# Quarterly Diagnostics Census and Monthly Diagnostics Waiting Times and Activity Return:

# Outcome of Consultation

NHS England and NHS Improvement

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## Outcome of Consultation

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# Quarterly Diagnostics Census and Monthly Diagnostics Waiting Times and Activity Return: Outcome of Consultation

## 1 Summary

- Between February and April 2018, NHS England and NHS Improvement sought views from data producers and users on a proposal to cease collection and publication of the quarterly diagnostics census. NHS England and NHS Improvement also asked for views on the 15 key tests collected in the monthly diagnostics waiting times and activity return (DM01), including dropping the Barium Enema test.

- The consultation found support for the proposal to drop the census from the vast majority of respondents (**44** of the **50** supported it in full and **4** in part).

- As a result, a decision has been taken to stop collecting the quarterly diagnostics census on a permanent basis. This change will take effect immediately and as a result the collection of data for 2019/20 and subsequent years will not be made. Data for 2018/19 will not be collected retrospectively.

- Although most respondents confirmed they did not use the information on Barium Enema tests collected in the monthly diagnostics return and the impact of removing it would be minimal, it was also suggested that removing it would increase the burden as providers' processes would need to be updated and it would be simpler to continue collecting it.

- Annual changes to the tests in the monthly return would increase the burden on data providers. It would be more difficult to assess changes in performance over time. This document considered the approach to measuring access to diagnostics being proposed by the Clinical-led Review of NHS Access Standards.

- As a result, the monthly diagnostics waiting times and activity return (DM01) will continue in its current form.

# 2 Background and purpose

Between February and April 2018, NHS England and NHS Improvement sought comments and views from data providers and users on the proposal of ceasing collection and publication of the quarterly diagnostics census. NHS England and NHS Improvement also asked users for views on the 15 key tests collected in the monthly diagnostics waiting times and activity return.

The full consultation is available via the following link: https://www.engage.england.nhs.uk/consultation/diagnostics-census-waiting-times-activity-return/

Full details of the questions asked are shown in Annex A.

***Clinically-led Review of NHS Access Standards***

Shortly after the diagnostics consultation closed, the NHS National Medical Director was asked by the Prime Minister (June 2018), to review the core set of NHS access standards, in the context of the model of service described in the NHS Long Term Plan. Informed by the latest clinical and operational evidence, this review should recommend any required updates and improvements to ensure that NHS standards:

- promote safety and outcomes,
- drive improvements in patient's experience,
- are clinically meaningful, accurate and practically achievable,
- ensure the sickest and most urgent patients are given priority,
- ensure patients get the right service in the right place,
- are simple and easy to understand for patients and the public and
- do not worsen inequalities

The Clinically-led Review of NHS Access Standards: Interim Report[1] from the NHS National Medical Director was published on 11 March 2019 and included some emerging proposals for new headline access standards. NHS England and NHS

[1] https://www.england.nhs.uk/clinically-led-review-nhs-access-standards/

Improvement are field testing these proposals on a number of pilot sites to inform further recommendations on any changes to access standards for elective care. Final recommendations are expected to be published in spring 2020.

NHS England and NHS Improvement reviewed the interim report to ensure that our decisions are in line with emerging recommendations from that review.

# 3 Quarterly Diagnostics Census

## 3.1 Background

NHS England and NHS Improvement has collected and published quarterly diagnostics census Official Statistics in England since 2006. These have been used to monitor the number of patients waiting six weeks or more for all diagnostic tests at the end of each quarter.

In 2018, NHS England and NHS Improvement identified the census as a collection of lower value which if stopped would reduce the unnecessary burden on the NHS of collecting and processing data. It was identified because it cannot be used to calculate the operational standard that less than 1% of patients should wait six weeks or more for a diagnostic test from referral. Published data from the census are rarely accessed and as data producers, NHS England and NHS Improvement rarely gets asked for any information or analyses on these census data. A previous consultation carried out by NHS England and NHS Improvement in 2015 to drop the Annual Imaging and Radiodiagnostics Statistics (KH12)[2] also indicated a desire to discontinue the diagnostics census.

