

DEVELOPING THE NATIONAL CORE DATASET FOR URGENT PRIMARY CARE CENTRE PATHWAYS IN WALES:

A Group Concept Mapping study with UPCC staff in Wales
Report

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Commissioned by NHS Wales

April 2021



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1. Introduction

The Strategic Programme for Primary Care Wales asked us to develop an evaluation framework for urgent primary care centre pathways which met both local and national needs. We used an online method called Group Concept Mapping (GCM) to develop the national consensus with participants from geographically spread services who had developed distinct models of urgent primary care.

2. Method and Approach

The study was conducted during the COVID-19 pandemic in March 2021. Ethics approval was sought and given by the University of South Wales, Faculty of Life Science and Education low-risk ethics panel. Permission to enrol NHS participants was given by Aneurin Bevan UHB, Swansea Bay UHB, CTMUHB, Hywel Dda UHB, Betsi Cadwaladr UHB, and Cardiff and Vale UHB.

Group Concept Mapping (GCM) is embedded in an online platform called GroupWisdom™. This enabled us to explore staff and stakeholder perspectives on which items should be included in the national evaluation framework, and to identify which items they considered to be the most important and easy to collect. The method has three sequential parts, brainstorming, grouping/sorting, and rating (see Figure 1).

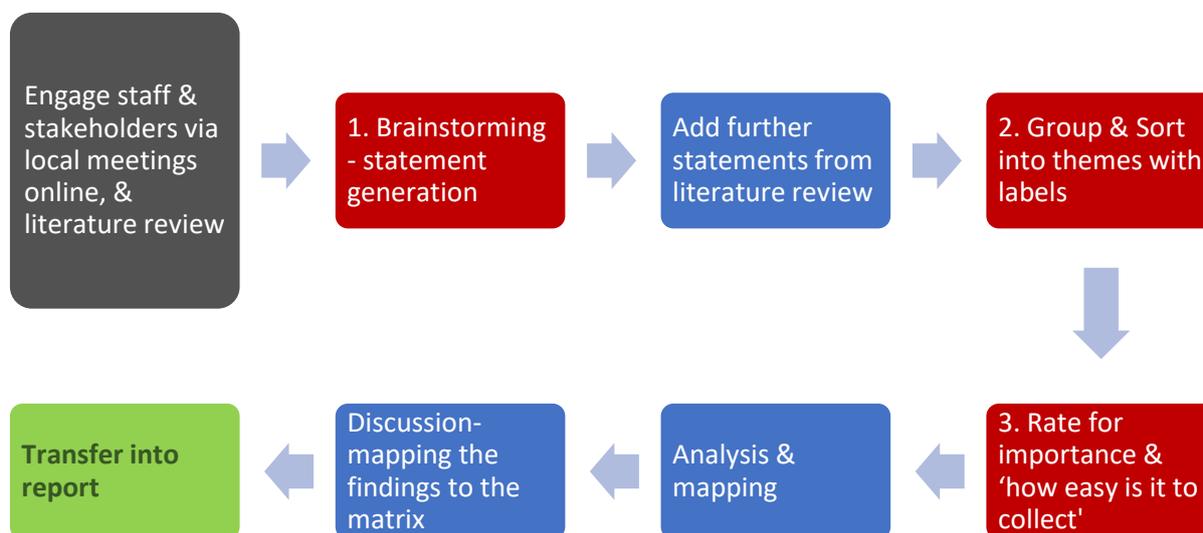


Figure 1: The GCM process

In the brainstorming activity the participants were asked to generate statements in response to a focus prompt:

‘When developing a national evaluation framework for urgent primary care centre pathways, I think the data that needs to be included is.....’.

Once the statements are generated, participants individually group and sort all of the statements that are generated into themed ‘piles’ for which they give a label. Finally, participants are asked to individually rate each statement. In this study, the rating scales were for:

‘importance for including in the national framework’ and
‘how easy the data item/statement is to collect’.

The brainstorming activity took place online after we attended the Strategic Programme for Primary Care National UPC Pathfinder Groups (Evaluation, Implementation and Clinical Reference) meetings via Microsoft Teams to discuss this aspect of the project.

Participants answered three demographic questions on entry to the online software. These were used later to analyse the data:

- **Which Stakeholder group do you identify with:** Health Board, Welsh Government, Member of the Public, Other? *Where possible please use your employing organisation to identify your stakeholder group.*
- **Health board area:** All Wales, ABUHB, SBUHB, HDdUHB, BCUHB, CTMUHB, CVUHB, other? *Which area do you represent?*
- **Stakeholder type:** *Please choose one of the following stakeholder types which best describes you.* Director of services, Pathfinder Project Management, Manager, Clinical director/lead, Professional lead, GP/locum, Pharmacy, Phone first service, ANP/APP, Receptionist/Admin, Out of hours call handler, Allied HP (e.g. physio, OT), Mental health professional, Member of public, other.

The GCM method is facilitator-led and uses Group Wisdom™ software for data collection, data integration, and analysis. The results were later presented to each of the Primary Care National UPC Pathfinder Groups for review.

The online software was used for four steps of data analysis following data review, cleaning, and acceptance processes:

- **Step 1** Three participant demographic responses were analysed using descriptive statistics.
- **Step 2** A similarity matrix was created from the participant sorted statements. This demonstrates the number of participants who sorted the statements together.
- **Step 3** Multidimensional-scaling analysis of the similarity matrix produced a statement point map. Each participant statement is allocated a point on a two-dimension (XY) axis (see Figure 2).
- **Step 4** Ward’s algorithm was used in a hierarchical cluster analysis of statement clusters to produce the following - a cluster map with cluster labels (see Figure 3),

cluster rating (see Figures 4 and 5), an All Participant go-zone analysis (see Figure 6), a Health Board go-zone analysis and pattern matching reports (see Figures 7 and 8).

The All Participant go-zone analysis helped us to identify the most important national data items/statements that participants perceive are easy to collect; and the most important statements that participants perceive may not be easy to collect. The individual Health Board go-zone analysis and pattern matching reports identified the most important local data which is considered easy to collect and the relative differences between individual University Health Boards for *'importance for including in national framework'*, and *'how easy the statement is to collect'*.

3. Findings

3.1 WHO WERE THE PARTICIPANTS?

Forty-five staff and stakeholders were invited to participate. Twenty-eight participants were recruited, consented and enrolled onto the Group Wisdom™ software. They were recruited through the Urgent Primary Care Centre Pathways project groups. Of the 28 enrolled participants:

- n=21 completed the Participant Questions
- n=16 finished the Sorting activity
- n=16 finished the Importance Rating activity
- n=15 finished the Impact on Wellbeing Rating activity

The majority of participants who responded identified with a Health Board (57.14%) as opposed to Welsh Government (14.29%) or other (28.57%) (see Table 1). Others included Strategic Programme (n=2), Health and Social Care joint appointment (n=2), National Support Unit, Strategic Programme for Primary Care, Policy Lead (n=1). Table 2 shows the health board area represented and Table 3 shows participant stakeholder type.

Option	Frequency	%
Health Board	12	57.14
Welsh Government	3	14.29
other	6	28.57
Total	21	

Table 1: Which stakeholder group do you identify with?

