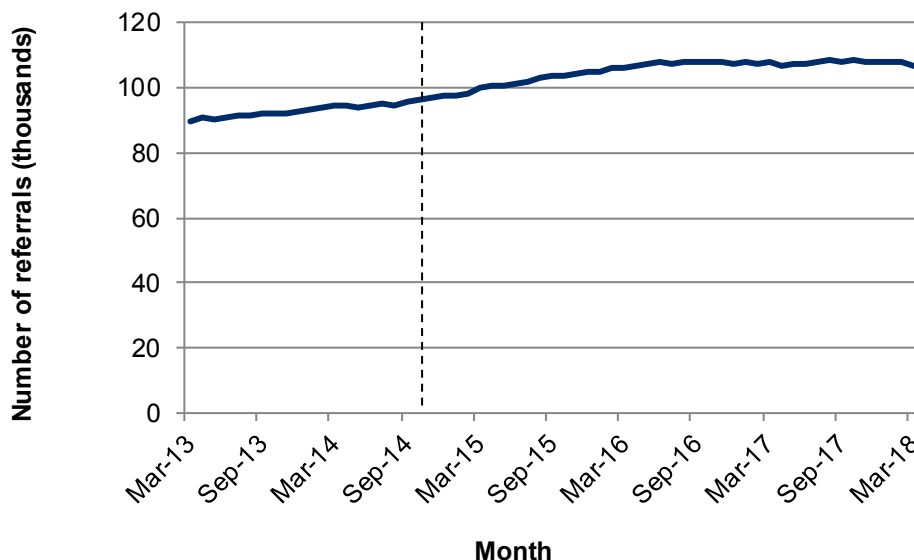


## NHS Referrals for first outpatient appointments: 2017-18

31 January 2019  
SB 3/2019

**Chart 1: 12-month rolling average of referrals received in NHS Wales, by month, March 2013 onwards**



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

### Key points

- There were 1,279,494 referrals for first outpatient appointments in 2017-18. This is a decrease of 16,941 (1.3 per cent) from last year, but an increase of 202,604 (18.8 per cent) from 2012-13.
- On average referrals have been stable over the last 2 years but have increased compared to 5 years ago. Non-GP referral coverage was expanded in that time which may account for some of the increase.
- The proportion of referrals coming from GP services has declined over time, from 71.7 per cent in 2012-13 to 65.1 per cent in 2017-18. The number of referrals coming from GP services has been increasing, but at a slower pace. This year saw the first decline in the number of GP referrals.
- The treatment functions that received the most referrals in 2017-18 were (in order); trauma and orthopaedics, general surgery, ophthalmology, ENT (Ear, nose and throat) and gynaecology.

### About this bulletin

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

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

Interactive

visuals are updated monthly in a [dashboard](#).

The data behind this bulletin is available on [StatsWales](#).

### In this bulletin

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## Introduction

Referrals are made when a medical professional in primary care requires additional support in order to provide the best outcome to a patient. This is first annual bulletin of the referrals dataset. The referrals data was previously published quarterly in a statistical release but is now updated monthly on [StatsWales](#) and as part of the monthly [NHS Activity and Performance Summary](#).

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

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

To allow best comparison between gender, age and area, where applicable, rates per 10,000 people are used to take account of the variation in population size. The source we use for the rate calculations are the Office for National Statistics (ONS) mid-year population projections, the latest available are for mid-year 2017.

The analysis focuses on referrals received in the 2017-18 financial year, but looks back over the whole time series to April 2012 to show long-term trends. There is volatility in the number of referrals by month so in some cases a 12-month rolling average is used from March 2013.

## Summary

### Referrals for first outpatient appointments

- The number of referrals was 1,279,494 in 2017-18; it has decreased by 1.3 percent compared to 2016-17.
- Overall, the number of referrals has been broadly stable over the last 2 years and has increased a little compared to five year ago.
- There are higher rates of referral for young children, adolescents and women of child bearing age. Overall, the rate of referral generally increases with age.
- The proportion of referrals coming from GP services has declined overtime, driven by larger increases in other sources of referrals. The number of referrals coming from GP services has been increasing, but at a slower pace. This year saw the first decline in the number of GP referrals.

### Referrals by treatment function

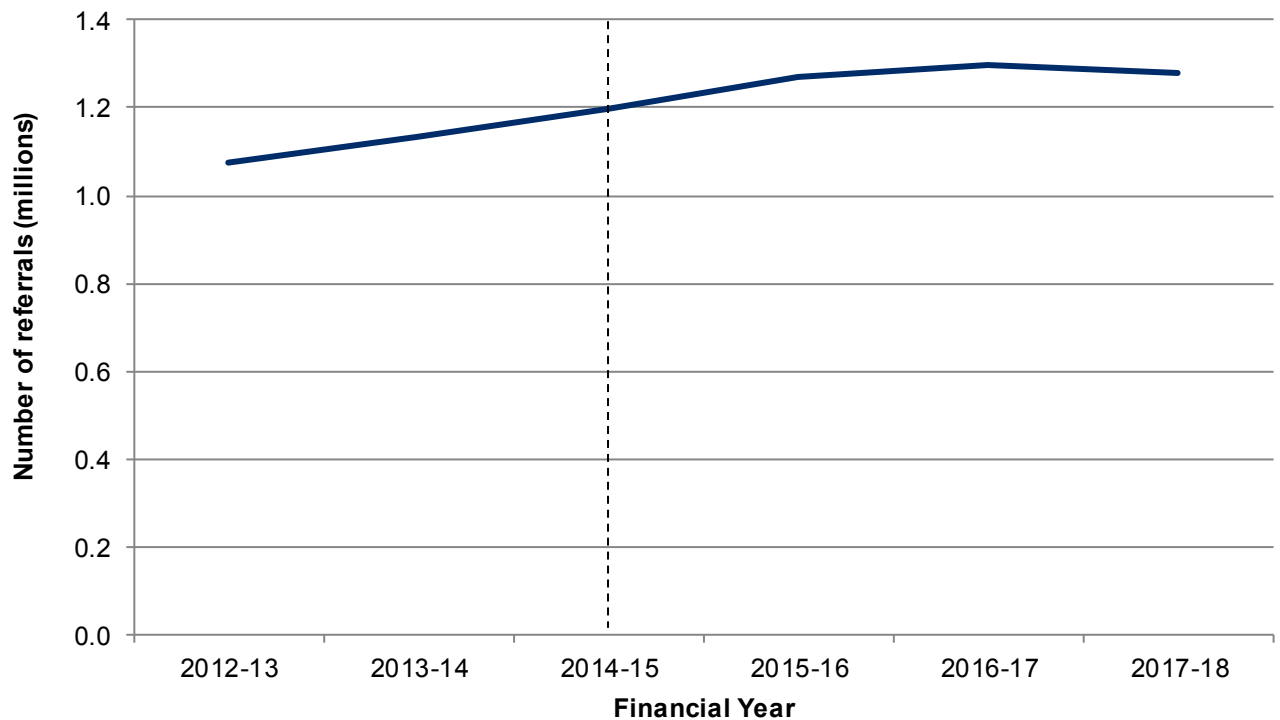
- The five treatment functions with the largest number of referrals in 2017-18 are (from largest to smallest): trauma and orthopaedics, general surgery, ophthalmology, ENT (Ear, Nose and Throat) and gynaecology.
- There is a peak in the rate of trauma and orthopaedics referrals during adolescence. The increase is greater for men than for women.
- Referrals to ophthalmology show small peaks during a child's early years but are largely associated with older patients and the highest rates of referral are after age 70. There are high rates of gynaecology referrals for women aged 21 to 41 (consistent with child bearing age of 16 to 45)
- ENT (Ear, Nose and Throat) has a higher rate of referral during childhood.
- The rate of referral for general surgery increases with age.

### Referrals by local health board

- The five treatment functions with the most referrals are not consistent across health boards. This is partly due to differences in the range of services provided.
- Aneurin Bevan and Hywel Dda have the two highest rates of referral for Trauma and Orthopaedics.
- Cwm Taf has a high rate of referrals for child and adolescent psychiatry. This is because they process referrals for Cardiff and Vale and Abertawe Bro Morgannwg residents as well as their own.

## Section 1: Referrals for first outpatient appointments

Chart 2: Referrals in each financial year in Wales, 2012-13 onwards



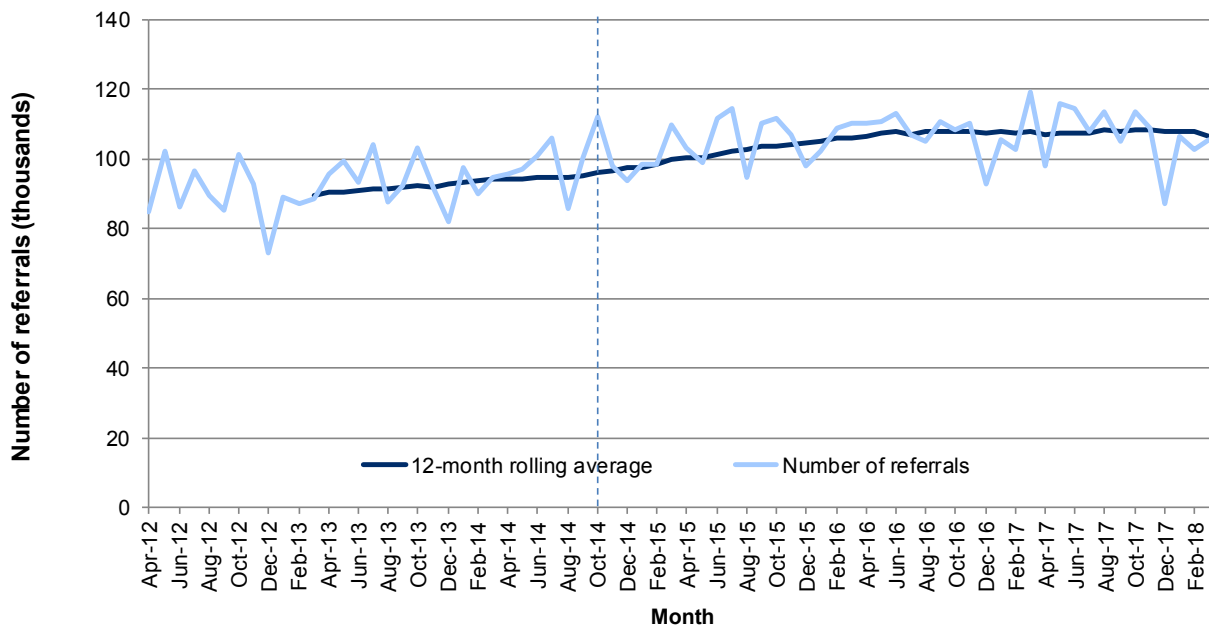
Note: In October 2014 the coverage of non-GP referrals was expanded which accounts for some of the increase. More detail is in the Key Quality Information section.

