN' report2. A 2020/21 casemix has been agreed as realistic with the Association of Ambulance Chief Executives (AACE) of: 11% 'hear and treat'; 40% 'see and treat'; 40.8% conveyance to type 1 and 2 A&E and 6.2% conveyance to other settings. This will be reviewed in line with additional evidence.

Timeframe/Baseline:

Ongoing monthly collection. Baselining would need to take into consideration the introduction of Ambulance Response Programme measures. Patient re-contact rates following "See and Treat" disposition should also be monitored.

Rationale:

Ambulance services should aim for continuous improvement on these indicators and monitor as long a time series as possible (24 continuous months is preferable). In addition to comparing current performance with performance in the immediately preceding periods, services may also find it helpful to compare current performance

[2] Understanding variation in rates of ambulance service 'non-conveyance of patients to an emergency department' (VAN) – led by SCHaRR

against a baseline of activity in the same period in the previous year. This will allow services to place current performance in context and stimulate discussion on how to continuously improve.
When comparing current performance with historical performance care should be taken to assess how much of the observed change in activity or performance is affected by changes in the coverage and quality of the data.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, monthly for 2016/17 via the Unify2 template.
To be completed by lead CCG.

FURTHER INFORMATION

Further information on data available to support this metric can be found on the Ambulance Quality Indicators landing page;
https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/

E.D.14: Extended access (evening and weekends) at GP services

DEFINITIONS

Detailed Descriptor:

Percentage of practices within a CCG which meet the definition of offering extended access; that is where patients have the option of accessing routine (bookable) appointments outside of standard working hours Monday to Friday.

Extended access is delivered by a practice when, in their own practice or through a group to which they belong, patients may access routine bookable appointments on both Saturday and Sunday and either in the early morning (before 8.00am) or evening (after 6.30pm) on each of the other five days of the week.

Lines Within Indicator (Units):

Data to assess whether a practice meets the definition of offering extended access are taken from the practice's responses to the extended access to general practice survey.

Questions about access on Saturdays:

- Question 1: Do patients have the option of accessing pre-bookable Saturday appointments at your practice?
- Question 6: Do patients have the option of accessing pre-bookable Saturday appointments through your group?

Questions about access on Sundays:

- Question 2: Do patients have the option of accessing pre-bookable Sunday appointments at your practice?
- Question 7: Do patients have the option of accessing pre-bookable Sunday appointments through your group?

Questions about extended access Monday to Friday:

- Question 3: Do patients have the option of accessing pre-bookable early morning appointments (before 8.00am) during the week at your practice?
- Question 3a: If "YES" to question 3, on which week days does your practice provide pre-bookable early morning appointments?
- Question 8: Do patients have the option of accessing pre-bookable early morning appointments (before 8.00am) during the week through your group?
- Question 8a: If "YES" to question 8, on which week days does your group provide pre-bookable early morning appointments?

- Question 4: Do patients have the option of accessing pre-bookable evening appointments (after 6.30pm) during the week at your practice?
- Question 4a: If "YES" to question 4, on which week days does your practice provide pre-bookable evening appointments?
- Question 9: Do patients have the option of accessing pre-bookable evening appointments (after 6.30pm) during the week through your group?

- Question 9a: If “YES” to question 9, on which week days does your group provide pre-bookable evening appointments?

The denominator of the indicator is the number of practices in the CCG.

Data Definition:
A practice meets the definition of offering extended access if, at the practice or through a group of practices of which the practice is a member, eg a federation, patients are able to access pre-bookable appointments seven days of the week.

To meet the definition of offering extended access a practice must meet the criteria for all parts, one to seven, of the indicator:

- Part 1: access on Saturdays
  A practice meets part one if their answer to question one OR question six is Yes, or if they answer Yes to both questions.

- Part 2: access on Sundays
  A practice meets part two if their answer to question two OR question seven is Yes, or if they answer Yes to both questions.

- Parts 3 to 7: extended access Monday to Friday

  Part three refers to Monday, part four to Tuesday, part five to Wednesday, part six to Thursday and part seven to Friday.

  A practice meets a part if, for that day, they meet at least one of the four criteria:

  i. Their answer to question three is Yes AND their answer to question 3a is positive for that day;
  ii. Their answer to question eight is Yes AND their answer to question 8a is positive for that day;
  iii. Their answer to question four is Yes AND their answer to question 4a is positive for that day;
  iv. Their answer to question nine is Yes AND their answer to question 9a is positive for that day;

  In summary, to meet the criteria on a day from Monday to Friday, a practice must, on that day offer, at the practice or through a group of practices of which the practice is a member, pre-bookable early morning appointments OR pre-bookable evening appointments OR BOTH.

The numerator of the indicator is the count of practices in the CCG which meet the criteria for all parts, one to seven, of the indicator.

The denominator of the indicator is the number of practices in the CCG.

MONITORING

Monitoring Frequency: Bi-annual

Monitoring Data Source:
The numerator is calculated from the extended access to general practice survey, a new data collection from GP practices in the form of a bi-annual survey conducted through the Primary Care Web Tool (PCWT).

The denominator is the number of open general practices in the CCG, as published by NHS Digital's Organisation Data Service, for the nearest date to that of the extended access to general practice survey.

ACCOUNTABILITY

What success looks like, Direction, Milestones:
All practices in England should ensure that their patients have extended access to pre-bookable appointments by 2020.

Rationale:
The government's mandate to NHS England for 2016-17[3] gives NHS England a goal that by 2020, "*100% of population has access to weekend/evening routine GP appointments*".

Objective six of the mandate states that, "We expect NHS England to ensure everyone has easier and more convenient access to GP services, including appointments at evenings and weekends …"

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Six-monthly for CCGs via the Unify2 template.

[3] https://www.gov.uk/government/publications/nhs-mandate-2016-to-2017

E.H.1-3: IAPT waiting times

DEFINITIONS

Detailed Descriptor:

The primary purpose of these indicators is to measure waiting times from referral to treatment in improving access to psychological therapies (IAPT) services for people with depression and/or anxiety disorders.

For planning purposes the indicator is focused on measuring waits for those finishing a course of treatment i.e. two or more treatment sessions and coded as discharged but also requires local monitoring of all referral to treatment starts.

Additionally in order to guard against perverse incentives we will monitor patterns of treatment across the pathway as follows:

- the proportion of people having a course of treatment and those having a single therapy session
- the average waiting time between first and second treatment sessions
- average number of treatment sessions
- the case mix of patients being seen within services ie by diagnosis and severity/complexity.

Monitoring at least the above are important in terms of quality assurance but in particular work on reducing waiting lists has highlighted the high number of patients with excess waits for continuation of treatment following their first treatment appointment. Such long waits are not good practice and are known to impact on recovery rates and patient experience.

Lines Within Indicator (Units):

PLANNING REQUIREMENTS

E.H.1_A1: The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.

Numerator: The number of ended referrals that finish a course of treatment in the reporting period who received their first treatment appointment within 6 weeks of referral.

Denominator: The number of ended referrals that finish a course of treatment in the reporting period.

E.H.2_A2: The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.

Numerator: The number of ended referrals that finish a course of treatment in the reporting period who received their first treatment appointment within 18 weeks of referral.

Denominator: The number of ended referrals who finish a course of treatment in the reporting period.

Monitoring Requirements

E.H.1_B1: The proportion of people that wait 6 weeks or less from referral to their first IAPT treatment appointment against the number of people who enter treatment in the reporting period.

Numerator: The number of people who had their first treatment appointment within 6 weeks of referral in the reporting period.

Denominator: The number of people who had their first treatment appointment in the reporting period.

E.H.2_B2: The proportion of people that wait 18 weeks or less from referral to their first IAPT treatment appointment against the number of people who enter treatment in the reporting period.

Numerator: The number of people who had their first treatment appointment within 18 weeks of referral in the reporting period.

Denominator: The number of people who had their first treatment appointment in the reporting period.

E.H.3_C1: Number of ended referrals in the reporting period that received a course of treatment against the number of ended referrals in the reporting period that received a single treatment appointment.

E.H.3_C2: Average number of treatment sessions

E.H.3_C3: The proportion of people that waited less than 28 days from their first treatment appointment to their second treatment appointment.

Numerator: The number of people who had their second treatment appointment within 28 days of their first treatment appointment in the reporting period.

Denominator: The number of people who had their second treatment appointment in the reporting period.

E.H.3_C4: The proportion of people that waited less than 90 days from their first treatment appointment to their second treatment appointment.

Numerator: The number of people who had their second treatment appointment within 90 days of their first treatment appointment in the reporting period.

Denominator: The number of people who had their second treatment appointment in the reporting period.

Data Definition:
Relevant IAPT data items and the permissible values for each data item are defined in the IAPT Data Standard.
Psychological therapy: NICE recommended treatment from a qualified psychological therapist (low or high intensity).
Referral date: The date a referral for assessment or treatment is received at the IAPT service or appointment processing agency such as single point of access or triage service.
Treatment session: This is coded as Appointment Type 02 – Treatment, 03 - Assessment and Treatment, and 05 - Review and Treatment in the IAPT data standard.
Finished course of treatment: This is a count of all those who have left treatment having attended at least two treatment contacts, for any reason including:

- planned completion
- deceased
- dropped out (unscheduled discontinuation)
- referred to another service
- unknown

MONITORING

Monitoring Frequency: Quarterly

Monitoring Data Source: IAPT Minimum Data Set, NHS Digital

ACCOUNTABILITY

What success looks like, Direction, Milestones:
NHS England has committed that “75% of people referred to the Improved Access to Psychological Therapies programme will be treated within 6 weeks of referral (E.H.1_ A1), and 95% will be treated within 18 weeks of referral (E.H.2._A2).”

