

INFORMATION
ANALYSIS
DIRECTORATE



Northern Ireland Waiting Time Statistics: Outpatient Waiting Times Quarter Ending June 2015



Department of
**Health, Social Services
and Public Safety**

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Reader Information

Purpose	This publication presents information on waiting times for a first outpatient assessment in Northern Ireland at 30 th June 2015. It details information on the number of patients waiting, and length of time waiting, for a first appointment at a consultant led outpatient service and Integrated Clinical Assessment and Treatment Services (ICATS) at Health and Social Care (HSC) Trusts in Northern Ireland. This information reports on performance against the 2015/16 Ministerial waiting time target which states that from April 2015 at least 60% of patients should wait no longer than nine weeks for a first outpatient appointment, and no patient waiting longer than 18 weeks. The number of completed outpatient attendances is also presented by HSC Trust.
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Statistical Quality	Information detailed in this release has been validated with HSC Trusts prior to release. Information on outpatient activity in the Independent Sector has been sourced from the HSC. This information is not National Statistics and has not been validated by the Department.
Target audience	DHSSPS, Chief Executives of HSC Board and Trusts in Northern Ireland, health care professionals, academics, general public, media and Health & Social Care stakeholders.
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Key Points

- The number of patients waiting for a first outpatient appointment at the end of June 2015 stood at 212,444, 10.8% (20,667) more than at the end of March 2015 (191,777) and 45.9% (66,877) more than at the end of June 2014 (145,567) (Figure 1 and Table 1).
- Of all patients waiting at the end of June 2015, 60.8% (129,224) were waiting more than 9 weeks, compared with 56.3% waiting more than 9 weeks at the end of March 2015 and 38.5% at the end of June 2014 (Figure 5 and Table 3a & 3b).
- The number of patients waiting more than 18 weeks at the end of June 2015 was 85,997, 40.5% of the total number waiting. This is compared with 69,730 (36.4%) waiting more than 18 weeks at the end of March 2015, and 20,852 (14.3%) at the end of June 2014 (Table 4).
- When attendances at Health and Social Care (HSC) Trusts and Health Service commissioned Independent Sector activity are combined, it is estimated that approximately 123,733 outpatients attended a first outpatient appointment in Northern Ireland during the quarter ending June 2015 (Figure 11 and Table 5).
- There were 10,909 patients waiting for a first Integrated Clinical Assessment and Treatment Services (ICATS) Tier 2 appointment at the end of June 2015. This was 597 (5.2%) less than at the end of March 2015 and 470 (4.5%) more than at the end of June 2014 (Figure 12 & Table 8).
- A total of 30.9% (3,368) of patients were waiting longer than 9 weeks for a first ICATS Tier 2 appointment, with 1,061 of these patients waiting more than 18 weeks (Figures 13 & 14 and Table 10).

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Hospital Information Branch (HIB)

Hospital Information Branch is responsible for the collection, quality assurance, analysis and publication of timely and accurate information derived from a wide range of statistical information returns supplied by the Health & Social Care (HSC) Trusts and the HSC Board. Statistical information is collected routinely from a variety of electronic patient level administrative systems and pre-defined EXCEL survey return templates.

The Branch aims to present information in a meaningful way and provide advice on its uses to customers in the HSC Committee, Professional Advisory Groups, policy branches within the DHSSPS, other Health organisations, academia, private sector organisations, charity/voluntary organisations as well as the general public. The statistical information collected is used to contribute to major exercises such as reporting on the performance of the HSC system, other comparative performance exercises, target setting and monitoring, development of service frameworks as well as policy formulation and evaluation. In addition, the information is used in response to a significantly high volume of Parliamentary / Assembly questions and ad-hoc queries each year.

Information is disseminated through a number of key statistical publications, including: Inpatient Activity, Outpatient Activity, Emergency Care, Mental Health & Learning Disability and Waiting Time Statistics (Inpatient, Outpatient, Diagnostics and Cancer). A detailed list of these publications is available from:

Website: <http://www.dhsspsni.gov.uk/index/statistics/publications-statistics.htm>

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Technical Notes

This statistics release is part of a quarterly data series presenting information on waiting times for outpatient services at HSC Trusts in Northern Ireland.

Data Collection

The information presented in this bulletin derives from a series of statistical returns (listed below) provided by HSC Trusts and the HSC Board.

Departmental returns CH3, Quarterly Outpatient Activity Return (QOAR), IS1 Part 1, and ICATS Waiting Time Dataset.

Data providers are supplied with technical guidance documents outlining the methodologies that should be used in the collection, reporting and validation of each of these data returns. These documents can be accessed at the following link:

<http://www.dhsspsni.gov.uk/index/statistics/hospital/waitingtimes/waitingtimes-outpatient.htm>

Rounding

Percentages have been rounded to one decimal place and as a consequence some percentages may not sum to 100.

On occasion the percentage of patients waiting within overall totals, or percentage changes within quarters, are presented. In some instances these percentages are less than 0.1% or more than 99.9%. Users should be aware that, in such instances the percentage is rounded to zero or 100%.

Data Quality

All information provided by HSC Trusts that is presented in this bulletin has been validated and quality assured by HSC Trusts prior to publication. HSC Trusts are given a set period of time to submit the information to HIB. Following submission, HIB perform a series of checks to verify that information is consistent both within and across returns. Trend analyses are used to monitor annual variations and emerging trends. Queries arising from validation checks are presented to HSC Trusts for clarification and if required returns may be amended and/or re-submitted.

Information on completed waits within the Independent Sector is provided by the HSC Board, split by commissioning HSC Trust (the HSC Trust responsible for the patient's waiting time). HSC Trusts are provided with guidance, detailing how they should record details of patients transferred to the Independent Sector for assessment, on their Patient Administrative System. Following assessment, the Independent Sector provider informs the transferring HSC Trust who records the patient's outpatient wait as being complete. These records are then validated against financial invoices received by the HSC Trust from the Independent Sector provider for each transferred patient. HSC Trusts then submit these data to the HSC Board who forward the information to Hospital Information Branch for inclusion in the publication. These data are not National Statistics and have not been validated by the Department; however, they have been published to provide users with a comprehensive view of completed outpatient waits during each quarter.

Prior to April 2014, ward attendances seen by a consultant in HSC hospitals were included in the consultant-led outpatient attendances. Therefore, figures prior to April 2014 are not directly comparable to those after. Further guidance is provided in Explanatory Note 10 in Appendix 1.

Main Uses of Data

Data contained in this release are published primarily to provide an indication of HSC performance. They allow the general public and the DHSSPS Health Committee to assess the performance of the DHSSPS, the HSC Board and HSC Trusts in providing timely access to hospital services in Northern Ireland. These data also provide policy makers with the necessary information to formulate and evaluate health services and are helpful in assessing the effectiveness of resource allocation in providing services that are fully responsive to patients needs. Additionally, hospital waiting time information is used to inform the media, special interest groups and academics, and by the DHSSPS to respond to parliamentary / assembly questions and ad hoc queries from the public. An additional aim of this publication is to make waiting times information publicly available to those people using health services in Northern Ireland. Further advice on uses for these data is outlined in Appendix 2 of this publication.

Waiting Time Information Elsewhere in the United Kingdom

While it is our intention to direct users to waiting time information elsewhere in the UK, users should be aware that hospital waiting times in other administrations are not always measured in a comparable manner to those in Northern Ireland. Details of the hospital waiting times published elsewhere in the UK can be found as detailed below

England

<http://www.england.nhs.uk/statistics/rtt-waiting-times/>

Scotland

<http://www.isdscotland.org/Health-Topics/Waiting-Times/>

Wales

<http://wales.gov.uk/topics/statistics/theme/health/nhsperformance/waiting-times/?lang=en>

A National Statistics Publication

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods; and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics, it is a statutory requirement that the Code of Practice shall continue to be observed.

Further information on the Code of Practice for National Statistics is available at:

<http://www.statisticsauthority.gov.uk/assessment/code-of-practice/>.

A list of those who received 24-hour pre-release access to this publication is available at:

<http://www.dhsspsni.gov.uk/index/statistics/hospital/waitingtimes/waitingtimes-outpatient.htm>

Contact Information

As we want to engage with users of our statistics, we invite you to feedback your comments on this publication to:

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Introduction

The information detailed in this release are published primarily to provide an indication of HSC Trust performance. They allow the general public and the DHSSPS Health Committee to assess the performance of the DHSSPS, the HSC Board and HSC Trusts in providing timely access to hospital services in Northern Ireland.