**Latest data:** In 2017-18 there were 1,279,494 referrals.

**Annual Change:** Compared to last year there was a decrease of 16,941 referrals (1.3 per cent).

**Change since 2012-13:** Since 2012-13, there has been an increase of 202,604 referrals (18.8 per cent).

**Chart 3: Number of referrals and 12-month rolling average, April 2012 onwards**



Note: In October 2014 the coverage of non-GP referrals was expanded which accounts for some of the increase. For more detail see the Key Quality Information.

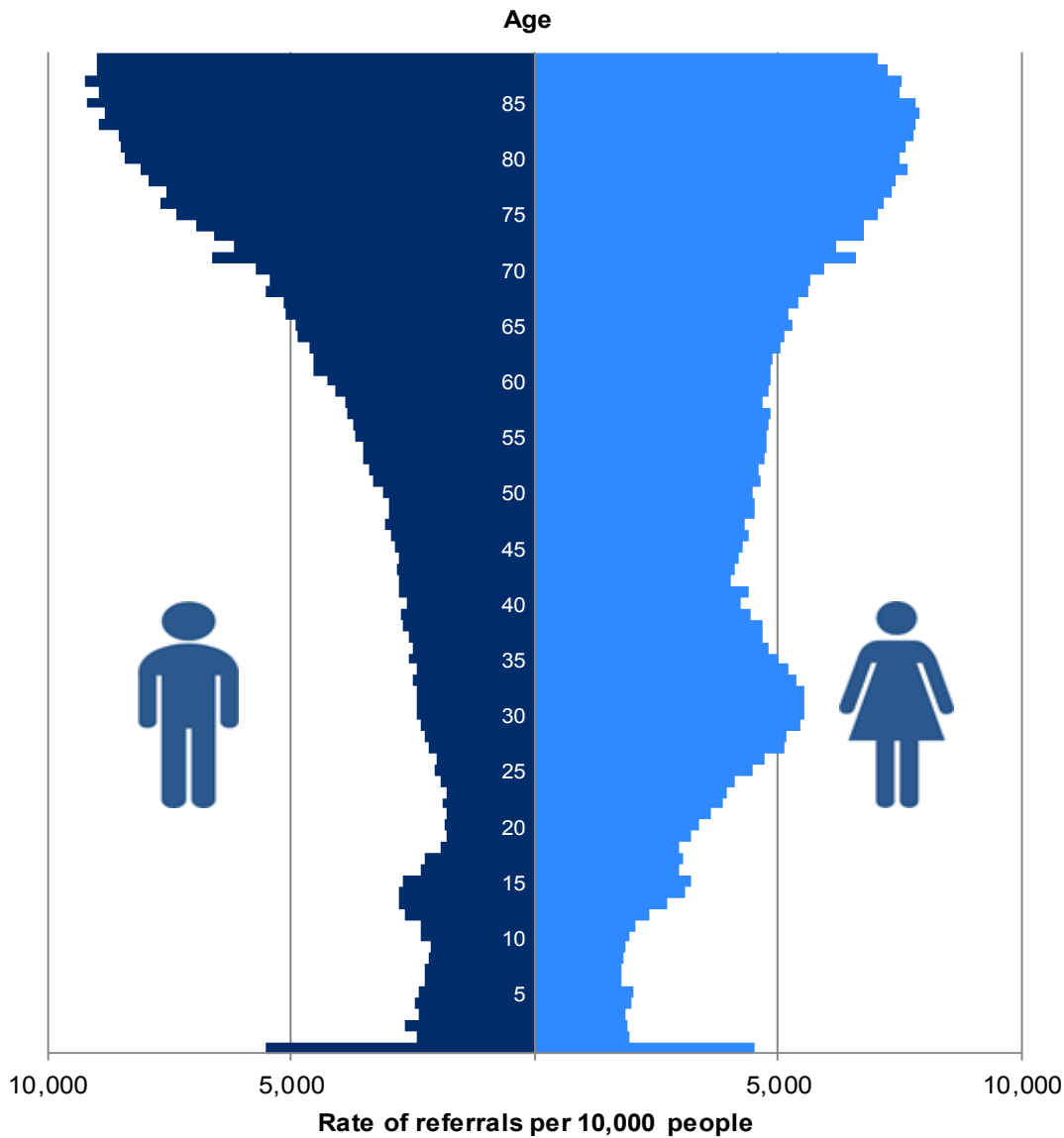
Chart 3 shows the number of referrals each month, along with a 12-month rolling average to highlight the trend without the volatility.

**Summary:** Although there is month to month variation, the average number of referrals has been stable for the last 2 years. As shown in Chart 2, referrals have increased by 18.8 per cent between 2012-13 and 2017-18.

The lowest number of referrals received in a month was in December 2012 with 72,928 referrals, the highest was in March 2017 with 119,430 referrals. On average, the number of referrals tends to peak in June, July and October, October averaged over 111,000 over the last 5 years.

December on average has the least referrals averaging just over 90,000 over the last 5 years, possibly due to December having fewer working days due to the festive period. .

**Chart 4: Age pyramid for rate of referrals per 10,000 people in Wales, by gender and age, 2017-18**



Note: This chart excludes invalid gender codes and those aged 90 or above.

**Key points:**

**0 to 10 years old:** There is a peak in rate of referrals at the start of life.

**11 to 15 years old:** There is a small increase in the rate of referrals during adolescence for both males and females compared to earlier years. This is mainly driven through trauma and orthopaedics referrals, possibly due to injuries from accidents.

**Women:** There is an increase in the rate of referral for women between ages 20 to 40, primarily driven through gynaecology referrals and reflects the ages at which women most often give birth, peaking around age 30. After age 40, referrals tend to increase gradually year on year until around age 65 when referrals tend to increase more markedly, year on year.

**Men:** There are relatively few referrals for young adult men, with small increases in referrals most years until around age 50. After this age referrals increase more noticeably with age; which is likely to be associated within accumulation of health conditions throughout life.

**Summary:** Referrals for males and females aged under 18 are quite similar; however patterns for referrals between adult males are somewhat different to adult females reflecting different medical needs between the sexes. There are generally fewer referrals for adult men than women from age 18 up to around normal retirement age. After this point referrals are similar, with more men over 80 being referred more than women.

**Table 1: Referrals by source of referral and financial year, 2012-13 onwards**

	Source of referral <sup>(a)</sup>				All referrals	Percentage of referrals coming from a GP
	GP	Other medical	Outpatients	Other		
<b>Annual charts<sup>(b)</sup></b>						
2012-13	771,605	222,367	60,537	22,381	<b>1,076,890</b>	<b>71.7</b>
2013-14	799,960	241,241	62,457	28,161	<b>1,131,819</b>	<b>70.7</b>
2014-15	818,869	241,987	77,339	58,396	<b>1,196,591</b>	<b>68.4</b>
2015-16	841,539	265,830	82,143	82,803	<b>1,272,315</b>	<b>66.1</b>
2016-17	849,304	275,001	85,234	86,896	<b>1,296,435</b>	<b>65.5</b>
2017-18	832,505	283,115	85,341	78,533	<b>1,279,494</b>	<b>65.1</b>

(a) Sources of referrals have been grouped into the following categories:

GP: Includes General Medical Practitioner and General Dental Practitioner

Other medical: includes non-initiated referrals from A&E departments, a consultant or independent nurse, prosthetist, optometrist or community dental service.

Outpatients: includes referrals initiated by the lead nurse or consultant of the outpatient appointment

Other: includes self referral, unknown or other

For more information see the Key Quality Information

(b) The same axis is used for each source but is different for 'all referrals' and the percentage of referrals from a GP

Table 1 shows the number of referrals from each source of referral group by financial year from 2012-13 onwards:

**Latest data:** The majority of referrals still come from GP services, 65.1 per cent in 2017-18.

Referrals from other medical sources (including referrals from optometrists and A&E departments) account for 22.1 per cent of referrals, 6.7 per cent are from outpatients departments and 6.1 per cent are from other sources.

**Annual Change:** Compared with last year, fewer referrals came from GP services (a 2.0 per cent decrease) and other sources (9.6 per cent decrease). More referrals originated from other medical sources (a 3.0 per cent increase) and outpatients (a slight increase of 0.1 per cent) compared to last year.

