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NHS England

Validation toolkit and guidance

Version 1, 1 December 2022

Contents

Summary

Validation is well established as one of the key elements of our elective recovery plan. It has many benefits for patients including:

- Receiving communication while waiting for care (the good patient communication guide should be used for best practice).
- During the touch points with their trust team patients will be able to discuss any changes to their condition.
- Trust teams can then ensure that patients are on the right pathway to receive the best care and treatment for their needs.
- Any change to a pathway will be a clinical decision that is communicated with the patient.
- This process will mean patients are more involved during their pathway, resulting in a better patient experience.

For providers it gives confidence in relation to accuracy of waiting lists, that all patients on a waiting list need to be there, and it ensures the most efficient use of staff time and resources.

Local systems and providers are working hard to recover elective services as quickly as possible using several approaches. Best practice in validation is integral to that recovery and requires significant collective effort from a range of partners across the NHS.

This toolkit brings together examples and case studies of the different approaches and innovation that we hope will be helpful for all providers to consider.

What is this document about?

This toolkit supports and explains to providers, systems and regions how best to implement validation through:

1. Defining validation
2. Explaining why validation is important

3. Sharing best practice guidance on validation, including digital opportunities

Background

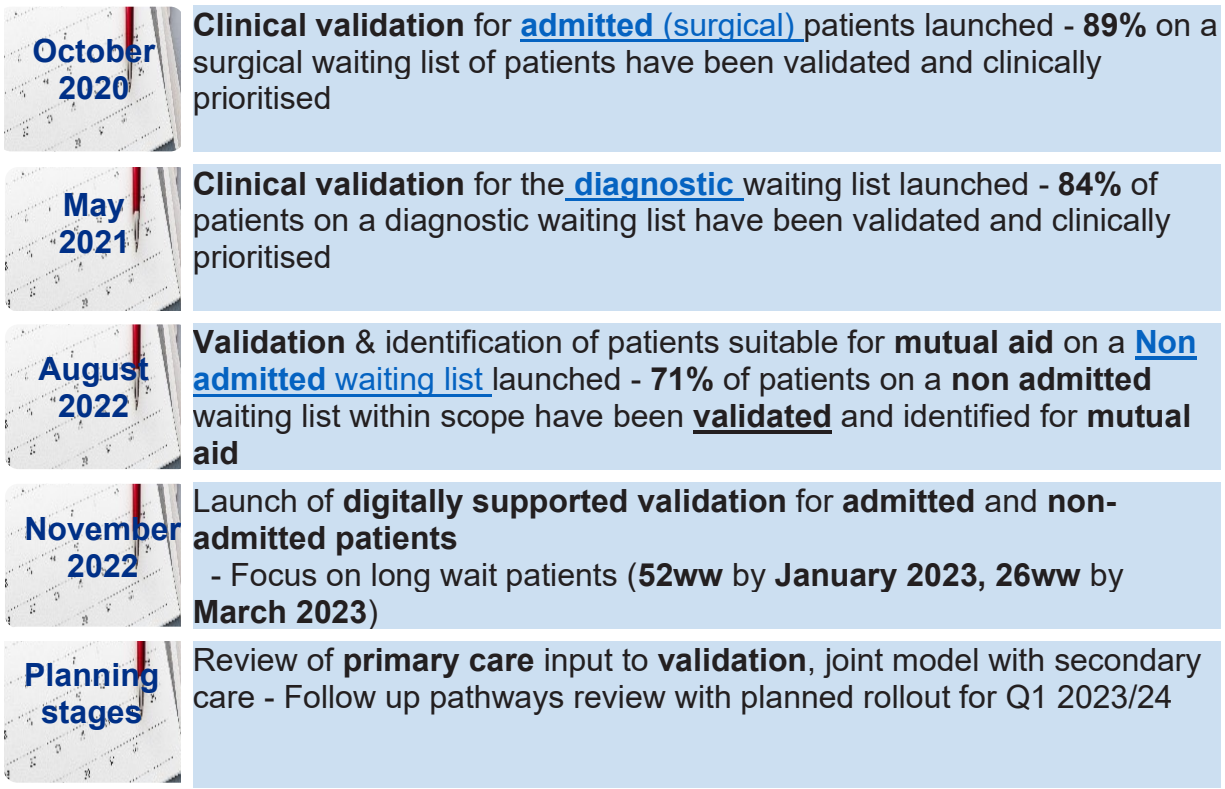
The clinical validation and prioritisation programme commenced in October 2020 for patients on admitted (surgical) waiting lists to support management of elective waiting lists during the first wave of the pandemic in March 2020.