Data contained in this publication relates to the waiting times for a first outpatient assessment in consultant led and Integrated Clinical Assessment and Treatment Services (ICATS) within HSC Trusts in Northern Ireland at 30th June 2015; and Health Service commissioned activity at consultant led outpatient services, either in HSC Hospitals or the Independent Sector, during the quarter ending (QE) June 2015.

Consultant led Outpatient Services

A consultant led outpatient appointment is an appointment to enable a patient to see a consultant, a member of their team or a locum for such a member, in respect of one referral.

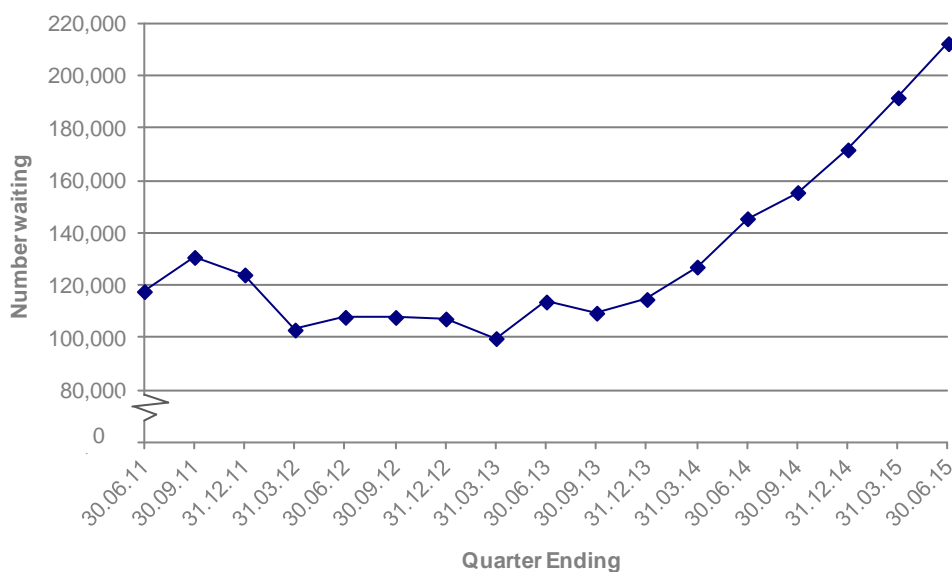
Waiting Times for a First Outpatient Appointment

Total patients waiting¹

The number of patients waiting for a first outpatient appointment at the end of June 2015 stood at 212,444, 20,667 (10.8%) more than at the end of March 2015 (191,777) and 66,877 (45.9%) more than at the end of June 2014 (145,567) (Figure 1 & Table 1).

During both 2010/11 and 2011/12, the pattern of a rise in waiting time figures in the first half of the financial year, and a decrease in the second half was observed. The number of patients waiting then remained relatively stable during 2012/13, however there has been a notable upward trend since the beginning of 2013/14.

Figure 1: Total number of patients waiting: Quarterly trends 30th June 2011 – 30th June 2015

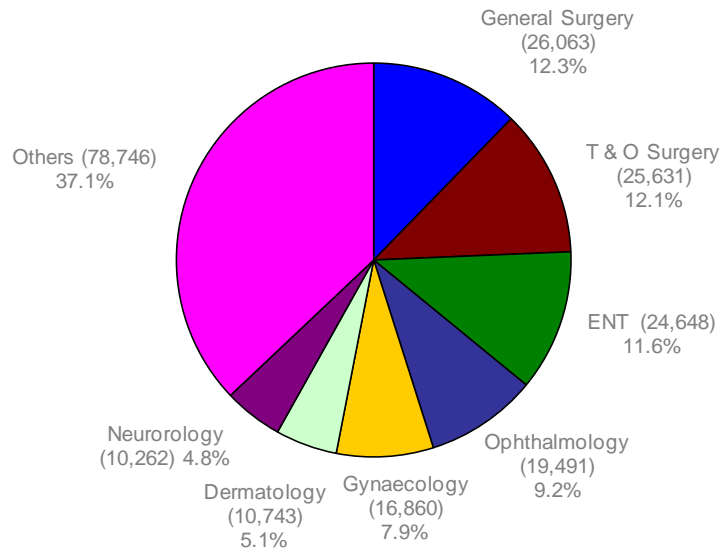


¹Refer to Explanatory Notes 1 - 4 & 8

Total patients waiting by Specialty²

Nearly two thirds of the 212,444 (62.9%, 133,698) patients waiting for a first outpatient appointment were within seven specialties: General Surgery; Trauma & Orthopaedic Surgery (T & O Surgery); Ear, Nose & Throat (ENT); Ophthalmology; Gynaecology; Dermatology, and Neurology (Figure 2 & Table 2a).

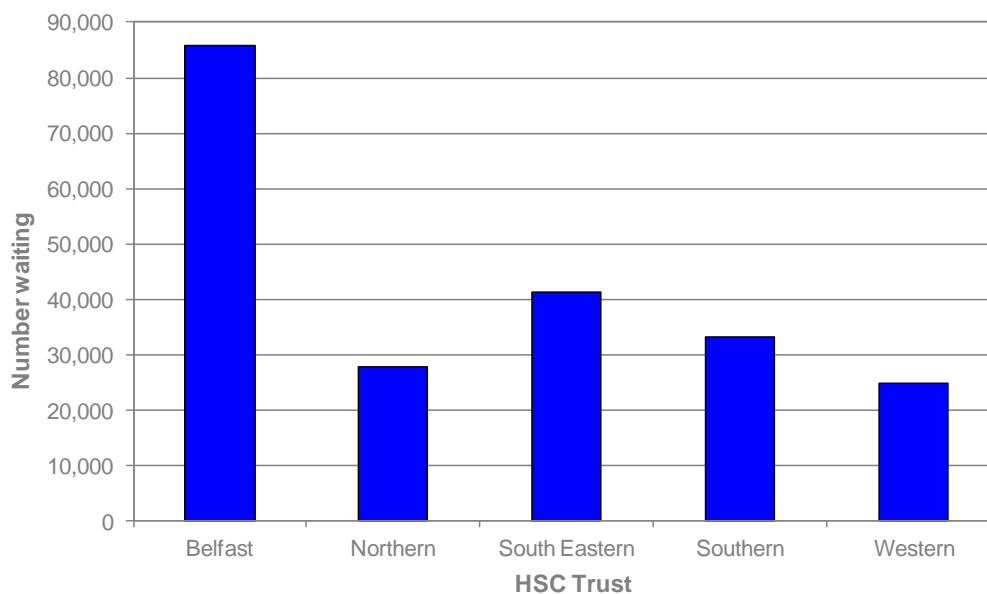
Figure 2: Total number of patients waiting by specialty at 30th June 2015



Total patients waiting by HSC Trust³

Just over two fifths (40.4%, 85,759) of patients waiting for a first appointment were waiting in the Belfast HSC Trust. A further 19.4% (41,157) were waiting in the South Eastern HSC Trust, 15.6% (33,056) in the Southern HSC Trust, 13.0% (27,671) in the Northern HSC Trust and 11.7% (24,801) in the Western HSC Trust (Figure 3 & Table 3a).

Figure 3: Total number of patients waiting by HSC Trust at 30th June 2015



²Refer to Explanatory Notes 1 - 4

³Refer to Explanatory Notes 1 - 5

Data users should be aware that many outpatient services are not provided at each of the five HSC Trusts in Northern Ireland. In such circumstances patients from one HSC Trust area will be waiting to be seen at a service provided at another HSC Trust. It is therefore not possible to accurately calculate the number of patients waiting per head of the population in any specific HSC Trust area, as HSC Trusts that provide services for the whole of Northern Ireland will have a higher number of patients waiting per head of the population, than those that provide more localised services.

Performance against the 2015/16 waiting time target⁴

The Ministerial target, for outpatient waiting times, states that from April 2015, at least 60% of patients should wait no longer than nine weeks for a first outpatient appointment, and no patient waiting longer than 18 weeks.