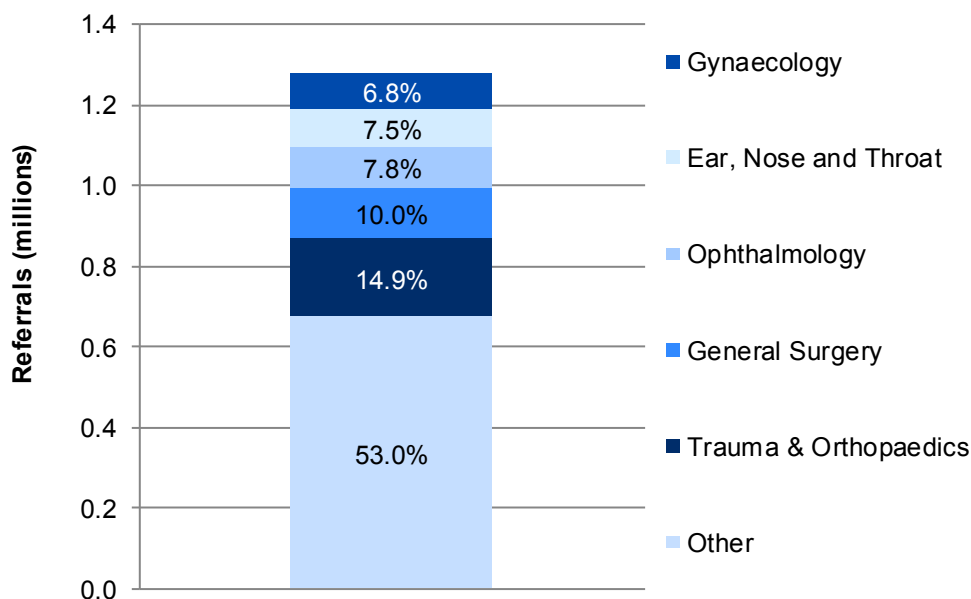
**Change since 2012-13:** Since 2012-13 the percentage of referrals coming from GP services has decreased from 71.7 per cent to 65.1 per cent (6.6 percentage points less).

Although the number of referrals coming from GP services has increased by 7.9 per cent, the decrease in this proportion is driven by larger increases in the number of other sources of referral; other medical (increasing by 27.3 per cent), outpatients (increasing by 41.0 per cent) and other (increasing by 250.9 per cent) over the same period of time.

## Section 2: Referrals by treatment function

Referrals are recorded against around 80 treatment functions in our statswales data. This section focuses on the five with the most referrals (which account for nearly half of all referrals). They are (from largest to smallest): trauma and orthopaedics, general surgery, ophthalmology, ENT (Ear, Nose and Throat) and gynaecology.

**Chart 5: Top 5 treatment functions by referrals in Wales for 2017-18 and percentage of total.**



**Table 2: Number of referrals in each financial year, for the five largest treatment functions in Wales, 2012-13 onwards**

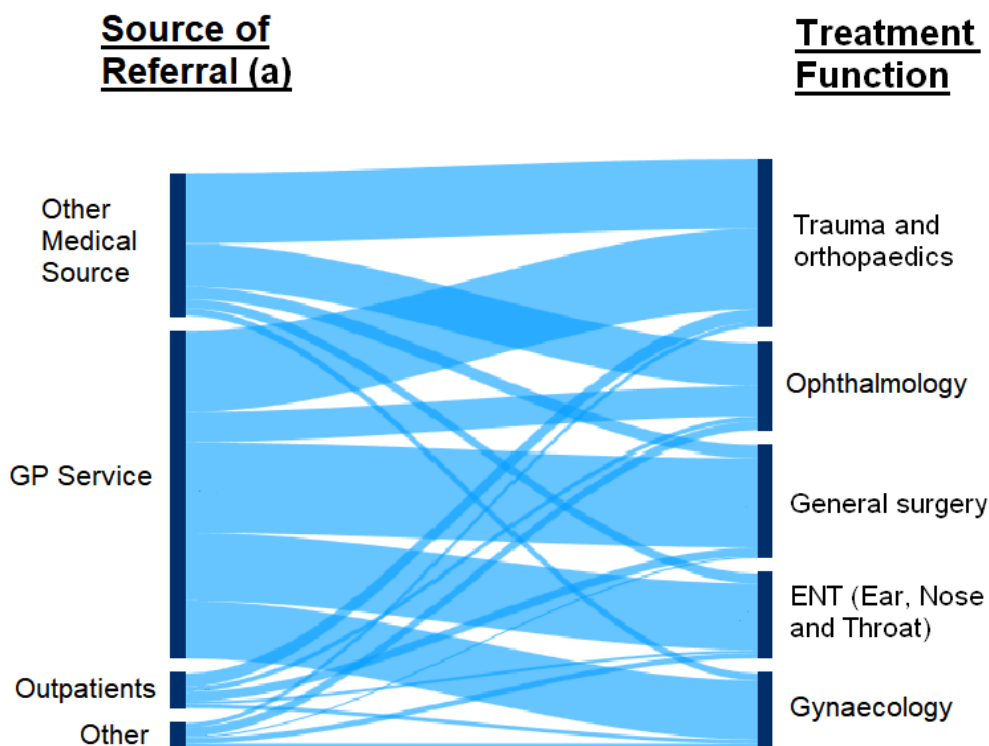
Annual Charts (a)	Treatment Function					All Treatment Functions
	Trauma & Orthopaedics	General Surgery	Ophthalmology	Ear, Nose and Throat	Gynaecology	
2012-13	160,048	110,406	69,077	82,659	75,186	1,076,890
2013-14	179,252	117,399	70,948	83,063	77,664	1,131,819
2014-15	179,997	123,793	81,605	91,848	82,653	1,196,591
2015-16	195,786	125,512	98,283	93,696	85,672	1,272,315
2016-17	196,081	133,051	102,778	98,783	88,978	1,296,435
2017-18	191,096	128,063	99,539	96,209	86,764	1,279,494

(a) The axis for the charts are the same for the separate treatment functions, but the total uses a separate axis.



Chart 5 shows the percentage of referrals for each treatment function in 2017-18. The 5 most common made up 47.0 per cent of all the referrals in Wales. Table 2 shows the number of referrals for each of these over time. All have been increasing over time, year on year for the 5 most common referral treatment functions until the most recent year, where there have been declines in referrals for these treatment functions compared with last year.

**Chart 6: Sankey diagram, link between source of referral and five most common treatment functions**



(a) Sources of referrals have been grouped into the following categories:

GP: Includes General Medical Practitioner and General Dental Practitioner

Other medical: includes non-initiated referrals from A&E departments, a consultant or independent nurse, prosthetist, optometrist or community dental service.

Outpatients: includes referrals initiated by the lead nurse or consultant of the outpatient appointment

Other: includes self referral, unknown or other

For more information see the Key Quality Information

Chart 6 is a Sankey diagram that shows the links between source of referral and treatment function.

**Summary:** Source of referral varies by treatment function. Referrals from GP Services are most common overall (see [Table 1](#)), but patients for some treatments are more likely to be referred from another source. For example, ophthalmology patients are more likely to have been referred from other medical sources such as optometrists and trauma and orthopaedics patients have a high proportion of referrals coming from other medical sources such as A&E.

Most treatment functions have had consistent sources of referrals over time. However, [Wales' Primary Care Plan](#) in 2015 allowed for better local community working within health boards and as part of this, more ophthalmology referrals now come from optometrists rather than GP services.

The following charts show the age and gender distribution of referrals for each of the five most common treatment functions. The charts use rates of referrals per 10,000 to better compare between the different population sizes across ages.

**Chart 7: Rate of referral by age and five largest treatment functions, 2017-18.**

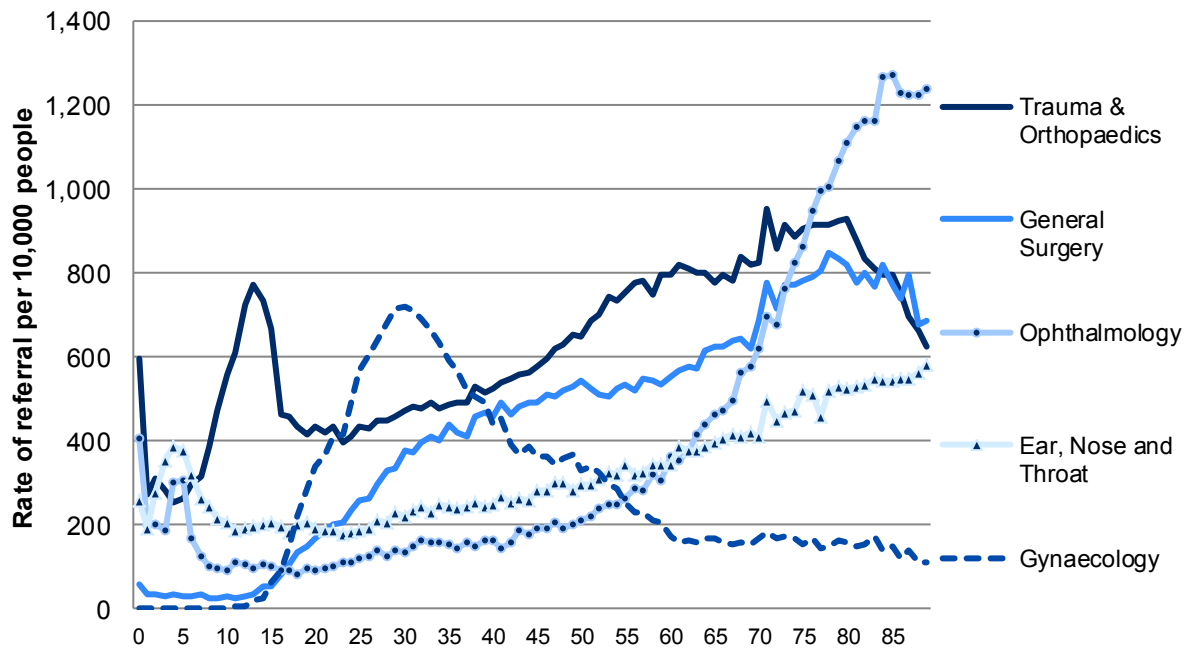
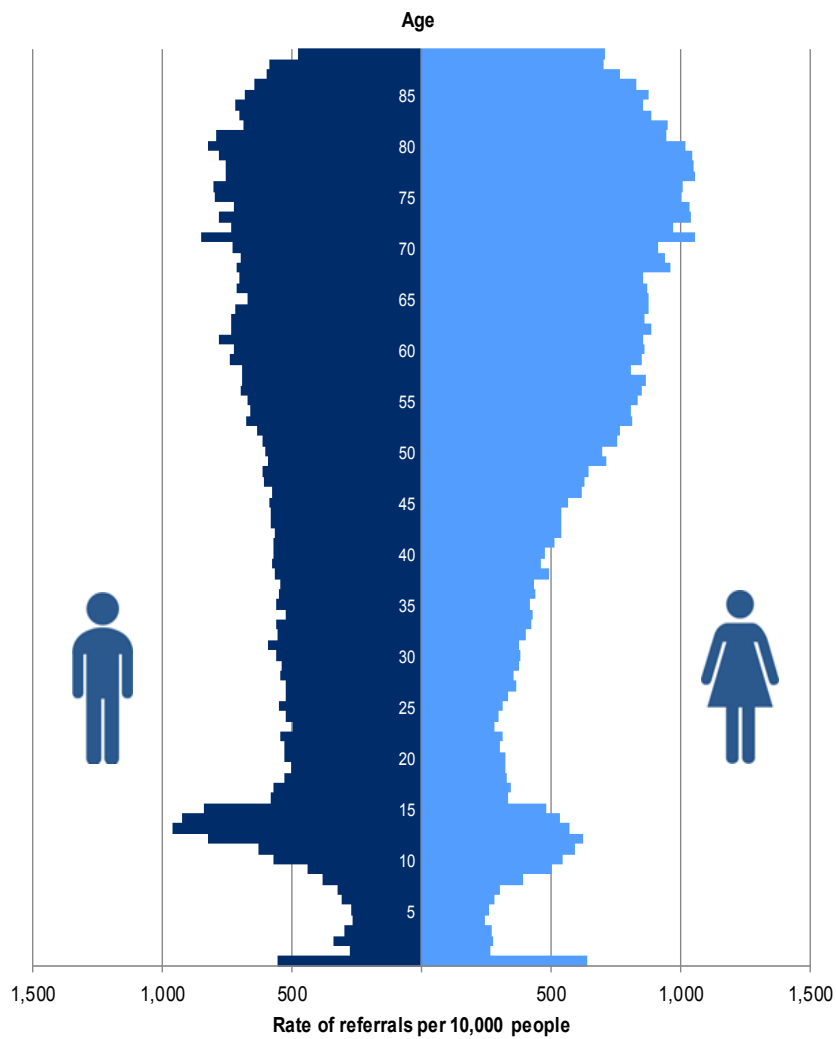