Initial views from key diagnostics stakeholders within NHS England and NHS Improvement and the Department of Health and Social Care confirmed that they do not use the census data. The consultation was designed to seek wider comments and views from data providers and users on dropping the census. This is in accordance with the Code of Practice for Statistics.

[2] https://www.engage.england.nhs.uk/consultation/imaging-radiodiagnostics-statistics/

## 3.2 Number and nature of responses

Prior to the consultation, NHS England and NHS Improvement consulted informally with key stakeholders in NHS England and NHS Improvement and the Department of Health and Social Care). They were broadly in support of the proposals concerning the two collections.

There were **50** responses to the formal consultation. Of these, **44** supported the proposal to stop collecting the quarterly diagnostics census in whole, **4** supported the proposal in part and **2** did not support it.

There were **38** responses from data providers and **12** from data users. Of the data users, **5** were from commissioning organisations, **4** were from central health organisations (Department of Health and Social Care, NHS England and NHS Improvement), **2** were from health related charities, and **1** was a member of the public.

Of the data providers, **37** out of **38** supported the proposal in full and **1** supported the proposal in part. Of the **5** commissioning organisations, **3** supported the proposal in full, **1** supported it in part and **1** did not support the proposal. Of the **4** central health organisations, **3** supported the proposal in full and **1** supported in part. **1** of the health charities supported the proposal and **1** did not support the proposal. The member of the public who responded supported the proposal in part.

## 3.3 Comments on the proposal

Respondents were asked to provide comments on why they supported or opposed the proposal to stop collecting the census. Of the **50** respondents, **13** provided comments in this section. The main points made in the comments in favour of the proposal were:

- the information is not used (there would be no impact of stopping the collection, only the monthly data is used, information is tracked and monitored in other ways,

if it is not being used, it should not be captured and reported, it does not add value),

- the overlaps of the census with the monthly diagnostics return cause confusion
- data providers spend time getting the data ready, any reduction in burden to organisations would be welcome,
- any decision on whether to stop collecting the census should be done in stages to see what the impact would be,
- drop it to half yearly, supported by the monthly return

The main points made in the comments opposing the proposal were:

- supports CCGs to monitor services of local providers,
- more detail on whole waiting list rather than just those waiting six weeks or more would make the return more informative,
- although small numbers of neurophysiology staff, this does not make the data unimportant. The return should continue to be collected and be expanded as it only covers peripheral neurophysiology and it is hard to get data for other types of diagnostics test in this field,
- current diagnostic data does not distinguish between different NHS commissioners such as Public Health, health and justice, specialised, primary care and armed forces.

## 3.4 Comments for further consideration

Respondents were asked if they have any further suggestions, proposals or comments for consideration (in relation to both the quarterly census and monthly return). **12** respondents provided comments in this section. These fell into two broad categories, firstly the burden and value of the diagnostics quarterly census, and secondly, the guidance and coverage of both collections. The main points relating to the burden and value of the census are summarised below:

- completing the census is time-consuming. For us it requires collation of some data from other trusts where the work has been outsourced, thus further

increasing the burden. As the data is rarely ever used nationally or locally I would agree with ceasing the collection. If we required analysis for a test covered by the census a targeted piece of work would be required to give the full picture due to the limited information contained in the census,

- following the introduction of the weekly diagnostics returns, the quarterly return does not add value, whilst adding additional reporting burden to the Trust
- the existing requirements to provide weekly, monthly and quarterly data is already too much of a burden. The effort to run, export, and validate data is a disproportionate demand on limited resources.

The main points relating to the guidance and coverage of the quarterly census are summarised below:

- if the quarterly census is not dropped, the guidance should be rewritten to specify OPCS codes to remove ambiguity in the current test descriptions. One response also commented on the lack of clearly defined diagnostics codes which may lead to variation in what providers include and exclude in their returns,
- no equality for those in secure setting or those in the armed forces or accessing specialised services. The data does not breakdown specialised commissioning to allow identification of Armed Forces.

