HSC Public Health Agency

AHP Services Data Definitions Guidance

Guidance for monitoring the Ministerial AHP 13 Week Access Target

2015/16

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These Allied Health Professions (AHP) data definitions have been regionally agreed between the Public Health Agency (PHA), Health & Social Care Board (HSCB), Department of Health, Social Services and Public Safety, and Health & Social Care Trusts.

These data definitions cover six Allied Health Professions:-

- Speech & Language Therapy
- Occupational Therapy
- Physiotherapy
- Nutrition & Dietetics
- Podiatry
- Orthoptics

The AHP Consultants within the Public Health Agency wish to acknowledge the invaluable contribution of the Information Team within the Health and Social Care Board not only in the development of the definitions but also in the development of the data collection templates used by Trusts.

This is a live document and will be reviewed and updated as and when appropriate.

Introduction

This paper sets out the definitions and guidance necessary to ensure that there is a common and clear understanding of the maximum waiting time standard for Allied Health Profession (AHP) Services, as set out in the 2015/16 Ministerial Target. This updated guidance replaces the April 2011 AHP Definitions.

Background

Allied Health Professionals work with all age groups and conditions, and are trained to assess, diagnose, treat and rehabilitate people with health and social care needs. They work in a range of settings including hospital, community, education, housing, independent and voluntary sectors. A synopsis of the roles of the six AHP professions is provided at Appendix 1. Further details are available on the DHSSPS website at: *www.dhsspsni.gov.uk/ahp*

Ministerial Statement

From April 2015:

> *The Ministerial target states that 'no patient should wait longer than thirteen weeks from referral to commencement of AHP treatment' (Ministerial target 9*)
>
> This includes all patients/clients waiting for treatment for which the Trust manages facilities on site(s) and/or the Trust has responsibility for providing an AHP service.

Operationally this target is to be applied to elective/scheduled AHP services only and **not** to non-elective/unscheduled AHP services. Activity related to non-elective/unscheduled services will be monitored as a separate exercise.

AHP services counted as part of the elective 13 week AHP target includes: Physiotherapy, Occupational Therapy, Dietetics, Speech and Language Therapy, Podiatry and Orthoptics.

What is a referral to the AHP elective/scheduled service i.e. what adds a patient to the AHP 13 week elective/scheduled waiting list?

Elective referrals to AHP services are **all** referrals received for community and out-patients that require a booked appointment **and which are not already open/active.** Referrals for in-patients or patients seen in emergency department or on an emergency basis **should not be** included as elective referrals to AHP services as part of the 13 week access target. These referrals are classified as non-elective/unscheduled.

Children in special schools who are referred to AHP services **should be** included as elective referrals to AHP services as part of the 13 week access target.

Referrals to Multi-disciplinary Teams should **not be** included as elective referrals to AHP services as part of the 13 week access target.

Referrals that are booked by the AHP service and those booked by other HSC services **should be** included as elective. Patients booked to medical outpatient clinics who are referred to AHP services on the day **should be** included as elective AHP services.

Referrals to elective/scheduled AHP services as part of the 13 week access targets for assessment and treatment can be received from the following sources:

1. Health and social care professional, service or organisation e.g. (GP, community health service, consultant from same trust, consultant from another trust, Emergency Department, dental, Social Services and other healthcare professionals).
2. Outside agencies - Statutory/Non-Statutory e.g. (education, police, prisons, housing executive, DEL, community, voluntary) etc.
3. AHP to AHP Referrals (same AHP profession) from one AHP to another AHP within the same profession. NB Referrals within the same profession can only be counted if

it is to a different setting e.g. acute to community etc. Referrals within the same profession can only be counted as a new referral against the ministerial target if it's to a completely separate distinct speciality e.g. an MSK physiotherapist making a referral to the physiotherapy incontinence service. A patient attending an MSK physio for a back complaint who develops an MSK ankle complaint is not a new referral against the ministerial target. An OT doing a home assessment cannot open multiple new referrals for bathing aids, stair lift, seating etc.