Chart 7 shows the variation in rate throughout life between the most common treatment functions. The age pyramids in the rest of this section show more detail.

## Trauma and orthopaedics

**Chart 8: Age pyramid showing age and gender distribution of trauma and orthopaedics referrals, 2017-18**



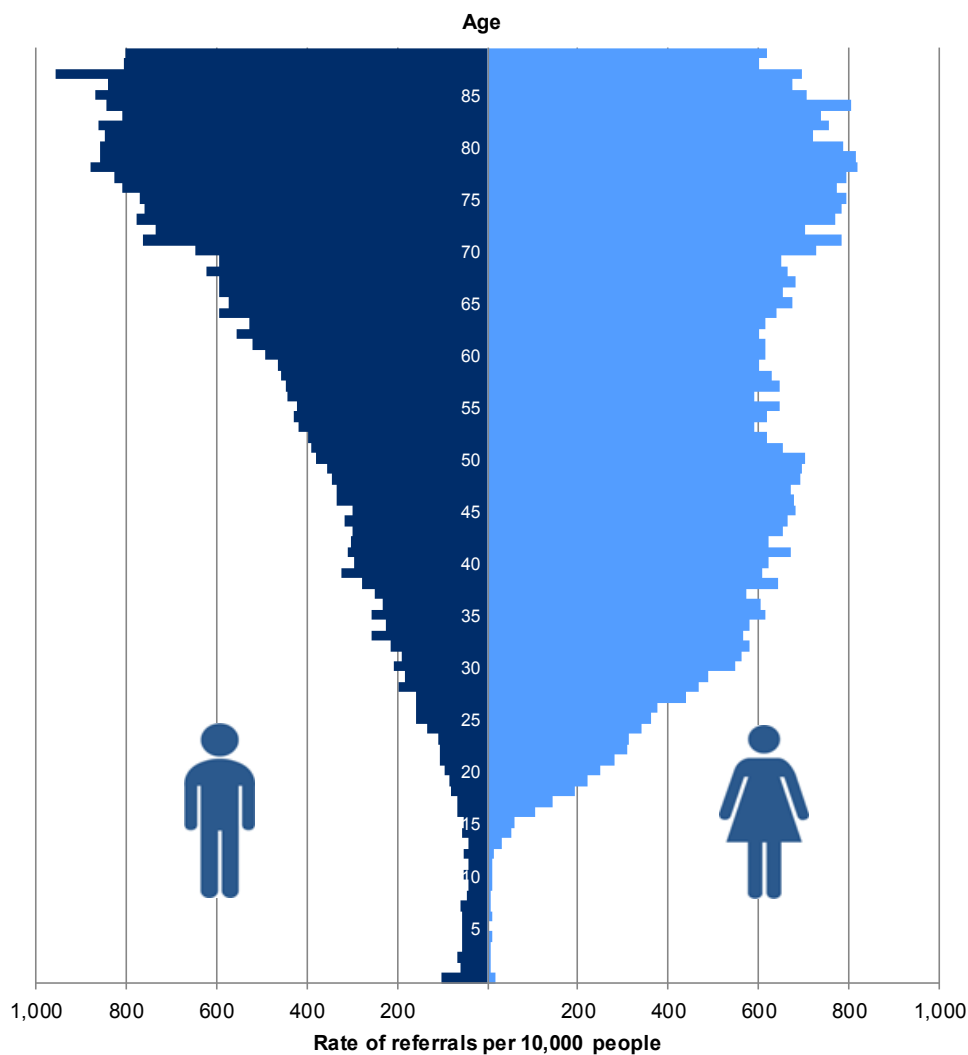
Note: This chart excludes invalid age and gender codes and those aged 90 or above

There is a relatively high rate of referral at the start of life but then lowers through childhood. There is a large increase between the ages 10 and 15, possibly resulting from accidents. The increase is higher for males than for females.

After the peak at adolescence the rate increases gradually with age before declining again after age 80. The rate of referral for men is generally higher between the ages of 16-40, but then after this age the rate is higher for women.

## General surgery

Chart 9: Age pyramid showing age and gender distribution of general surgery referrals, 2017-18

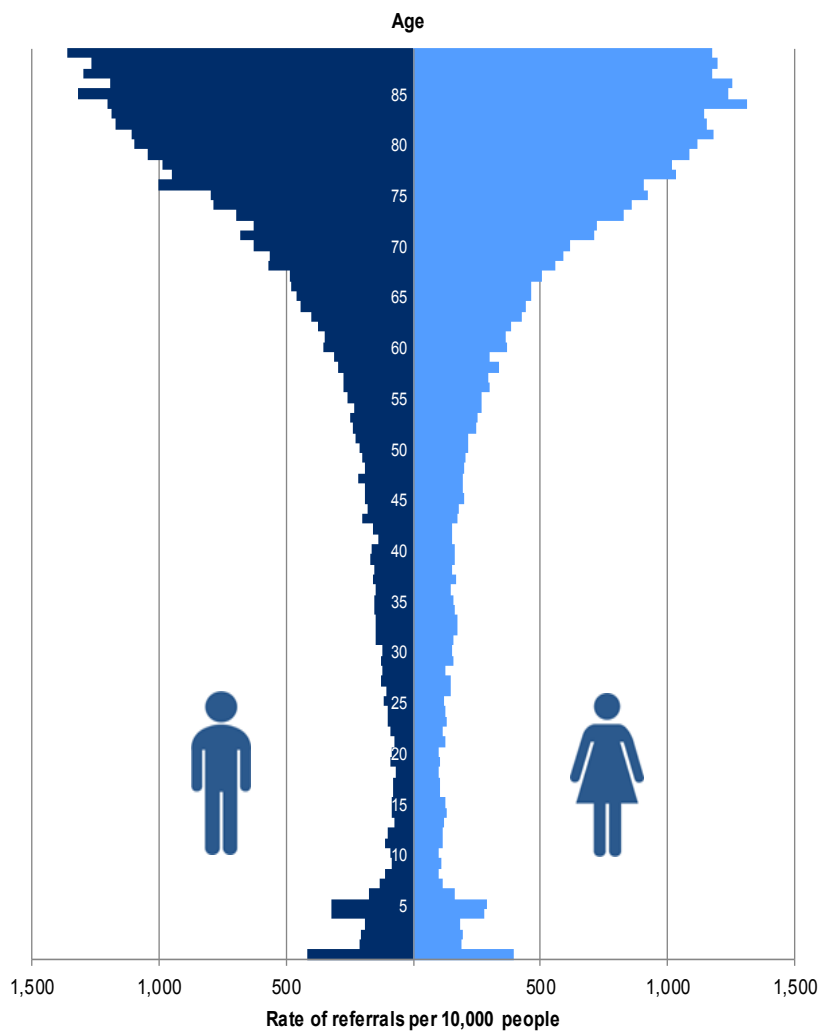


Note: This chart excludes invalid age and gender codes and those aged 90 or above

The rate for referrals to general surgery is low and constant until around age 15 where it starts to increase gradually with age. Women have a greater rate of referral for all ages between 15 and 71, with particularly large differences between ages 20 to 50. The rate becomes higher for men over the age of 76.