Option	Frequency	%
All Wales	9	42.86
ABUHB	2	9.52
CTMUHB	1	4.76
BCUHB	1	4.76
HDdUHB	4	19.05
SBUHB	1	4.76
CVUHB	3	14.29
Total	21	

Table 2: Health board area.

Option	Frequency	%
Director of services	3	14.29
Pathfinder project manager	5	23.81
Manager	3	14.29
Clinical director/lead	3	14.29
Professional lead	4	19.05
GP/locum	1	4.76
Mental health professional	1	4.76
other	1	4.76
Total	21	

Table 3: Participant stakeholder type

3.2 IDENTIFYING AND ANALYSING THE 47 DATA ITEMS FOR THE NATIONAL FRAMEWORK.

Activity 1 – Brainstorming

A presentation was made to the Primary Care National UPC Pathfinder Groups (Evaluation, Implementation and Clinical Reference) on the GCM process and they were introduced to a selection of data items (n=85) identified from Project 1 '**Checking the Local Data Context**' carried out by Profs. Mark Llewellyn and Jonathan Richards. Prof. David Pontin carried out an international literature review which gave the team an opportunity to generate further data items. Only n=1 additional data item/statement was identified from the literature

review. All data items were then uploaded onto GroupWisdom™. Participants were asked to consider the list and add any items they thought were missing and ought to be included. The total number of raw data items/statements identified were n=112.

The data items were then cleaned to remove duplicates, and responses with more than one statement were split. The final number of cleaned data items/statements included in the next activities were n=105. The groups of geographically dispersed staff and stakeholders then used the GroupWisdom™ software to individually sort/group their ideas about the statements/ data items and individually rate them. This was supported by a trained facilitator. See Table 4 for examples of statements in the final list. See Appendix 1 for the full list of the final 105 statements.

Statement no	Statement
1	Patient distance from UPCC (miles)
2	Number of calls to CAV 24/7 (quantitative & qualitative tbc)
13	Practice reasons for not using the UPCC
24	Reduced bed days in hospital/placement

Table 4: example data items/ statements from final list.

Activity 2 – Grouping/sorting

In this activity participants were asked to sort and group all the statements into piles and provide each pile with an individual label. From this, the software generated a point map showing all the 105 data items/statements (Figure 2).

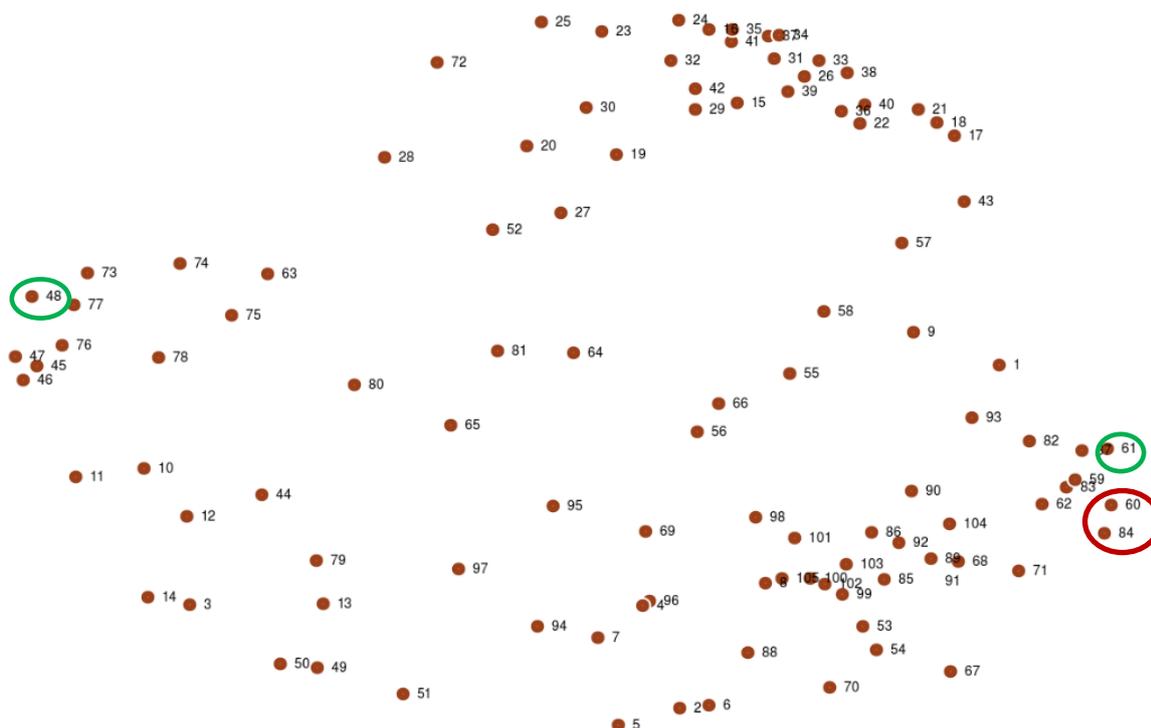


Figure 2: Computer generated point map of 105 data items/statements with examples of point-point relationships.

The dataset had a final stress value of **0.2770**; the acceptable range is 0.205-0.365. Stress value is considered similar to reliability (Kane and Trochim, 2007). The stress value here is in the mid-range and it is considered to be a good fit. A specific point on the map refers to a specific statement. The distance between each specific point indicates how frequently the statements were sorted together by participants. For example, statements **60** and **84** are close together (right side of map circled in red) and so have been sorted together most frequently. Conversely, statement **48** and **61** (circled in green) are on opposite ends of the map and were either not sorted together often or not at all.

A number of cluster maps were then generated showing the distribution of data items/statements within all the clusters. A selection of maps was considered by the study evaluation team. A map with six clusters was finally chosen as this best reflected the data item groups found in the pool of 105 final data items/statements. The clusters were: **whole system, service activity, service delivery, referrals and contact, patient/staff experience, clinical governance** (see Figure 3).