## 3.5 Decision

Initial views from key stakeholders within NHS England and NHS Improvement and the Department of Health and Social Care confirmed that they do not use the quarterly census.

The consultation sought wider views from data providers and users. The vast majority of respondents supported the proposal to drop the census (**44** of the **50** supported the proposal and **4** supported it in part).

Following the closure of the consultation, to further test the impact of dropping the census, NHS England and NHS Improvement temporarily suspended the collection pending the publication of the consultation outcome. Therefore all quarters in

2018/19 were not collected. During this time, NHS England and NHS Improvement has not received any requests for the data and the only contact has been data providers asking whether they need to submit the data. Thus supporting the proposal to stop collecting the census.

Two users commented that the data does not break down specialised commissioning activity to allow identification of Armed Forces. The census is an aggregate collection (therefore does not include information on equalities) and there is a move to undertaking more detailed analysis using patient-level data. Thus by dropping the census, this information is not lost.

One respondent commented that the return should continue to be collected and expanded in particular to provide more detail on neurophysiology. NHS England and NHS Improvement appreciates that this user has found the census data helpful, however there has not been sufficient responses from others to confirm the value of continuing the quarterly collection. Keeping waiting times for diagnostic tests down for all patients is important. The breakdown of Neurophysiology appearing in this return is also fairly limited and NHS England and NHS Improvement feel that it adds little over and above the information gathered through the monthly return.

Therefore, in line with the recommendation in the consultation, NHS England and NHS Improvement will stop collecting the quarterly diagnostics census collection on a permanent basis. This change will take effect immediately and an application to officially cease this collection will be made through NHS Digital. As a result, the collection of data for 2019/20 and subsequent years will not be made. Data for 2018/19 will not be collected retrospectively.

# 4 Monthly diagnostics waiting times and activity return

## 4.1 Background

NHS England and NHS Improvement collects and publishes the monthly diagnostics waiting times and activity return (DM01) (monthly diagnostics collection). This collection includes data on waiting times and activity for 15 key diagnostics tests and procedures. Data for this collection is available from January 2006. The monthly diagnostics collection is used to measure performance against the diagnostic operational standard[3].

The list of 15 tests (itemised below) in the monthly diagnostics collection was derived in 2004 by key users such as clinical leads within the Department of Health and Social Care (DHSC), Connecting for Health (CfH), and also pilot sites within the NHS. The tests were selected to cover high volumes and potentially long waits.

| Diagnostic test grouping | 15 key tests |
|---|---|
| Imaging | Magnetic Resonance Imaging (MRI)<br>Computer Tomography (CT)<br>Non obstetric ultrasound (NOU)<br>Barium Enema<br>Dexa scan |
| Physiological measurement | Audiology assessments<br>Cardiology - echocardiography<br>Cardiology - electrophysiology<br>Peripheral neurophysiology<br>Respiratory physiology – sleep studies<br>Urodynamics |
| Endoscopy | Colonoscopy<br>Flexisigmoidoscopy<br>Cystoscopy<br>Gastroscopy |

NHS England and NHS Improvement recognises that use of tests changes over time as the NHS develops and therefore took the opportunity to evaluate what is collected in the monthly diagnostics return to ensure that it remains focused on what matters from a patient's perspective. The number of diagnostic tests carried out continues to increase. Whilst many of the tests continue to be high volume, there are some tests where numbers are reducing or where they continue to represent a small proportion

[3] Less than 1% of patients should wait six weeks or more for a diagnostic test from referral

of activity. For example, Barium Enema is being phased out, in favour of Colonoscopy or CT Colongraphy.

In light of this, the consultation asked users for their views on dropping the Barium Enema test from the monthly diagnostics return and on whether there were any additional tests not currently being captured for which NHS England and NHS Improvement should explore the possibility of collecting.