Figure 4: HSC Trust performance against the 2015/16 waiting time target for a consultant led first appointment

HSC Trust	Target Achieved	
	At least 60% of patients should wait no longer than 9 weeks	No patient waiting longer than 18 weeks
Belfast	No	No
Northern	No	No
South Eastern	No	No
Southern	No	No
Western	No	No
Northern Ireland	No	No

At the end of June 2015, Northern Ireland, as a whole, did not meet either element of the waiting time target, nor did any of the individual Trusts (Figures 4, 6 & 9; Tables 3a & 3b).

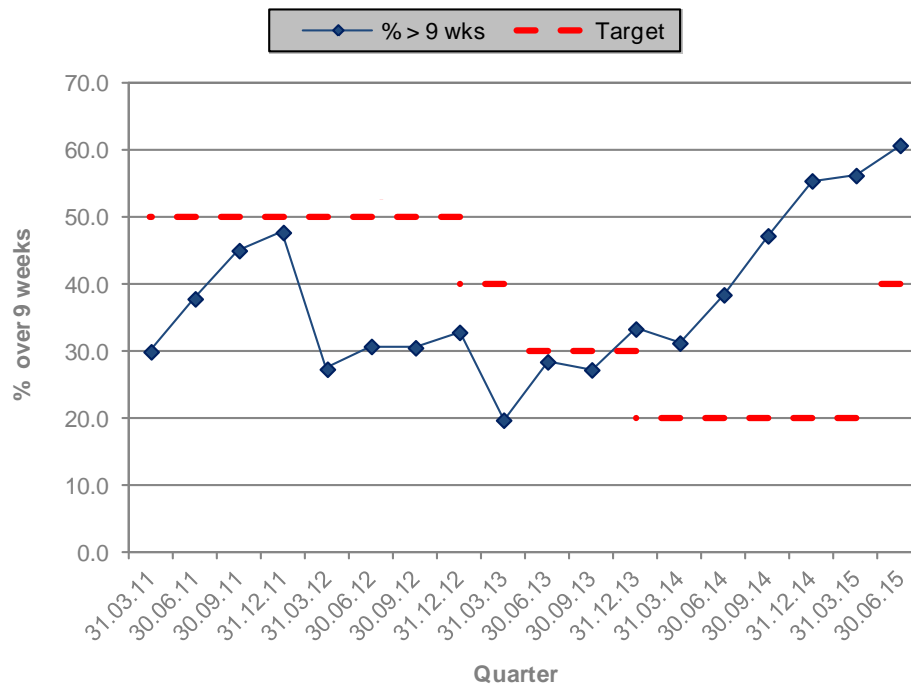
Proportion of patients waiting over 9 weeks⁵

Achievement of the 9 week target requires that less than 40% of patients should be waiting over 9 weeks for a first outpatient appointment. At the end of June 2015, 60.8% (129,224) of patients were waiting more than 9 weeks for a first outpatient appointment, compared with 56.3% (107,955) at the end of March 2015 and 38.5% (56,087) at the end of June 2014 (Figure 5 & Table 3b).

⁴ Refer to Explanatory Notes 1-7. (Specifically Explanatory 5 for information on the centralisation of Oral Surgery services and how these waiting times are reported.)

⁵ Refer to Explanatory Notes 1 - 8.

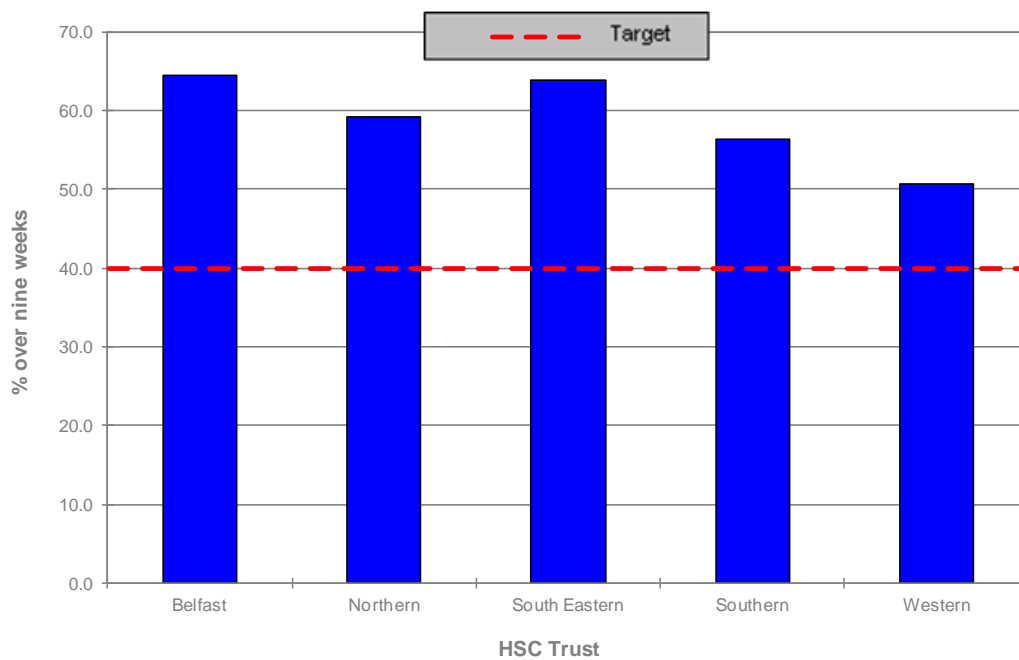
Figure 5: Proportion of patients waiting over 9 weeks: Quarterly trends 30th June 2011 – 30th June 2015



Proportion of patients waiting over 9 weeks by HSC Trust⁴

The proportion of patients waiting longer than 9 weeks was 64.5% in the Belfast HSC Trust, 64.0% in the South Eastern HSC Trust, 59.2% in the Northern HSC Trust, 56.3% in the Southern HSC Trust and 50.6% in the Western HSC Trust (Figure 6 & Table 3b).

Figure 6: Proportion of patients waiting over 9 weeks by HSC Trust at 30th June 2015

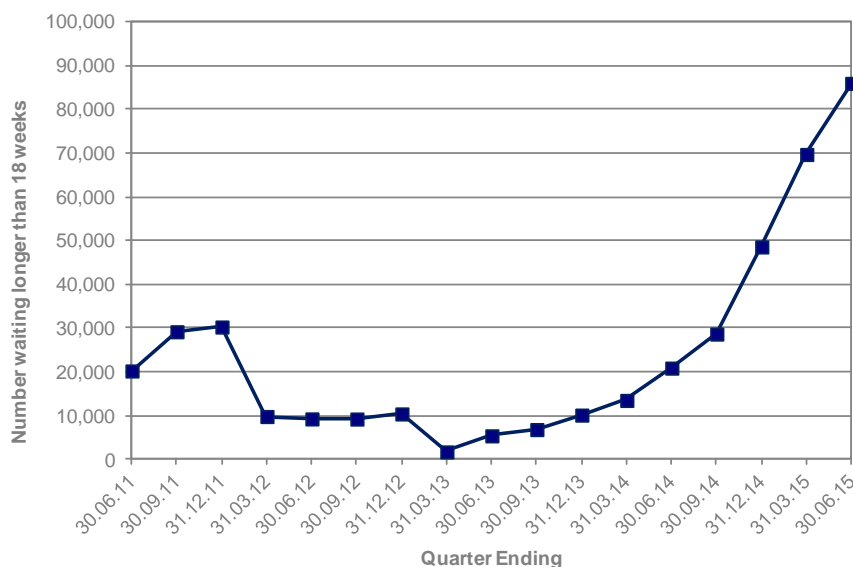


⁴ Refer to Explanatory Notes 1 - 7. (Specifically Explanatory 5 for information on the centralisation of Oral Surgery services and how these waiting times are reported.)

Patients waiting longer than the 2015/16 maximum waiting time target⁵

At the end of June 2015, there were 85,997 patients waiting longer than 18 weeks, compared to 69,730 waiting longer than 18 weeks at the end of March 2015, and 20,852 waiting longer than 18 weeks at the end of June 2014 (Figure 7 & Table 4).