Maintenance of at least the standards for those CCGS achieving these at the end of 2016/17 is expected. Improvement is anticipated from areas which are not achieving the standards with the expectation that they will achieve the standard in 2017/18.

Timeframe/Baseline: Ongoing to 2018/19

Rationale:
“Achieving Better Access to Mental Health Services by 2020” has identified three key areas where additional investment will be made to implement Mental Health access and/or waiting time standards. This includes a specific waiting time standard for adult IAPT services to ensure timely access to evidence based psychological therapies for people with depression and anxiety disorders.

In order to guard against perverse incentive NHS England will monitor patterns of treatment across the pathway using **E.H.3_C1, E.H.3_C2** and **E.H.3_C3**.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, quarterly for 2017/18 and 2018/19 for both **E.H.1_A1** and **E.H.2_A2** only via the Unify2 template.

Local monitoring is anticipated for **E.H.1_B1, E.H.2_B2**, and **E.H.3_C1-4**

FURTHER INFORMATION

The IAPT data set contains detailed guidance on use of the technical specification and the central return process.

NHS England has published guidance for how new access and waiting time standards for mental health services are to be introduced in 2015/16 across services for first episode psychosis, IAPT for common mental health conditions, and liaison mental health services in acute trust settings 'Guidance to support the introduction of access and waiting time standards for mental health services in 2015/16'.

E.H.4: Psychosis treated with a NICE approved care package within two weeks of referral

DEFINITIONS

Detailed Descriptor:

The access and waiting time standard requires that more than 50% of people experiencing first episode psychosis will be treated with a NICE recommended package of care within two weeks of referral.
Both the maximum waiting time from referral to treatment **and** access to NICE recommended care must be met for the standard to have been fully achieved.

Lines Within Indicator (Units):

Maximum waiting time indicator
The proportion of people experiencing first episode psychosis or ARMS (at risk mental state) that wait 2 weeks or less to start a NICE recommended package of care.

Numerator: The number of referrals to and within the Trust with suspected first episode psychosis or at 'risk mental state' that start a NICE-recommended package care package in the reporting period within 2 weeks of referral.

Denominator: The number of referrals to and within the Trust with suspected first episode psychosis or at 'risk mental state' that start a NICE-recommended care package in the reporting period.

NICE-recommended care delivery

- Performance against the NICE concordance element of the standard is to be measured via:
  - a quality assessment and improvement network being hosted by CCQI at the Royal College of Psychiatrists. All providers will be expected to take part in this network and submit self-assessment data which will be validated and performance scored on a 4-point scale at the end of each year. This assessment will provide a baseline of performance and will be used to inform the development of performance expectations for 17/18 and beyond.
  - submission of intervention and outcomes data using SNOMED-CT codes in line with published guidance.

Data Definition:

The relevant data items and the permissible values for each data item are defined in the Guidance for Reporting Against Access and Waiting Time Standards: CYP & EIP and accompanying Frequently Asked Questions.

MONITORING

Monitoring Frequency: Quarterly

Monitoring Data Source: Mental Health Services Data Set**,** NHS Digital / Early Intervention in Psychosis Waiting time return, Unify2

ACCOUNTABILITY

What success looks like, Direction, Milestones:

The measure of success will be that more than 50% of people experiencing a first episode of psychosis are treated with a NICE recommended care package within two weeks of referral. It is expected that the standard should be delivered from April 2016 onwards. In response to the recommendation of the Mental Health Taskforce, NHS England has committed to ensuring that, by 2020/21, the standard will be extended to reach at least 60% of people experiencing first episode psychosis.

This will ensure that the full range of NICE-recommended interventions are available in all areas, and improve timely access from the current target in the 2016/17 Planning Guidance.

The table below outlines an indicative trajectory for delivery of these objectives:

Objective		2016/17	2017/18	2018/19	2019/20	2020/21
Early intervention in psychosis	% of people receiving treatment in 2 weeks	50%	50%	53%	56%	60%
	Specialist EIP provision in line with NICE recommendations[xi]	All services complete baseline self-assessment	All services graded at level 2 by year end	25% of services graded at least level 3 by year end	50% of services graded at least level 3 by year end	60% of services graded at least level 3 by year end

Timeframe/Baseline:

Delivery of the standard from 1 April 2016

Rationale:

The NHS Mandate set out the requirement for NHS England to work with the Department of Health and other stakeholders to develop a range of costed options in order to implement mental health access standards starting from April 2015. Achieving Better Access to Mental Health Services by 2020 stated that for early intervention services this would mean that more than 50% of people experiencing a first episode of psychosis would be treated with a NICE recommended care package within two weeks of referral from 1 April 2016.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, quarterly for 2017/18 and 2018/19 via the Unify2 template

FURTHER INFORMATION

NHS England has published guidance for how new access and waiting time standards for mental health services are to be introduced in 2015/16 across services for first episode psychosis, IAPT for common mental health conditions, and liaison mental health services in acute trust settings in the document 'Guidance to support the introduction of access and waiting time standards for mental health services in 2015/16'.

NHS England published *Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Guidance* in April 2016. This guidance is intended to provide support to local commissioners and providers in implementing the access and waiting time standard for EIP services.

E.H.9: Improve access rate to CYPMH

DEFINITIONS

Detailed Descriptor:

This indicator is designed to demonstrate progress in increasing access to NHS funded community mental health services for children and young people.

Implementing the Five Year Forward View for Mental Health sets out the following national trajectory:

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.	28%	30%	32%	34%	35%
Number of additional CYP treated over 2014/15 position	21,000	35,000	49,000	63,000	70,000

For CCGs, the ambition is they increase activity to the level necessary to meet the national trajectory. This means whichever the greater is in:

an increase of at least 7% in the number of individual children and young people aged under 18 who are in treatment in NHS funded community services in each year of the reporting period; where treatment is defined as at least 2 contacts (including indirect contacts) in relation to the same referral.

7% is consistent with the national real terms improvement required to maintain the national trajectory. OR;

The increase in activity necessary to enable 30% in 2017/18 and 32% in 2018/19 of children and young people aged under 18 with a diagnosable mental health condition to be treated by NHS funded community services when they need it in 2017/18

The baseline will be generated using 2016/17 MHSDS data, where success is defined by the increase based on 2A divided by 2B (as described in denominator below). Please see the further information section for more details.

Lines Within Indicator (Units):

Part 1

1A - The number of new children and young people aged under 18 receiving treatment from NHS funded community services in the reporting period.

Part 2

2A - Total number of individual children and young people aged under 18 receiving treatment by NHS funded community services in the reporting period.

2B - Total number of individual children and young people aged under 18 with a diagnosable mental health condition.

For 1A, treatment is defined as the first two or more face to face or indirect contacts in a six week period. Although treatment may include indirect contacts it does not include text or SMS. The second treatment is counted in the reporting period. The collection of this indicator is experimental and will inform future planning and indicators

For 2A, treatment is defined as two or more face to face or indirect contacts. Although treatment may include indirect contacts it does not include text or SMS. The individual is counted in the reporting period their second contact occurred. The six week time period does not apply to 2A.

The age is defined as that at the first contact i.e. the start of treatment. Only count those who start treatment before their 18th birthday i.e. up to the age of 17 and 364 days. The second contact can be after the 18th Birthday.

For 1A the term “new children and young people” means an individual should only count once in the entire planning period.

For part 2A the “individual” should be counted once in every year they were treated in. For example, If a patient was treated in Q1 17/18 and were treated again in Q4 17/18 then they should be included in the Q1 17/18 count. An individual can be counted in more than one year, for example if a person was treated in Q1 2016/17 and then treated again in Q4 17/18 they should be included in both the Q1 2016/17 count and the Q4 17/18 count. If treatment occurs around the end of a year, for example an individual has one contact in Q4 2016/17 and one in Q1 2017/18 for the same issue, they should be counted once in Q1 2017/18 This will ensure that the end of year total can be compared with the estimated prevalence from 2B to obtain the estimated percentage of all CYP with a diagnosable mental health issue in treatment.

Current estimates are that less than 100% of providers are flowing data to the MHSDS. Data will be provided where possible to assist with the baselines. You will have the opportunity in the data collection template to amend any baselines contained in the planning template demonstrating local evidence for any changes

and in consultation with NHS England assurance and clinical network colleagues. NHS England may also review the baseline position as data improves.

Data Definition:
A minimum of 7% increase in the number of children and young people aged under 18 who receive treatment from NHS funded community services in each year of the 2-year reporting period compared to 2016/17; where treatment is defined as at least 2 contacts (including indirect contacts) period in relation to the same problem.

For the purposes of this indicator, the definition of treatment as two contacts will exclude those individuals for whom a single contact is appropriate. We acknowledge that these interventions are an important element of any CYP MH service and that commissioners will include this activity in their overall contract monitoring. However the purpose of this indicator is to identify those children and young people who need an intervention that goes beyond what is possible in a single contact. In addition, best evidence based care and treatment for some children and young people will require more contacts. This indicator does not suggest that two contacts is the optimum number in all cases, but is a proxy measure for those entering treatment.

