



*Information Authority*

**Population Health & Service Management Information**

**OUTPATIENT HRG DEVELOPMENT PROJECT**

**Phase 3**

**CONSULTATION DOCUMENT**

**Genitourinary Medicine**

**Version 1  
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## Purpose of this document

This consultation document describes proposed Outpatient Healthcare Resource Groups (HRGs) for the Genitourinary Medicine specialty.

The document includes an outline of the background to the project, the method and approach adopted, and a summary of results of the Outpatient HRG Development Project on a specialty basis.

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## Introduction

The purpose of the Outpatient HRG Development Project is to support casemix analysis of outpatient activity by developing Outpatient HRGs for use in the NHS. Groupings are required to:

- complement existing HRGs for inpatients/daycases in order to more fully understand patterns of care in acute healthcare settings.
- inform costing, commissioning processes, and the National Schedule of Reference Costs.
- support the performance assessment framework.
- facilitate data analysis and inform benchmarking.

In these respects, the Outpatient HRGs are required in support of the application of the Healthcare Framework (HCF) for defining appropriate categories of interventions, measures and indicators associated with the Health Benefit Groups (HBGs).

## Background

In 1998 the Casemix Programme of the then National Casemix Office began the Outpatient HRG Development Project with the purpose of developing casemix measures for outpatient activity. The project continues as part of the Population Health & Service Management Information work area of the NHS Information Authority. The intention is that the project should develop groupings by selecting a sequence of specialties straddling a number of distinct phases to develop Outpatient HRGs that cover all outpatient attendances.

The first phase involved developing groupings in the following specialties:

- **Dermatology**
- **Gynaecology**
- **Ophthalmology**

The second phase involved developing groupings in the following specialties:

- **Cardiology**
- **Gastroenterology (Medical)**
- **General Surgery (Surgical Gastroenterology, Vascular, Breast and Endocrine Surgery)**
- **Rheumatology**
- **Trauma & Orthopaedics**
- **Urology**

This third phase has involved developing groupings in the following specialties:

- **Diabetes**
- **ENT**
- **Genitourinary Medicine**
- **Obstetrics**
- **Plastic Surgery**
  
- **Oral Surgery**
- **Orthodontics**
- **Paediatric Dentistry**
- **Restorative Dentistry**

Initial work in Phase 3 of the project involved establishing a range of pilot sites to undertake the data collection exercise in the range of specialties. Two pilot sites were established for all specialties (with three for the ENT specialty) in order to obtain data of sufficient statistical significance. Sites were recruited using both national press advertisements and direct contact using existing mail details held on the then Casemix Programme databases.

Key criteria for involvement were:

- evidence of clinical, managerial and financial commitment to the project.
- comprehensive outpatient services in each pilot specialty.
- ability to link relevant data items to individual outpatient attendances.

Clinical Working Group Leaders undertook selection of pilot sites in each phase of the project and assisted in identifying relevant data items and design of 'piloting' data collection forms.

Ten hospitals participated in Phase 3 of the Outpatient HRG Project; these sites have been identified in Appendix A.

## **Method**

A prospective data collection and costing exercise was undertaken to obtain data and costs for outpatient attendances as no data of sufficient detail is currently routinely collected in the NHS. This involved very detailed recording of all activity in outpatient attendances for the duration of the study. Each type of activity was costed by each hospital, in order to sum the costs of each activity undertaken in each attendance to calculate a total cost per attendance.

Data was collected using pre-printed sheets with tick boxes. The data form followed the patient through the outpatient attendance. The data was then

entered onto a database provided by Population Health & Service Management Information.

At an early stage of the data collection process a sample dataset of approximately 150 records was obtained from each pilot to assure data quality. A data quality report containing frequencies and any anomalies was reported back to the pilots. This ensured that any problems could be rectified before the completed datasets were submitted.

The completed datasets and costing submission were received in December 2000. The analysis of the data was completed at the end of February 2001.