## 4.2 Number and nature of responses

Prior to the consultation, NHS England and NHS Improvement consulted informally with key stakeholders in NHS England and NHS Improvement and Department of Health and Social Care). They were broadly in support of the proposals concerning the two collections.

There were **50** responses to the formal consultation. Of these, when asked “Do you use the information collected on the Barium Enema tests?”, of the **50** responses, **41** said “No”, **8** said “yes” and **1** did not specify.

## 4.3 Comments on the proposal

Respondents who said they used information collected on Barium Enema tests were asked to explain how they used the information and what the impact would be if it were no longer available. Of the **8** respondents who used the information:

- the main uses referenced were to monitor performance against the national diagnostics standard and monitor waiting times,

- four respondents said that the impact of removing the test would be minimal due to its small numbers,

- one charity organisation said they would like the test to be kept in the monthly diagnostics return even though its usage by the NHS is being phased out to pin point areas where the phasing out of this diagnostic test is adversely affecting patients because they are struggling to access CT colonography.

One data provider who confirmed they did not use the information, said that removing the test from the return would not reduce the burden. They would need to update their process to generate an amended monthly return and it would be simpler to leave the test in the return.

**Should additional tests be explored in the monthly diagnostics return?**

Respondents were asked if there are any additional tests not currently captured in the monthly diagnostics return that they thought NHS England and NHS Improvement should explore the possibility of collecting and explain why. **16** respondents answered this question, of these **12** said that there weren't any additional tests that NHS England and NHS Improvement should explore collecting. Other comments included:

- it is better to capture the full waiting list. Concentrate on high level diagnostics and not make exceptions, so capture at level of modality e.g. imaging, gastro, cardiac test etc,
- diagnostic tests included should be re-evaluated on a more regular basis, with tests performing well on a consistent basis nationally being removed and replaced with a more 'challenging' tests,
- it would be useful to be able to identify tests for cancer - to look at the impact on cancer waiting times. However, I don't know how this could be captured.
- don't know

## 4.4 Comments for further consideration

Respondents were asked if they have any further suggestions, proposals or comments for consideration (in relation to both the quarterly census and monthly return). **12** respondents provided comments in this section. The comments about the monthly diagnostics return related to the guidance and coverage of the return. These are summarised below:

- if further diagnostic tests are suggested (monthly), could they be based on OPCS procedure relating to standard admission waiting list as our (a Trust) PAS does not support OPCS based on outpatient waiting lists,
- there should be a full review annually of contents and supporting guidance to ensure that the report remains fit for purpose,
- there appears to wider interest in cancer specific diagnostics and whilst this may be definitionally difficult, given that HES outpatients includes an "urgent 2 week referral for suspected cancer" it may be worth exploring whether data flows support this differentiation without additional burden. That said, any decision would need to be made in light of the incoming 28-day faster diagnosis standard,
- no equality for those in secure setting or those in the armed forces or accessing specialised services. The data does not breakdown specialised commissioning to allow identification of Armed Forces.

## 4.5 Decision

The consultation highlighted that the majority of users did not use information on the Barium Enema test, and some of those that did said that the impact of dropping it would be minimal.  In contrast, one data provider suggested it would not reduce the burden by dropping it.

Of the few that did use the test, the main use was to monitor against the national standard. Removing the test from the return, would also involve removing it from the national standard measure which although the test is small, would have implications on the continuity of the time-series of the measure and resources required centrally and locally to reflect such a change.

Since the consultation closed, a Clinically-led Review of NHS Access Standards has been instigated, reviewing standards including the existing diagnostics standard and looking at proposing new access standards. Piloting of these proposals is underway to inform final recommendations which are expected to be published in spring 2020.

One respondent suggested re-evaluating tests annually with tests performing well on a consistent basis nationally being removed and replaced with more ‘challenging’ tests.