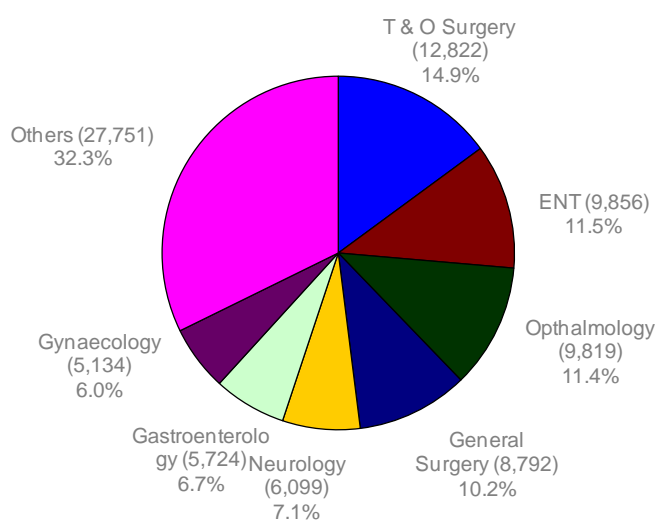
Figure 7: Number of patients waiting longer than 18 weeks: Quarterly trends 30th June 2011 – 30th June 2015



Patients waiting longer than the 2015/16 maximum waiting time target by Specialty⁴

Over two thirds (67.7%, 58,246) of the 85,997 patients waiting more than 18 weeks were within seven specialties: T & O Surgery, ENT, Ophthalmology, General Surgery, Neurology, Gastroenterology and Gynaecology (Figure 8 & Table 2a).

Figure 8: Patients waiting longer than 18 weeks by specialty at 30th June 2015



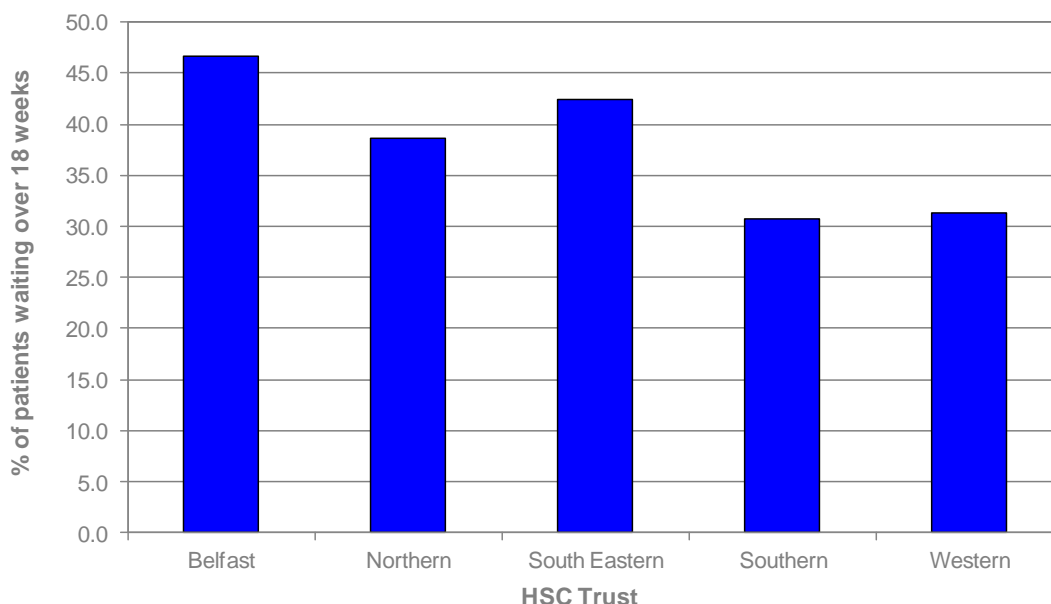
⁴ Refer to Explanatory Notes 1 - 7. (Specifically Explanatory 5 for information on the centralisation of Oral Surgery services and how these waiting times are reported.)

⁵ Refer to Explanatory Notes 1 - 8.

Patients waiting longer than the 2015/16 maximum waiting time target by HSC Trust⁴

The proportion of patients waiting longer than 18 weeks was 46.6% (39,958) in the Belfast HSC Trust, 42.4% (17,455) in the South Eastern HSC Trust, 38.6% (10,675) in the Northern HSC Trust, 31.3% (7,761) in the Western HSC Trust and 30.7% (10,148) in the Southern HSC Trust (Figure 9 & Table 3b).

Figure 9: Proportion of patients waiting longer than 18 weeks by HSC Trust at 30th June 2015



Completed Outpatient Waits

The total number of completed waits each quarter is derived as the total number of attendances at a first outpatient appointment.

Attendances at consultant led services in Northern Ireland commissioned by the Health Service can take place in either HSC Hospitals or at an Independent Sector provider.

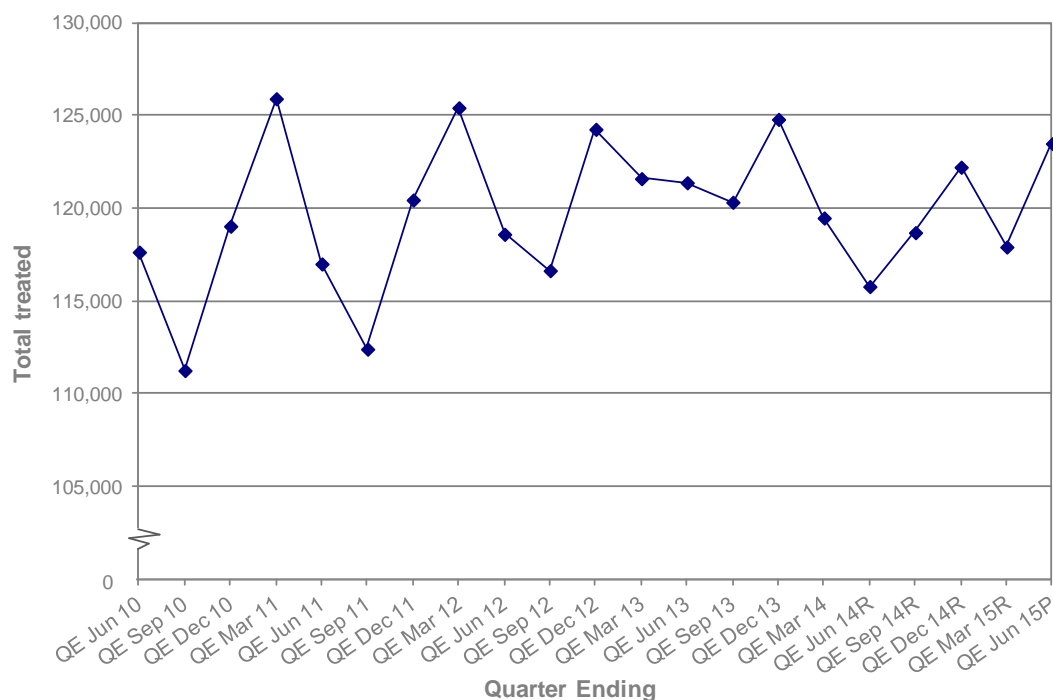
Completed waits in Health Service Hospitals⁶

A total of 123,482 patients attended a first outpatient appointment in a Health Service hospital during the quarter ending June 2015. This is compared with 117,904 attendances in the quarter ending March 2015 (up 4.7%) and 115,770 during the quarter ending June 2014 (up 6.7%) (Table 5).

⁴Refer to Explanatory Notes 1 - 7. (Specifically Explanatory Note 5 for information on the centralisation of Oral Surgery services and how these waiting times are reported.)

⁶Refer to Explanatory Notes 9 -10. (Specifically Explanatory Note 10 for information on changes to the recording of outpatient activity.)

**Figure 10: Total number of completed waits in Health Service Hospitals: Quarterly trends
QE June 2010 – QE June 2015^P**



^PData are currently provisional

^RData have been revised

Completed waits in the Independent Sector⁷

The number of patients attending a first outpatient appointment within the Independent Sector has been provided by the Health and Social Care Board, split by commissioning HSC Trust. These data are not National Statistics; however, they have been published to provide users with a comprehensive view of completed outpatient waits during each quarter.

During the quarter ending June 2015, 251 Health Service patients attended a first outpatient appointment within the Independent Sector. This is an increase on the quarter ending March 2015 (80), but a decrease on the same quarter in the previous year (9,696) (Table 5).

The reduction in the number of patients attending a first outpatient appointment in the Independent Sector between the quarter ending June 2015 and the same quarter the previous year is due to the Health and Social Care Board’s decision from July 2014 to halt the transfer of additional patients to the Independent Sector, and from October 2014 to place a hold on the treatment of patients already transferred and assessed as requiring non-urgent treatment, except for those awaiting diagnostics tests and patients awaiting treatment in cardiac surgery and scoliosis (complex spinal surgery). This decision was made as a result of the DHSSPS financial position in 2014/15.