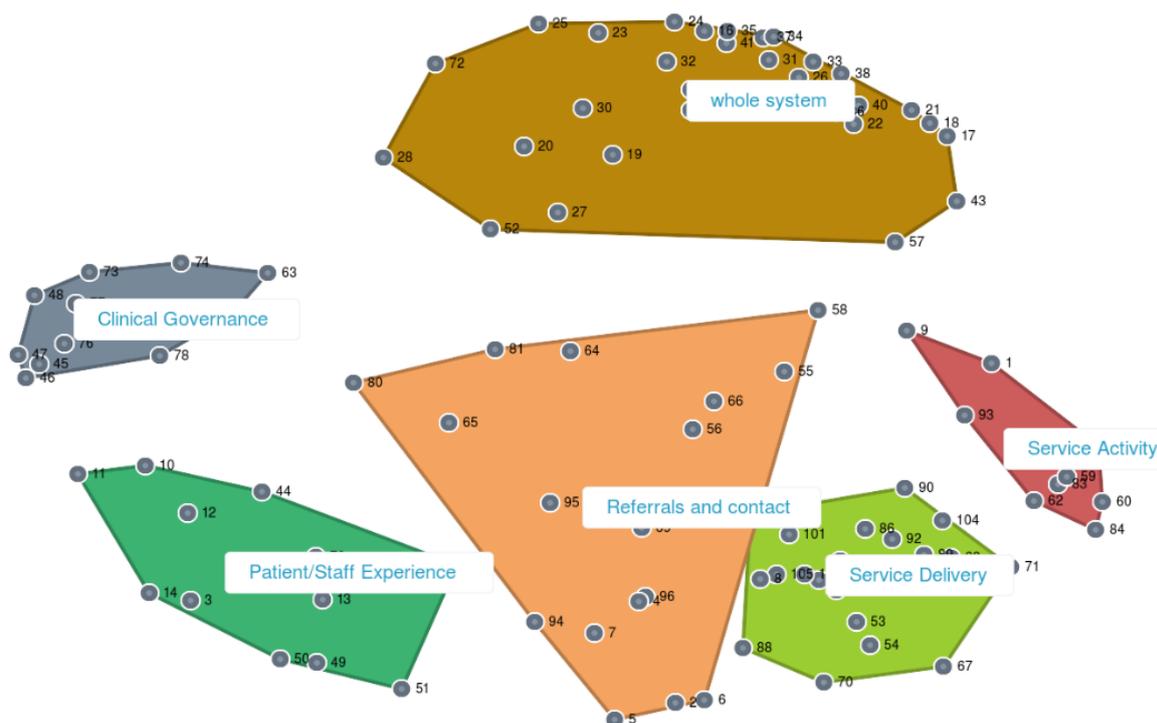


Figure 3: Cluster map with labels from the participant grouping exercise.

The whole system cluster had the most data items/statements ($n=32$), whilst service activity ($n=11$) and clinical governance ($n=11$) had the least number of data items/statements. Table 5 shows the number of data items/statements per cluster, cluster average importance and cluster average of **‘how easy the data item/statement is to collect’**. Table 6 shows three statement examples per cluster.

Construct	Whole system	Service activity	Service delivery	Referral and contact	Patient /staff experience	Clinical governance
Number of statements	32	11	22	17	12	11
Average rating of importance for including in national framework	2.74	3.81	3.96	3.38	4.02	3.99
Average rating of ‘how easy the data item/statement is to collect’	1.90	3.82	4.17	3.06	2.53	3.71

Table 5: Cluster characteristics

No.	Wording
Whole system	
15	% of people on palliative care register who die at home not hospital (std 75%)
20	Did frailty score inform clinical decision making
43	Outcomes for the patients
Service activity	
1	Patient distance from UPCC (miles)
9	Type of advice given
60	Number of people triaged within 8 hours
Service delivery	
53	How many of each of the conditions on attached template seen each month
68	Number of patients reviewed by clinician (GP, ANP/AHP)
71	Clinician who did the intervention (GP, ANP/AHP)
Referral and contact	
55	% of onward referrals eg ED, Practice Nurse, own GP, DN, AHP, X-ray, Diagnostics
65	Number of delays in accessing diagnostics
95	Number of inappropriate referrals returned
Patient/staff experience	
10	Other service/partners satisfaction with UPCC service (OOH, MIU, ED)
50	Workforce experience of expanding skills through working at centre
79	Is there a gap in services meeting patient needs?
Clinical governance	
45	Governance frameworks - number of compliments
63	Number of serious events e.g. unexpected death within X period
78	Number of clinical incidents

Table 6: Example statements from each of the six clusters

Activity 3 – Rating for ‘of importance for including in national framework’ and ‘how easy the data item/statement is to collect’.

In this activity participants were asked to rate all 105 data items/statements using the two Likert type scales. The cluster-rating map in Figure 4 (and Table 5 above) shows that the ‘patient/staff experience’ cluster is on average considered the most important of all six clusters when considering what should be included in the national framework (4.02). The

'clinical governance' (3.99) cluster came a close second and 'service delivery' (3.96) cluster third. The 'whole system' cluster was considered the least important (2.74).

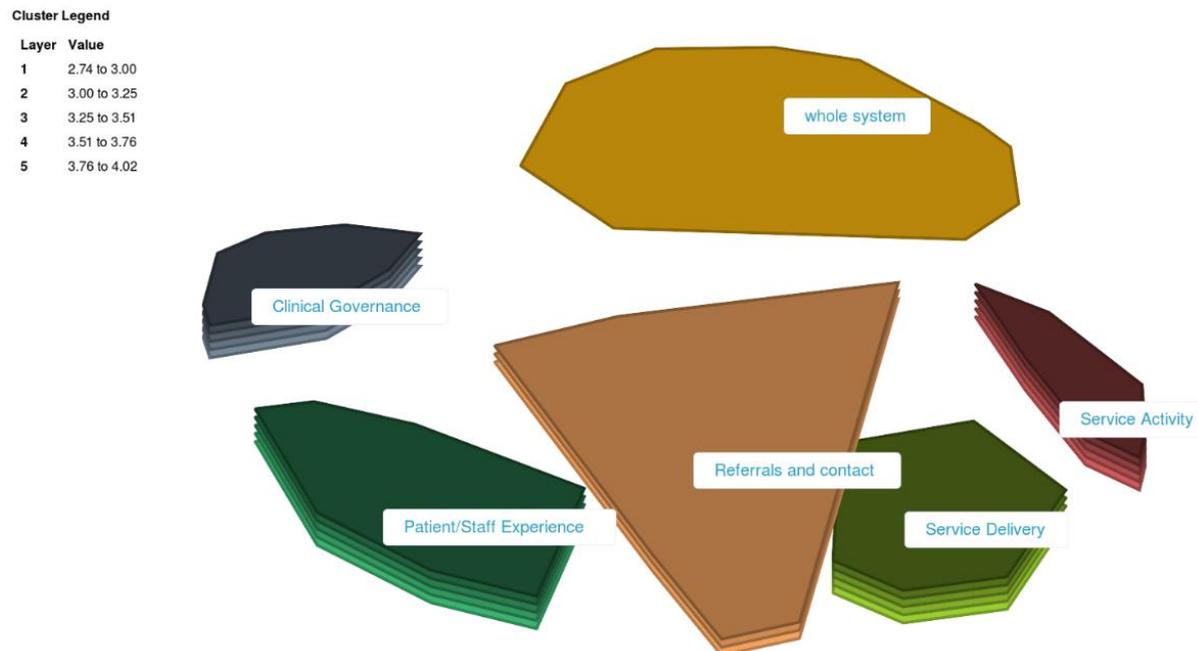


Figure 4: Cluster rating map – *'Importance for including in the national framework'*.

The cluster statements which were rated by staff in accordance with ***'how easy the data item/statement is to collect'*** were also analysed. On average staff found 'service delivery' data items/statements were easier to collect (4.17) (see Figure 5), followed by 'service activity'(3.82). 'Whole system' data items/statements were considered the least easy to collect (1.90). Figure 5 also shows that 'referrals and contact' is closely grouped and rated to the 'service delivery' statement cluster.