## Ophthalmology

Chart 10: Age pyramid showing age and gender distribution of ophthalmology referrals, 2017-18

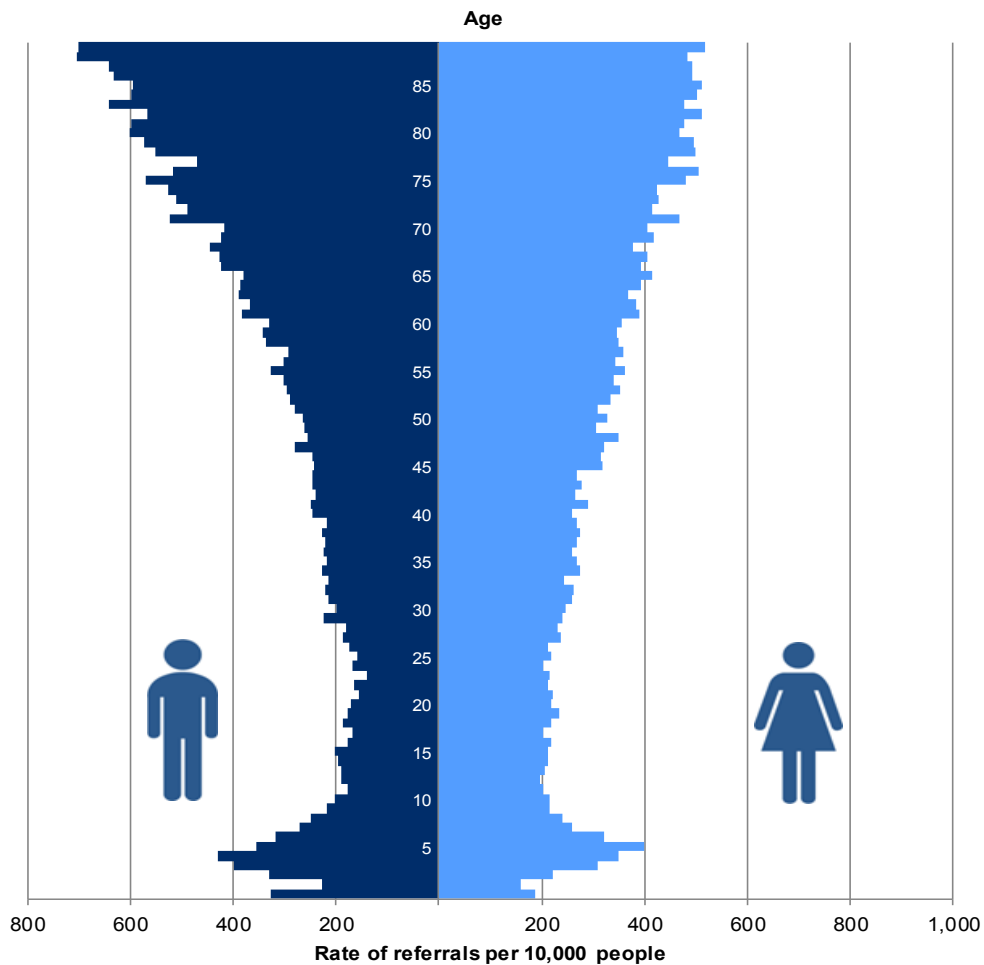


Ophthalmology has peaks in the rate of referral for babies under 1 year and at ages 4 to 5. This reflects the [NHS digital guidance](#) on eye test appointments.

After these peaks, the rate of referral increases gradually with age, with larger increases after age 55.

## ENT (Ear, Nose and Throat)

Chart 11: Age pyramid showing age and gender distribution of ENT (Ear, Nose and Throat) referrals, 2017-18



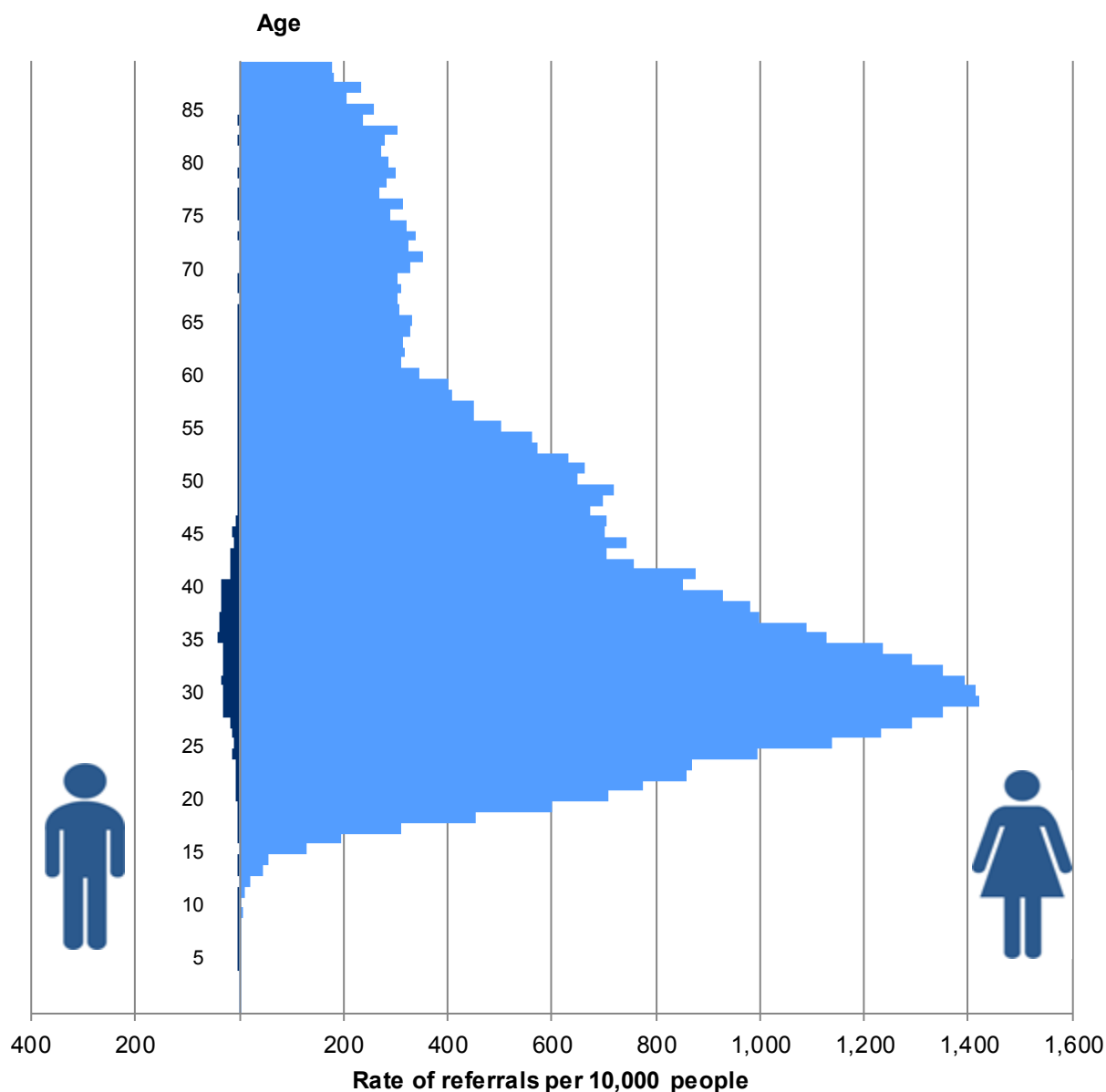
Note: This chart excludes invalid age and gender codes and those aged 90 or above

The rate of referral for ENT (Ear, Nose and Throat) is noticeably higher for boys aged under 1 year than girls.

Rates of referral are generally high in young children and are lower relatively stable in younger adults. Referrals tend to increase from middle aged adults onwards.

## Gynaecology

Chart 12: Age pyramid showing age and gender distribution of gynaecology referrals, 2017-18



Note: This chart excludes invalid age and gender codes and those aged 90 or above

Referrals for gynaecology are predominantly for women although there is a low rate of referrals for men undergoing fertility and gender reassignment treatment. Some of these referrals have also been closed as recorded as inappropriate, meaning they were recorded in error – please see the [Key Quality Information](#).

The rate for women is highest (over 800 per 10,000) between age 22 and 41, this corresponds with the ages women most commonly give birth.

## Section 3: Referrals by local health board

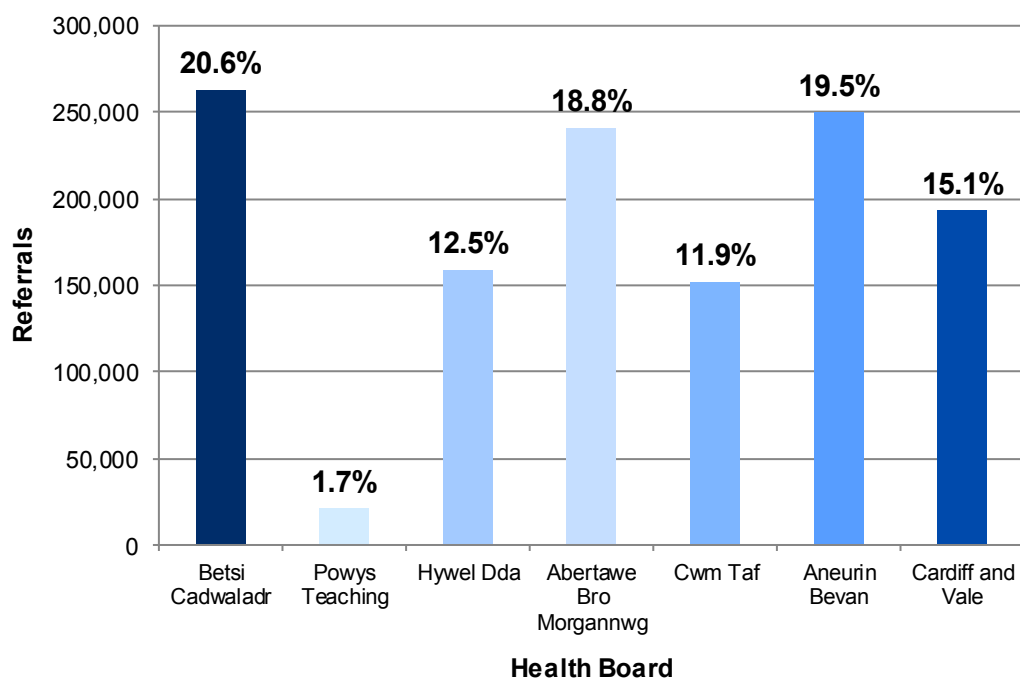
**Table 3: Referrals in each health board by financial year, 2012-13 onwards**

	Local health board							Wales
	Betsi Cadwaladr	Powys Teaching	Hywel Dda	Abertawe Bro Morgannwg	Cwm Taf	Aneurin Bevan	Cardiff and Vale	
<b>Annual Charts (a)</b>								
2012-13	211,655	19,285	152,693	168,216	156,613	196,886	171,542	<b>1,076,890</b>
2013-14	216,032	19,858	153,253	206,752	159,089	200,805	176,030	<b>1,131,819</b>
2014-15 (b)	236,210	21,175	152,999	211,235	171,447	219,406	184,119	<b>1,196,591</b>
2015-16	259,893	22,491	163,942	224,012	169,713	239,314	192,950	<b>1,272,315</b>
2016-17	276,749	21,748	162,504	236,402	149,876	248,587	200,569	<b>1,296,435</b>
2017-18	262,984	21,290	159,343	240,668	152,314	249,648	193,247	<b>1,279,494</b>

(a) The axis for the charts are the same for the healthboards, but Wales uses a separate axis.