Completed waits commissioned by the Health Service⁸

The total number of attendances commissioned by the Health Service includes those patients who attended a consultant led appointment in either a Health Service hospital, or within the Independent Sector, commissioned by the Health Service.

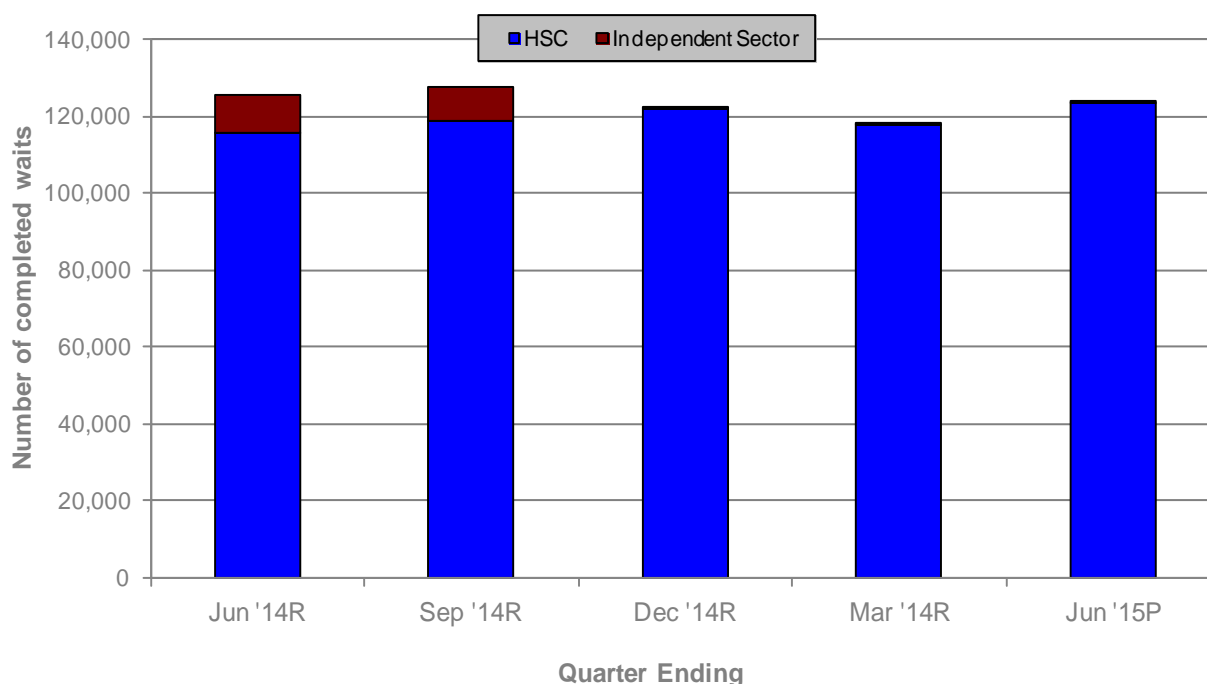
⁷Refer to Explanatory Note 11

⁸Refer to Explanatory Notes 9 -11 (Specifically Explanatory Note 10 for information on changes to the recording of outpatient activity.)

When the number of attendances commissioned by the Health Service, within the Independent Sector, during the quarter ending June 2015 (251) is combined with that for outpatients attending a first outpatient appointment in Health Service hospitals during the same period (123,482), it is estimated that approximately 123,733 outpatients attended a first appointment in Northern Ireland for an assessment commissioned by the Health Service (Tables 5 & 6). This was an increase of 4.9% (5,749) on the number seen during the quarter ending March 2015 (117,984), but 1.4% less (1,733) than during the quarter ending June 2014 (125,466) (Figure 11 & Table 5).

The overall increase in the number of completed waits between the quarters ending March 2015 and June 2015 was mainly due to an increase within in-house activity, whilst the decrease in the number of completed waits between the quarters ending June 2014 and June 2015 was solely due to a large decrease of activity within the independent sector (Table 5).

Figure 11: Completed outpatient waits including Independent Sector activity: Quarterly trends QE June 2014 – QE June 2015^P



^PData are currently provisional

^RData have been revised

Over a third, 35.7% (44,186) of all completed waits for the quarter ending June 2015 occurred in the Belfast HSC Trust. A further 20.5% (25,328) of completed waits were in the Southern HSC Trust, 16.1% (19,909) in the Western HSC Trust, 15.5% (19,149) in the South Eastern HSC Trust and 12.3% (15,161) in the Northern HSC Trust (Table 6).

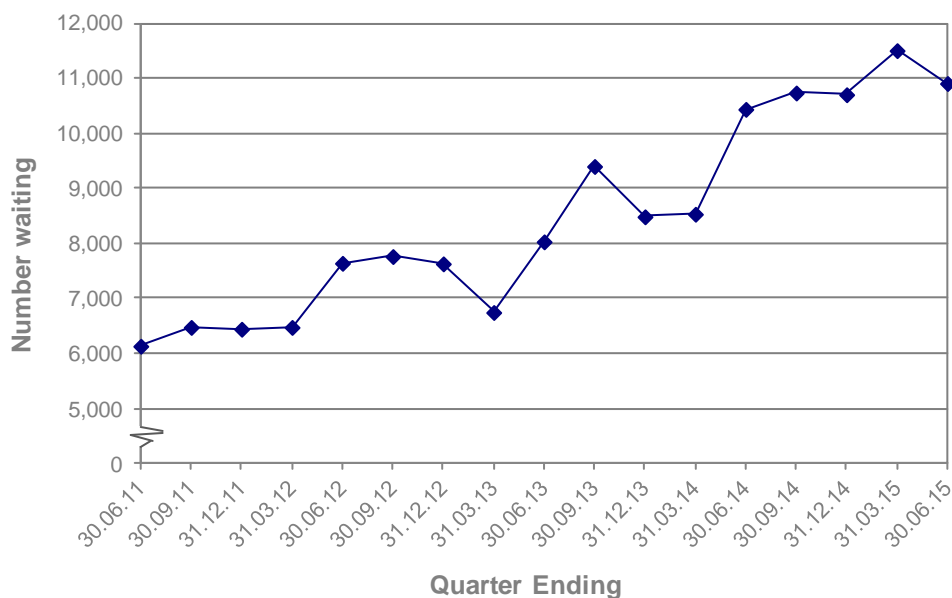
Integrated Clinical Assessment and Treatment Service (ICATS)

From 1st April 2010, a number of Integrated Clinical Assessment and Treatment Services (ICATS) were officially introduced within the Health Service. ICATS are provided by integrated multi-disciplinary teams of health service professionals, and provide assessment, treatment, and advisory services. These are provided in a variety of primary, community and secondary care settings. As these services are not consultant led, those patients waiting for an ICATS appointment are not included in the outpatient waiting figures reported in the first part of this publication.

Waiting Times for a First ICATS Tier 2 Appointment⁹

There were 10,909 patients waiting for a first ICATS Tier 2 appointment at the end of June 2015. This was 597 (5.2%) less than at the end of March 2015 (11,506) and 470 (4.5%) more than at the end of the same quarter last year (10,439) (Figure 12 & Table 8).