4. When a professional has a duty of care opened then any new clinical need (within the same field/speciality or setting) identified during this time is a continuous part of the treatment and not a new referral.
5. AHP to AHP Referrals (outside the same AHP profession) from one AHP to another AHP from a different profession.
6. Non-professional (self or associated person).

Trusts cannot count multiple referrals from different sources for the same patient to the same profession as more than one referral.

Trusts are not permitted to add a patient back onto the waiting list to be assessed and treated by a clinician of a higher grade from within the same team and same care pathway e.g. from a band 5 to a band 6 etc.

Special schools

- ***If the child/young person is already on a waiting list in the community, the referral should be accepted by the AHP service working in the special school, and the waiting should continue.***

- ***Children / young people seen for the first time by an AHP in a special school, who were not on a waiting list for a specific AHP Service, should be recorded as a new referral.***
- ***AHP staff working in schools <u>should not</u> close cases at the end of the school year and open these up as new referrals at the beginning of the academic year unless a new need has been identified.***

What removes a patient from the AHP waiting 13 week elective waiting list?

- The first assessment and treatment (contact) removes a patient from the AHP waiting list.
- A contact is an interaction/communication between the patient or another person on behalf of a patient and the AHP service provider. The patient contact can be categorised as either direct or indirect. The first face to face contact can be made on an individual basis (one patient at a time) or in a group session (a number of patients at the same time).
  - <u>Direct contact</u> is when the contact is between the AHP service provider and the patient, which may be face to face, via telephone etc.
  - <u>Indirect contact</u> is when there is a clinical contact between the AHP service provider and a person on behalf of a patient
  - Both direct and indirect contact can remove a patient from the waiting list

<u>The different modes of contact that can remove a patient from the waiting list are:</u>

- The first face to face assessment and/or treatment (i.e. first time a patient is seen after being put on to the AHP elective/scheduled waiting list).

- The first treatment programme/plan providing specific patient advice, which can be provided safely following triage/assessment from referral information.

- The first assessment and treatment via video link, virtual technology etc.

- The first professional telephone contact providing patient specific advice which can be safely provided from referral information e.g. verbal advice, leaflet, treatment programme etc.

AHP service provider can be either an AHP professional or where appropriate and deemed clinically appropriate an AHP Support staff

NB The date of adding and removing clients/patients from AHP waiting lists should be in line with IEAP Guidance

What is an AHP elective/scheduled service?

AHP elective/scheduled services should be classified as those services that require a booked appointment for a uni-AHP professional and include all outpatient and community patients.

What are community AHP patients?

Community AHP patients are all patients seen in a range of settings in the community e.g. own home, residential/ care home, community hospital, prison, community clinic etc.

What is an AHP outpatient?

*An AHP outpatient is a patient who attends a consultant or other medical clinic or has an arranged meeting with a consultant or a senior member of his team outside a clinic session and requires direct access to an AHP. An **outpatient** is also a patient attending an AHP or nurse led clinic e.g. a nurse led diabetic out-patient clinic, a physiotherapy led Lymphoedema clinic that requires dietetic input.*

Exclusions

What is an AHP non elective/unscheduled service?

*AHP non elective/unscheduled services are services which **don't** have **booked** appointments; these are in-patients, patients seen in ED or patients who require to be seen without prior notice e.g. in response to a bleep request in a consultant led clinic.*

What is an AHP inpatient?

An AHP inpatient - a patient that occupies an available staffed bed in a hospital either in an acute or non-acute ward, or at the time of admission is expected to be admitted but is discharged.

What should not be included as AHP elective?

Please see Appendix 3

Appendix 2 for list of targets.

What is a booked appointment?

A booked appointment is an appointment that the patient and the AHP service has notice is going to happen at a stated date, time period and place. Booked appointments can be booked and controlled by either the AHP services or another service, which should be booked in line with IEAP Guidance

Patients who Did Not Attend (DNA) or Could Not Attend (CNA) on the Day.

The number of patients who DNA or CNA (on the day) must be returned to the HSCB monthly, via the relevant template.

- A **DNA** is a patient who does not attend a booked appointment without giving notice

- A **CNA** is a patient who informs the service that they cannot attend on the same day as the appointment is booked.