(b) In October 2014 the coverage of non-GP referrals was expanded which accounts for some of the increase.

**Chart 13: Referrals by health board and percentage of total referrals, 2017-18**



**Latest Year:** Most referrals are received by Betsi Cadwaladr, who received 20.6 per cent of all referrals in 2017-18, followed by Aneurin Bevan and Abertawe Bro Morgannwg. Powys Teaching receives the fewest referrals.

**Annual Change:** The number of referrals received by Betsi Cadwaladr, Powys Teaching, Hywel Dda and Cardiff and Vale were lower than last year. Referrals to Abertawe Bro Morgannwg, Cwm Taf and Aneurin Bevan increased since the previous year.

**Change since 2012-13:** Compared to 2012-13 the number of referrals has increases for all health boards with the exception of Cwm Taf.



**Table 4: Number and rate per 10,000 people of referrals by local health board and treatment function**

Local health board referral rate (per 10,000) charts	Treatment Function																												
	Trauma & orthopaedics			General surgery			Ophthalmology			Ear, Nose and Throat			Gynaecology																
	Be	Po	Hy	Ab	Cw	An	Ca	Be	Po	Hy	Ab	Cw	An	Ca	Be	Po	Hy	Ab	Cw	An	Ca								
	[Bar chart showing referral rates for Trauma & orthopaedics]						[Bar chart showing referral rates for General surgery]						[Bar chart showing referral rates for Ophthalmology]						[Bar chart showing referral rates for Ear, Nose and Throat]						[Bar chart showing referral rates for Gynaecology]				
Local health board	Number	Rate (per 10,000)		Number	Rate (per 10,000)		Number	Rate (per 10,000)		Number	Rate (per 10,000)		Number	Rate (per 10,000)		Number	Rate (per 10,000)		Number	Rate (per 10,000)									
Betsi Cadwaladr	27,867	400		26,178	376		24,468	351		20,157	289		15,644	225															
Powys Teaching	2,114	160		3,395	256		2,518	190		4,370	330		1,252	94															
Hywel Dda	30,278	788		17,675	460		19,249	501		11,660	303		11,237	292															
Abertawe Bro Morgannwg	34,236	644		26,664	501		16,812	316		15,305	288		17,249	324															
Cwm Taf	20,839	697		16,085	538		5,775	193		14,334	479		13,271	444															
Aneurin Bevan	46,341	788		21,287	362		17,765	302		15,635	266		11,233	191															
Cardiff and Vale	29,421	596		16,779	340		12,952	262		14,748	299		16,878	342															

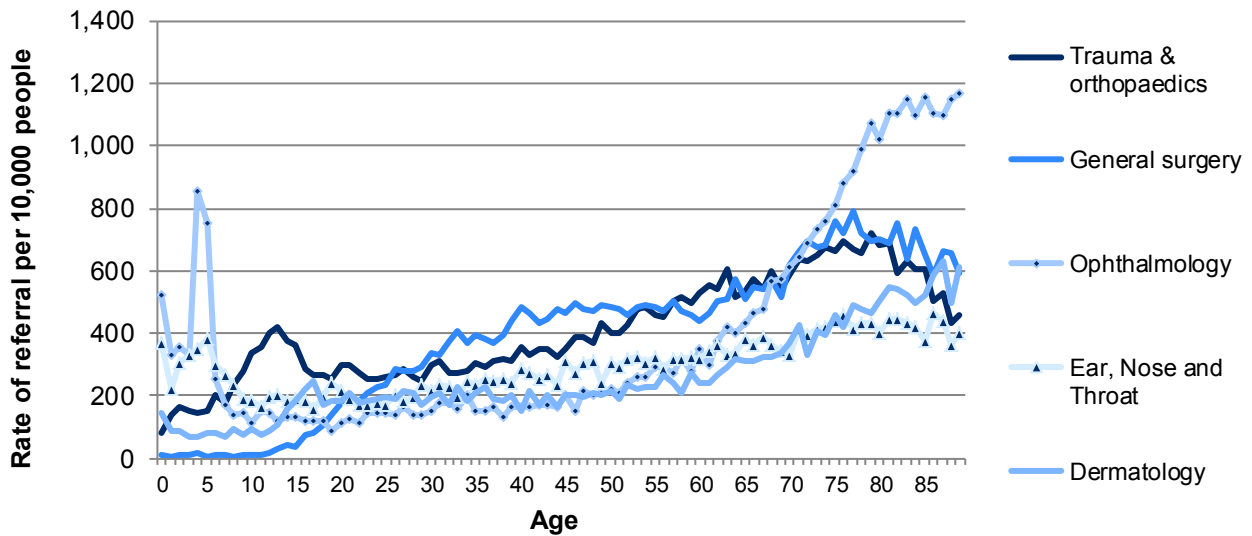
Please Note: The axis is the same for all charts in this table

Chart 14 shows the number of referrals for each of the 5 most common treatment functions by local health board.

Hywel Dda and Aneurin Bevan have the highest rate of referrals for trauma and orthopaedics. Cwm Taf has the highest rate of referrals for general surgery, ENT (Ear, Nose and Throat) and gynaecology. Powys has the lowest rate of referrals for each of the top 5 largest functions. The following charts show these rates in more detail. Note that the following charts for each health board have different axis.

## Betsi Cadwaladr

**Chart 14: Rate of referrals per 10,000 people for treatment functions that have the most referrals within Betsi Cadwaladr**



Note: This chart excludes invalid age codes and those aged 90 or above.

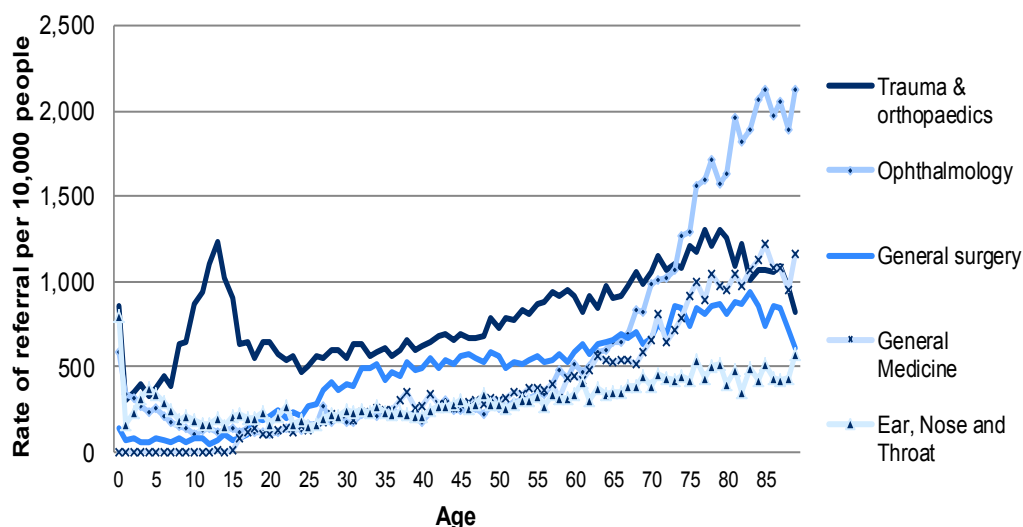
The 5 most common treatment function referrals received at Betsi Cadwaladr are (from largest to smallest): trauma and orthopaedics, general Surgery, ophthalmology; ENT (Ear, Nose and Throat) and dermatology. These are consistent with Wales as a whole except that dermatology replaces gynaecology.

In Betsi Cadwaladr, the rate of dermatology referrals increases through adolescence and then stabilises before increasing again at around 60 years old.

There is a peak during childhood in the rate of ophthalmology referrals. This increase in rate is more pronounced than in other health boards.

## Hywel Dda

**Chart 15: Rate of referrals per 10,000 people for treatment functions that have the most referrals within Hywel Dda**



Note: This chart excludes invalid age codes and those aged 90 or above.

The 5 most common treatment function referrals received at Hywel Dda are (from largest to smallest): trauma and orthopaedics, ophthalmology, general surgery, general medicine and ENT (Ear, Nose and Throat). This differs from Wales overall as general medicine replaces gynaecology in the 5 most common treatment functions.