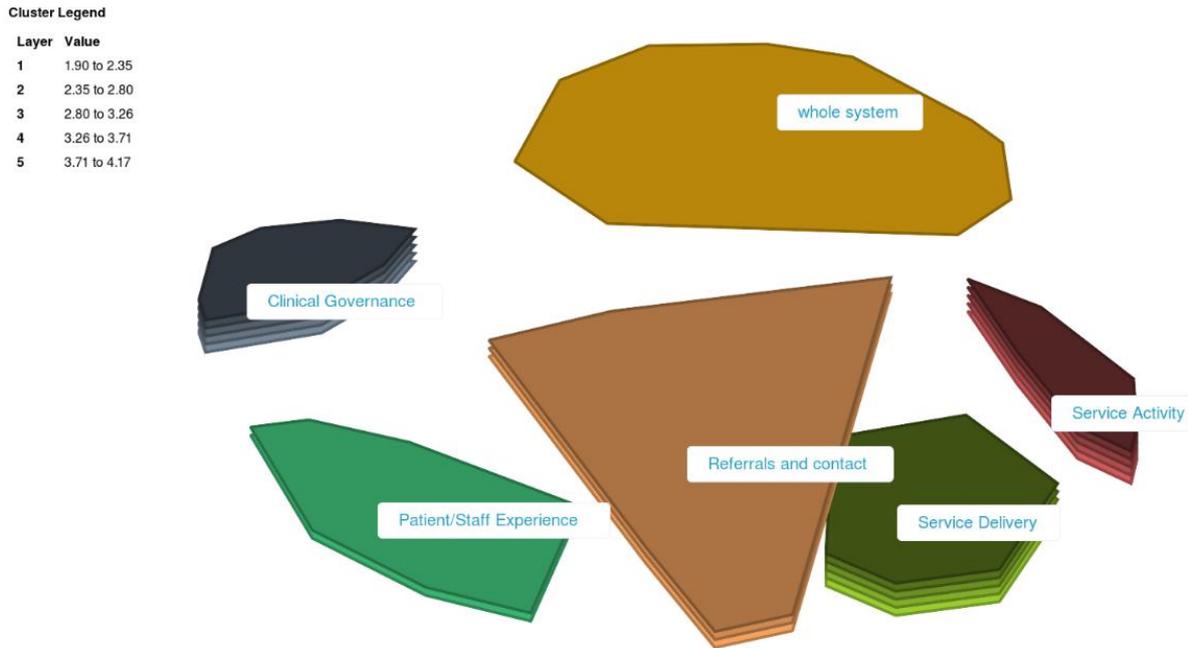


Figure 5: Cluster rating map - ‘How easy the data item/statement is to collect’

We then used both the cluster map and the rating scales to develop an all participant Go-Zone (Figure 6). We can interpret with caution that there is a strong correlation ($r=0.69$) between the two variables i.e. importance and easy to collect. Meaning that the relationship between the two is positive where an increase in one variable is related to an increase in the other.

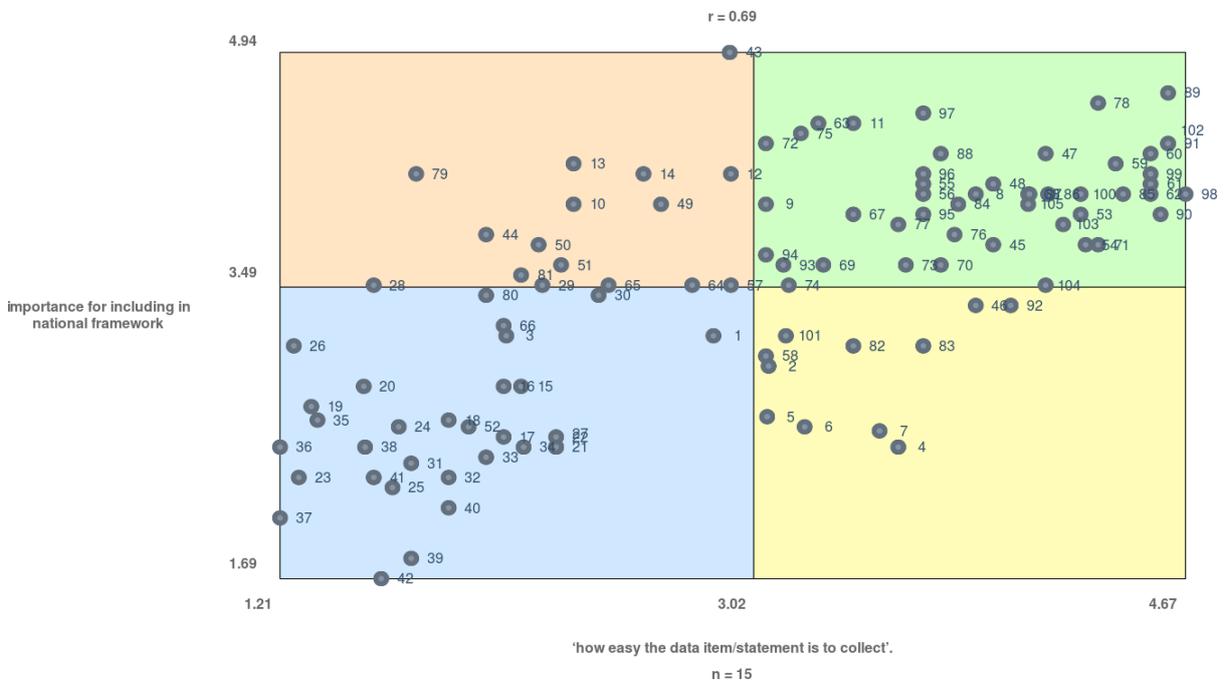


Figure 6: Go-Zone report displaying how each statement is rated in relation to ‘Importance for including in the national framework’ and ‘How easy the data item/statement is to collect’.

This shows which statements were above or below the mean (average) across the two chosen rating criteria of *'importance for including in the national framework'* and *'how easy the data item/statement is to collect'*. Statements above the importance mean (3.49) were most important and are in the orange and green zones. Statements above the *'how easy the data item/statement is to collect'* mean (3.02) are the data items/statements which staff felt were easier to collect i.e. the green and yellow zones. Figure 6 shows that the data items/statements presented in the green zone are data items/statements which are most important and which staff felt were easier to collect. Those in the orange zone are also most important but were identified as data items/statements which were thought by staff to be not as easy to collect. These are data items which staff may wish to discuss and consider options as to how they may be collected in the future.

Statements in the yellow zone are least important but were considered easy to collect, and those in the blue zone are statements of least importance and also considered not easy to collect. Example statements from each quadrant can be seen in Table 7. These zones may be of interest to managers when considering which data items to decommission in the future. However, it should be noted that n=26 of the n=31 data items in the blue zone all belong in the whole system cluster. They include those data items which would demonstrate UPCC impact on the wider system for example length of stay in residential care after referral (no. 41) and number of packages reduced (no. 37).

No.	Wording
GREEN QUADRANT [n=47]	
8	Numbers of patients requesting contact at weekends
56	Type of onward referrals e.g. ED, Practice Nurse, own GP, DN, AHP, X-ray, Diagnostics
95	Number of inappropriate referrals returned
ORANGE QUADRANT [n=16]	
10	Other service/partners satisfaction with UPCC service (OOH, MIU, ED)
43	Outcomes for the patients
81	Measurement of access for individuals with a disability e.g. hearing impairment
Blue QUADRANT [N=31]	
1	Patient distance from UPCC (miles)
30	Readmission rates post discharge
80	Criterion developed to access services available vs need
YELLOW QUADRANT [n=11]	
46	Governance frameworks - types of compliments

No.	Wording
82	Average consultation duration
101	Number of referrals from SICAT (Single Integrated Clinical Assessment Team - WAST)

Table 7: Example and total number of statements from each quadrant

By examining the 47 data items/statements from the green quadrant (the most important and easy to collect) we can see that the top data item is no. 89 Total contacts, which has a mean average of 4.64375 (see Table 8). Each cluster is represented within the 47 data items/statements, however the focus is clearly on service delivery (n= 20). This is followed by clinical governance (n=10), service activity (n=8), referral and contacts (n=6), patient/staff experience (n=2) and whole system (n=1). The average rating for importance for all 47 items is above 3.49.

