Eye care measures for NHS outpatients

What are these statistics?

Eye care measures for NHS outpatients have been designed to provide a framework for new and follow up ophthalmology patients, based on the priority and urgency of care required by each patient and are being reported in addition to the current Referral to Treatment waiting times. The primary intention of the measures is to ensure that:

- All individuals who are referred to hospital for ophthalmology will have a maximum waiting time which is based on a clinical assessment of their condition and well-being; and

- All ophthalmology patients who require regular ongoing review or treatment will be seen within clinically-indicated intervals, which are also based on their condition and well-being, and should be reviewed at each appointment.

The eye care measures for NHS outpatients, by Welsh Local Health Board (LHB) from April 2019 show:

- The total number of new and follow up ophthalmology patient pathways , that have been assessed as being at risk of irreversible harm or significant adverse outcome should their target date be missed (Health Risk Factor R1), that are waiting for an outpatient appointment.

- The number and percentage of new and follow up ophthalmology patient pathways, that have been assessed as being at risk of irreversible harm or significant adverse outcome should their target date be missed (Health Risk Factor R1), that are waiting within their target date or within 25% beyond their target date.

Definitions

Health Risk Factor: the risk of harm associated with the patient's eye condition if the target review date is missed. Categorisations are as follows:

R1 – risk of irreversible harm or significant patient adverse outcome if target date is missed.

R2 – risk of reversible harm or adverse outcome if target date is missed.

R3 – no risk of significant harm or adverse outcome.

Target date: A clinically determined maximum waiting time following referral for a new or follow up ophthalmology outpatient appointment which is in line with national condition specific guidance. Patient target dates to be are sequenced in priority order and based on urgency. Any patient missing their target date for an outpatient appointment will be seen in priority sequence across all conditions.

Waiting within target date: this is the number of new and follow up ophthalmology outpatient pathways that are at or within their target date at the end of the month.

Waiting within 25% of beyond target date: this is the number of new and follow up ophthalmology outpatient pathways that are up to 25% beyond their target date at the end of the month.

Users and uses

An understanding of trends in ophthalmology waiting times and patient outcomes are crucial for those involved in planning and decision making at both the national and local level.

We believe the key uses of these statistics are:

- ministers and their advisors
- Assembly Members and Members Research Service in the National Assembly for Wales
- officials within the Health and Social Services Group at Welsh Government
- NHS Wales
- students, academics and universities
- other areas of Welsh Government
- other government departments
- media
- individual citizens.

The statistics are used in a variety of ways. Some examples of these include:

- to assess the impact that the introduction of the eye care framework has had on helping people in Wales who have an eye care issue

- advice to Ministers and briefing on the latest performance across Wales against the NHS Delivery Framework targets
- to assess, manage and monitor NHS Wales performance against targets
- to inform service improvement projects for areas of focus and opportunities for quality improvement
- by NHS Local Health Boards, to benchmark themselves against other Local Health Boards
- to help determine the service the public may receive from NHS Wales.

If you are a user and do not feel that the above list adequately covers you please let us know by contacting us via **hss.performance@gov.wales**.

Strengths and limitations of data

Strengths

- The information is processed and published on a monthly basis (on StatsWales and in a headline on the Welsh Government website) in an ordered manner for ease of access and use.

- Outputs have a clear focus on Wales and have been developed to meet the internal and external user need in Wales. Information is provided by LHB. Both figures and percentages are published.

- The data enables users to assess the impact that eye care framework has on the health of the people in Wales.

Limitations

- The StatsWales information is intended for a more informed audience, with little explanation to enable other users to interpret the data appropriately. We encourage users to link with this Quality Report / headline to gain more background.

- There is no mapped data.

- Because of the devolved administrations and differing policy and legislation, there is less scope for direct UK comparisons.

- The monthly headline data has limited commentary.

- Primary care data is not captured within the dataset.

Data processing cycle

Data collection

The Delivery & Performance Division within the Welsh Government receive Eye Care Measure monitoring forms from each of the LHBs. Standards relating to these forms have been reviewed and passed by the Welsh Information Standards Board (WISB) and the Data Standards Change Notice (DSCN) Group.

Validation and verification

The Delivery & Performance Division upload the data received on a monthly basis. The data processing system used ensures that data is not missing from the returns. Further validation and verification checks are then done on a monthly basis, including, for example, checking trends in the data and any significant drops in performance against the NHS Delivery Framework target. Any abnormalities in the data are noted and these are then raised with the LHBs, thus enabling LHBs to check, correct or comment on their data and to provide contextual information where relevant.

Publication and revisions

The statistics published by the Delivery & Performance Division are produced by summarising the information provided by the LHBs.