## **Approach**

The approach taken in the third phase of the project is consistent with the first and second phases where the approach was to group individual outpatient attendances. An alternative approach would be to develop groupings of outpatient episodes where a succession of related outpatient attendances are assigned to one group. However, the current information systems in most provider units are unlikely to be able to link individual patient attendance to related episodes in a straightforward manner. As information systems develop, further projects may be undertaken to explore this.

It is recognised that outpatient attendances are often recorded in hospital information systems as daycases. In particular this occurs when procedures with significant resource implications (in outpatient terms) are undertaken. These attendances, when recorded as daycases, are currently attributed to Inpatient and Daycase HRGs and should continue to be recorded in this way, unless there are other pressures to re-classify these attendances as outpatients.

The Outpatient Minimum Dataset does not include any mandated clinical data (eg procedure or diagnosis). Therefore HRGs will have to be directly assigned for each outpatient attendance. This raises two problems:

- It will be difficult to replicate any Inpatient HRGs.
- Outpatient HRGs will have to be relatively simple and straightforward to assign.

The approach adopted to deal with outpatient procedures that can also occur as daycases/inpatients will be to list the relevant Inpatient HRG title alongside the Outpatient HRG.

Thus the outpatient groupings can only approximately correspond to their inpatient counterparts. As electronic patient records develop, it may be that more precise groupings can be developed.

## Results

In the second phase of the Outpatient HRG Development Project it became apparent that there were a number of attendances that were similar across the specialties. It was agreed that these attendances should be placed into generic groups for future Outpatient HRG development. These are listed on page 8.

The generic HRGs were developed from the main cost drivers from analysis then by specialty to include the relevant investigations below each HRG to ensure they were clinically meaningful and robust.

The results of the Phase 3 analysis for the Diabetes, ENT, Genitourinary Medicine, Obstetrics and Plastic Surgery specialties were reviewed by both the Clinical Working Group Leaders and pilot site representatives at a Review Workshop on the 28 March 2001.

The Genitourinary Medicine analysis identified that specialty specific HRGs would need to be developed to fully reflect activity. The HRG hierarchy was extended to include the relevant investigations and procedures identified in the pilot site data.

The Genitourinary Medicine data was grouped to the Generic HRGs where significant to the specialty as follows:

**M15op    Ultrasound scan**

**M16op    Intermediate pathology**

*Includes:* HIV test  
                  Histology  
                  Cytology

**M17op    Minor radiology**

*Includes:* X-ray

**M18op    Other attendance with other investigation or procedure**

**M19op    New attendance with no investigation or procedure**

**M20op    Follow-up attendance with no investigation or procedure**

The proposed Genitourinary Medicine Outpatient HRGs are listed on page 9.

## Software

Work is currently in hand to develop direct assignment software to support collection of the Outpatient HRGs. At the time of writing, a Trust is sought to trial the software before being released for use within the service.

## Outpatient Generic HRGs

The Outpatient Generic HRGs are highlighted in bold text.

- S01op Cytotoxic therapy**
- S02op Prescription of high cost drugs (over £100)**
- S03op Genetic testing**
- S04op Angiography**  
*Includes: Arteriography*
- S05op MRI**
- S06op CT**  
*Includes: Bone density measurement using CT  
Spiral CT  
Magnetic resonance radiography*
- S07op Intermediate radiology**  
*Includes: Venography  
Lymphangiography  
X-ray contrast studies  
Isotope lymphography  
Isotope studies  
Radioisotope studies  
Arthrography  
Intravenous urogram (IVU)  
Other bone density measurement*
- S08op Referral to PAMS or specialist nurse**
- S09op Ultrasound scan**  
*Includes: Transrectal ultrasound (TRUS)*
- S10op Intermediate pathology test**  
*Includes: Histopathology  
Cytology  
Dynamic endocrine testing*
- S11op Minor radiology**  
*Includes: Plain film x-rays*
- S12op Minor pathology test**  
*Includes: Biochemistry  
Haematology  
Microbiology  
Immunology  
Virology*
- S13op Other attendance with other investigation or procedure**
- S14op New attendance with no investigation or procedure**
- S15op Follow-up attendance with no investigation or procedure**

## Outpatient Genitourinary Medicine HRGs

The Outpatient Genitourinary Medicine HRGs are highlighted in bold text.