The definition excludes SMS and email contacts as it not possible at present to differentiate between therapeutic and administrative email contacts in the Mental Health Services Dataset. NHS England will work with NHS Digital to consider ways to adequately capture therapy delivered via email in future. Digital therapeutic services commissioned as part of the local care pathway should be recorded in table MHS201 of the MHSDS as “other” in the consultation medium field.

MONITORING

Monitoring Frequency: Quarterly

Monitoring Data Source: Mental Health Services Dataset v1.0
http://digital.nhs.uk/mhsds

ACCOUNTABILITY

What success looks like, Direction, Milestones:
For both 17/18 and 18/19 CCGs are asked to deliver an increase of at least 7% from the 16/17 position, or achieve 30% of CYP with a diagnosable need accessing treatment in 17/18 32% in 18/19, whichever is greater.

Timeframe/Baseline: 17/18 and 18/19

Rationale:

Children and young people are a priority group for mental health promotion and prevention, and the MH5YFV calls for the Future in Mind recommendations to be implemented in full. Early intervention and quick access to good quality care is vital – especially for children and young people. Waiting times should be substantially

reduced, significant inequalities in access should be addressed and support should be offered while people are waiting for care.

One in ten children have a diagnosable mental health disorder. This can range from short spells of depression or anxiety through to severe and persistent conditions that can isolate, disrupt and frighten those who experience them. Mental health problems in young people can result in lower educational attainment (for example, children with conduct disorder are twice as likely as other children to leave school with no qualifications) and are strongly associated with behaviours that pose a risk to their health, such as smoking, drug and alcohol abuse and risky sexual behaviour.

Despite recognition that early intervention can be highly cost effective, a significant treatment gap persists. The last UK epidemiological study suggested that, at that time, less than 25% – 35% of those with a diagnosable mental health condition accessed support. Compounding this, data from the NHS benchmarking network and recent audits year on year reveal increases in referrals and waiting times, with providers reporting increased complexity and severity of presenting problems

Addressing the difficulties in accessing the help they need NHSE has committed to helping at least 70,000 more children and young people each year to access high-quality, evidence based mental health care when they need it by 2020/21. These figures do not include the many children and young people who are helped by services funded by schools or local authorities, which provide an important contribution to the whole pathway of support from signposting and building resilience to specialist care.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG level, quarterly for 2017/18 and 2018/19 via the Unify 2 collection.

FURTHER INFORMATION

For indicators 1A and 2A, please note that the indicator has recently been requested to be added to the MHSDS monthly publication. Due to the experimental nature of these indicators the underlying data will be published as part of NHS Digital's Supplementary Information pages (http://content.digital.nhs.uk/suppinfofiles).

Please refer to the footnotes of the publication for more details on construction and caveats. Initial analysis of this management information data suggests that coverage, issues associated with this being only the second cut of data from a data collection established in January 2016 and problems with data completeness exists.

The planning template will contain crude approximations and a footnote which describes how 1A and 2A crude estimates were derived.

For indicator 2B, there is limited recent data available on the estimated prevalence. In the absence of recent data a crude approximation will be created by applying the 5-16 year old estimates as provided in the PHE fingertip tool (https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data) to 0-17 ONS 2014- based population projections (https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/clinicalcommissioninggroupsinenglandz2).

The crude approximations for 2B will again be included in the planning indicator.

You will have the opportunity in the data collection template to amend any baselines contained in the planning template demonstrating local evidence for any changes and in consultation with NHS England assurance and clinical network colleagues. NHS England may also review the baseline position as data improves.

In addition to the ambition to improve access, NHS England has commissioned NICE and the National Collaborating Centre for Mental Health separate work to develop a generic evidence based treatment pathway for children and young people's mental health services and a pathway for children and young people experiencing a mental health crisis. The expectation is both will produce a commissioning guide for CYPMH services, and set maximum responses times from referral to treatment. This work builds on the approach taken by the referral to treatment guidelines for children and young people's eating disorders[4].

[4] https://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf

E.H.10 – E.H.11 waiting times for Urgent and Routine Referrals to Children and Young People Eating Disorder Services

DEFINITIONS

Detailed Descriptor:

Over 1.6 million people in the UK are estimated to be directly affected by eating disorders, with Anorexia Nervosa having the highest mortality amongst psychiatric disorders. Research shows that areas with dedicated community ED services (CEDS) had better identification from primary care; lower rates of admissions with non-ED generic CAMHS admitting 2.5 times those from the community ED service. Family-based therapies conducted on an outpatient basis are effective and have excellent long-term outcomes (NICE 2004). The relapse rates for those who have responded well to outpatient family therapy are significantly lower than those following inpatient care and there is some evidence that long-term inpatient admission may have a negative impact on outcome, as well as being more costly. It is on this basis that the Autumn Statement, 2014 announced the provision of additional funding of £30million/year for 5 years, to support the training and recruitment of new staff in addition to those already within services, to ensure that children and young people with an Eating Disorder get expert help early, enabling them to be treated in their community with effective evidence based treatment.

The two waiting time standards are that children and young people (up to the age of 19) referred for assessment or treatment for an eating disorder should receive NICE-approved treatment with a designated healthcare professional within:

- one week for urgent cases (**E.H.11)**
- four weeks for every other case. (**E.H.10**)

Lines Within Indicator (Units):

E.H.10: The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment.

Numerator: The number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral in the reporting period.

Denominator: The number of CYP with a suspected ED (routine cases) that start treatment in the reporting period.

E.H.11: The proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment.

Numerator: The number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral in the reporting period..

Denominator: The number of CYP with a suspected ED (urgent cases) that start treatment in the reporting period.

Data Definition:
The relevant data items and the permissible values for each data item are defined in the Guidance for Reporting Against Access and Waiting Time Standards: CYP & EIP and accompanying Frequently Asked Questions.

MONITORING

Monitoring Frequency: Quarterly

Monitoring Data Source: CYP Eating Disorder Collection**,** Unify2

ACCOUNTABILITY

What success looks like, Direction, Milestones:
The expectation is that CYP Eating Disorder services will achieve by 2020 a minimum of 95% of referrals waiting less than:

- 1 week for urgent referrals
- 4 weeks for routine cases

Due to the low volumes of referrals for these services the performance of individual clinical commissioning groups will be assessed over a rolling 6 month period.

Timeframe/Baseline:
Expectations for CCGs percentage level of achievement in 2017/18 and 2018/19 will be announced in November 2016.

Rationale:
This indicator focuses on improved access to evidence based community eating disorder services for children and young people, in order to address enduring unmet need. Collecting this indicator will demonstrate the extent to which this need is being met.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG plans, quarterly for 2017/18 and 2018/19 via the Unify2 template

FURTHER INFORMATION

NHS England has published guidance for how new access and waiting time standards for mental health services are to be introduced in 2015/16 across services for first episode psychosis, IAPT for common mental health conditions, and liaison mental health services in acute trust settings in the document 'Guidance to support the introduction of access and waiting time standards for mental health services in 2015/16'.

NHS England has also published *Access and Waiting Time Standard for Children and Young People with an Eating Disorder -Commissioning Guide*. This guidance is

intended to provide support to local commissioners and providers in implementing the access and waiting time standard for Eating Disorder services.

Technical guidance for reporting against the indicator is published in Guidance for Reporting Against Access and Waiting Time Standards: CYP & EIP and accompanying Frequently Asked Questions.

E.J.3: Total Bed Days (Specific Acute)

DEFINITIONS

Detailed Descriptor:
Total number of specific acute bed days relating to hospital provider spells in a month

Lines Within Indicator (Units):
Total number of specific acute spell bed days in the period.

Total Bed Days (Specific Acute) are calculated directly from SUS tNR (SEM) using the method outlined below.

Total Bed Days (Specific Acute) is calculated directly from SUS using the definition below.

Data Definition:
Total Bed Days (Specific Acute) includes the sum of the bed days for both Elective Admissions (that is one that has been arranged in advance. It is not an emergency admission, a maternity admission or a transfer from a Hospital Bed in another Health Care Provider) and Non-Elective Admission (that is one that has not been arranged in advance. It may be an emergency admission or a transfer from a Hospital Bed in another Health Care Provider other than in an emergency).

It is the number of specific acute bed days relating to hospital provider spells for which:

- Der_Management_Type ='DC', 'EL', 'EM' and 'NE'
- Treatment function = Specific Acute

Where 'DC' = Daycase, 'EL' = Elective, 'EM' = Emergency and 'NE' = Non-Elective

See Appendix B for full list of TFCs and See the Appendix A – SUS Methodology section for details of derivations, including a diagram summarising the process behind Der_Management_Type.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: Secondary Uses Service tNR (SEM) - SUS tNR is derived from SUS (SEM) and not the SUS PbR Mart.

ACCOUNTABILITY

What success looks like, Direction, Milestones:
There should be a reduction in the growth of the number of bed days as non-elective activity is reduced and ordinary elective procedures are switched to day case and outpatient settings.

Timeframe/Baseline: Ongoing

Rationale:
Where clinically appropriate, it is better for patients to be treated or continue their treatment at home or in their community rather than in hospital. The local NHS should be looking to treat patients in the most clinically appropriate way. A Reduction in bed days can be achieved through either reduced admissions or reduced average length of stay (ALOS).