Monitoring Information:

As part of the monitoring process the following information should be returned by Trusts to the HSCB on a monthly basis.

1. The number of new AHP Elective referrals broken down per AHP profession. An aggregate return should be completed and accompanied by a patient level download which includes the following information:

    - Patient HCN / Unique System Identifier
    - Age
    - Date of Birth
    - Source of Referral Code & Description
    - Reason for Referral Code & Description
    - Priority - Urgent or Routine
    - Staff Team Code & Description
    - Date of referral

2. The total number of patients waiting to be seen (at month end) broken down per AHP profession by the length of time waiting. An aggregate return should be completed and accompanied by a patient level download which includes the following information:

    - Patient HCN / Unique System Identifier
    - Age
    - Date of Birth

- Source of Referral Code & Description
- Reason for Referral Code & Description
- Priority - Urgent or Routine
- Staff Team Code & Description
- Date of referral
- Date waiting from (if reset date)
- Time Band Waiting

Trusts should count the length of time waiting from the date of receipt of referral into the service (or the reset date if applicable) up to the last day of the month and reported as follows.

Time Band (Weeks)	Number of Days Waiting
0-3 Weeks	Up to and including 21st day
>3 to 6 Weeks	From 22 up to and including 42 days
>6 to 9 Weeks	From 43 up to and including 63 days
>9 to 13 Weeks	From 64 up to and including 91 days
>13 Weeks	91 days or more

3. The number of New contacts for each AHP profession. An aggregate return should be completed and accompanied by a patient level download which includes the following information :
    - Patient HCN / Unique System Identifier
    - Age
    - Date of Birth
    - Priority - Urgent or Routine
    - Staff Team Code & Description
    - Mode of Contact (Activity Type)
    - Date of referral
    - Date waiting from if reset date
    - Date of Contact

4. DNA and CNA numbers as per definition on page 6 for each AHP profession. An aggregate return should be completed – there is no requirement for a patient level download.

Analysis

Analysis of data will be carried out jointly by the HSCB and PHA on a monthly basis. This will include an analysis of waiting times, referrals, professional activity and DNA and CNA patterns across professions and Trusts in the region.

NB *Detailed analysis will be carried out on all elective patients waiting over 13 weeks including routine audits*

Who is accountable for data collection?

Data collection will be Trust based and reported on the relevant information systems used to capture AHP referrals and activity within the trusts.

Reporting: All returns should be e-mailed to HSCB at hscbinformation@hscni.net in line with the required submission dates provided by HSCB Information.

Roles of AHP Professions

Appendix 1

Profession	Main function	Patient/client groups
Dietitians	Translate the science of nutrition into practical information about food. They work with people to promote nutritional wellbeing, prevent food related problems and treat disease.	All age groups with special dietary requirements or those needing advice and education on nutrition.
Occupational Therapists	Assess, rehabilitate and treat people using purposeful activity and occupation to prevent disability and promote health and independent function.	All age groups where physical or mental functioning impacts on everyday life, especially health and independent function.
Orthoptists	Assess, diagnose and treat eye movement disorders and defects of visual function and binocular vision.	All age groups but mainly children and older adults.
Physiotherapists	Assess, diagnose and treat people with physical problems caused by accident, ageing, disease or disability, using physical approaches to maximise the patient's recovery and alleviate pain.	All age groups, especially those with neuromuscular, musculoskeletal, cardiovascular or respiratory problems.
Podiatrists	Assess, diagnose and treat abnormalities of the foot. They give professional advice on prevention of foot problems and on proper care of the foot.	All age groups, mainly older adults and those with chronic disease e.g. vascular or diabetes.
Speech and Language Therapists	Assess, diagnose and treat people with communication and/or swallowing difficulties.	All age groups, especially children and those with neurological or cancer related problems.