Development of the validation and prioritisation programme has been supported clinically through the Federation of Surgical Specialty Associations (FSSA) and Royal College of Surgeons of England (RCS) for surgical waiting lists.

Validation is a key theme that supports the 'excellence in basics' programme as an elective recovery priority.

The focus for this document is validation which has three key components: technical, administrative and clinical.

Figure 1: Programme timeline



Validation definitions

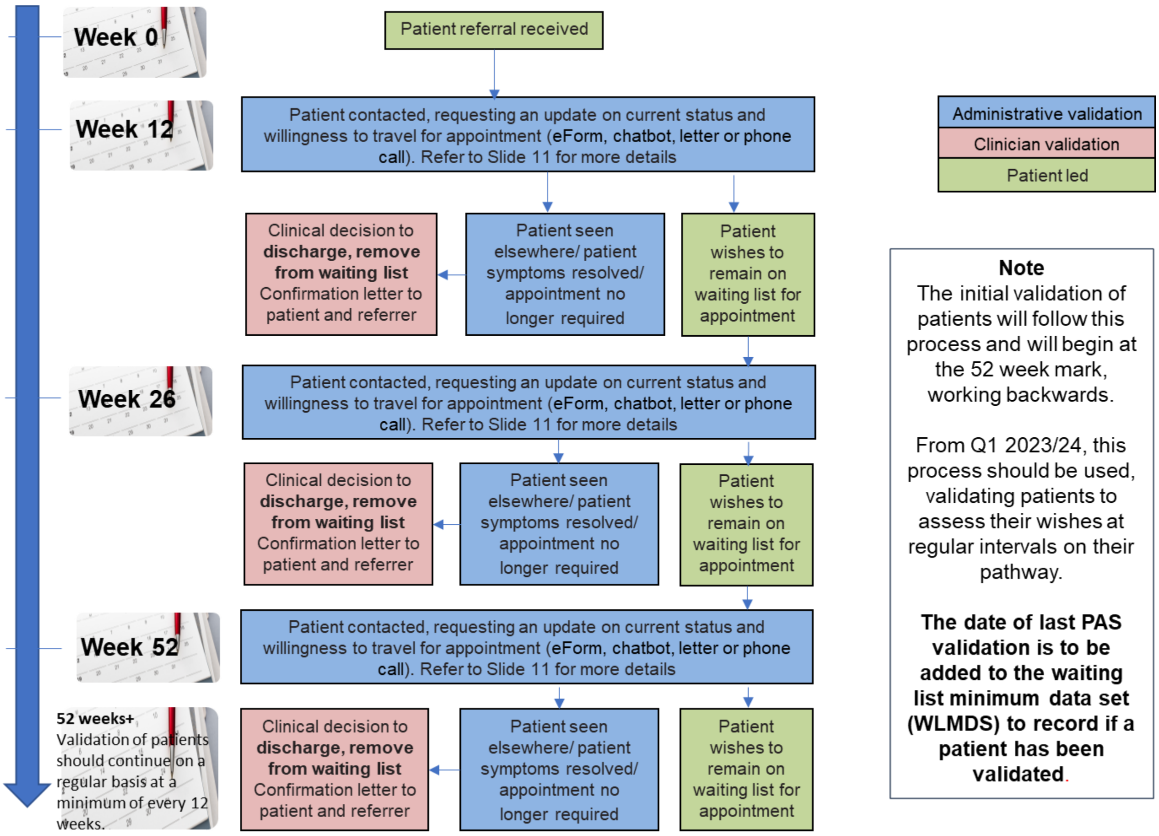
There are three phases to validating waiting lists that providers are required to undertake routinely:

Table 1: Validation definitions

Technical validation	• The first phase of any waiting list validation is a technical validation process, focused on identifying data inaccuracies (such as duplicate data entries or records of patients already on an active treatment pathway). The administrative team then remove the patient, if appropriate, from the pathway following an administrative validation review (the next step in the process). This ensures the waiting list is accurate and up to date with a focus on data quality. • Digital software, such as LUNA (Luna – MBI Healthcare Technologies), is used to identify, for example, duplicate data entries or those already on an active treatment pathway. This information is sent to the NHS trust who remove the patient, if appropriate, from the pathway following an administrative validation review. See figure 2 for more information.
Administrative validation	• This step in validation is focused on identifying patients who may no longer require care. The likelihood of this increases the longer patients have been waiting for either outpatient or surgical care. • This phase of validation, particularly where there is a need to engage with patients, presents a significant administrative burden. To counter this, digital solutions are being deployed (for more information see table 3).
Clinical validation	• Patients' records are reviewed by a clinician to identify those whose symptoms have resolved and who no longer require treatment; those whose symptoms have changed and require a different treatment pathway; and those who may be suitable to be treated at an alternative provider or may be suitable for a virtual appointment.

Admin/clinical validation process

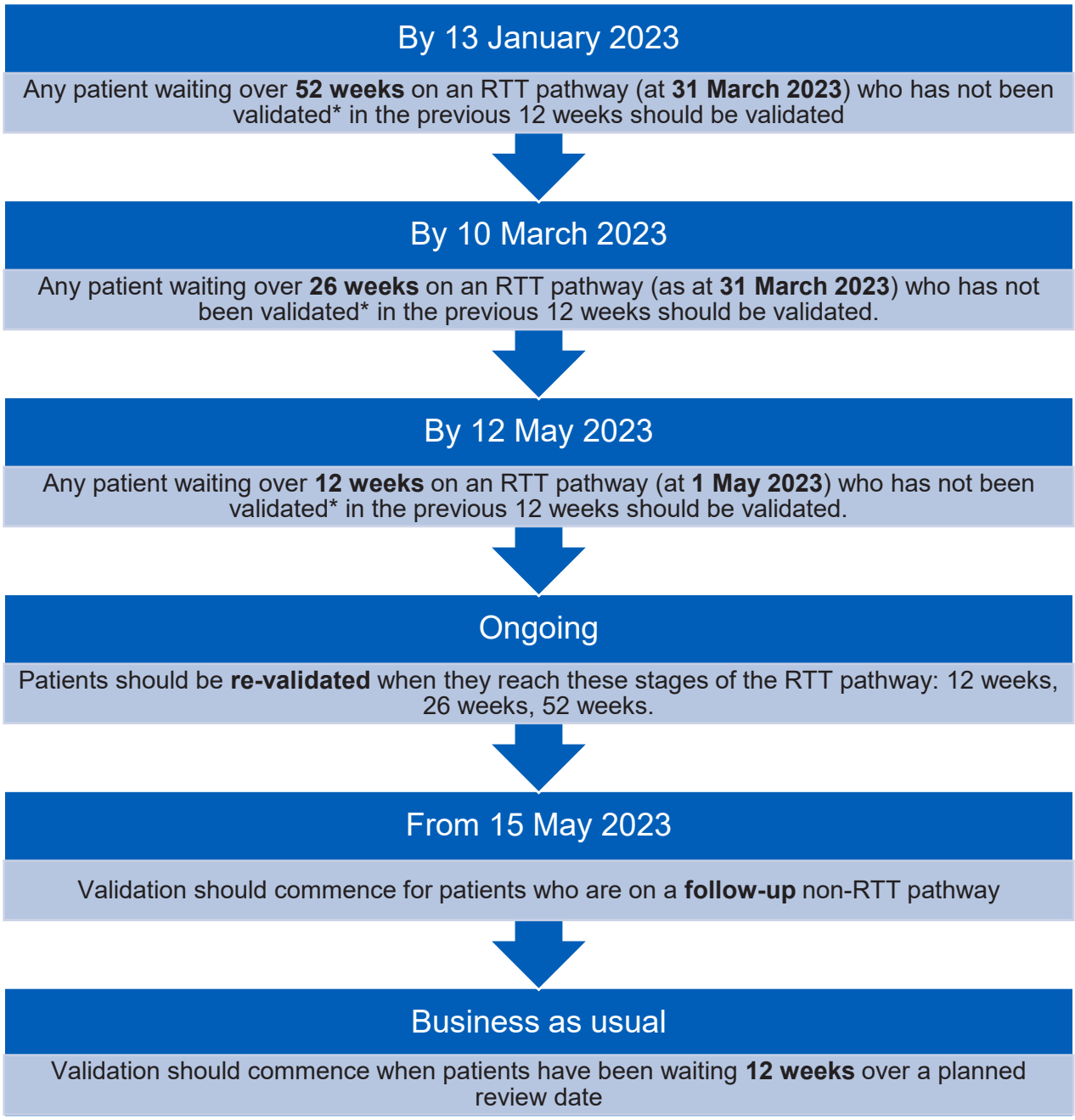
Figure 2: Admin/clinical validation process