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, profiled monthly for 2017/18 and 2018/19 via the Unify2 template. Commissioners should plan by using the new identification rules (IR) to identify CCG-Commissioned activity - http://content.digital.nhs.uk/article/7432/Prescribed-Specialised-Service-201718-Planning-Tool

FURTHER INFORMATION

Further information can be found on the Unify website.

This information is provided as a guide and therefore any comments or queries should be addressed to the activity mailbox england.activity@nhs.net.

E.K.1: Reliance on inpatient care for people with a learning disability and/or autism

DEFINITIONS

Detailed Descriptor:

To measure implementation of *Building the right support* CCGs are working as part of Transforming Care Partnerships (TCPs – collaborations of CCGs, local authorities and NHS England specialised commissioners) to reduce reliance on inpatient beds and build up community capacity. The number of inpatients is used as an indicator of the reliance on inpatient care. Each CCG should be working towards ensuring that no area should need inpatient capacity to cater for more than:

- 10-15 inpatients in CCG-commissioned beds per million population.
- 20-25 inpatients in NHS England-commissioned beds per million population.

Every area is expected to make this change by March 2019. Due to the small numbers involved, it is not possible to measure this reduction at a CCG level and so plans are required at TCP level. Inpatient data is based on where patients originally come from, not where their hospital bed is located.

The indicator will be monitored using the Assuring Transformation data collection. The in-scope definition for this data collection is:

Data should be recorded for each individual person who meets these requirements:

- a NHS commissioner is responsible for commissioning their care; and
- the person has an inpatient bed for mental and/or behavioural healthcare needs and has a learning disability and/or autistic spectrum disorder (including Asperger's syndrome).

Lines Within Indicator (Units):

E.K.1a: Care commissioned by CCGs: The number of people from the TCP who have a learning disability and/or autistic spectrum disorder that are in inpatient care for mental and/or behavioural healthcare needs, and whose bed is commissioned by a CCG. This will include all adults in inpatient wards that are not classified as low-, medium- or high-secure.

E.K.1b: Care commissioned by NHS England: The number of people from the TCP who have a learning disability and/or autistic spectrum disorder that are in inpatient care for mental and/or behavioural healthcare needs, and whose bed is commissioned by NHS England. This will include all adults in inpatient wards that are classified as low- medium- or high-secure, and all children and young people in Tier 4 CAMHS services.

Data Definition:

The in-scope definition includes all patients who have a learning disability and/or autistic spectrum disorder that are in inpatient care for mental and/or behavioural

healthcare needs. The definitions of learning disability and autism are those given in the published national service model and supplementary notes.

Inpatient setting: This refers to the service/setting within which the patient is receiving care (high secure beds, medium secure beds, low secure beds, acute admission beds within learning disability units, acute admission beds within generic mental health settings, forensic rehabilitation beds, complex continuing care and rehabilitation beds, psychiatric intensive care beds, CAMHS beds or other beds including those for specialist neuropsychiatric conditions).

MONITORING

Monitoring Frequency: Quarterly

Monitoring Data Source: Assuring Transformation

ACCOUNTABILITY

What success looks like, Direction, Milestones:

An overall reduction in the number of inpatients who have a learning disability and/or an autistic spectrum disorder (including Asperger's syndrome) throughout 2017/18 and 2018/19.

Timeframe/Baseline: Assuring Transformation 2016/17 data

Rationale:

As set out in '*Building the right support*' areas should be moving towards building up community capacity and reducing unnecessary inpatient provision. There is a critical need to adopt a full-system approach in conjunction with all commissioners of care, to reduce the numbers of patients being admitted to, and detained in, hospital settings.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, quarterly for 2017/18 and 2018/19 via the Unify2 template, submitted by the lead CCG for each TCP.

(i) Count of inpatients at the end of the quarter, for all patients in the TCP whose bed is commissioned by a CCG. Plans are collected at the level of Transforming Care Partnerships. (E.K.1a)

(ii) Count of inpatients at the end of the quarter, for all patients in the TCP whose bed is commissioned by NHS England and whose CCG of origin is within the TCP. Plans are collected at the level of Transforming Care Partnerships. (E.K.1b)

E.M.7: Total Referrals made for a First Outpatient Appointment (G&A)

DEFINITIONS

Detailed Descriptor:
The sum of the total number of written referrals from General Practitioners and "other" referrals, for first consultant outpatient appointment, in general and acute specialties.

Lines Within Indicator (Units):
E.M.7a: The total number of written referrals made from GPs, for first consultant outpatient appointment, in general and acute specialties.

E.M.7b: The total number of other (non-GP) referrals requests made for first consultant outpatient appointment in general and acute specialties.

Data Definition:
The sum of the total number of written referrals made from GPs and the total number of other (non GP) referrals made, for first consultant outpatient appointment, in general and acute specialties.

See E.M.7a (Total number of written GP referrals) and E.M.7b (Total number of other referrals) for further information on definitions.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: Monthly Activity Return (MAR) - Both providers and commissioners should ensure that their referrals information submitted through the Monthly Activity Return (MAR) is of good quality. Commissioners are required to check and sign-off their MAR data on Unify each month.

ACCOUNTABILITY

Timeframe/Baseline: 2016/17 annual forecast outturn.

Rationale: Commissioners need to show that their plans for referrals and activity are realistic, and will sustain compliance with the NHS constitution's right to access services within maximum waiting times.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG plans, monthly for 2017/18 and 2018/19 via the Unify2 template
Yes, Provider plans, monthly 2017/18 and 2018/19 via NHS Improvement Portal

E.M.7a: Total GP Referrals made for a First Outpatient Appointment (G&A)

DEFINITIONS

Detailed Descriptor:
The total number of written referrals from General Practitioners, whether doctors or dentists, for first consultant outpatient appointment, in general and acute specialties.

Lines Within Indicator (Units):
The total number of written referrals made from GPs for first consultant outpatient appointment, in general and acute specialties in the period.

Data Definition:
It is the total number of general and acute GP written referrals where:

- Referral Request Type = National Code 01 'GP referral request'
- Written Referral Request Indicator = classification 'Yes'

All written GP referral requests to a Consultant whether directed to a specific consultant or not, should be recorded, regardless of whether they result in an outpatient attendance.

An electronic message should be counted as written, as should a verbal request which is subsequently confirmed by a written request.

The referral request received date of the GP referral request should be used to identify referrals to be included in the return.

For general and acute specialties,
include: 100-192, 300-460, 502, 504, 800-834, 900 and 901
exclude: 501, 700-715

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: Monthly Activity Return (MAR) - Both providers and commissioners should ensure that their referrals information submitted through the Monthly Activity Return (MAR) is of good quality. Commissioners are required to check and sign-off their MAR data on Unify each month.

ACCOUNTABILITY

Timeframe/Baseline: 2016/17 annual forecast outturn.

Rationale: Commissioners need to show that their plans for referrals and activity are realistic, and will sustain compliance with the NHS constitution's right to access services within maximum waiting times.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, monthly for 2017/18 and 2018/19 via the Unify2 template
Yes, Provider plans, monthly 2017/18 and 2018/19 via NHS Improvement Portal

E.M.7b: Total Other Referrals made for a First Outpatient Appointment (G&A)

DEFINITIONS

Detailed Descriptor:

The total number of other (non-GP, written or verbal) referrals requests made for first consultant outpatient appointment in general and acute specialties.

Lines Within Indicator (Units):

The total number of other referral requests made for first consultant outpatient appointment in general and acute specialties in the period.

Data Definition:

The total number of other Referral Requests (written or verbal) for a first Consultant Out-Patient Episode in the period. All referral requests to a Consultant whether directed to a specific consultant or not, should be recorded, regardless of whether they result in an outpatient attendance.

The referral request received date of the referral request should be used to identify referrals to be included in the return.

It is the total number of general and acute other referrals requests excluding:

a. GP written referrals; these are where the REFERRAL REQUEST TYPE of the REFERRAL REQUEST is National Code 01 'GP referral request' and the WRITTEN REFERRAL REQUEST INDICATOR of the REFERRAL REQUEST is classification 'Yes'

b. Self-referrals; these are where the REFERRAL REQUEST TYPE of the REFERRAL REQUEST is National Code 04 'Patient self-referral request'

c. Initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode referrals; these are where the SOURCE OF REFERRAL FOR OUT-PATIENTS of the REFERRAL REQUEST is National Code 01 'following an emergency admission' or 02 'following a domiciliary visit' or 10 'following an Accident And Emergency Attendance' or 11 'other'

d. Referrals initiated by attendance at drop-in clinic without prior appointment; these are where the OUT-PATIENT CLINIC REFERRING INDICATOR of the REFERRAL REQUEST is classification 'Attended referring Out-Patient Clinic without prior appointment'

For general and acute specialties,
include: 100-192, 300-460, 502, 504, 800-834, 900 and 901
exclude: 501, 700-715

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: Monthly Activity Return (MAR) - Both providers and commissioners should ensure that their referrals information submitted through the Monthly Activity Return (MAR) is of good quality. Commissioners are required to check and sign-off their MAR data on Unify each month.

ACCOUNTABILITY

Timeframe/Baseline: 2016/17 annual forecast outturn.