Appendix 2

Please exclude those waiting that are **already** monitored via existing CPD 2015/16 targets:

Target Number	Target
15	***Waiting Times for a first consultant-led outpatient assessment***
22	***Mental Health - only those waiting > 9 wks. and >13 wks.*** - Community Mental Health Teams - Psychiatry of Old Age (Non Consultant Led) / Community Mental Health Teams for Older People - Forensic Services - Eating Disorder Services - Addictions - Child and Adolescent Mental Health Services (CAMHS) Tier 3 services - Dementia Services - Personality Disorder Services - Consultant Led Psychosexual Services (this section only needs to be completed for those Consultant Led Psychosexual Services that are not recorded on / identifiable on PAS)
22	***Psychological Therapies - only those waiting >13 wks.*** - Adult Mental Health Service (including victims of sexual violence and trauma) - Adult Health Psychology Services (including long term conditions management) - Children's Psychology Services (including paediatric psychology and therapeutic services for looked after children) - Adult and Children's Learning Disability Services - Psychology Led Psychosexual Services

Quick Reference Guide to New Referral Monitoring whether included or not included in Target 9 — Appendix 3

Monitored as a new referral against the13 week ministerial target	Yes	No
Outpatient clinics booked by the AHP service	✓	
Outpatient clinics booked by others within HSC	✓	
Outpatient clinics in GP clinics	✓	
Medical consultant outpatient clinics	✓	
Community clinics	✓	
Referrals for patients at home	✓	
Referrals for patients in a Nursing home	✓	
Referrals for patients in a residential home	✓	
Referrals for children in special school	✓	
Referrals for patients in prisons	✓	
Referrals for patients in youth detention centres	✓	
Referrals for patients in care homes/children's homes.	✓	
Referrals for patients in community hospitals	✓	
Referrals for patients within the same profession and speciality		✗
Referrals for patients within the same profession but to a distinct sub-speciality	✓	
Referrals for patients from one AHP service to another	✓	
Referral for patents from an acute team to a community team for on-going treatment		✗
Referrals for patients in inpatient medical beds		✗
Referrals for patients in A&E		✗
Referrals for patients in minor injury units		✗
Referrals for patients at the request of a bleep call to any location		✗
Referrals for patients attending occupational heath		✗
Referrals within a profession but to a different band		✗
Referrals to Multidisciplinary teams		✗
SureStart		✗
Health improvement initiatives		✗
Referral to the Reablement service		✗

Referral from a tertiary service to continue on-going treatment		
Referral from one trust to another for on-going treatment due to change of address or circumstance		
Referrals from paediatric to adult services for an on-going treatment.		
Referral from community services to a schools team or a school team to community for on-going treatment		
Referral from a community services to a schools team to facilitate term time.		
A new referral for a child at the beginning of a school term that has been closed at the end of the previous school year		
Yearly reviews/assessments		
On-going equipment reviews		
Referral for a patient moving from an acute setting to a rehab/community/intermediate care ward		

AHP

FAQ'S

Frequently Asked Questions

Q1. A patient referred for one condition who develops a second condition while under treatment. Is the second condition a new referral to the same service?

A1. **No**. Where the same service is involved it is not a new referral. Exception occurs where the second condition requires a separate specialty within the global service i.e. MSK Physio to Incontinence Service.

Q2. Where a patient's treatment ends and the case is not closed, however the patient is referred again. Is this counted as a new referral?

A2. **No.** This should not happen. If the treatment has ended the case should be closed/patient discharged. E.g. for a patient with a long term condition who requires an annual review the case should not be closed and no new referral counted.

Q3 .Special Schools. Are patients monitored within special schools?

A3. **Yes**, HSCB are monitoring patients within special schools, as per the definitions, backed up by the Ministerial Target.

Q4. If two uni-professional referrals are received and the e.g. Physio and OT assess and treat at the same time, is this two referrals and two waits?

A4. **Yes**.

Q5. A patient referred into a Regional/Tertiary service is assessed and treated. The patient is then referred onwards to a Trust specific service. Is this a new referral?

A5. **No**. Onward referrals should not be counted as new.

Q6. Are Health Improvement Clinics e.g. 'Cook-it' being monitored or counted within the Target?

A6. **No.**

Q7. Surestart - Are Surestart programs being monitored or counted within the Target?

A7. **No**