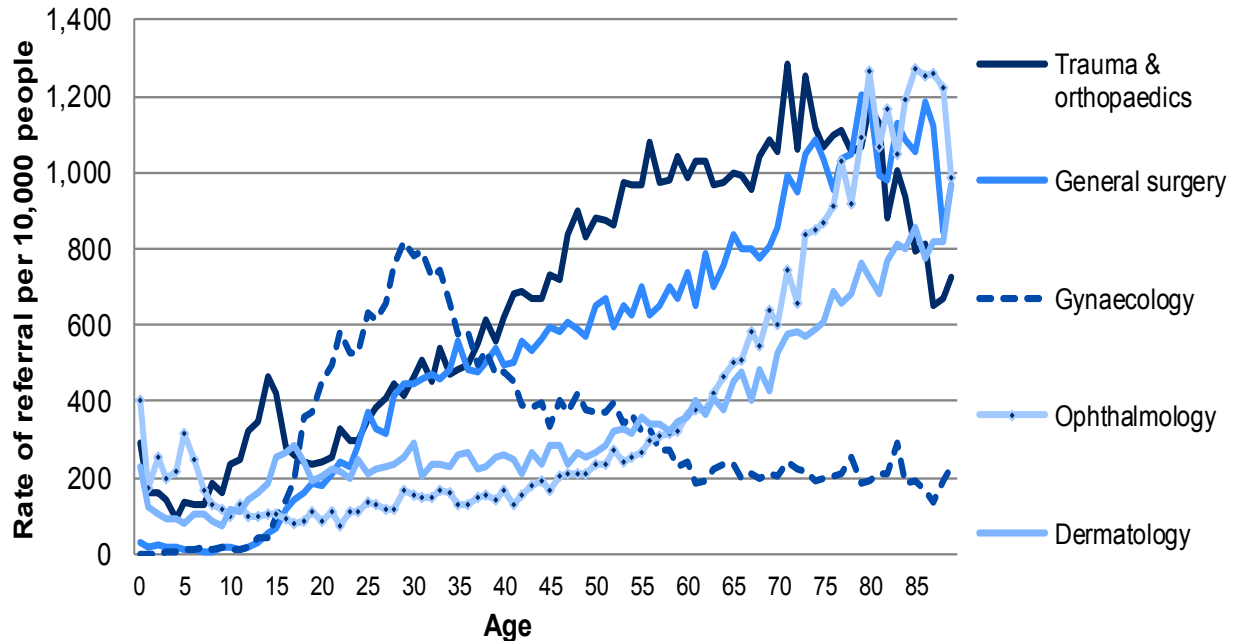
The rate of referral for general medicine remains very low until adolescence and then increases with age, the increase is larger from around age 60.

Hywel Dda has the second highest rate for trauma and orthopaedics after Aneurin Bevan. The rate is generally slightly lower than it is in Aneurin Bevan until after the age of 72 where Hywel Dda then has the highest rate in Wales.

Hywel Dda has the highest overall rate for ophthalmology.

## Abertawe Bro Morgannwg

**Chart 16: Rate of referrals per 10,000 people for treatment functions that have the most referrals within Abertawe Bro Morgannwg**



Note: This chart excludes invalid age codes and those aged 90 or above.

The 5 most common treatment function referrals received at Abertawe Bro Morgannwg are (from largest to smallest): trauma and orthopaedics, general surgery, gynaecology, ophthalmology and dermatology. The health board differs from the Welsh average as dermatology is in the 5 largest treatment functions for this health board instead of ENT (Ear, Nose and Throat).

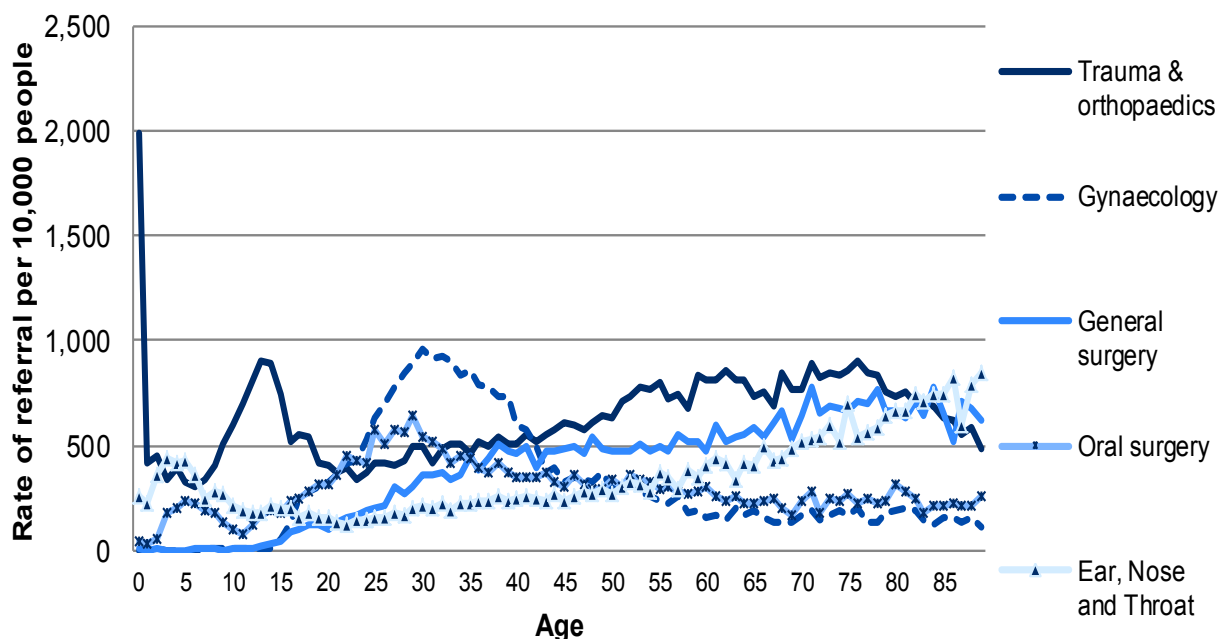
As in Betsi Cadwaladr, the dermatology referral rate increases in adolescence and then increases with age.

Although third overall in terms of rate; Abertawe Bro Morgannwg has the second highest rate of referral for Gynaecology around childbearing age.

The rate of referral for General surgery is generally higher than the other health boards. Abertawe Bro Morgannwg has the second highest number of referrals (after Cwm Taf).

## Cardiff and Vale

**Chart 17: Rate of referrals per 10,000 people for treatment functions that have the most referrals within Cardiff and Vale**



Note: This chart excludes invalid age codes and those aged 90 or above.

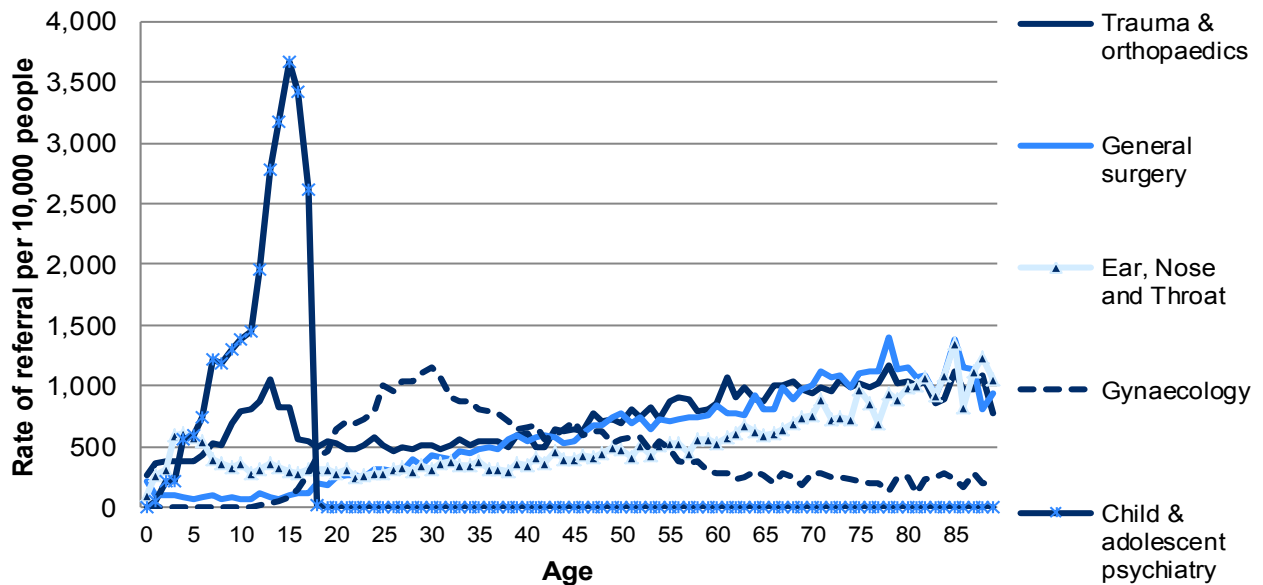
The 5 most common referral specialities received at Cardiff and Vale are (from largest to smallest): trauma and orthopaedics; gynaecology; general surgery; oral surgery and ENT (Ear, Nose and Throat). This differs from Wales overall as oral surgery replaces ophthalmology.

The rate of referral for oral surgery increases during childhood declines briefly but increases again until about the age of 30 and then declines over time.

Cardiff and Vale has the second highest rate of gynaecology referrals in Wales overall, and the highest rate of referral during child bearing years (16 – 45).

## Cwm Taf

**Chart 18: Rate of referrals per 10,000 people for treatment functions that have the most referrals within Cwm Taf**



Note: This chart excludes invalid age codes and those aged 90 or above.

