

Genito-Urinary Medicine Access Monthly Monitoring (GUMAMM)

ROCR/OR/0143/002

Summary

This guidance provides additional technical details following the communication issued by Duncan Selbie on 16/06/06 to SHA Chief Executives and Directors of Performance regarding GUM Access monitoring (Gateway reference: 6647).

Each clinic and Trust is responsible for completing the Genito-Urinary Medicine Access Monthly Monitoring (GUMAMM) every month. This note sets out clinic responsibilities and gives guidance for the data items in the collection.

The Local Delivery Plan (LDP) for 2005-08 set out the GUM Access PSA:

“The percentage of patients attending GUM clinics who are offered an appointment to be seen within 48 hours of contacting a service should increase with time and reach 100% by 2008”

As in the LDP rationale 48 hours is defined as meaning within two normal working days (i.e. not including Saturday, Sunday or Bank Holidays) following the day when a request was made. This does not include emergency appointments (i.e. someone contacting the clinic with acute STI symptoms) where every effort should be made to see people immediately. This definition of normal working days is to be used throughout this guidance.

Background

The LDP rationale defined GUM services as specialised services, where the primary function of the specialist, clinical, multidisciplinary team is concerned with the provision of screening, diagnosis and management of sexually transmitted infections (STIs) and related genital medial conditions. In line with the Sexual Health and HIV Strategy, GUM services would be represented as level three providers.

Action – Data to be returned

Clinics will need to return data to their managing provider Trust or PCT who will then return data to the Department via Unify:

<http://nww.unify.dh.nhs.uk/unify/interface/homepage.aspx>

This can be done via the on-line form or using the Excel upload. We recommend you use the upload for ease, efficiency and as it has certain features not available from the on-line form. These uploads are available from the support forum - web link below.

The timetable for final submission of data will be emailed to known contacts and posted onto the Unify Access/Waiting Times online support forum:

http://nww.steis.doh.nhs.uk/steis/access_disc.nsf/homepage?readform

All data should be signed off at appropriate level within the host Trust or PCT. Clinics will need to contact the Trust officer responsible for the Unify system (usually found in the Information Department) in order to ensure that the reports produced by local systems are entered in a timely and accurate manner. Equally, Trust officers responsible for the Unify system should contact their local clinic in order to ensure that the reports produced by local systems are entered in a timely and accurate manner.

For this collection, which is phase one, it is accepted that most clinics can only collect data from those patients who have accepted an appointment (see Duncan Selbie's June 16th letter for details of other phases). In order to optimise the quality of data recorded and reported, clinics are advised that data should be recorded as soon as the appointment is accepted. Any other approach introduces the potential for errors which could invalidate the reports produced and compromise patient care. To produce the aggregated return detailed here, all clinic system's data fields should be completed.

The data will be broken down by the patients' PCT. In most cases, each clinic will be providing services for a number of PCT's patients. Therefore, a row should be entered for each clinic/ PCT combination. In order to accommodate circumstances where a number of clinics are providing care for a range of PCTs, a maximum of 80 rows has been allowed for. In many areas only a few of these will be needed.

Some clinics, within an individual Trust, may share booking systems. Where this is the case the data should be reported as one clinic.

The table below is a general example of how the table of data might appear **on Unify** once completed.

01-Clinic Code	02-Clinic Name	03-PCT Code	04-PCT Name	05-Total Number of Booked Appointments	06- Number of First DNAs (Did not attend)	07- Number of First Attendances	08- Number of First attendances seen within 2 normal working days	09- Number of First attendances seen in over 14 normal working days	10- Number of First Appointments offered within 2 normal working days	11- Number of First DNAs within 2 normal working days
5KY08	Gloucester Royal Hospital	5GT	Great Yarmouth PCT	99	9	66	60	2	70	5
5KY08	Gloucester Royal Hospital	5GF	Huntingdonshire PCT	20	2	13	12	0	14	1
5KY08	Gloucester Royal Hospital	5JQ	Ipswich PCT	50	5	33	30	0	35	3
RR115	Cheltenham General Hospital	5GT	Great Yarmouth PCT	23	2	15	14	0	16	1

RR115	Cheltenham General Hospital	5AF	North Peterborough PCT	29	3	19	18	0	20	1
RR115	Cheltenham General Hospital	00	PCT Unknown	18	2	12	11	0	12	1

01-Clinic code

Please use the attached list of codes for clinics. Where possible, these are based on NACS (National Administrative Codes Service) site codes. If you are using the spreadsheet upload, you can select the code from the drop down list and the clinic name will automatically be completed. Please contact Jason.Snowden@dh.gsi.gov.uk if your clinic does not appear or if you have a query regarding this list.