On a monthly basis we publish a brief html headline on our website which provides a link to the StatsWales tables and this quality report. The information presented in StatsWales is produced via an automated process.

The data for the latest financial year (12 months - April to March) is published as provisional and may be revised in future updates. This is to enable LHBs to submit revised data is they carry out further validation.

In the unlikely event of incorrect data being published, revisions would be made and users informed in conjunction with our **revisions, errors and postponements** arrangements.

Disclosure and confidentiality

Following our disclosure risk assessment we believe that the likelihood of identification of an individual patient from the data we publish is very low, without other information about the patient already being known. Therefore small values have not been suppressed.

We adhere to the statement on **statement on confidentiality and data access**, issued in conformance with the requirements set out in Principle of the **Code of Practice for Statistics**.

Quality

Delivery & Performance Division adhere to a **quality strategy** and this is in line with Principle 4 of the **Code of Practice for Statistics**.

Specifically, the list below details the six dimensions of the European Statistical System and how we adhere to them:

Relevance

The degree to which the statistical product meets user needs for both coverage and content.

The statistics are used as the measure of performance against national targets for NHS Wales and contribute to assessing the impact that the introduction of the eye care framework has had

on helping the people in Wales who have an eye problem. Other interests and uses of this data are outlined above.

We encourage users of the statistics to contact us to let us know how they use the data. It would not be possible to provide tables to meet all user needs, but the tables published on StatsWales aim to answer common questions.

We consult with key users prior to making changes, and where possible, publicise changes on the internet, at committees and other networks to consult with users more widely. We aim to respond quickly to policy changes to ensure that statistics remain relevant.

Accuracy

The closeness between an estimated result and an (unknown) true value.

Accuracy can be broken down into sampling and no sampling error. Non-sampling error includes areas such as coverage error, non-response error, measurement error and processing error.

This is an established data collection based on 100% data i.e. not a sample.

For most months, all LHBs are able to supply data and as such no estimation of the figures is needed. Where estimates are used, because an LHB is unable to supply data for a particular month, this is clearly outlined in the data.

We haven't yet investigated non-sampling errors. However, processing errors could occur where clerks in hospitals incorrectly input data into their administrative system and measurement errors could occur from staff in hospitals having different interpretations of definitions. To reduce non-sampling errors, standards and guidance are provided for each data return to try and ensure that LHBs submit information according to the agreed definitions and specification. Standards relating to this data collection have been reviewed and passed by the **Welsh Information Standards Board**. Where non-sampling error affects the data, we provide full information for users to allow them to make informed judgements on the quality of the statistics, particularly if there are limitations.

All of our outputs include information on coverage, timing and geography.

There are quality assurance procedures in place to understand and explain movements in the data and to check that the computer system is calculating the published statistics correctly.

In the unlikely event of incorrect data being published, revisions would be made and users informed in conjunction with our **revisions, errors and postponements** arrangements.

Timeliness and punctuality

Timeliness refers to the lapse of time between publication and the period to which the data refer. Punctuality refers to the time lag between the actual and planned dates of publication.

All outputs adhere to the Code of Practice by pre-announcing the date of publication through the **upcoming calendar**. Furthermore, should the need arise to postpone an output this would follow our **revisions, errors and postponements** arrangements.

We publish data as soon as practical after the end of every month and in-line with user needs.

Accessibility and clarity

Accessibility is the ease with which the users are able to access the data, also reflecting the format(s) in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

The statistics are published on a monthly basis as a headline on our website and on StatsWales 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 of this publication. Simultaneously the headlines are also published on the National Statistics Publication Hub. We also publicise the outputs on **Twitter**. All outputs are available to download for free.

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

We aim to use Plain English in our outputs and they adhere to the Welsh Government's **accessibility policy.** Furthermore, all our headlines are published in Welsh and English. Further information regarding the statistics can be obtained by contacting the relevant staff detailed on the headline or via **hss.performance@gov.wales**.

Comparability

The degree to which data can be agreed over both time and domain.

Where advanced warning is known of future changes these will be pre-announced in accordance with Welsh Government arrangements.

Agreed standards and definitions within Wales provide assurance that the data in consistent across all LHBs.

Coherence

The degree to which data that are derived from different sources or methods, but which refer to the same phenomenon are similar.

Every month the data are collected from the same sources and adhere to the national standard. Where there are changes in definitions or scope, we clearly note this on the headline page and add appropriate caveats to the data.

Dissemination

All the data is of sufficient quality following the checking outlined above to justify publication. All actual data provided is published on our interactive website **StatsWales**.

Evaluation

Please send your feedback on the statistics and this quality report to **hss.performance@gov.wales**.

Produced by: Delivery & Performance Division, Welsh Government

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