No.	Data item/Statements	Mean rating	Ranking	Cluster
89	Total contacts	4.64375	1	Service Delivery
102	Number of referrals received per day	4.4875	2	Service Delivery
91	Total contacts face to face	4.4875	3	Service Delivery
78	Number of clinical incidents	4.47915	4	Clinical Governance
60	Number of people triaged within 8 hours	4.4229	5	Service Activity
98	Number of referrals from specific GP Practices to look at trends/cluster use of UPCC	4.3646	6	Service Delivery
99	Number of referrals from GP Practices	4.3604	7	Service Delivery
61	% of people assessed within 8 hours	4.32915	8	Service Activity
59	% of people triaged within 8 hours	4.325	9	Service Activity
62	Number of people assessed within 8 hours	4.2979	10	Service Activity
90	Total contacts telephone advice	4.25445	11	Service Delivery
85	Number of booked appointments by practice/OOH	4.24555	12	Service Delivery
47	Governance frameworks - number of complaints	4.2229	13	Clinical Governance
100	Number of referrals from ED	4.1646	14	Service Delivery
97	Number of referrals overlooked by UPCC (i.e. missed and not dealt with)	4.1146	15	Patient/Staff Experience
86	Patient demographic data	4.1027	16	Service Delivery
53	How many of each of the conditions on attached template seen each month	4.1021	17	Service Delivery
87	Identifying presenting need	4.06695	18	Service Activity
68	Number of patients reviewed by clinician (GP, ANP/AHP)	4.0646	19	Service Delivery
71	Clinician who did the intervention (GP, ANP/AHP)	4.04165	20	Service Delivery
103	Who made referral to UPCC	4.0375	21	Service Delivery
105	Type of referral to UPCC	4.03335	22	Service Delivery
88	Patient reason for contact	4.0229	23	Service Delivery
48	Governance frameworks - types of complaints	4.02915	24	Clinical Governance

No.	Data item/Statements	Mean rating	Ranking	Cluster
54	How many of each of the conditions on attached template seen each week	4.01785	25	Service Delivery
8	Numbers of patients requesting contact at weekends	3.9646	26	Service Delivery
11	Patient experience of UPCC via nationally agreed questionnaire	3.95	27	Patient/Staff Experience
84	Time between making the appointment and consultation	3.9	28	Service Activity
96	Number of referrals returned due to UPCC at full capacity	3.9271	29	Referrals and contact
55	% of onward referrals e.g. ED, Practice Nurse, own GP, DN, AHP, X-ray, Diagnostics	3.89585	30	Referrals and contact
63	Number of serious events e.g. unexpected death within X period	3.88335	31	Clinical Governance
56	Type of onward referrals e.g. ED, Practice Nurse, own GP, DN, AHP, X-ray, Diagnostics	3.8646	32	Referrals and contact
45	Governance frameworks - number of compliments	3.84165	33	Clinical Governance
75	Number of adverse outcomes	3.81875	34	Clinical Governance
104	Time of referral to UPCC	3.81665	35	Service Delivery
95	Number of inappropriate referrals returned	3.8021	36	Referrals and contact
76	How clinical incidents are reported	3.7991	37	Clinical Governance
77	How clinical incidents are captured	3.7232	38	Clinical Governance
72	The impact of the UPCC on the ED/MIU in reducing the numbers self presenting	3.72085	39	whole system
70	Professional who responded to contact	3.67915	40	Service Delivery
67	Time of intervention by the different clinician (GP, ANP/AHP)	3.66875	41	Service Delivery
73	How adverse outcomes reported	3.6125	42	Clinical Governance
9	Type of advice given	3.53335	43	Service Activity
69	Service that responded to contact	3.45535	44	Referrals and contact
93	Referral uptake i.e. referrals received minus those rejected as % of available clinical capacity	3.37915	45	Service Activity
94	Reason for inappropriate referral returned	3.3771	46	Referrals and contact
74	How adverse outcomes are captured	3.3269	47	Clinical Governance

Table 8: The 47 most important data items/statements which are easy to collect.

We further examined the data items in the orange zone. Here the data items/statements were plotted above the importance mean (3.49) i.e. were considered important but also plotted below the *‘how easy the data item/statement is to collect’* mean (3.02) i.e. not easy to collect. There are n=16 data items identified (see Table 9), most of which are found in the patient/staff experience cluster (n=9). The remainder are found in the referral and contact

cluster (n=3) and whole system cluster (n=4). Further discussion and agreement is required for some of the data items to identify what specifically needs to be collected, for example no. 43 'outcomes for the patients'. A number of the data items enquire after clinician experience (no.12), workforce experience (no.49, No.50) and other service/partner satisfaction (no.10). Perhaps an alternative questionnaire could be agreed for use across Wales to gather this important information.

No.	Data item/Statements	Mean rating	Ranking	Cluster
43	Outcomes for the patients	3.93305	48	Whole system
12	Clinician (GP, ANP/AHP) experience of UPCC	3.5604	49	Patient/Staff Experience
14	Practice experience of UPCC - what have they been able to do instead (qualitative data)	3.39375	50	Patient/Staff Experience
49	Workforce experience of expanding knowledge through working at centre	3.33335	51	Patient/Staff Experience
13	Practice reasons for not using the UPCC	3.29165	52	Patient/Staff Experience
57	% of referred patients to crisis response assessed within 2 hours (std 100%)	3.21665	53	Whole system
10	Other service/partners satisfaction with UPCC service (OOH, MIU, ED)	3.16665	54	Patient/Staff Experience
64	Number of ANP/AHP referrals to other services that required GP sign off before they could be actioned	3.14285	55	Referrals and contact
65	Number of delays in accessing diagnostics	2.98335	56	Referrals and contact
50	Workforce experience of expanding skills through working at centre	2.975	57	Patient/Staff Experience
79	Is there a gap in services meeting patient needs?	2.9604	58	Patient/Staff Experience
51	Skills used by different types of professionals	2.95535	59	Patient/Staff Experience
44	Links with other departments across the HB	2.90625	60	Patient/Staff Experience
29	Admission rate post discharge	2.85715	61	Whole system
81	Measurement of access for individuals with a disability eg hearing impairment	2.8479	62	Referrals and contact
28	Sustainable community services available	2.5357	63	Whole system

Table 9: The 16 most important data items/statements which are not considered easy to collect.

We built individual health board go-zones to identify the most important data items which were perceived as easy to collect for each individual health board (Appendix 2). We also used these individual go zones to identify the common data items across all health boards to form the national core dataset. These six items are presented in Table 10. Again, most of these data items are found in the service delivery cluster with only 1 from clinical governance and 1 from patient/staff experience.