02-Clinic name

Please use the attached list of names for clinics. These are based on lists obtained from the HPA. If you are using the spreadsheet upload, you can select the name from the drop down list and the clinic code will automatically be completed. Please contact Jason.Snowden@dh.gsi.gov.uk if your clinic does not appear or if you have a query regarding this list.

03-PCT code

This should be the code from the recognised NACS list, with the code 00 being used for data that could not be assigned to a PCT. If you are using the spreadsheet upload, you can select the code from the drop down list and the PCT name will automatically be completed.

04-PCT name

This should be the name from the recognised NACS list, with the name "Unassigned" being used for data that could not be assigned to a PCT. If you are using the spreadsheet upload, you can select the name from the drop down list and the PCT code will automatically be completed.

05-Total number of booked appointments

The total number of booked appointments at a clinic in the calendar month that result in a DNA or an attendance. Note this refers to *all* appointments (not just first appointments).

Note: items 06 to 11 refer to "first attendances/appointments" which are defined below.

A first attendances/appointments is defined as new or rebook attendances/appointments i.e. for a new episode of care.

A new episode of care is initiated when:

- the patient has not previously been known to the service (i.e. completely new); or

- the patient has been known to the service but has been discharged from an earlier episode of care; or
- more than 6 weeks has elapsed since last appointment attended (except where there is a planned appointment or other review date).

06-Number of first DNAs (did not attend)

This is the total number of first (as defined in the note above) appointments in the calendar month, for which patients did not attend. Appointments where patients do not attend that are subsequently to other patients should be included as DNAs.

07-Number of first attendances

This is the total number of first (as defined in the note above) attendances.

08-Number of first attendances seen within 2 normal working days

This is the total number of first (as defined in the note above) attendances booked and attended at the clinic in the calendar month within two normal working days (excluding weekends and bank holidays), excluding DNAs.

09-Number of first attendances seen in over 14 normal working days

This is the total number of first (as defined in the note above) attendances booked and attended at the clinic in the calendar month in over 14 normal working days (excluding weekends and bank holidays).

10-Number of first appointments offered within 2 normal working days

This is the total number of first (as defined in the note above) appointments *offered* at the clinic in the calendar month within two normal working days (excluding weekends and bank holidays), excluding DNAs. Appointments that are initially refused and subsequently re-offered to new patients should be counted each time they are offered.

11-Number of first DNAs within 2 normal working days

This is the total number of first (as defined in the note above) appointments within two normal working days (excluding weekends and bank holidays) in the calendar month, for which patients did not attend. Appointments where patients do not attend that are subsequently offered to other patients should be included as DNAs.

12-Comments (please comment specifically on what data you are able to draw from your local systems and tell us the IT system, supplier and version, your clinic(s) uses)

For example, you may also comment:

- that offered appointment data is not available; and/ or

- that aggregated data cannot be produced from your local system. Thus in the latter example, your return will only include this comment; and/ or
- you may also comment on business process changes that were needed and administration issues.

Further help and advice

Access/Waiting Times Online Support Forum

PCTs and SHAs can ask questions, offer advice and share opinions via the Access support forum. This is available from the UNIFY/STEIS homepage. It is monitored by DH.

http://nww.steis.doh.nhs.uk/steis/access_disc.nsf/homepage?readform

GUM Access Guidance Email Help

DH can offer support and help to resolve guidance issues via email enquiry:

Jason.Snowden@dh.gsi.gov.uk

Geoff.Broome@dh.gsi.gov.uk

UNIFY Helpdesk

For technical or password issues with UNIFY

0113 254 5278

Unify@dh.gsi.gov.uk