Figure 12: Total number of patients waiting for a first ICATS Tier 2 appointment: Quarterly trends 30th June 2011 – 30th June 2015



Total patients waiting for a first ICATS Tier 2 appointment by HSC Trust⁹

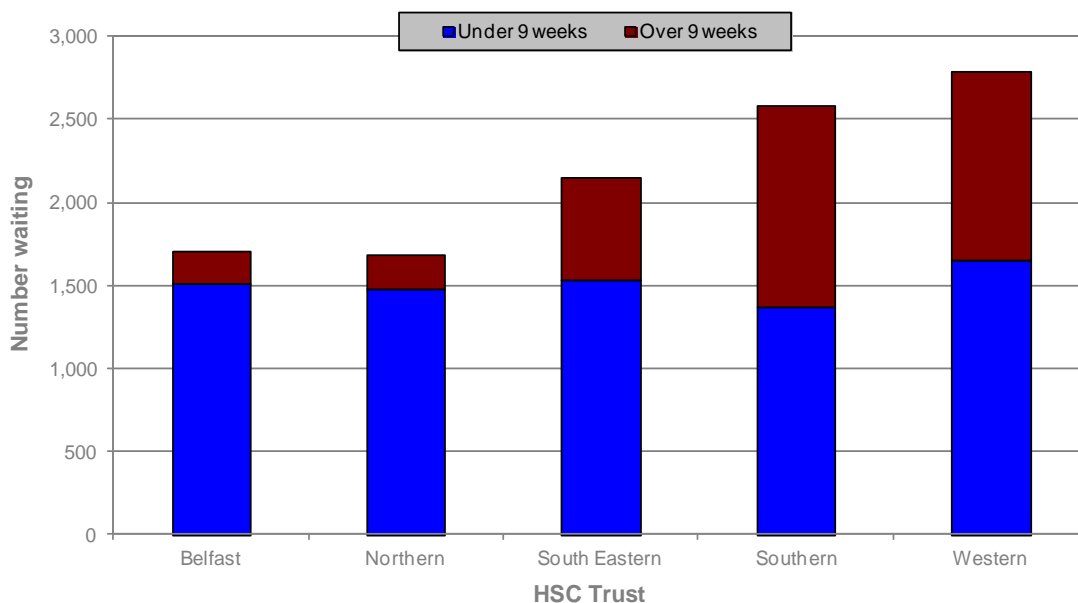
Of those waiting for a first ICATS Tier 2 appointment, 25.6% (2,791) were waiting in the Western HSC Trust. A further 23.6% (2,578) were waiting in the Southern HSC Trust, 19.7% (2,146) in the South Eastern HSC Trust, 15.6% (1,705) in the Belfast HSC Trust and 15.5% (1,689) in the Northern HSC Trust (Figure 13 & Table 10).

Proportion of patients waiting over 9 weeks for a first ICATS Tier 2 appointment⁹

At the end of March 2015, 30.9% (3,368) of patients were waiting longer than 9 weeks for a first ICATS Tier 2 appointment, compared with 33.1% (3,813) waiting at the end of March 2015 and 20.7% (2,160) at the end of June 2014 (Table 10).

⁹ Refer to Explanatory Notes 12 -14

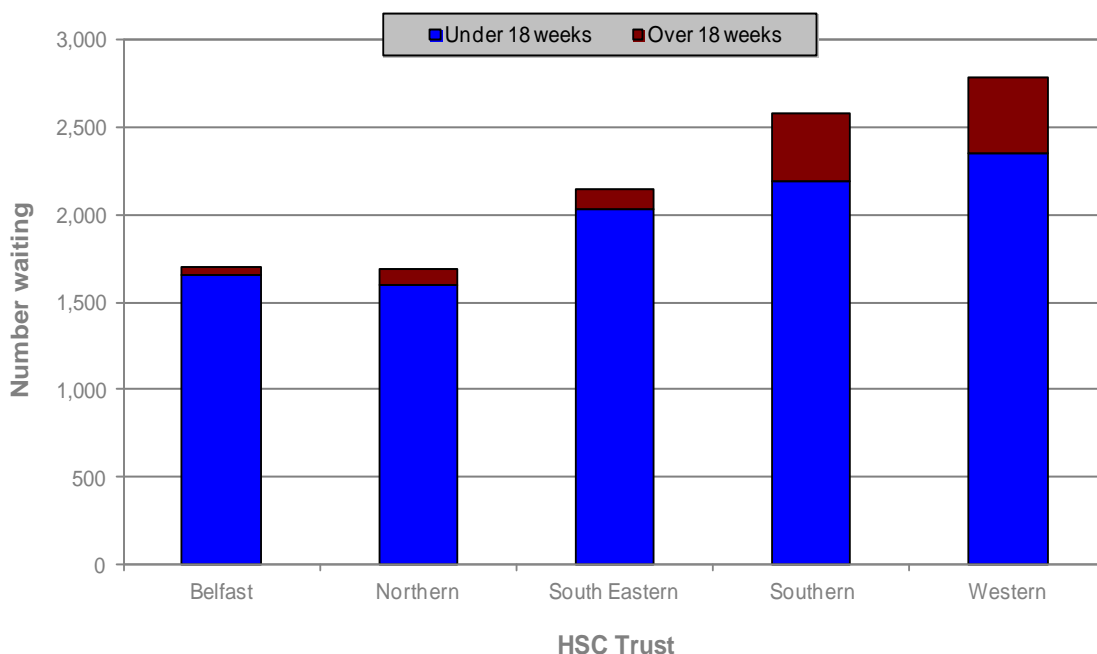
Figure 13: Proportion of patients waiting over than 9 weeks for a first ICATS Tier 2 appointment by HSC Trust at 30th June 2015



Patients waiting longer than 18 weeks for a first ICATS Tier 2 Appointment⁹

At the end of June 2015, there were 1,061 patients waiting longer than 18 weeks for a first ICATS Tier 2 appointment, compared to 1,593 at the end of March 2015, and 634 at the end of June 2014 (Table 10).

Figure 14: Proportion of patients waiting longer than 18 weeks for a first ICATS Tier 2 appointment by HSC Trust at 30th June 2015



⁹ Refer to Explanatory Notes 12-14

Consultant led Outpatient Services

Table 1: Quarterly outpatient waiting lists – 30th June 2015¹

	Quarter Ending June 2015	Change compared with end of previous quarter	Change compared with end same quarter - previous year
Total Waiting	212,444	+20,667	+66,877

Source: Departmental Return CH3

¹Refer to Explanatory Notes 1 – 4 & 8

Table 2a: Number of patients waiting for a first outpatient appointment by weeks waiting and specialty – 30th June 2015⁴

Specialty	Patients Waiting for an Appointment by Weeks Waiting						Total Waiting
	0-6	>6-9	>9-12	>12-15	>15-18	>18	
General Surgery	8,530	2,736	2,222	1,888	1,895	8,792	26,063
T & O Surgery	6,071	2,001	1,631	1,557	1,549	12,822	25,631
ENT	6,562	2,335	2,011	1,901	1,983	9,856	24,648
Ophthalmology	4,657	1,460	1,265	1,130	1,160	9,819	19,491
Gynaecology	5,808	1,958	1,544	1,261	1,155	5,134	16,860
Dermatology	4,492	1,198	819	630	624	2,980	10,743
Neurology	1,752	663	590	542	616	6,099	10,262
Gastroenterology	1,923	643	549	523	588	5,724	9,950
General Medicine	2,787	812	592	489	545	3,854	9,079
Urology	1,873	588	500	431	446	4,628	8,466
Rheumatology	1,854	658	553	481	528	3,971	8,045
Cardiology	3,342	1,094	759	484	428	1,655	7,762
Paediatrics	3,268	1,037	569	412	254	1,486	7,026
Oral Surgery	1,449	418	379	373	385	3,521	6,525
Thoracic Medicine	1,423	509	387	376	348	1,637	4,680
Pain Management	1,247	484	432	306	256	1,057	3,782
Plastic Surgery	751	266	154	139	138	801	2,249
Restorative Dentistry	516	143	241	135	211	594	1,840
Geriatric Medicine	780	194	129	58	73	180	1,414
Endocrinology	472	165	131	98	93	314	1,273
Other	3,471	830	474	437	370	1,073	6,655
All Specialties	63,028	20,192	15,931	13,651	13,645	85,997	212,444

Source: Departmental Return CH3

⁴Refer to Explanatory Notes 1 – 7

(Specifically Explanatory Note 5 for information on the centralisation of Oral Surgery services and how these waiting times are reported.)