What is the ask?

*Validation must include contact with the patient or carer but can be via text, eForm, software application used to conduct an online conversation (chatbot). Where these are not available or where patients' needs indicate, a letter or a phone call to the patient to assess their wishes can be used.

Figure 3: Timings for validation



How should this be recorded?

Table 2: Recording mechanisms

Current recording mechanisms	
• Patients on an admitted pathway should be contacted and validated prior to clinical prioritisation as per operational guidance. • The P coding will be an indicator that these patients have been contacted to assess their wishes and current condition. • If patients have been seen recently, they will not need to be contacted until the next point on the pathway. (see figure 2 for more information)	• Patients on a non-admitted pathway for the cohorts described in the Guidance on delivering the validation of non-admitted (outpatient) waiting lists to support the identification of patients suitable for mutual aid the 'Date of last PAS validation' should be recorded within the waiting list minimum data set (WLMDS) to record that these conversations have taken place.
Future recording of validation of patients	
• To streamline the process and ensure visibility of patients who have been validated through contact, the 'Date of last PAS validation' field should be completed in the WLMDS. This should include those on non-admitted and admitted pathways. • For those patients who have already been validated as part of the surgical prioritisation process, there is no requirement to enter this until the next review stage as per figure 2. • For all patients (admitted and non-admitted), this field should be completed along with the relevant P code submission for surgical patients. • For patients who have recently been seen by the clinician and listed for surgery the 'Date of last PAS validation' should be the date of the discussion with the patient to list for surgery.	

Benefits of validation

- Patients
  - ensuring people are on the right pathway and receive good communication about their care. Patient focus group reports that many preferred digital communications supporting their preference to self-serve for convenience and speed.

- Effective use of clinical time
  - an initial filtering of patients through digital validation support, allows clinicians to focus on those patients who require further investigation.

- Empowering staff
  - exposing staff to digital solutions increases resilience and adaptability in the workforce.

- Effective use of resource
  - digital validation solutions offering volume and pace of contact reduces the burden on administrative staff. Manchester University NHS Foundation trust achieved a dramatic reduction in staff resource used. Their end-to-end solution case study saved 2,100 hours in call time, equating to an estimated £25,000 per annum.

- Effective risk stratification
  - after technical, admin and clinical validation, more patients are effectively risk stratified on waiting lists in real time.

- Scalability
  - digital workflows can be created and rapidly repeated at scale across O/P and diagnostic waiting lists.

- Easy personalised communications
  - Digital eforms and letters can be converted and read or spoken in multiple languages supporting a reduction in health inequalities and improving inclusivity.