No.	Data item/Statements	Mean Rating	Ranking	Cluster
89	Total contacts	4.64375	1	Service Delivery
91	Total contacts face to face	4.4875	3	Service Delivery
47	Governance frameworks - number of complaints	4.2229	13	Clinical Governance
68	Number of patients reviewed by clinician (GP, ANP/AHP)	4.0646	19	Service Delivery
103	Who made referral to UPCC	4.0375	21	Service Delivery
11	Patient experience of UPCC via nationally agreed questionnaire	3.95	27	Patient/Staff Experience

Table 10: National core dataset.

When we further examined the responses to the two rating scales *'importance for including in the national framework'* and *'how easy the data item/statement is to collect'* we found that there was a difference in perspective between staff who identified themselves as pathfinder project managers and those who were not pathfinder project managers. In Figure 7, the two groups differed in their opinion in the order of the top three clusters (including their statements) in terms of importance. The pathfinder project managers considered patient/staff experience to be the most important followed by service delivery and clinical governance. Whereas other staff (not pathfinder project managers) considered clinical governance most important followed by service delivery and then patient/staff experience. The whole system cluster was considered least important by both groups.

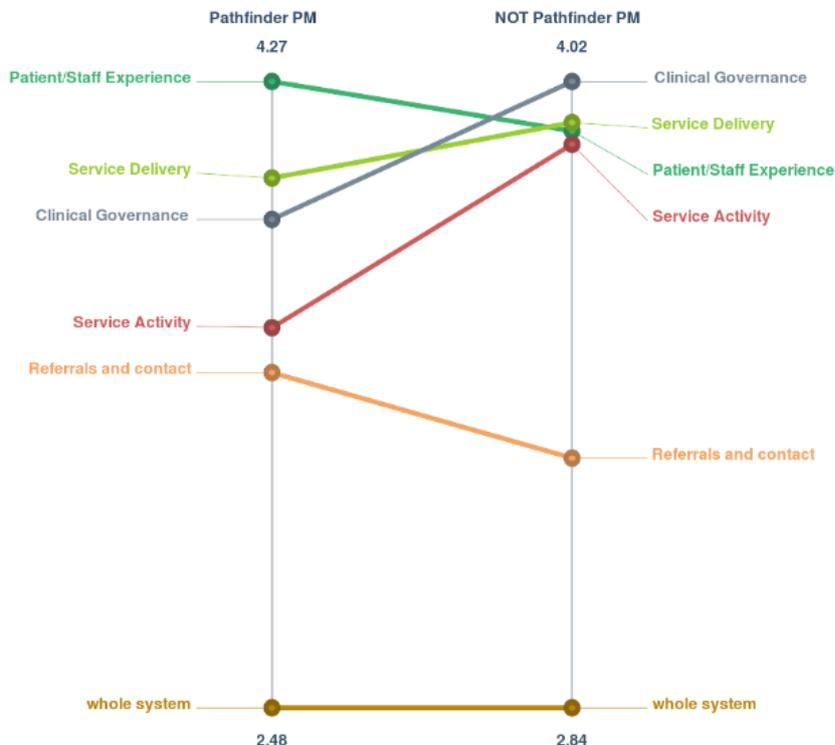


Figure 7: Pathfinder project managers vs Non-pathfinder project managers for *'importance for including in the national framework'*.



Figure 8: Pathfinder project managers vs Non-pathfinder project managers for *'how easy the data item/statement is to collect'*.

By also examining pathfinder project managers and non-pathfinder project manager group responses to how easy the data item is to collect, both groups perceived the service delivery cluster of items as the easiest and whole system cluster of items as the hardest to collect. They then differed in their opinion on how easy it was to collect the other four clusters of data items. Pathfinder project managers ordered the clusters as: clinical governance, service activity, patient/staff experience, then referrals and contact. Whereas the other group ordered the clusters as: service activity, clinical governance, referrals and contact, then patient/staff experience.

4. Conclusion

Using an on-line asynchronous method like GCM was very helpful in overcoming the constraints imposed by the Welsh Govt due to the COVID-19 pandemic. Staff who were geographically spread across Wales were able to participate in the brainstorming activities via Microsoft Teams, access the GroupWisdom™ software remotely and complete the sorting and rating tasks quickly within a time pressured window of opportunity. The various tools in the software gave us the opportunity to identify a collective national dataset of 47

data items/statements with a 6 item minimum dataset to be used in the National Evaluation Framework.

These findings have been presented to the Strategic Programme for Primary Care National UPC Pathfinder Groups (Evaluation, Implementation and Clinical Reference) meetings via Microsoft Teams. We will now triangulate these findings with Project 1 findings to formulate the complete National Evaluation Framework.

Appendix 1 - Full list of final 105 data items/statements

Number	Data item/statement to focus prompt: <i>'When developing a national evaluation framework for urgent primary care centre pathways, I think the data that needs to be included is.....'</i>
1	Patient distance from UPCC (miles)
2	Number of calls to CAV 24/7 (quantitative & qualitative tbc)
3	Additional system measures (to be developed) - demonstrating the interface between UPC Centre (Hubs) and CAV 24/7
4	How many patients are booked into the 3 cluster Hubs in the Vale. Dec 20 & Jan 21?
5	Calls to CAV 247 by Vale practice in hours (ED) and OOH.
6	Data on flow of patients from CAV 24/7 to pathfinder Hubs
7	Numbers of patients contacting CAV 247 across all CAV
8	Numbers of patients requesting contact at weekends
9	Type of advice given
10	Other service/partners satisfaction with UPCC service (OOH, MIU, ED)
11	Patient experience of UPCC via nationally agreed questionnaire
12	Clinician (GP, ANP/AHP) experience of UPCC
13	Practice reasons for not using the UPCC
14	Practice experience of UPCC - what have they been able to do instead (qualitative data)
15	of people on palliative care register who die at home not hospital (std 75%)
16	Number of people on palliative care register who die at home not hospital (std 75%)
17	of people who have stay well plans
18	Number of people who have stay well plans
19	Did stay well plan inform clinical decision making?
20	Did frailty score inform clinical decision making?
21	of people who have frailty score

Number	Data item/statement to focus prompt: <i>'When developing a national evaluation framework for urgent primary care centre pathways, I think the data that needs to be included is.....'</i>
22	Number of people who have frailty score
23	Lost days for discharge pathways
24	Reduced bed days in hospital/placement
25	Maintaining independence by proportionate commissioning
26	Time spent at home
27	Maintaining occupancy threshold
28	Sustainable community services available
29	Admission rate post discharge
30	Readmission rates post discharge
31	who leave reablement whose needs are reduced compared to previous support (std 75%)
32	Number of people who leave reablement whose needs are reduced compared to previous support (std 75%)
33	people who return home after short term period of bed based care (<6 wks) (std 75%)
34	Number of people who return home after short term period of bed based care (<6 wks) (std 75%)
35	Number of packages avoided
36	of packages avoided
37	Number of packages reduced
38	of packages reduced
39	Number of packages reviewed
40	of packages reviewed
41	Length of stay in residential care after referral
42	Increase in direct payments
43	Outcomes for the patients
44	Links with other departments across the HB

