Yorkshire Ambulance Service **NHS**

NHS Trust

Response to Leeds OSC Questions re Renal Data

21 May 2010

(a) When the analysis was commissioned, what the 'brief' was and when was the analysis was subsequently undertaken;

The analysis was commissioned by LTHT in mid to late April 10.

The brief was to
1. provide patient travel times from post codes in LS21 to Seacroft Hospital
    a. Direct journeys
    b. Multiple pick ups and drop offs en route
    c. Provide information for both inwards and return journeys

2. Provide patient travel times from post codes in LS21 to LGI
    a. Direct journeys
    b. Multiple pick ups and drop offs en route
    c. Provide information for both inwards and return journeys

The analysis was undertaken week commencing 26 April 10 using patient journey data from the period 1st January 2010 to April 2010.

The journeys reviewed for Seacroft hospital were actual renal patients' information.

For the journeys to the LGI, actual patients from LS21 were used but these were not renal patients.

(b) The methodology adopted and how this was decided upon;

This was a manual process of identifying patients from a specified postcode area travelling to Seacroft Renal Unit or LGI. Where patients were travelling to LGI they were only included in the sample if all patients on that vehicle were going to the same pick up and drop off point in the hospital site.

Journeys were excluded from the sample if the first pick up point wasn't in the LS21 area.

Only patients booked as able to walk were considered in the sample of patient journeys to the LGI. This was so a direct comparison could be made with patients travelling to Seacroft who all had this level of mobility.

The methodology was agreed between YAS PTS management and the renal services managers at LTHT who commissioner the work.

(c) The assurance processes to ensure data quality

To ensure that data provided has been reviewed thoroughly before release we have developed a data quality reporting process that identifies any inaccuracies with data due to omissions or data input errors.

If any of the following criteria apply, a follow up check is made. No changes are made to the data but if errors are found these journeys are discounted from the sample.

- Patients arriving early or late greater than 180 minutes
- Patients arriving early or late less than -180 minutes
- Time patients spend travelling on a vehicle is a minus time
- Time patients spend travelling on a vehicle 0
- Time patients spend travelling on a vehicle greater than 180 minutes
- Waiting time for transport minutes greater than 180
- Waiting time for transport minutes less than -180
- Planned desk errors, journeys allocated to a default planning desk
- The patient PCT is null, therefore none provided
- The patients drop off time is less than pick up time
- The patients drop off time is recorded but no pick up time given
- The patient is pick up time is recorded but no drop off time given
- Bookings with both abortive and cancellation reasons

The checks are recorded on a monthly basis, giving an assessment of the number of data errors. We review data quality every month and have an action plan to ensure we continue to improve.

(d) How representative the data is;

The project brief did not specify a minimum number of journeys for the analysis. The journeys were identified by manual review of records of journeys undertaken.

The journeys included in the sample were all those which met the specified criteria.

Each journey relates to a different individual (or number of individuals travelling together). Renal patients undertake the same journeys on a regular basis but repeat journeys were excluded from the sample.

The data is representative for renal patients travelling to Seacroft.

The data for the LGI is representative from a post code point of view but the patients randomly selected are attending outpatient appointments and are not renal patients

(e) The statistical significance of the results.

We were not asked to provide confidence intervals for the data.