Validation responsibilities

Table 3: Validation responsibilities

Patients	Clinician and team	Providers	Systems	Regions	National
• Accurately answer questions that may be asked by healthcare staff once contacted • Provide accurate and up to date contact details. • Notify healthcare staff of any digital support you may/may not need, preference to letter communication and/or language functionalities.	• Ensure patients that require clinical review are contacted. • Identify patients suitable for mutual aid. • Ensure communication is maintained with primary care to inform more appropriate referrals at the outset. • Ensure the outcome of clinical reviews are recorded. • Identify patients suitable for virtual appointment, straight to test or PIFU	• Ensure digital support for validation is operationally viable and staff are digitally capable. • Ensure that technical, administrative and clinical validation is being performed. • Ensure that data quality issues are rectified. • Ensure date of last PAS validation has been submitted into the WLMDS for all validated patients.	• Assure providers in their performance of validation and their implementation of digital tools to support validation. • Review the WLMDS data to ensure the date of last PAS validation has been submitted.	• Assure providers in their performance of validation and their implementation of digital tools to support validation • Review the WLMDS data to ensure the date of last PAS validation has been submitted.	• Ensure the commissioning of digital tools to support validation. • Encourage and communicate best practice of validation. • Offer support and resources to regions/ providers in terms of guidance around validation. • Report on date of last PAS validation and make readily available for regions to review.

Technical validation solutions

In addition to those patients facing digital solutions, we also have several commercial waiting list validation solutions in operation across the NHS. These are technical validation solutions focused on maintaining clean validated waiting lists with accurate patient tracking lists.

IECCP

The NHS IECCP programme has developed an outpatient validation tool that supports the non-admitted waiting list and sits on the Foundry platform.

The tool:

- provides quick access to an overview of the outpatient waiting list position
- enables rapid validation of outpatient waiting lists and the creation of a single source of truth for managing outpatient care
- alerts data quality teams to issues in outpatients data
- provides a foundation for future outpatient communications and clinic management workflows
- provides a clear audit trail of change requests made to outpatient waiting list entries

This module will be deployed across all ~40 IECCP sites over the course of the next quarter and the functionality will be incorporated into the library of applications sitting on top of the nationally procured federated data platform.

LUNA

LUNA Pathfinder software provides visibility and assurance of all patients and gives you an audit trail for all pathways as they move on and off the various waiting lists that manage patients. The tool is highly configurable to support pathway validation processes such as RTT and clinical harm reviews. Personalised views of data allow staff to more effectively manage capacity, safety and performance.

(This is currently available to all providers.)

Digital admin validation models

There are a range of digital solutions that can be rapidly deployed to support admin validation and prioritisation of NHS waiting lists and are typically appropriate for 75% of patients.

Response rates from patients are high (~90%) and rapidly deployable at lower cost than conventional approaches.

In the medium term (2023/24 onwards) digital validation functionality will be available through local provider/ ICS patient engagement portals (PEPs).

As a minimum it is expected that digital validation systems will:

- contact the patient directly to confirm their wishes
- be accessible to the patient and will receive patient responses in a timely manner
- offer an alternative solution to those patients that are not digitally enabled or may require further assistance/investigation
- offer either a reduction in resource (time or cost) associated with traditional validation methods

Digital Patient Facing Validation Models include (but are not limited to):

Digital validation – tangible benefits by region

The figures below show admitted and non-admitted patients on an RTT pathway for each region and have been calculated using WLMDS data. Any patient who has a recorded date of last PAS validation within the last 12 weeks and those added to a waiting list in the last 12 weeks have been excluded. The below data as at 11/10/2022.

Table 4: Benefits by region

Region	**Total WL size 52 weeks +**	**Total WL size 26 - 52 weeks**	**Total WL size 12 - 26 weeks**	**Total on WL 12-52 week +**	Best case scenario **15% Removal Level**	Medium case scenario **7.5% Removal Level**
East of England	19,198	126,911	173,144	319,253	47,888	23,944
London	9,002	110,739	258,110	377,851	56,678	28,339
Midlands	48,995	186,046	276,443	511,484	76,723	38,361
North East & Yorkshire	12,892	85,509	193,470	291,871	43,781	21,890
North West	54,972	155,099	202,970	413,041	61,956	30,978
South East	16,924	109,042	191,731	317,697	47,655	23,827
South West	15,963	80,666	122,605	219,234	32,885	16,443
Total	177,946	854,012	1,418,473	2,450,431	367,566	183,782

Champion case studies

Trust A – eForm model

Waiting list validation of patients awaiting a first appointment on an RTT pathway using an external company through targeted communications, specifically sending digital letters with online eForms attached to mobile phone messages, to which

patients respond and complete via a portal. Below are the outcomes last reviewed in Q2 2022.