Table 2b: Percentage of patients waiting for a first outpatient appointment by weeks waiting and specialty – 30th June 2015⁴

Specialty	% Patients Waiting for an Appointment by Weeks Waiting					
	0-6	>6-9	>9-12	>12-15	>15-18	>18
General Surgery	32.7%	10.5%	8.5%	7.2%	7.3%	33.7%
T & O Surgery	23.7%	7.8%	6.4%	6.1%	6.0%	50.0%
ENT	26.6%	9.5%	8.2%	7.7%	8.0%	40.0%
Ophthalmology	23.9%	7.5%	6.5%	5.8%	6.0%	50.4%
Gynaecology	34.4%	11.6%	9.2%	7.5%	6.9%	30.5%
Dermatology	41.8%	11.2%	7.6%	5.9%	5.8%	27.7%
Neurology	17.1%	6.5%	5.7%	5.3%	6.0%	59.4%
Gastroenterology	19.3%	6.5%	5.5%	5.3%	5.9%	57.5%
General Medicine	30.7%	8.9%	6.5%	5.4%	6.0%	42.4%
Urology	22.1%	6.9%	5.9%	5.1%	5.3%	54.7%
Rheumatology	23.0%	8.2%	6.9%	6.0%	6.6%	49.4%
Cardiology	43.1%	14.1%	9.8%	6.2%	5.5%	21.3%
Paediatrics	46.5%	14.8%	8.1%	5.9%	3.6%	21.2%
Oral Surgery	22.2%	6.4%	5.8%	5.7%	5.9%	54.0%
Thoracic Medicine	30.4%	10.9%	8.3%	8.0%	7.4%	35.0%
Pain Management	33.0%	12.8%	11.4%	8.1%	6.8%	27.9%
Plastic Surgery	33.4%	11.8%	6.8%	6.2%	6.1%	35.6%
Restorative Dentistry	28.0%	7.8%	13.1%	7.3%	11.5%	32.3%
Geriatric Medicine	55.2%	13.7%	9.1%	4.1%	5.2%	12.7%
Endocrinology	37.1%	13.0%	10.3%	7.7%	7.3%	24.7%
Other	52.2%	12.5%	7.1%	6.6%	5.6%	16.1%
All Specialties	29.7%	9.5%	7.5%	6.4%	6.4%	40.5%

Source: Departmental Return CH3

⁴Refer to Explanatory Notes 1 - 7

(Specifically Explanatory Note 5 for information on the centralisation of Oral Surgery services and how these waiting times are reported.)

Table 3a: Number of patients waiting for a first outpatient appointment by HSC Trust and weeks waiting – 30th June 2015⁴

Provider Trust	Patients Waiting for an Appointment by Weeks Waiting						Total Waiting
	0-6	>6-9	>9-12	>12-15	>15-18	>18	
Belfast	23,025	7,382	5,659	4,840	4,895	39,958	85,759
Northern	8,531	2,758	2,266	1,637	1,804	10,675	27,671
South Eastern	11,015	3,818	3,162	2,851	2,856	17,455	41,157
Southern	10,931	3,512	2,950	2,744	2,771	10,148	33,056
Western	9,526	2,722	1,894	1,579	1,319	7,761	24,801
Total	63,028	20,192	15,931	13,651	13,645	85,997	212,444

Source: Departmental Return CH3

⁴Refer to Explanatory Notes 1 - 7

(Specifically Explanatory Note 5 for information on the centralisation of Oral Surgery services and how these waiting times are reported.)

Table 3b: Percentage of patients waiting for a first outpatient appointment by HSC Trust and weeks waiting – 30th June 2015⁴

Provider Trust	Patients Waiting for an Appointment by Weeks Waiting					
	0-6	>6-9	>9-12	>12-15	>15-18	>18
Belfast	26.8%	8.6%	6.6%	5.6%	5.7%	46.6%
Northern	30.8%	10.0%	8.2%	5.9%	6.5%	38.6%
South Eastern	26.8%	9.3%	7.7%	6.9%	6.9%	42.4%
Southern	33.1%	10.6%	8.9%	8.3%	8.4%	30.7%
Western	38.4%	11.0%	7.6%	6.4%	5.3%	31.3%
Total	29.7%	9.5%	7.5%	6.4%	6.4%	40.5%

Source: Departmental Return CH3

⁴Refer to Explanatory Notes 1 – 7 (Specifically Explanatory Note 5 for information on the centralisation of Oral Surgery services and how these waiting times are reported.)

Table 4: Patients waiting longer than 18 weeks for a first outpatient appointment – 30th June 2015⁵

	Quarter Ending June 2015	Change compared with end of previous quarter	Change compared with end same quarter - previous year
Total waiting over 18 weeks	85,997	+16,267	+65,145

Source: Departmental Return CH3

³Refer to Explanatory Notes 1 – 8 (Specifically Explanatory Note 5 for information on the centralisation of Oral Surgery services and how these waiting times are reported.)

Completed Outpatient Waits

Table 5: Completed outpatient waits: QE June 2011 – QE June 2015⁸

Quarter	Total Number of Completed Outpatient Waits Within Health Service Hospitals	Total Number of Completed Outpatient Waits in Independent Sector*	Total Number of Completed Outpatient Waits Commissioned by Health Service
A - J 2011	116,990	3,291	120,281
J - S 2011	112,394	617	113,011
O - D 2011	120,440	3,838	124,278
J - M 2012	125,411	20,984	146,395
A - M 2011/12	475,235	28,730	503,965
A - J 2012	118,588	9,976	128,564
J - S 2012	116,629	12,463	129,092
O - D 2012	124,251	9,094	133,345
J - M 2013	121,591	19,204	140,795
A - M 2012/13	481,059	50,737	531,796
A - J 2013	121,369	8,575	129,944
J - S 2013	120,317	17,912	138,229
O - D 2013	124,785	8,928	133,713
J - M 2014	119,468	11,703	131,171
A - M 2013/14	485,939	47,118	533,057
A - J 2014 ^R	115,770	9,696	125,466
J - S 2014 ^R	118,679	9,106	127,785
O - D 2014 ^R	122,208	366	122,574
J - M 2015 ^R	117,904	80	117,984
A - M 2014/15^R	474,561	19,248	493,809
A - J 2015 ^P	123,482	251	123,733

Source: Departmental Return QOAR and IS1 Part 1.

^R Data have been revised ^P Data are currently provisional

* Not National Statistics

⁸ Refer to Explanatory Notes 9 – 11 (Specifically Explanatory Note 10 for information on changes to the recording of outpatient activity.)

Table 6: Completed outpatient waits by HSC Trust including Independent Sector activity – QE June 2015⁸

Provider Trust	Number of Completed Outpatient Waits within Health Service Hospitals ^P	Number of Completed Outpatient Waits in Independent Sector ^{P*}	Total Number of Completed Outpatient Waits Commissioned by Health Service ^P
Belfast	43,936	250	44,186
Northern	15,161	0	15,161
South Eastern	19,149	0	19,149
Southern	25,328	0	25,328
Western	19,908	1	19,909
Total Treated	123,482	251	123,733

Source: Departmental Returns QOAR and IS1 Part 1

^P Data are currently provisional

* Not National Statistics

⁸ Refer to Explanatory Notes 9 – 11 (Specifically Explanatory Note 10 for information on changes to the recording of outpatient activity.)

Table 7: Completed outpatient waits by HSC Trust including Independent Sector activity: QE June 2014 – QE June 2015⁸

Provider Trust	Total Number of Completed Outpatient Waits Commissioned by Health Service				
	QE June 2014 ^R	QE September 2014 ^R	QE December 2014 ^R	QE March 2015 ^R	QE June 2015 ^P
Belfast	47,911	47,175	46,271	44,496	44,186
Northern	16,013	17,337	15,261	14,706	15,161
South Eastern	22,268	22,100	20,078	19,890	19,149
Southern	19,599	20,817	20,746	19,891	25,328
Western	19,675	20,356	20,218	19,001	19,909
Total	125,466	127,785	122,574	117,984	123,733

Source: Departmental Returns QOAR and IS1 Part 1

^R Data have been revised

^P Data are currently provisional

⁸ Refer to Explanatory Notes 9 – 11 (Specifically Explanatory Note 10 for information on changes to the recording of outpatient activity.)