Rationale:

Commissioners need to show that their plans for referrals and activity are realistic, and will sustain compliance with the NHS constitution's right to access services within maximum waiting times.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, monthly for 2017/18 and 2018/19 via the Unify2 template
Yes, Provider plans, monthly 2017/18 and 2018/19 via NHS Improvement Portal

E.M.8: Consultant Led First Outpatient Attendances (Specific Acute)

DEFINITIONS

Detailed Descriptor: All specific acute consultant-led first outpatient attendances.

Lines Within Indicator (Units): Number of attendances in the period.

Data Definition:
A count of all outpatient attendances taking place within the period, whether taking place within a consultant clinic session or outside a session.

The patient must have been seen by a consultant, or a clinician acting for the consultant, for examination or treatment.

Specifically, the number of consultant outpatient attendances for which:

- Der_Attendance_Type = 'Attend'
- Der_Appointment_Type = 'New'
- StaffType = 'Cons' i.e. main speciality is not '560', '950' or '960'
- TFC =Specific Acute

This includes first outpatient attendance for all consultant outpatient episodes for all sources of referral.

Activity delivered in a primary care setting lines should also be included.

See Appendix B for full list of TFC's See Appendix A – SUS Methodology for details of derivations.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: Secondary Uses Service tNR (SEM) - SUS tNR is derived from SUS (SEM) and not the SUS PbR Mart.

ACCOUNTABILITY

What success looks like, Direction, Milestones:
Sustain compliance with the NHS constitution's right to access services within maximum waiting times.

Timeframe/Baseline: 2016/17 annual forecast outturn.

Rationale:
Commissioners need to show that their plans for referrals and activity are realistic, and will sustain compliance with the NHS constitution's right to access services within maximum waiting times.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, phased monthly for 2017/18 and 2018/19 via the Unify2 template. Commissioners should plan by using the new identification rules (IR) to identify CCG-Commissioned activity - http://content.digital.nhs.uk/article/7432/Prescribed-Specialised-Service-201718-Planning-Tool

Yes, Commissioning Hubs Specialised Commissioning plans, monthly 2017/18 and 2018/19 via Unify2 template.

Yes, Provider plans, monthly 2017/18 and 2018/19 via NHS Improvement Portal

E.M.9: Consultant Led Follow-Up Outpatient Attendances (Specific Acute)

DEFINITIONS

Detailed Descriptor:
The total number of specific acute consultant-led subsequent attendance appointments.

Lines Within Indicator (Units):
Number of subsequent attendances in the period.

Data Definition:
The total number of specific acute follow-up attendance appointments, where the out-patient attendance took place within the period, for which:

- Der_Attendance_Type = 'Attend'
- Der_Appointment_Type = 'FUp'
- StaffType = Cons i.e. main speciality is not '560', '950' or '960'
- TFC =Specific Acute

This includes subsequent outpatient attendance for all specific acute consultant outpatient episodes for all specific acute sources of referral.

See Appendix B for full list of TFC's See Appendix A – SUS Methodology for details of derivations.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: Secondary Uses Service tNR (SEM) - SUS tNR is derived from SUS (SEM) and not the SUS PbR Mart.

ACCOUNTABILITY

What success looks like, Direction, Milestones:
That elective activity will reflect future demand and the move of activity into other primary care and community settings where appropriate.

Timeframe/Baseline: 2016/17 annual forecast outturn.

Rationale:
Commissioners need to show that their plans for referrals and activity are realistic, and will sustain compliance with the NHS constitution's right to access services within maximum waiting times.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, monthly for 2017/18 and 2018/19 via the Unify2 template. Commissioners should plan by using the new identification rules (IR) to identify CCG-Commissioned activity. - http://content.digital.nhs.uk/article/7432/Prescribed-Specialised-Service-201718-Planning-Tool

Yes, Commissioning Hubs Specialised Commissioning plans, monthly 2017/18 and 2018/19 via Unify2 template.

Yes, Provider plans, monthly 2017/18 and 2018/19 via NHS Improvement Portal

E.M.10: Total Elective Spells (Specific Acute)

DEFINITIONS

Detailed Descriptor:
Number of specific acute elective spells.

Lines Within Indicator (Units):
Total number of specific acute day case and ordinary elective spells in the period.

E.M.10: Total Elective Spells (Specific Acute) is calculated directly from SUS using the definition below.

Data Definition:
An Elective Admission is one that has been arranged in advance. It is not an emergency admission, a maternity admission or a transfer from a Hospital Bed in another Health Care Provider. The period that the patient has to wait for admission depends on the demand on hospital resources and the facilities available to meet this demand.

A Day Case admission must be an elective admission, for which a 'Decision To Admit' has been made by someone with the 'Right Of Admission'. Any 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, should be counted as a day case. If this original intention is not fulfilled and the patient stays overnight, such a patient should be counted as an ordinary admission.

Any 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, should be counted as an ordinary admission. A patient admitted electively with the intent of not staying overnight, but who does not return home as scheduled, should also be counted as an ordinary admission.

It is the number of specific acute day case and ordinary (as defined above) elective spells relating to hospital provider spells for which:

- Der_Management_Type is either 'DC' and 'EL'
- Treatment function = Specific Acute

Where 'DC' = Daycase and 'EL' = Ordinary Elective

See Appendix B for full list of TFC's and See the Appendix A – SUS Methodology section for details of derivations, including a diagram summarising the process behind Der_Management_Type.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: Secondary Uses Service tNR (SEM) - SUS tNR is derived from SUS (SEM) and not the SUS PbR Mart.

ACCOUNTABILITY

What success looks like, Direction, Milestones:

That elective activity will reflect future demand and the move of activity into other primary care and community settings where appropriate.

Timeframe/Baseline: 2016/17 annual forecast outturn.

Rationale:

Commissioners need to show that their plans for referrals and activity are realistic, and will sustain compliance with the NHS constitution's right to access services within maximum waiting times.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, profiled monthly for 2017/18 and 2018/19 via the Unify2 template. Commissioners should plan by using the new identification rules (IR) to identify CCG-Commissioned activity. - http://content.digital.nhs.uk/article/7432/Prescribed-Specialised-Service-201718-Planning-Tool

Yes, Commissioning Hubs Specialised Commissioning plans, monthly 2017/18 and 2018/19 via Unify2 template.

Yes, Provider plans, monthly 2017/18 and 2018/19 via NHS Improvement Portal

E.M.11: Total Non-Elective Spells (Specific Acute)

DEFINITIONS

Detailed Descriptor:
Total number of specific acute (replaces G&A) non-elective spells in a month.

Lines Within Indicator (Units):
Number of specific acute non-elective spells in the period.

Data Definition:
A Non-Elective Admission is one that has not been arranged in advance. Specific Acute Non-Elective Admissions may be an emergency admission or a transfer from a Hospital Bed in another Health Care Provider other than in an emergency..

Number of specific acute hospital provider spells for which:

- Der_Management_Type is ‘EM’ and ‘NE’

Where ‘EM’ = Emergency and ‘NE’ = Non-Elective

See Appendix B for full list of TFC’s See Appendix A – SUS Methodology for details of derivations.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: Secondary Uses Service tNR (SEM) - SUS tNR is derived from SUS (SEM) and not the SUS PbR Mart.

ACCOUNTABILITY

What success looks like, Direction, Milestones:
There should be a reduction in the growth of the number of non-elective activity.

Timeframe/Baseline: 2016/17 annual forecast outturn.

Rationale:
Where clinically appropriate, it is better for patients to be treated or continue their treatment at home or in their community rather than in hospital. The local NHS should be looking to treat patients in the most clinically appropriate way.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, profiled monthly for 2017/18 and 2018/19 via the Unify2 template. Commissioners should plan by using the new identification rules (IR) to identify CCG-Commissioned activity - http://content.digital.nhs.uk/article/7432/Prescribed-Specialised-Service-201718-Planning-Tool

Yes, Commissioning Hubs Specialised Commissioning plans, monthly 2017/18 and 2018/19 via Unify2 template.

Yes, Provider plans, monthly 2017/18 and 2018/19 via NHS Improvement Portal

E.M.12: Total A&E Attendances (Excluding Planned Follow-Up Attendances)

DEFINITIONS

Detailed Descriptor:
Number of attendances at A&E departments, excluding planned follow-up attendances.

Lines Within Indicator (Units):
Total number of attendances at all A&E departments, excluding planned follow-up attendances.

Data Definition:
There are no additional filters on this field beyond the shared logic detailed in the SUS Methodology section

Total A&E attendances are taken directly from SUS with the additional restriction of:

AEAttendanceCategory <> 2

Total A&E attendances are taken directly from SUS, with no further restrictions other than the above

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: Secondary Uses Service tNR (SEM) - SUS tNR is derived from SUS (SEM) and not the SUS PbR Mart.

ACCOUNTABILITY

What success looks like, Direction, Milestones:
There should be a reduction in the growth of the number of A&E attendances

Timeframe/Baseline: 2016/17 annual forecast outturn.