- Reduction of New WL by 15% = 3,000 patients
- Different trust using same process. Reduction of New WL by 21%.

Trust B – Basic SMS model with letter back up

Waiting list validation through targeted communications, specifically SMS messaging. Below are the outcomes last reviewed 8th August 2022:

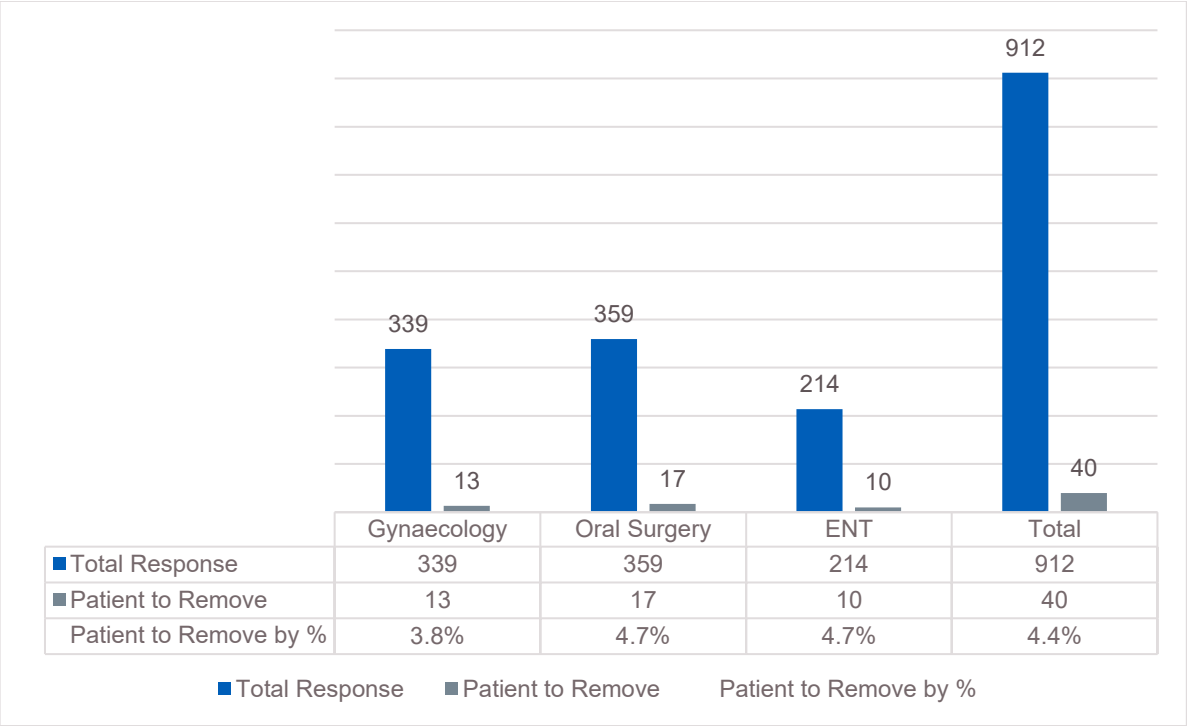
- Removal/Deferred (admitted): 3.6%
- Removal/Deferred (non-admitted): 7.9%

ICB A & ICB B – Chatbots

Chatbot pilots for an automated caller service, whereby patients on specific waiting lists were asked a series of questions to determine if they still needed an appointment and the next steps to take. Below are the outcomes:

- ICB A – of the 2,282 contacted, 247 (14%) of those patients indicated they could leave the waiting list, 1,468 (85%) remain and the rest indicated a worsening condition
- ICB B – across four sites and 5,372 patients, there was a potential of 11% of patients removed from waiting lists and DQ issues being resolved
- The use of chatbot to transcribe 465 patient responses into patient administration systems (PAS) saved six hours compared to human transcriptions.