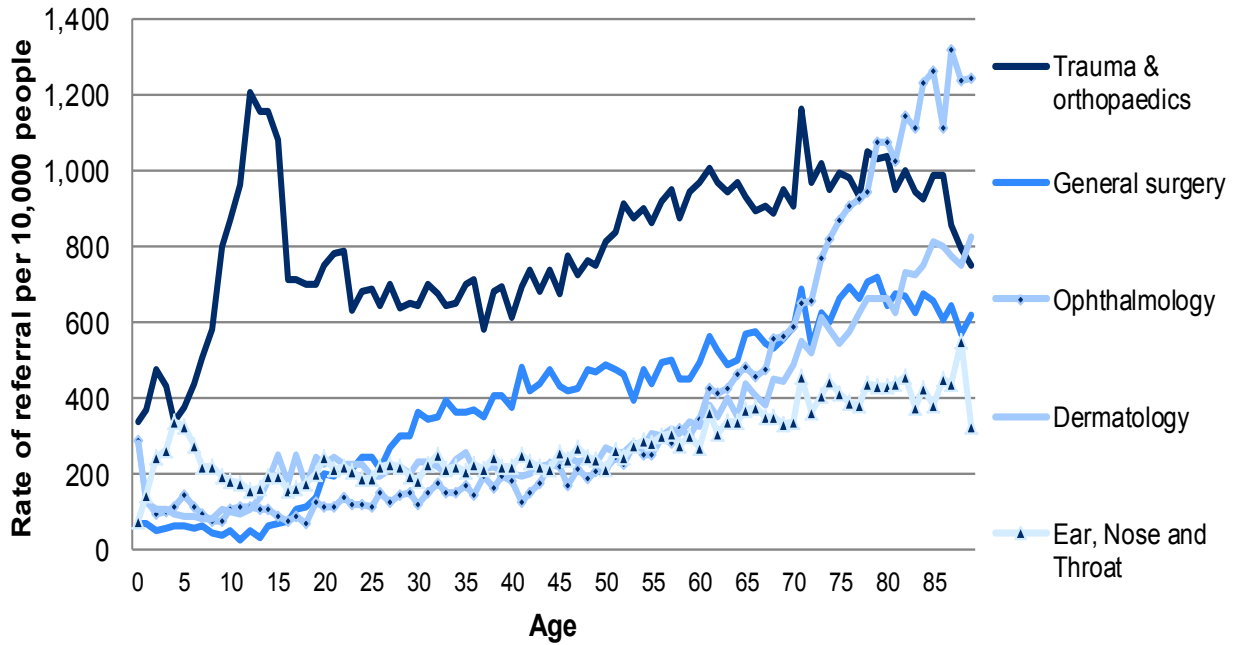
The 5 most common referral specialities received at Cwm Taf are in order from largest to smallest: trauma and orthopaedics, general surgery, ENT (Ear, Nose and Throat), gynaecology and child and adolescent psychiatry. This differs from Wales overall as child and adolescent psychiatry referrals are more common than ophthalmology.

There is a large increase in the rate of child and adolescent psychiatry referrals for those under the age of 18. Cwm Taf provides the child and adolescent psychiatry services for Cardiff and Vale and Abertawe Bro Morgannwg residents as well as its own, resulting in a high rate of referrals compared to the health board's population. Referrals stop after the age of 18 as the service is for the treatment of child and adolescent mental health problems only.

Cwm Taf have the highest overall rates of referrals for general surgery, ENT (Ear, Nose and Throat) and gynaecology. However it should be noted that for child bearing years the rates of referral are higher at Cardiff and Vale and Abertawe Bro Morgannwg.

## Aneurin Bevan

**Chart 19: Rate of referrals per 10,000 people for treatment functions that have the most referrals within Aneurin Bevan**



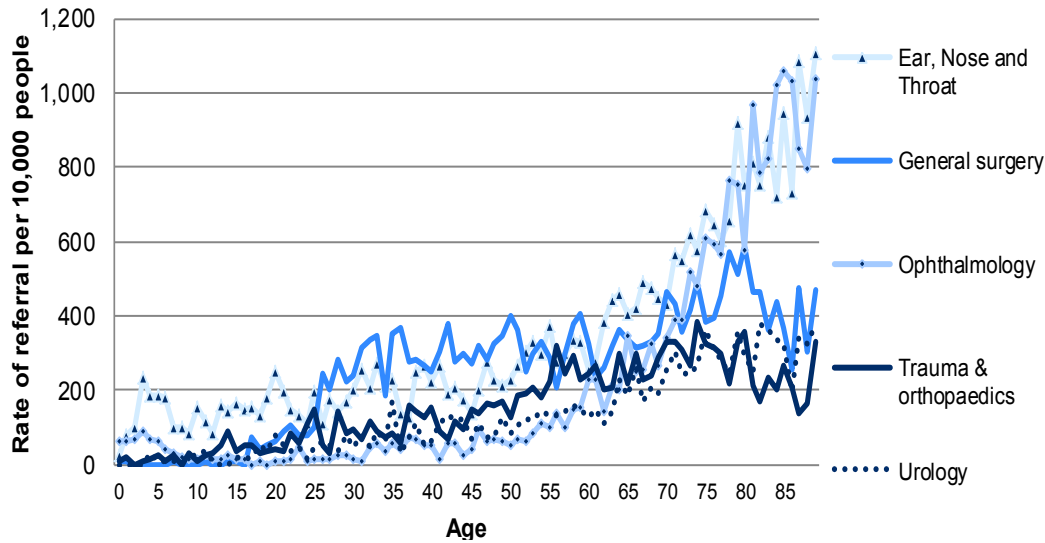
Note: This chart excludes invalid age codes and those aged 90 or above.

The 5 most common referral specialities received at Aneurin Bevan are (from largest to smallest): trauma and orthopaedics; general surgery; ophthalmology; dermatology and ENT (Ear, Nose and Throat).

Overall, Aneurin Bevan has the highest rate of trauma and orthopaedics referrals in Wales. This higher rate is partly due to additional referrals coming from Powys residents although these make up 3 per cent of all the health boards referrals for this treatment function.

## Powys

**Chart 20: Rate of referrals per 10,000 people for treatment functions that have the most referrals within Powys**



The 5 most common referral specialities received at Powys are in order from largest to smallest: ENT (Ear, Nose and Throat), general surgery; ophthalmology; trauma and orthopaedics and urology.

Powys has a much lower rate of referrals than the other health boards as many services are not available. Patients are referred to other health boards e.g. As Powys does not have major A&E departments, over half of Powys residents referred for trauma and orthopaedics in other health boards.



## Key quality information

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

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

This is the first time this provisional data has been published and figures may be revised in future. This is due to revisions by local health boards following further validation during the month.

### Changes to the statistical release

From April 2017 Welsh Government has been publishing our monthly NHS activity and performance statistics on one day, with annual bulletins rather than quarterly analytical releases. This is the first in the new series of annual bulletins relating to outpatient referrals. Please see the [Chief Statistician's update](#) for more information. We welcome feedback on the new look release as well as any further analysis that would be of interest.

Historically, Welsh Government published data on first outpatient referrals from General Medical Practitioners and General Dental Practitioners only. However, these are not the only sources of referral for a first outpatient appointment; the trend over time is that the proportion coming from GP services is decreasing.

On the 24 February 2015 Welsh Government published a statistical article, which detailed the impact on the data of including other sources of referrals, and identified patterns and trends of non-GP sources of referral.

#### [Statistical Article: Analysis of the outpatient referral dataset](#)

The article showed that GP referrals, while accounting for a large percentage of referrals, are not the only source of referral that should be factored into outpatient referral analysis. Therefore, in this release we publish analyses on referrals from all sources. However, we have continued to include statistics on GP referrals.

### Change in treatment function codes

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

The table below shows the referral sources\*.

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

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

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

\*\*\* - Included from October 2014.

\*[NHS data model and dictionary](#)

From November 2014 (October 2014 data), local health boards have been submitting data for all of the codes in the above table. This caused the number of ophthalmology referrals to rise from October 2014, so care must be taken when analysing ophthalmology referrals over time. Due to the systems used in the health boards, only six out of seven LHBs are currently submitting data for the optometrist source of referral code.

Until October 2014, code 08 was submitted by only two health boards. In the months since then, the number of patients classified under "Other source of referral" has risen, and its inclusion makes assessment of trends with those from before this date difficult. Currently this code is submitted by six health boards.

## **Local health board (area of residence) methodology**

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

Postcode LHB

Registered GP LHB

Submitted residence LHB

Treatment Site LHB

Provider LHB

## **Accuracy**

### **Doctors' strike – 21 June 2012**

GP services were affected by the doctors' strikes on 21 June 2012. This may have had an impact on the number of referrals for that day.

### **Bank holidays – June 2012**

Please note that there were two bank holidays in June 2012 due to the Jubilee. This may have had an impact on the number of referrals.

### **Volatility within the referrals dataset**

The referrals dataset can be quite varied in the numbers of referrals received each month, the use of a 12 month rolling average as used as in Chart 3 to better account for the volatility.

## **Revisions**

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

## **Inappropriate referrals**

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

## **Timeliness and punctuality**

All outputs adhere to the [Code of Practice](#) by pre-announcing the date of publication through the [Upcoming calendar](#) web pages. Furthermore, should the need arise to postpone an output this would follow the Welsh Government's [Revisions, errors and postponements](#) arrangements.

We publish releases as soon as practicable after the relevant time period. Data for the end of month position is published within six weeks of the reference date. This allows for the significant validation by LHBs, NWIS and the Health Statistics and Analysis Unit.

## **Accessibility and clarity**

The statistics are published in an accessible, orderly, pre-announced manner on the Welsh Government website at 9:30am on the day of publication. An RSS feed alerts registered users to this publication. Simultaneously the releases are also published on the National Statistics Publication Hub. We also publicise our outputs on Twitter. All releases are available to download for free.

More detailed data is available at the same time on the StatsWales website and this can be manipulated online or downloaded into spreadsheets for use offline.

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

## **Comparability and coherence**

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

## **Well-being of Future Generations Act (WFG)**

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

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

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

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

## Further details

The document is available at:

<http://gov.wales/statistics-and-research/nhs-referrals-first-outpatient-appointments/?lang=en>

## Next update

January 2020 (provisional)

## We want your feedback

We welcome any feedback on any aspect of these statistics which can be provided by email to [stats.healthinfo@gov.wales](mailto:stats.healthinfo@gov.wales).

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