Rationale:
Patients requiring urgent and emergency care get the right care by the right person at the right place and time. There are instances where people presenting to accident and emergency departments because they either do not know how, or are unable, to access the care they feel they need when they want it. The introduction of NHS 111 will assist patients in finding the most appropriate and convenient service for their needs so they receive the best care first time. A reduction in the growth of the number of A&E attendances may indicate a more appropriate use of expensive emergency care, and improve use of other services where appropriate.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, profiled monthly for 2017/18 and 2018/19 via the Unify2 template. Commissioners should plan by using the new identification rules (IR) to identify CCG-Commissioned activity - http://content.digital.nhs.uk/article/7432/Prescribed-Specialised-Service-201718-Planning-Tool

Yes, Provider plans, monthly 2017/18 and 2018/19 via NHS Improvement Portal.

E.M.18: Number of completed admitted RTT pathways

DEFINITIONS

Detailed Descriptor:
The number of completed admitted Referral to Treatment (RTT) pathways. Admitted pathways are RTT pathways that end in a clock stop for admission (day case or inpatient). The volume of completed admitted pathways is often referred to as RTT admitted activity.

Lines Within Indicator (Units):
The number of completed admitted RTT pathways in the reporting period.

Data Definition:
The number of completed admitted RTT pathways based on data provided by NHS and independent sector organisations and signed off by NHS commissioners via Unify2.

The definitions that apply for RTT waiting times, as well as guidance on recording and reporting RTT data, can be found on the NHS England Consultant-led Referral to Treatment Waiting Times Rules and Guidance web page.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source:
Consultant-led RTT Waiting Times data collection (National Statistics)

ACCOUNTABILITY

What success looks like, Direction, Milestones:
To reflect future activity.

Timeframe/Baseline: Ongoing

Rationale:
Commissioners need to show that their plans for activity are realistic, and will sustain compliance with the NHS constitution's right to access services within maximum waiting times.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG plans, monthly for 2017/18 and 2018/19 via the Unify2 template
Yes, Provider plans, monthly 2017/18 and 2018/19 via NHS Improvement Portal

E.M.19: Number of completed non-admitted RTT pathways

DEFINITIONS

Detailed Descriptor:
The number of completed non-admitted Referral to Treatment (RTT) pathways. Non-admitted pathways are RTT pathways that end in a clock stop for reasons other than an inpatient or day case admission for treatment, for example, treatment as an outpatient, or other reasons, such as a patient declining treatment. The volume of completed non-admitted pathways is often referred to as RTT non-admitted activity.

Lines Within Indicator (Units):
The number of completed non-admitted RTT pathways in the reporting period.

Data Definition:
The number of completed non-admitted RTT pathways based on data provided by NHS and independent sector organisations and signed off by NHS commissioners via Unify2.

The definitions that apply for RTT waiting times, as well as guidance on recording and reporting RTT data, can be found on the NHS England Consultant-led Referral to Treatment Waiting Times Rules and Guidance web page.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source:
Consultant-led RTT Waiting Times data collection (National Statistics)

ACCOUNTABILITY

What success looks like, Direction, Milestones:
To reflect future activity.

Timeframe/Baseline: Ongoing

Rationale:
Commissioners need to show that their plans for activity are realistic, and will sustain compliance with the NHS constitution's right to access services within maximum waiting times.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG plans, monthly for 2017/18 and 2018/19 via the Unify2 template
Yes, Provider plans, monthly 2017/18 and 2018/19 via NHS Improvement Portal

E.M.20: Number of new RTT pathways (clock starts)

DEFINITIONS

Detailed Descriptor:
The number of new RTT pathways, in other words, RTT pathways where the clock start date is within the reporting period. This will include those pathways where the clock also stopped within the reporting period.

Lines Within Indicator (Units):
The number of new RTT pathways in the reporting period.

Data Definition:
The number of new RTT pathways based on data provided by NHS and independent sector organisations and signed off by NHS commissioners via Unify2. This data item has been submitted to Unify2 on a monthly basis since October 2015.

The definitions that apply for RTT waiting times, as well as guidance on recording and reporting RTT data, can be found on the NHS England Consultant-led Referral to Treatment Waiting Times Rules and Guidance web page.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source:
Consultant-led RTT Waiting Times data collection (National Statistics)

ACCOUNTABILITY

What success looks like, Direction, Milestones:
To reflect future demand.

Timeframe/Baseline: Ongoing

Rationale:
Commissioners need to show that their plans for activity are realistic, and will sustain compliance with the NHS constitution's right to access services within maximum waiting times.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG plans, monthly for 2017/18 and 2018/19 via the Unify2 template
Yes, Provider plans, monthly 2017/18 and 2018/19 via NHS Improvement Portal

E.N.1: Personal Health Budgets

DEFINITIONS

Detailed Descriptor:

Number of personal health budgets that have been in place, at any point during the quarter, per 100,000 CCG population (based on the population the CCG is responsible for).

Lines Within Indicator (Units):

1) Personal health budgets in place at the beginning of quarter (total number per CCG)
2) New personal health budgets that began during the quarter (total number per CCG)
3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)
4) GP registered population (total number per CCG)

5) Rate of Personal Health Budgets per 100,000 CCG population (rate per 100,000 of population)

   Numerator = 3)
   Denominator = 4) / 100,000

Data Definition:

The numerator is the sum of PHBs that have been in place at the beginning of the quarter and any new PHBs that have started during the quarter.

Personal health budgets can be managed in three ways, or a combination:

- Notional budget: the money is held by the NHS and services are commissioned by the NHS according to the support plan agreed.
- Third party budget: the money is paid to an organisation that is independent of the individual and the NHS, manages the budget on the person's behalf, and arranges support by purchasing services in line with the agreed care plan.
- Direct payment for health care: A direct payment for health care (referred to from now on as a direct payment) is a monetary payment to a person (or their representative or nominee) funded by the NHS to allow them to purchase the services that are agreed in the care plan.

The numerator includes all personal budgets, regardless of whether they are accessed by a notional budget, third part payment or a direct payment. It includes those who access only part of their package of care via a personal health budget.

The denominator is the CCG's GP registered population.

The indicator value is numerator/denominator times 100,000.

MONITORING

Monitoring Frequency: Quarterly

Monitoring Data Source:
Not currently in existence. A data collection from CCGs is expected to be in place by Q4 2016/17.

ACCOUNTABILITY

What success looks like, Direction, Milestones:
By 2020/21, NHS England's ambition is for there to be a total of 100 to 200 Personal Health Budgets over the course of a year for every 100,000 of population. This implies that there will be between 57,000 and 115,000 PHBs in 2020/21.

For 2016/17, the ambition is to reach between 12,000 and 16,000 over the course of the year – that is between 20 and 30 per 100,000.

For 2017/18, the ambition is to reach between 24,000 and 32,000 PHBs – that is between 40 and 55 per 100,000.

Note that these targets are expressed in PHB over the course of the year, which is different from the quarterly indicator described above. The annual value would be calculated as:
number of PHB at the beginning of Q1 + new PHBs in all quarters

This can be calculated from the quarterly data. And it is suggested to do so on a rolling 12 months basis once the first four quarters have been collected (i.e. from Q3 2017/18 onwards).

Timeframe/Baseline:
Currently there is a voluntary data collection, which shows current level of PHB uptake.

A formal baseline will be collected with the new data collection starting in Q4 2016/17.

Ambitions are in place for 16/17, 17/18 and 2020/21, while a trajectory for the years in between can be assumed.

Rationale:
If we are to meet the national mandate ambition, there needs to be a step change in the numbers of PHBs being delivered by each CCG, currently numbers vary considerably across CCGs. All CCGs need to plan how they will rollout PHBs in line with the mandate expectation, collecting the trajectories will enable NHS England to ensure plans are in line with our expectations for each CCG and that nationally we will meet the mandate ambition of up to 100,000 PHBs by 2020. It will also enable us to target our delivery support appropriately to those CCGs who are underperforming

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG plans, quarterly for 2017/18 and 2018/19 via the Unify2 template.

FURTHER INFORMATION

The voluntary, quarterly data collection currently in place for 16/17 counts the number of PHBs in place only. This data will be replaced by the formal collection from Q4 for the IAF dashboard.

There is a PHBs indicator in the IAF dashboard. The expectation is that over time the IAF Framework will include specific questions around PHBs. Regional PHB teams currently review the voluntary reported numbers and discuss with individual CCGs leads. We are working with Regional Ops to set up a more formal reporting and monitoring process.

E.O.1: Percentage of children waiting less than 18 weeks for a wheelchair

DEFINITIONS

Detailed Descriptor:

Percentage of children that received equipment in less than 18 weeks of being referred to the wheelchair service within the reporting period (quarter).

Lines Within Indicator (Units):

Numerator:
The number of children whose episode of care was closed within the reporting period where equipment was delivered in 18 weeks or less of being referred to the service.

Denominator:
The total number of children whose episode of care was closed within the reporting period (quarter) where equipment was delivered or a modification was made.

Data Definition:

All data collected for this indicator relates to episodes of care which have been completed (equipment handed over to patient) within the reporting period, the care pathway may have been initiated before the reporting period. i.e. the prescription decision may have been made in a previous quarter, but the episode of care will still be counted as part of this question if the prescription was fulfilled during the reporting period.

The clock starts with the date that the patient was referred to the service, NOT the data that the prescription decision was made. The clock stops where the patient pathway is complete, i.e. equipment, accessories or modification received by patient.

The reporting period consists of the three months that make up the year quarter.

This indicator specifically focuses on children; a patient is considered to be a child up to their 18th Birthday.