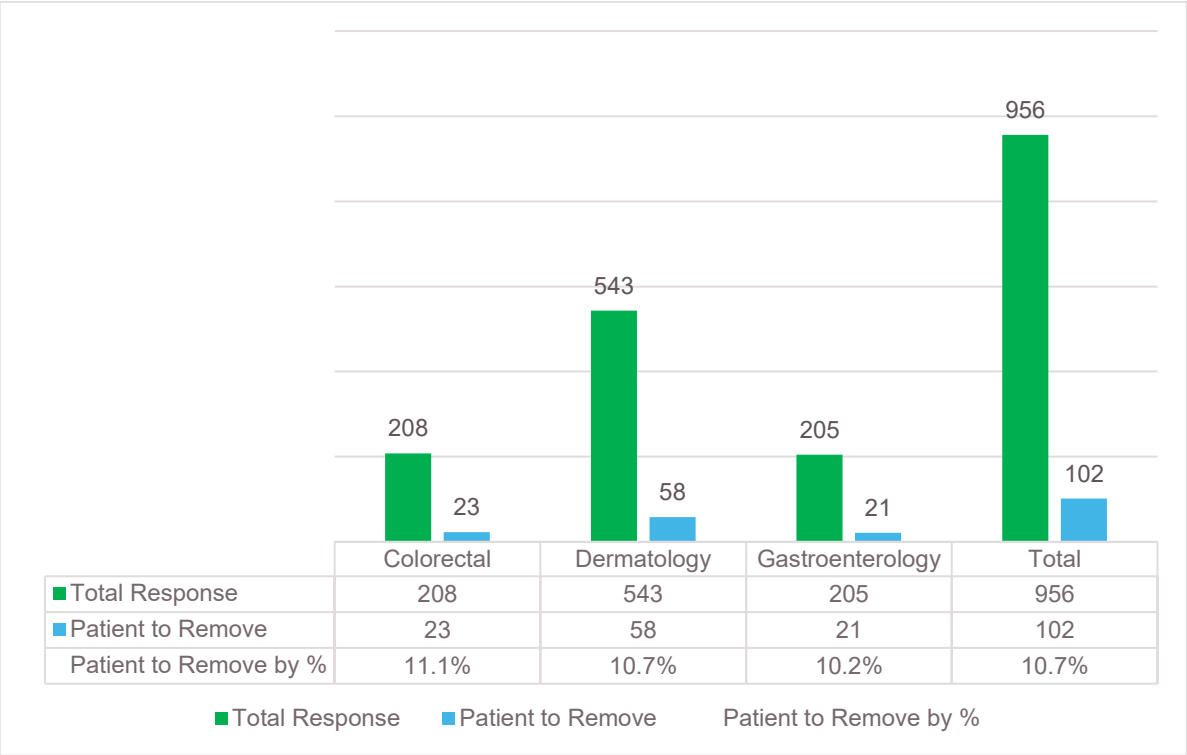
Trust B – admitted pathway removals by three sample specialties



	Gynaecology	Oral Surgery	ENT	Total
Total Response	339	359	214	912
Patient to Remove	13	17	10	40
Patient to Remove by %	3.8%	4.7%	4.7%	4.4%