Number	Data item/statement to focus prompt: <i>‘When developing a national evaluation framework for urgent primary care centre pathways, I think the data that needs to be included is.....’.</i>
45	Governance frameworks - number of compliments
46	Governance frameworks - types of compliments
47	Governance frameworks - number of complaints
48	Governance frameworks - types of complaints
49	Workforce experience of expanding knowledge through working at centre
50	Workforce experience of expanding skills through working at centre
51	Skills used by different types of professionals
52	Number of people tested +ve for Covid within 24 hours of attending UPCC
53	How many of each of the conditions on attached template seen each month
54	How many of each of the conditions on attached template seen each week
55	of onward referrals eg ED, Practice Nurse, own GP, DN, AHP, X-ray, Diagnostics
56	Type of onward referrals eg ED, Practice Nurse, own GP, DN, AHP, X-ray, Diagnostics
57	of referred patients to crisis response assessed within 2 hours (std 100%)
58	Number of referred patients to crisis response assessed within 2 hours (std 100%)
59	of people triaged within 8 hours
60	Number of people triaged within 8 hours
61	of people assessed within 8 hours
62	Number of people assessed within 8 hours
63	Number of serious events e.g. unexpected death within X period
64	Number of ANP/AHP referrals to other services that required GP sign off before they could be actioned
65	Number of delays in accessing diagnostics
66	Delay time in accessing diagnostics
67	Time of intervention by the different clinician (GP, ANP/AHP)
68	Number of patients reviewed by clinician (GP, ANP/AHP)

Number	Data item/statement to focus prompt: <i>'When developing a national evaluation framework for urgent primary care centre pathways, I think the data that needs to be included is.....'</i>
69	Service that responded to contact
70	Professional who responded to contact
71	Clinician who did the intervention (GP, ANP/AHP)
72	The impact of the UPCC on the ED/MIU in reducing the numbers self presenting
73	How adverse outcomes reported
74	How adverse outcomes are captured
75	Number of adverse outcomes
76	How clinical incidents are reported
77	How clinical incidents are captured
78	Number of clinical incidents
79	Is there a gap in services meeting patient needs?
80	Criterion developed to access services available vs need
81	Measurement of access for individuals with a disability eg hearing impairment
82	Average consultation duration
83	Median consultation duration
84	Time between making the appointment and consultation
85	Number of booked appointments by practice/OOH
86	Patient demographic data
87	Identifying presenting need
88	Patient reason for contact
89	Total contacts
90	Total contacts telephone advice
91	Total contacts face to face
92	Total contacts via video consultation
93	Referral uptake i.e. referrals received minus those rejected as % of available clinical capacity

Number	Data item/statement to focus prompt: <i>‘When developing a national evaluation framework for urgent primary care centre pathways, I think the data that needs to be included is.....’.</i>
94	Reason for inappropriate referral returned
95	Number of inappropriate referrals returned
96	Number of referrals returned due to UPCC at full capacity
97	Number of referrals overlooked by UPCC (i.e. missed and not dealt with)
98	Number of referrals from specific GP Practices to look at trends/cluster use of UPCC
99	Number of referrals from GP Practices
100	Number of referrals from ED
101	Number of referrals from SICAT (Single Integrated Clinical Assessment Team - WAST)
102	Number of referrals received per day
103	Who made referral to UPCC
104	Time of referral to UPCC
105	Type of referral to UPCC

Appendix 2 - Local data items which are most important and easy to collect.

'When developing a national evaluation framework for urgent primary care centre pathways, I think the data that needs to be included is.....'

CVUHB

No.	Data Item
2	Number of calls to CAV 24/7 (quantitative & qualitative tbc)
4	How many patients are booked into the 3 cluster Hubs in the Vale. Dec 20 & Jan 21?
5	Calls to CAV 247 by Vale practice in hours (ED) and OOH.
6	Data on flow of patients from CAV 24/7 to pathfinder Hubs
7	Numbers of patients contacting CAV 247 across all CAV
8	Numbers of patients requesting contact at weekends
10	Other service/partners satisfaction with UPCC service (OOH, MIU, ED)
11	Patient experience of UPCC via nationally agreed questionnaire
12	Clinician (GP, ANP/AHP) experience of UPCC
13	Practice reasons for not using the UPCC
14	Practice experience of UPCC - what have they been able to do instead (qualitative data)
45	Governance frameworks - number of compliments
47	Governance frameworks - number of complaints
48	Governance frameworks - types of complaints
49	Workforce experience of expanding knowledge through working at centre
53	How many of each of the conditions on attached template seen each month
54	How many of each of the conditions on attached template seen each week
59	% of people triaged within 8 hours
60	Number of people triaged within 8 hours
61	% of people assessed within 8 hours
62	Number of people assessed within 8 hours
67	Time of intervention by the different clinician (GP, ANP/AHP)
68	Number of patients reviewed by clinician (GP, ANP/AHP)
71	Clinician who did the intervention (GP, ANP/AHP)
76	How clinical incidents are reported
77	How clinical incidents are captured
78	Number of clinical incidents
84	Time between making the appointment and consultation
85	Number of booked appointments by practice/OOH
89	Total contacts
90	Total contacts telephone advice
91	Total contacts face to face
92	Total contacts via video consultation
95	Number of inappropriate referrals returned
96	Number of referrals returned due to UPCC at full capacity
97	Number of referrals overlooked by UPCC (i.e. missed and not dealt with)
98	Number of referrals from specific GP Practices to look at trends/cluster use of UPCC
99	Number of referrals from GP Practices
103	Who made referral to UPCC

105	Type of referral to UPCC
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HDdUHB

No.	Data Item
8	Numbers of patients requesting contact at weekends
11	Patient experience of UPCC via nationally agreed questionnaire
30	Readmission rates post discharge
47	Governance frameworks - number of complaints
48	Governance frameworks - types of complaints
55	% of onward referrals eg ED, Practice Nurse, own GP, DN, AHP, X-ray, Diagnostics
56	Type of onward referrals eg ED, Practice Nurse, own GP, DN, AHP, X-ray, Diagnostics
58	Number of referred patients to crisis response assessed within 2 hours (std 100%)
59	% of people triaged within 8 hours
60	Number of people triaged within 8 hours
61	% of people assessed within 8 hours
62	Number of people assessed within 8 hours
63	Number of serious events e.g. unexpected death within X period
65	Number of delays in accessing diagnostics
67	Time of intervention by the different clinician (GP, ANP/AHP)
68	Number of patients reviewed by clinician (GP, ANP/AHP)
71	Clinician who did the intervention (GP, ANP/AHP)
75	Number of adverse outcomes
76	How clinical incidents are reported
78	Number of clinical incidents
84	Time between making the appointment and consultation
85	Number of booked appointments by practice/OOH
89	Total contacts
91	Total contacts face to face
95	Number of inappropriate referrals returned
96	Number of referrals returned due to UPCC at full capacity
97	Number of referrals overlooked by UPCC (i.e. missed and not dealt with)
98	Number of referrals from specific GP Practices to look at trends/cluster use of UPCC
99	Number of referrals from GP Practices
100	Number of referrals from ED
102	Number of referrals received per day
103	Who made referral to UPCC
104	Time of referral to UPCC
105	Type of referral to UPCC

BCUHB

No.	Data items
6	Data on flow of patients from CAV 24/7 to pathfinder Hubs
8	Numbers of patients requesting contact at weekends
10	Other service/partners satisfaction with UPCC service (OOH, MIU, ED)