MONITORING

Monitoring Frequency: Quarterly

Monitoring Data Source: National Wheelchair Data Collection, via UNIFY2

ACCOUNTABILITY

What success looks like, Direction, Milestones:

CCGs should set out improvement plans to halve the number of children waiting 18 weeks by Q4 2017/18 and eliminate 18 week waits for wheelchairs by the end of 2018/19.

All children requiring a wheelchair will receive one within 18 weeks from referral in 92% of cases by Q4 2017/18 and in 100% of cases by Q4 2018/19.

Timeframe/Baseline: Ongoing

Rationale:
The aim to improve wheelchair services was outlined as part of 'Business area 20: Wider Primary Care Provided at scale' within the "NHS England business plan for 2014/15 – 2016/17: Putting Patients First". The stated objectives were to improve the experience and outcomes for wheelchair users by supporting the implementation of the action plan from the national Wheelchair Summit; piloting the wheelchair tariff and supporting improved commissioning.

This indicator places an emphasis on timely delivery of equipment and provision of service to children and young adults below the age of 18 years old. Not receiving equipment in a timely manner severely limits independence, mobility and quality of life of affected individuals.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG plans, quarterly for 2017/18 and 2018/19 via the Unify2 template.

FURTHER INFORMATION

Improving Wheelchair Services Programme Website
https://www.england.nhs.uk/ourwork/pe/wheelchair-services/nhse-role/

E.P.1: NHS e-Referral Service (e-RS) Utilisation Coverage

DEFINITIONS

Detailed Descriptor:

The percentage of referrals for a first outpatient appointment that are made using the NHS e-Referral Service (e-RS).

Lines Within Indicator (Units):

Numerator: Total number of patients referred to 1st Outpatient Services (including two-week-waits), via e-RS

Denominator: Overall number of patients referred to 1st Outpatient Services (including two-week-waits)

Data Definition:

Numerator:

All new 1st Outpatient bookings and all two-week-wait specialty bookings.

Include all those with Appt_Type ‘First Outpatient’ or Specialty ‘2WW’ and where a booking is made to an assessment service, and then changed or modified to a First Outpatient service; this is to be included in the utilisation numerator

Denominator:

Source: Estimate based on adjusted MAR Data.

Sum of "GP Referrals Made (All specialties)" from MAR, minus non English Providers and Non-English Commissioners with an adjustment (based on percentages derived from HES) to remove referrals from dental practices.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source:

http://content.digital.nhs.uk/referrals/reports

ACCOUNTABILITY

What success looks like, Direction, Milestones:

Enabling patients to access a first outpatient appointment of their choice and ensure equity of access where all patients are referred via one single process. The ambition is that E-referral Utilisation Coverage should be 80% by end of Q2 2017/18 and 100% by end of Q2 2018/19.

Timeframe/Baseline: Ongoing

Rationale:
NHS e-Referral Service provides an electronic method of referring a patient and in doing so provides many benefits for numerous stakeholders. These include:

- Improved patient safety;
- Shorter referral to treatment times
- Improved patient choice
- Improved management of referrals
- Greater confidence and convenience for patients
- Reduction in time and cost to process referrals
- A reduction in first outpatient did not attends and more effective commissioning.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG plans, monthly for 2017/18 and 2018/19 via the Unify2 template.

Appendix A: SUS Methodology

All planned activity lines using SUS tNR (SEM) data monitoring use shared logic to define the period (attendances occurring or spells ending in the month), the Responsible purchaser type ("CCG") and code (based on the Commissioner Assignment Method).

- Total A&E attendances are then taken directly from SUS with no further restrictions
- Admitted patient care (APC) spells are derived from the spells table in SUS, linked to episodes where needed for derivation or categorisation, using derived management type to define the elective and non-elective lines
- Outpatient attendances (OP) are defined by derived attendance type ("Attend"), using derived appointment type to define first and follow-up.

In addition, APC and OP activity is restricted to specific acute.

Note: Specific acute replaces what was previously known as general and acute (G&A). The spell treatment function code (TFC) and main specialty (MS) are as at discharge (since data completeness was insufficient to use the dominant value in the tNR).

Firstly, APC and OP activity is grouped by TFC into the categories:

- TFC Specific Acute (previously G&A)
- TFC Maternity – TFC 501 + 560
- TFC Mental Health & Learning Disabilities – TFC 700 to 727
- TFC Well Babies – TFC 424 only
- TFC Other – largely therapies
- TFC Unknown – data quality inadequate to categorise

The full breakdown of TFCs into the categories is given in Appendix b.
Additionally, a subset of TFCs classified as other has been excluded for the following reasons:

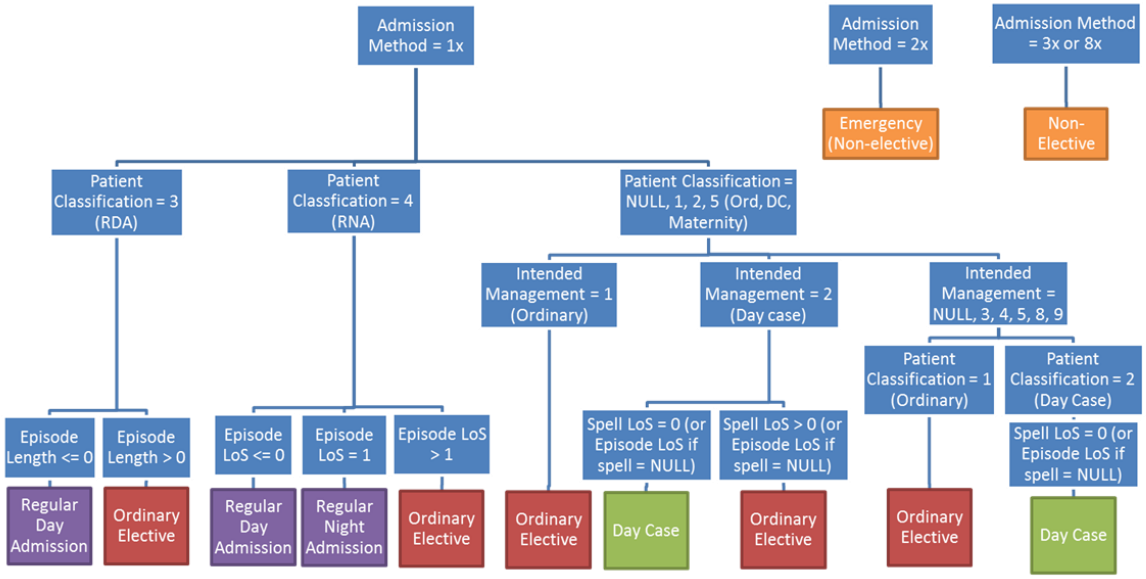
- They tend to be therapies undertaken in a hospital setting
- A large proportion of the activity is considered to be non-consultant
- They represent a small proportion of the overall total

It was also agreed that outpatient activity should be further restricted to consultant led by applying a filter based on main specialty:

- Non-consultant – MS 560 Midwife episode
- Non-consultant – MS 950 Nursing episode
- Non-consultant – MS 960 Allied Health Professional episode
  Consultant – All other MS including not known

For APC spells: *Der_Management_Type*

The following diagram summarises the way in which this field is determined:



This results in the following list of codes:

Code	Description
DC	Day Case
EL	Elective
EM	Emergency
NE	Non Elective
RDA	Regular Day Attenders
RNA	Regular Night Attenders
UNK	Unknown

This is derived using Admission Method, Patient Classification; Intended Management and the Length of Stay (i.e. difference between Admission Date and Discharge Date).

For OP attendances: *Der_Appointment_Type*

This takes the First_Attendance field and maps to the following lookup for ease of reporting:

Code	Data Dictionary Description	Description in tNR
1	First attendance face to face	New
2	Follow-up attendance face to face	FUp
3	First telephone or telemedicine consultation	New
4	Follow-up telephone or telemedicine consultation	FUp
5	Referral to treatment clock stop administrative event	N/A

For OP attendances: *Der_Attendance_Type*

The Der_Attendance_Type field uses a combination of First_Attendance and Attendance_Status to determine the type of attendance.

If the contents of the First_Attendance field = 5 i.e. Referral to treatment clock stop administrative event then the Der_Attendance_Type = Admin Event
Otherwise the code looks at the contents of the Attendance_Status field and maps as follows:

Code	Data Dictionary Description	Description in tNR
0	Not applicable - appointment occurs in the future	Unknown
2	Appointment cancelled by, or on behalf of, the patient	Cancel (Pat)
3	Did not attend - no advance warning given	DNA
4	Appointment cancelled or postponed by the health care provider	Cancel (Hos)
5	Attended on time or, if late, before the relevant care professional was ready to see the patient	Attend
6	Arrived late, after the relevant care professional was ready to see the patient, but was seen	Attend
7	Patient arrived late and could not be seen	DNA

Blanks, nulls and any codes not included in the table above are also classed as unknown.