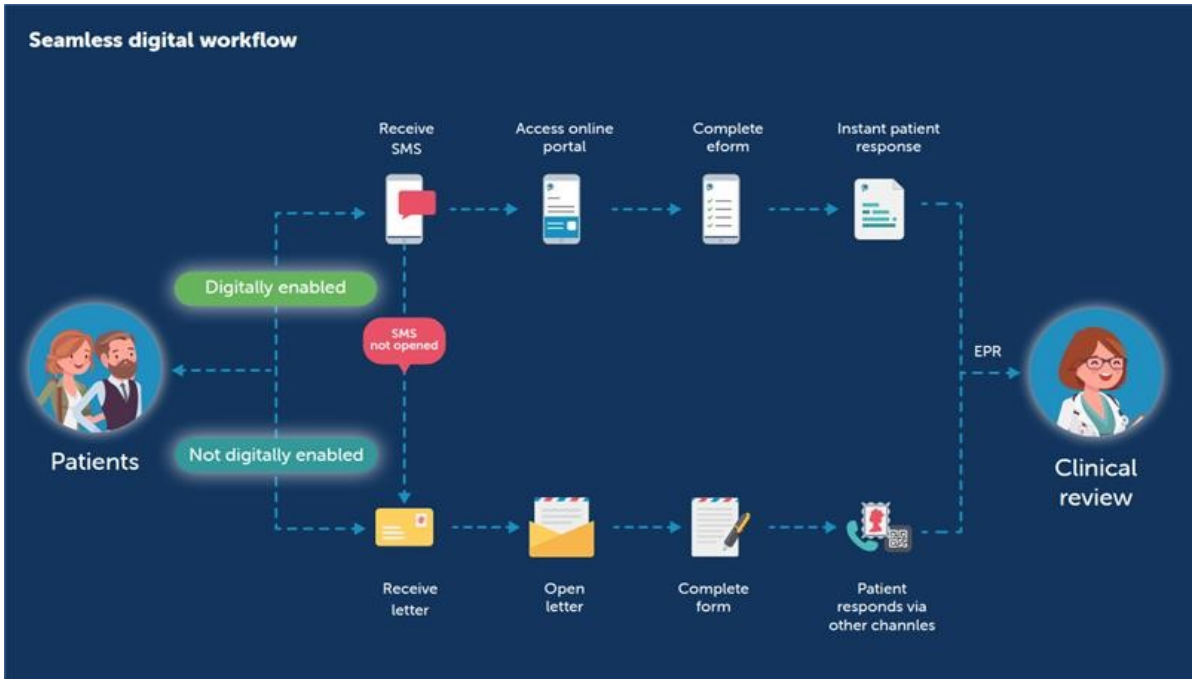
(NB – not all patients contacted responded.)

Trust B – non-admitted pathway removals by three sample specialties



	Colorectal	Dermatology	Gastroenterology	Total
Total Response	208	543	205	956
Patient to Remove	23	58	21	102
Patient to Remove by %	11.1%	10.7%	10.2%	10.7%

Example case study workflow of an SMS service to support validation



FAQs

1. What if our IT systems cannot support an integrated digital solution for validation?

Validation can also be undertaken using letters or telephone calls to patients to ascertain their wishes. In addition, the rollout of the PEPs and eForms should support this by Q4 2022/23 and/or Q1 2023/24.

2. What if patients do not respond after being contacted using digital methods?

The patient's record should be checked ie telephone number, address, etc, on the NHS Spine or with the patient's GP. Further attempts should be made to contact the patient, either using the same means if the details were incorrect or there should be a follow up by telephone or letter to the patient.

3. How does this work fit in with the wider validation/ clinical prioritisation work?

The validation of patients in certain cohorts as set out in previous letters to providers should already be taking place. The use of digital solutions should further support work already taking place and also allow for this to be expanded to the patient cohorts that have yet to have a validation, ie patients on a non-admitted waiting list waiting for a follow up appointment.

4. How do we link this to the work we are doing on mutual aid and virtual outpatients appointments?

This work will support the identification of patients who wish to be considered for mutual aid and also those who would be suitable for a virtual appointment.

5. How will this work benefit patients?

This work will ensure patients are on the right pathway meaning they can receive the treatment they require as well as receiving ongoing communication about their care.

6. How will this work be reported?

As with the non-admitted validation, the 'Date of last PAS validation' should be submitted to the waiting list minimum data set.

7. How does this link to ongoing work with patient engagement portals (PEP)?

The validation programme is linking in with the national programmes on PEP to ensure the asks are joined up. The PEPs will support this work with the use of eForms.

For any further questions please contact: england.nationalecrtp@nhs.net

Support available

- Published guidance page - Coronavirus » Clinical Prioritisation Programme (england.nhs.uk)
- Link to FutureNHS for validation - https://future.nhs.uk/ElectiveRecovery/view?objectID=23199920
- Link to FutureNHS for elective improvement support team –
- https://future.nhs.uk/connect.ti/ElecCareIST/grouphome
- https://future.nhs.uk/NationalElectiveCareRecoveryHub/groupHome
- *IST: How to target validation across different pathway types* https://future.nhs.uk/ElecCareIST/view?objectID=80186501
- Link to validation guidance - Validation & Data Correction Guide - Elective Care IST Network - FutureNHS Collaboration Platform
- Email address - england.nationalecrtp@nhs.net
- The good patient communication guide

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