11	Patient experience of UPCC via nationally agreed questionnaire
12	Clinician (GP, ANP/AHP) experience of UPCC
13	Practice reasons for not using the UPCC
14	Practice experience of UPCC - what have they been able to do instead (qualitative data)
43	Outcomes for the patients
47	Governance frameworks - number of complaints
53	How many of each of the conditions on attached template seen each month
54	How many of each of the conditions on attached template seen each week
63	Number of serious events e.g. unexpected death within X period
68	Number of patients reviewed by clinician (GP, ANP/AHP)
73	How adverse outcomes reported
76	How clinical incidents are reported
77	How clinical incidents are captured
78	Number of clinical incidents
80	Criterion developed to access services available vs need
87	Identifying presenting need
88	Patient reason for contact
89	Total contacts
90	Total contacts telephone advice
91	Total contacts face to face
93	Referral uptake i.e. referrals received minus those rejected as % of available clinical capacity
94	Reason for inappropriate referral returned
95	Number of inappropriate referrals returned
96	Number of referrals returned due to UPCC at full capacity
98	Number of referrals from specific GP Practices to look at trends/cluster use of UPCC
99	Number of referrals from GP Practices
100	Number of referrals from ED
101	Number of referrals from SICAT (Single Integrated Clinical Assessment Team - WAST)
102	Number of referrals received per day
103	Who made referral to UPCC
105	Type of referral to UPCC

CTMUHB

No.	Data item
10	Other service/partners satisfaction with UPCC service (OOH, MIU, ED)
11	Patient experience of UPCC via nationally agreed questionnaire
12	Clinician (GP, ANP/AHP) experience of UPCC
13	Practice reasons for not using the UPCC
29	Admission rate post discharge
30	Readmission rates post discharge
45	Governance frameworks - number of compliments
47	Governance frameworks - number of complaints
48	Governance frameworks - types of complaints
53	How many of each of the conditions on attached template seen each month

54	How many of each of the conditions on attached template seen each week
55	% of onward referrals eg ED, Practice Nurse, own GP, DN, AHP, X-ray, Diagnostics
56	Type of onward referrals eg ED, Practice Nurse, own GP, DN, AHP, X-ray, Diagnostics
59	% of people triaged within 8 hours
60	Number of people triaged within 8 hours
61	% of people assessed within 8 hours
62	Number of people assessed within 8 hours
63	Number of serious events e.g. unexpected death within X period
67	Time of intervention by the different clinician (GP, ANP/AHP)
68	Number of patients reviewed by clinician (GP, ANP/AHP)
70	Professional who responded to contact
71	Clinician who did the intervention (GP, ANP/AHP)
72	The impact of the UPCC on the ED/MIU in reducing the numbers self presenting
75	Number of adverse outcomes
78	Number of clinical incidents
84	Time between making the appointment and consultation
85	Number of booked appointments by practice/OOH
87	Identifying presenting need
89	Total contacts
90	Total contacts telephone advice
91	Total contacts face to face
92	Total contacts via video consultation
93	Referral uptake i.e. referrals received minus those rejected as % of available clinical capacity
94	Reason for inappropriate referral returned
95	Number of inappropriate referrals returned
96	Number of referrals returned due to UPCC at full capacity
97	Number of referrals overlooked by UPCC (i.e. missed and not dealt with)
98	Number of referrals from specific GP Practices to look at trends/cluster use of UPCC
99	Number of referrals from GP Practices
100	Number of referrals from ED
102	Number of referrals received per day
103	Who made referral to UPCC
104	Time of referral to UPCC

ABUHB

No.	Data Item
9	Type of advice given
11	Patient experience of UPCC via nationally agreed questionnaire
12	Clinician (GP, ANP/AHP) experience of UPCC
14	Practice experience of UPCC - what have they been able to do instead (qualitative data)
43	Outcomes for the patients
45	Governance frameworks - number of compliments
46	Governance frameworks - types of compliments

47	Governance frameworks - number of complaints
48	Governance frameworks - types of complaints
49	Workforce experience of expanding knowledge through working at centre
50	Workforce experience of expanding skills through working at centre
51	Skills used by different types of professionals
55	% of onward referrals eg ED, Practice Nurse, own GP, DN, AHP, X-ray, Diagnostics
57	% of referred patients to crisis response assessed within 2 hours (std 100%)
59	% of people triaged within 8 hours
60	Number of people triaged within 8 hours
61	% of people assessed within 8 hours
62	Number of people assessed within 8 hours
68	Number of patients reviewed by clinician (GP, ANP/AHP)
69	Service that responded to contact
72	The impact of the UPCC on the ED/MIU in reducing the numbers self presenting
84	Time between making the appointment and consultation
85	Number of booked appointments by practice/OOH
86	Patient demographic data
87	Identifying presenting need
88	Patient reason for contact
89	Total contacts
90	Total contacts telephone advice
91	Total contacts face to face
102	Number of referrals received per day
103	Who made referral to UPCC
104	Time of referral to UPCC
105	Type of referral to UPCC

SBUHB

No.	Data Item
2	Number of calls to CAV 24/7 (quantitative & qualitative tbc)
4	How many patients are booked into the 3 cluster Hubs in the Vale. Dec 20 & Jan 21?
7	Numbers of patients contacting CAV 247 across all CAV
8	Numbers of patients requesting contact at weekends
9	Type of advice given
11	Patient experience of UPCC via nationally agreed questionnaire
12	Clinician (GP, ANP/AHP) experience of UPCC
14	Practice experience of UPCC - what have they been able to do instead (qualitative data)
43	Outcomes for the patients
45	Governance frameworks - number of compliments
46	Governance frameworks - types of compliments
47	Governance frameworks - number of complaints
48	Governance frameworks - types of complaints
49	Workforce experience of expanding knowledge through working at centre
51	Skills used by different types of professionals
53	How many of each of the conditions on attached template seen each month
54	How many of each of the conditions on attached template seen each week

55	% of onward referrals eg ED, Practice Nurse, own GP, DN, AHP, X-ray, Diagnostics
56	Type of onward referrals eg ED, Practice Nurse, own GP, DN, AHP, X-ray, Diagnostics
59	% of people triaged within 8 hours
60	Number of people triaged within 8 hours
61	% of people assessed within 8 hours
62	Number of people assessed within 8 hours
64	Number of ANP/AHP referrals to other services that required GP sign off before they could be actioned
67	Time of intervention by the different clinician (GP, ANP/AHP)
68	Number of patients reviewed by clinician (GP, ANP/AHP)
69	Service that responded to contact
70	Professional who responded to contact
71	Clinician who did the intervention (GP, ANP/AHP)
73	How adverse outcomes reported
74	How adverse outcomes are captured
76	How clinical incidents are reported
77	How clinical incidents are captured
78	Number of clinical incidents
83	Median consultation duration
84	Time between making the appointment and consultation
85	Number of booked appointments by practice/OOH
86	Patient demographic data
87	Identifying presenting need
88	Patient reason for contact
89	Total contacts
90	Total contacts telephone advice
91	Total contacts face to face
93	Referral uptake i.e. referrals received minus those rejected as % of available clinical capacity
94	Reason for inappropriate referral returned
95	Number of inappropriate referrals returned
96	Number of referrals returned due to UPCC at full capacity
99	Number of referrals from GP Practices
100	Number of referrals from ED
102	Number of referrals received per day
103	Who made referral to UPCC
105	Type of referral to UPCC