Appendix B: Treatment Function Code Categorisation

Code	Description	Grouping
100	General Surgery	Acute
101	Urology	Acute
102	Transplantation Surgery	Acute
103	Breast Surgery	Acute
104	Colorectal Surgery	Acute
105	Hepatobiliary & Pancreatic Surgery	Acute
106	Upper Gastrointestinal Surgery	Acute
107	Vascular Surgery	Acute
108	Spinal Surgery Service	Acute
110	Trauma & Orthopaedics	Acute
120	ENT	Acute
130	Ophthalmology	Acute
140	Oral Surgery	Acute
141	Restorative Dentistry	Acute
142	Paediatric Dentistry	Acute
143	Orthodontics	Acute
144	Maxillo-Facial Surgery	Acute
150	Neurosurgery	Acute
160	Plastic Surgery	Acute
161	Burns Care	Acute
170	Cardiothoracic Surgery	Acute
171	Paediatric Surgery	Acute
172	Cardiac Surgery	Acute
173	Thoracic Surgery	Acute
174	Cardiothoracic Transplantation	Acute
180	Accident & Emergency	Acute
190	Anaesthetics	Acute
191	Pain Management	Acute
192	Critical Care Medicine	Acute
199	Non-UK provider; Treatment Function not known, treatment mainly surgical	Other
211	Paediatric Urology	Acute
212	Paediatric Transplantation Surgery	Acute
213	Paediatric Gastrointestinal Surgery	Acute
214	Paediatric Trauma and Orthopaedics	Acute
215	Paediatric Ear Nose and Throat	Acute
216	Paediatric Ophthalmology	Acute
217	Paediatric Maxillo-Facial Surgery	Acute
218	Paediatric Neurosurgery	Acute
219	Paediatric Plastic Surgery	Acute
220	Paediatric Burns Care	Acute
221	Paediatric Cardiac Surgery	Acute
222	Paediatric Thoracic Surgery	Acute

223	Paediatric Epilepsy	Other
241	Paediatric Pain Management	Acute
242	Paediatric Intensive Care	Acute
251	Paediatric Gastroenterology	Acute
252	Paediatric Endocrinology	Acute
253	Paediatric Clinical Haematology	Acute
254	Paediatric Audiological Medicine	Acute
255	Paediatric Clinical Immunology and Allergy	Acute
256	Paediatric Infectious Diseases	Acute
257	Paediatric Dermatology	Acute
258	Paediatric Respiratory Medicine	Acute
259	Paediatric Nephrology	Acute
260	Paediatric Medical Oncology	Acute
261	Paediatric Metabolic Disease	Acute
262	Paediatric Rheumatology	Acute
263	Paediatric Diabetic Medicine	Acute
264	Paediatric Cystic Fibrosis	Acute
280	Paediatric Interventional Radiology	Acute
290	Community Paediatrics	Other
291	Paediatric Neuro-Disability	Other
300	General Medicine	Acute
301	Gastroenterology	Acute
302	Endocrinology	Acute
303	Clinical Haematology	Acute
304	Clinical Physiology	Acute
305	Clinical Pharmacology	Acute
306	Hepatology	Acute
307	Diabetic Medicine	Acute
308	Blood and Marrow Transplantation	Acute
309	Haemophilia	Acute
310	Audiological Medicine	Acute
311	Clinical Genetics	Acute
313	Clinical Immunology and Allergy	Acute
314	Rehabilitation	Acute
315	Palliative Medicine	Acute
316	Clinical Immunology	Acute
317	Allergy	Acute
318	Intermediate Care	Acute
319	Respite Care	Acute
320	Cardiology	Acute
321	Paediatric Cardiology	Acute
322	Clinical Microbiology	Acute
323	Spinal Injuries	Acute
324	Anticoagulant Service	Acute
325	Sport and Exercise Medicine	Acute

327	Cardiac Rehabilitation	Acute
328	Stroke Medicine	Acute
329	Transient Ischaemic Attack	Acute
330	Dermatology	Acute
331	Congenital Heart Disease Service	Other
340	Thoracic Medicine	Acute
341	Respiratory Physiology	Acute
342	Programmed Pulmonary Rehabilitation	Acute
343	Adult Cystic Fibrosis	Acute
344	Complex Specialised Rehabilitation Service	Other
345	Specialist Rehabilitation Service	Other
346	Local Specialist Rehabilitation Service	Other
350	Infectious Diseases	Acute
352	Tropical Medicine	Acute
360	Genitourinary Medicine	Acute
361	Nephrology	Acute
370	Medical Oncology	Acute
371	Nuclear Medicine	Acute
400	Neurology	Acute
401	Clinical Neurophysiology	Acute
410	Rheumatology	Acute
420	Paediatrics	Acute
421	Paediatric Neurology	Acute
422	Neonatology	Acute
424	Well Babies	Well Babies
430	Geriatric Medicine	Acute
450	Dental Medicine Specialties	Acute
460	Medical Ophthalmology	Acute
499	Non-UK provider; Treatment Function not known, treatment mainly medical	Other
501	Obstetrics	Maternity
502	Gynaecology	Acute
503	Gynaecological Oncology	Acute
560	Midwife Episode	Maternity
650	Physiotherapy	Other
651	Occupational Therapy	Other
652	Speech and Language Therapy	Other
653	Podiatry	Other
654	Dietetics	Other
655	Orthoptics	Other
656	Clinical Psychology	Other
657	Prosthetics	Other
658	Orthotics	Other
659	Drama Therapy	Other
660	Art Therapy	Other

661	Music Therapy	Other
662	Optometry	Other
663	Podiatric Surgery	Acute
700	Learning Disability	MH and LD
710	Adult Mental Illness	MH and LD
711	Child and Adolescent Psychiatry	MH and LD
712	Forensic Psychiatry	MH and LD
713	Psychotherapy	MH and LD
715	Old Age Psychiatry	MH and LD
720	Eating Disorders	MH and LD
721	Addiction Services	MH and LD
722	Liaison Psychiatry	MH and LD
723	Psychiatric Intensive Care	MH and LD
724	Perinatal Psychiatry	MH and LD
725	Mental Health Recovery and Rehabilitation Service	MH and LD
726	Mental Health Dual Diagnosis Service	MH and LD
727	Dementia Assessment Service	MH and LD
800	Clinical Oncology (Previously Radiotherapy)	Acute
811	Interventional Radiology	Acute
812	Diagnostic Imaging	Acute
822	Chemical Pathology	Acute
834	Medical Virology	Acute
840	Audiology	Other
920	Diabetic Education Service	Other

Appendix C: Summary Table of Requirements for both the Provider and Commissioner Planning Templates.

Code	Name in Technical Definitions	Provider Planning Template	CCG Planning Template
E.A.3	IAPT roll-out		Y- quarterly
E.A.S.1	Estimated diagnosis rate for people with dementia		Y- monthly
E.A.S.2	IAPT recovery rate		Y- quarterly
E.B.3	Incomplete RTT pathways performance		Y- monthly
E.B.4	Diagnostic test waiting times		Y- monthly
E.B.5	A&E waiting times – total time in the A&E department		Y- monthly
E.B.6-7	Cancer two week waits		Y- monthly and Quarterly
E.B.8-11	Cancer 31 day waits		Y- monthly and Quarterly
E.B.12-14	Cancer 62 day waits		Y- monthly and Quarterly
E.B.17	Ambulances - Proportion of calls closed by telephone advice		Y- monthly
E.B.18	Ambulances - Proportion of incidents managed without need for transport to Accident and Emergency departments		Y- monthly
E.D.14	Extended access (evening and weekends) at GP services		Y- bi-annually
E.H.1-3	IAPT waiting times		Y- quarterly
E.H.4	Psychosis treated with a NICE approved care package within two weeks of referral		Y- quarterly
E.H.9	Improve access rate to CYPMH		Y- quarterly
E.H.10-11	Waiting Times for Urgent and Routine Referrals to Children and Young People Eating Disorder Services		Y- quarterly
E.J.3	Total Bed Days (Specific Acute)		Y- monthly
E.K.1a	Reliance on inpatient care for people with a learning disability and/or autism - Care commissioned by CCGs		Y- quarterly

E.K.1b	Reliance on inpatient care for people with a learning disability and/or autism - Care commissioned by NHS England		Y- quarterly
E.M.7	Total Referrals made for a First Outpatient Appointment (G&A)	Y- monthly	Y- monthly
E.M.7a	Total GP Referrals made for a First Outpatient Appointment (G&A)	Y- monthly	Y- monthly
E.M.7b	Total Other Referrals made for a First Outpatient Appointment (G&A)	Y- monthly	Y- monthly
E.M.8	Consultant Led First Outpatient Attendances (Specific Acute)	Y- monthly	Y- monthly
E.M.9	Consultant Led Follow-Up Outpatient Attendances (Specific Acute)	Y- monthly	Y- monthly
E.M.10	Total Elective Spells (Specific Acute)	Y- monthly	Y- monthly
E.M.11	Total Non-Elective Spells (Specific Acute)	Y- monthly	Y- monthly
E.M.12	Total A&E Attendances (Excluding Planned Follow-Up Attendances)	Y- monthly	Y- monthly
E.M.18	Number of completed admitted RTT pathways	Y- monthly	Y- monthly
E.M.19	Number of completed non-admitted RTT pathways	Y- monthly	Y- monthly
E.M.20	Number of new RTT pathways (clock starts)	Y- monthly	Y- monthly
E.N.1	Personal Health Budgets		Y- quarterly
E.O.1	Percentage of children waiting more than 18 weeks for a wheelchair		Y- quarterly
E.P.1	NHS e-Referral Service (e-RS) Utilisation Coverage		Y- monthly