Tests were originally selected based on high volume as well as poor performance. Measuring all diagnostics tests would lead to a significant increase in burden and technical difficulties. By including high-volume tests in the return, it ensures that a good coverage of diagnostic tests is achieved. It provides a mechanism to monitor performance against the national standard and detect any potential issues in the wider NHS if performance deteriorates. Removing high-volume tests might lead to performance in these deteriorating, which would go unnoticed. It is also worth noting that even when performance at a national level is good, individual providers can still have problems with achieving the standard in these high-volume tests.

Annual reviews and updates to the tests collected would increase the burden on data providers. It would also preclude the production of a consistent time-series of data and the continuation of a consistent overall measure and standard.

A few respondents said that they would like to see additional tests included in the monthly diagnostics return. One said they would like to see the return extended to cover all tests. This would lead to significant increased burden on data providers and there are technical difficulties in capturing all tests (which would adversely affect data quality).

Two respondents asked us to consider whether information on cancer specific diagnostic tests could be included without excessive additional burden. The monthly diagnostics return is set up to specifically monitor the national standard for diagnostics tests. This standard focuses on a list of diagnostic tests (which each can be used to detect a number of different illnesses) rather than a list of specific illnesses for which access to suitable tests is monitored. The Clinically-led Review of NHS Access Standards, is reviewing standards and measures in relation to cancer in addition to elective care. The emerging proposals include a faster diagnosis standard (a maximum of 28-day wait to communication of definitive cancer/not cancer

diagnosis for patients referred urgently (including those with breast symptoms) and from NHS cancer screening).

Two users commented that the data does not break down specialised commissioning activity to allow identification of Armed Forces. The monthly return is an aggregate collection designed to monitor the operational standard and therefore does not include information on equalities. Collecting this level of data for this purpose would place increased demand on data providers.

One respondent commented that the return should continue to be expanded to provide more detail on neurophysiology. The collection currently collections peripheral neurophysiology. Keeping waiting times for diagnostic tests for all patients down is important. As explained previously, measuring all tests would lead to significant burden and increased technical difficulties so NHS England and NHS Improvement is not currently considering expanding the collection. The intention of this return is to focus on diagnostics tests with high volumes and where there are potentially long waits and by necessity this omits tests that are of interest in particular healthcare settings. Expanding this collection does not fit with that approach.

Therefore, taking account of the feedback received through the consultation and the proposals emerging from the Clinically-led Review of NHS Access Standards, the decision is to continue collecting the Barium Enema test as part of the monthly diagnostics return, and to retain the existing 15 key tests in the return. The monthly diagnostics return will therefore continue to be collected in its current format.

# 5 Feedback and contact details

If you have any other general feedback about the quarterly diagnostics census or monthly diagnostics activity and waiting times return and publications, please email england.nhsdata@nhs.net.

# Annex A: Consultation Questions

1. What is your name?

2. To enable NHS England to interpret your response it would help us to understand why you are responding. Please can you tell us in what capacity you are completing or responding to this consultation (for example, NHS organisation (please state), patient, academic…)?

**Quarterly Diagnostics Census**

3. Do you support our proposal to drop the quarterly diagnostics census?

    - Yes, in whole
    - Yes, in part
    - No

4. If answered 'Yes, in part' or 'No' to question 3, please provide further detail of how you use the information and what the impact would be if this information were no longer available.

**DM01 Monthly Diagnostics Waiting Times and Activity Return**

5. We are considering dropping the Barium Enema test from the DM01 monthly diagnostics return. Do you use the information collected on Barium Enema tests?

    - Yes
    - No

6. If answered "Yes" to question 5, please explain how you use this information and what the impact would be if this information were no longer available

7. Are there any additional tests not currently captured in DM01 monthly diagnostics return that you think we should explore the possibility of collecting? Please list which tests and explain why

**Quarterly Diagnostics Census and Monthly Diagnostics Waiting Times and Activity Return**

8. Do you have any further suggestions, proposals or comments for consideration including any comments about the impact on equality or health inequalities?

9. If you are happy for us to get in contact with you to discuss your response in greater detail, please provide your email address here.