- M01op HAART – greater than monthly prescription - plus other drugs**  
*Includes:* Routine follow-up HIV package and drugs costing more than £2000 per month
- M02op HAART – greater than monthly prescription**  
*Includes:* Routine follow-up HIV package
- M03op HAART – monthly prescription – plus other drugs**  
*Includes:* Routine follow-up HIV package and drugs costing more than £2000 per month
- M04op HAART – monthly prescription**  
*Includes:* Routine follow-up HIV package
- M05op Complex initial HIV package**  
*Includes:* Routine initial HIV package and HIV viral resistance
- M06op Routine initial HIV package**  
*Includes:* Routine sexual health screening *and all of:*  
HIV AB  
FBC - Haematology  
Biochemistry  
CD 3,4,8  
Toxo ABS  
Cmv ABS  
Crypto antigen  
HIV viral load  
Hepatitis B - SAG  
Hepatitis B - Core ABS  
Hepatitis C  
Syphilis serology
- M07op Complex follow-up HIV package**  
*Includes:* Routine follow-up HIV package and HIV viral resistance
- M08op Routine follow-up HIV package**  
*Includes all of:* FBC - Haematology  
Biochemistry  
CD4  
HIV viral load  
Lipids  
Amylase

- M09op Complex sexual health screening**  
*Includes:* Routine sexual health screening *and:*  
 Extra routine for male/female  
 GC cultures  
 Hepatitis B – Core ABS  
 Hepatitis B – SAG  
 Direct microscopy  
 Hepatitis C serology  
 HSV culture  
 Chlamydia culture
- M10op Allied specialist attendance**  
*Includes at least one from:*  
 Psychotherapist  
 Specialist Counsellor  
 Pharmacist  
 Dietician  
 Specialist Nurse
- M11op Routine sexual health screening**  
*Includes all of:* GC cultures (quantity\*2)  
 HVS  
 Chlamydia  
 Direct microscopy (quantity\*2)  
 Syphilis serology  
 Urinalysis  
 HIV test
- M12op Complex follow-up package**  
*Includes routine follow-up package and at least 1 from:*  
 Hepatitis C – PCR  
 Syphilis reference bloods  
 Chlamydia culture
- M13op Routine follow-up package**  
*Includes all of:* Direct Microscopy  
 Urinalysis  
 GC Cultures  
 Chlamydia
- M14op Procedures**  
*Includes 1 of the following:*  
 Colposcopy  
 Sigmoidoscopy  
 Biopsy
- M15op Ultrasound scan**
- M16op Intermediate pathology**  
*Includes:* HIV confirmatory test  
 Histology  
 Cytology

**M17op Minor Radiology**

*Includes:* X-ray

**M18op Other attendance with other investigation or procedure**

**M19op New attendance with no investigation or procedure**

*Includes:* Advice/pre-test discussion/partner notification

**M20op Follow-up attendance with no investigation or procedure**

*Includes:* Advice/pre-test discussion/partner notification  
HPV treatment

## **Appendix A: Outpatient HRG Development Project – Phase 3 Pilot Sites**

Barnsley District General Hospital NHS Trust	ENT Genitourinary Medicine
Birmingham Dental Hospital	Oral Surgery Orthodontics Paediatric Dentistry Restorative Dentistry
Birmingham Heartlands & Solihull NHS Trust	Diabetes
Central Manchester Healthcare NHS Trust	Obstetrics Oral Surgery Orthodontics Paediatric Dentistry Restorative Dentistry
Freeman Hospital	ENT
Heatherwood & Wexham Park Hospitals NHS Trust	ENT Oral Surgery Orthodontics Plastic Surgery
Northampton General Hospital NHS Trust	Diabetes
Scunthorpe & Goole Hospitals NHS Trust	Obstetrics
South Manchester University Hospitals NHS Trust	Plastic Surgery
York District Hospital	Genitourinary Medicine