Integrated Clinical Assessment and Treatment Services

Table 8: Quarterly ICATS waiting lists – 30th June 2015⁹

	Quarter Ending June 2015	Change compared with end of previous quarter	Change compared with end same quarter - previous year
Total Waiting	10,909	-597	+470

Source: ICATS Waiting Times Dataset

⁹ Refer to Explanatory Notes 12 – 14

Table 9: Number of patients waiting for a first ICATS Tier 2 appointment by weeks waiting and specialty – 30th June 2015⁹

Specialty	Patients Waiting for an Appointment by Weeks Waiting						Total Waiting
	0-6	>6-9	>9-12	>12-15	>15-18	>18	
Urology	17	1	0	0	0	53	71
Trauma & Orthopaedics	3,466	1,425	756	540	618	853	7,658
Ear, Nose & Throat	344	119	34	10	0	54	561
Ophthalmology	990	312	136	31	4	35	1,508
Cardiology	62	17	2	0	1	3	85
Dermatology	647	141	85	51	39	63	1,026
All Specialties	5,526	2,015	1,013	632	662	1,061	10,909

Source: ICATS Waiting Times Dataset

⁹ Refer to Explanatory Notes 12 – 14

Table 10: Number of patients waiting for a first ICATS Tier 2 appointment by HSC Trust and weeks waiting – 30th June 2015⁹

Provider Trust	Patients Waiting for an Appointment by Weeks Waiting						Total Waiting
	0-6	>6-9	>9-12	>12-15	>15-18	>18	
Belfast	1,224	288	130	17	5	41	1,705
Northern	1,024	456	107	17	0	85	1,689
South Eastern	1,177	350	237	140	129	113	2,146
Southern	968	401	284	261	279	385	2,578
Western	1,133	520	255	197	249	437	2,791
Total	5,526	2,015	1,013	632	662	1,061	10,909

Source: ICATS Waiting Times Dataset

⁹Refer to Explanatory Notes 12 – 14

Appendix 1: Explanatory Notes

1. The sources for the data contained in this release are the Departmental Returns CH3, IS1 Part 1, Quarterly Outpatient Activity Return (QOAR), and the ICATS Waiting Time Dataset. These returns collect information from Health and Social Care Trusts and the Health and Social Care Board on a quarterly basis.
2. All of the data contained in the tables are available on a quarterly basis and can be supplied by individual specialty or Provider HSC Trust if this level of detail is required. In addition, quarterly data relating to outpatient and ICATS waiting times have been published in spreadsheet format (Microsoft Excel), split by HSC Trust, Specialty and Programme of Care, in order to aid secondary analysis. These data are available at <http://www.dhsspsni.gov.uk/index/statistics/hospital/waitingtimes/waitingtimes-outpatient.htm>
3. Trust based information returns (CH3, QOAR, Departmental Return IS1 and ICATS Waiting Time Dataset) include patients living outside of Northern Ireland and privately funded patients waiting for treatment in Health Service hospitals in Northern Ireland.
4. Outpatient waiters are defined as patients still waiting for their first outpatient appointment at the end of the quarter, including those who have cancelled or missed a previous appointment. An outpatient appointment is to enable a patient to see a consultant, a member of their team or locum for such a member, in respect of one referral. Waiting time for a first outpatient appointment begins on the date the HSC Trust receives a referral for a first outpatient appointment and ends on the date a patient attends a first outpatient appointment. Patients who cannot attend (CNA) have their waiting time adjusted to commence on the date they informed the HSC Trust they could not attend, while patients who do not attend (DNA) have their waiting time adjusted to commence on the date of their DNA.
5. From 1st April 2014, Oral Surgery services undertaken by consultants contracted to the South Eastern HSC Trust were centralized, meaning that records for patients waiting for this service in both the Northern and Southern HSC Trusts are now held and managed in the South Eastern HSC Trust. A breakdown of the waiting times for these patients broken down by HSC Trust has been provided in the spreadsheet located at <http://www.dhsspsni.gov.uk/index/statistics/hospital/waitingtimes/waitingtimes-outpatient.htm>
6. For Tables 2 - 4, and Figures 4 - 8 each outpatient waiting timeband relates to the number of completed weeks a patient has been waiting for outpatient assessment. For example, a patient waiting exactly 6 weeks would be included in the 0-6 week timeband and a patient waiting 6 weeks and 1 day would be included in the >6-9 (greater than 6 weeks but waiting no longer than 9 weeks) timeband.
7. The Ministerial target, for outpatient waiting times, as set out in the Health and Social Care (Commissioning Plan) Direction states that from April 2015, at least 60% of patients should wait no longer than nine weeks for a first outpatient appointment, and no patient waiting longer than 18 weeks.
8. There have been revisions to the outpatient waiting times figures since the publication of the March 2015 bulletin for the position at the 31st March 2015 (from 191,779 to 191,777) due to an amendment received from the Southern HSC trust.
9. The total number of completed outpatient waits each quarter, within HSC hospitals, is derived as the total number of attendances at a first outpatient appointment from the Departmental Quarterly Outpatient Activity Return (QOAR).
10. A new version of the QOAR was introduced at the beginning of 2014/15, with the main change being that ward attendances seen by a consultant are now reported separately

and are not included in the main outpatient activity as in previous years. However, it should be noted that prior to 2014/15 the Southern HSC Trust had never historically included ward attenders in their returns. Data users should be aware of these points when comparing data across HSC Trusts and years.

11. The number of patients that received an outpatient assessment, commissioned by the Health Service, in the Independent Sector is provided in Tables 5 to 7. These figures are provided by the HSC Board. They are published for each transferring Health and Social Care Trust (Trust responsible for the patient's waiting time). They are not National Statistics and they have not been validated by the Department, however, they have been included to provide users with a comprehensive view of completed outpatient waits during each quarter.
12. From 1st April 2010, a number of Integrated Clinical Assessment and Treatment Services (ICATS) were officially introduced within the HSC. ICATS is the term used for a range of outpatient services, which are provided by integrated multi-disciplinary teams of health service professionals, including GPs with a special interest, specialist nurses and allied health professionals. They are provided in a variety of primary, community and secondary care settings and they include assessment, treatment, diagnostic and advisory services. Following ICATS Triage, patients who have not been given either discharge, advice only or referral incomplete outcomes will proceed for either a (i) first outpatient appointment, (ii) a diagnostic test or (iii) an ICATS appointment. A first appointment at ICATS is known as a Tier 2 appointment. Waiting times for a first ICATS Tier 2 appointment are measured in a similar fashion to those for a first outpatient appointment (see note 4).
13. ICATS introduced from 1st April 2010 included services in the Urology, ENT, Ophthalmology, Cardiology and Dermatology specialties. ICATS in the Trauma and Orthopaedic specialty were introduced on 1st October 2007.
14. A first ICATS Tier 2 appointment is considered as a non consultant outpatient appointment and hence these waiters are not reported along with consultant led outpatient waiters. Following a first ICATS Tier 2 appointment there are a number of outcomes, including a review ICATS Tier 2 appointment or a referral for a first consultant-led outpatient appointment. If the latter is the case then the outpatient waiting time starts from the date on which this referral is received by the outpatient service, i.e. it is treated as a new referral.
15. HIB surveyed data providers during 2011/12 to ascertain the cost of producing, validating and submitting the information required for this publication. This relates to the time taken to generate, validate and submit data, over and above what is already required by their organisation for internal performance management purposes. The cost to data providers of compliance within HIB's requirements for this publication, based on HSC salary costs, was £3,110.
16. Department of Health, Social Services and Public Safety policy is to publish revised figures with subsequent statistical releases unless it is decided that the magnitude of the change merits earlier notification.
17. Figures relating to the quarter ending 30th September 2015 will be released on Thursday 26th November 2015.

Appendix 2: Data in the publication

General guidance on using the data

The data contained in the publication are presented on a quarterly basis. While seasonal impact should be minimal, it is advisable that data for the current quarter be compared with both the previous quarter (to gauge the most current direction of performance), and the same quarter in the previous year (to assess any seasonal impact).

Number of patients waiting for a first outpatient appointment

Description of data

Data on the number of health service patients who are waiting for a first outpatient appointment with a consultant led service at a Health and Social Care (HSC) Trust in Northern Ireland.

Data provider

Data are sourced directly from HSC Trusts, via the Departmental Data Return CH3.

Data quality assessment

Data are derived from a range of administrative systems. Data providers have been given in-depth guidance providing instructions for recording, collection and submission of data. In addition, variance checks are employed as an integral part of the production process, with large discrepancies between the current quarter and both the previous quarter, and the corresponding quarter in the previous year, being queried with the data provider.

Guidance on using data

- Number of patients waiting for a first outpatient appointment – this is the number of patients referred to a HSC Trust for a first outpatient appointment with a consultant led service. It does not include patients waiting for a review outpatient appointment (having already been seen by the consultant) or patients waiting for a first appointment at a service provided by other health care professionals, such as nurses. Data relate to the numbers who have still to attend their appointment at the end of each quarter, and provide users with an indication of demand for HSC outpatient services. This information should not be used to estimate the numbers who have attended a first outpatient appointment (completed outpatient waits).
- Lengths of time patients are waiting for a first outpatient appointment – this relates to the lengths of time patients have been waiting for their appointment at the end of the relevant quarter. These are sometimes referred to as current waits. Explanatory notes 4 and 6, in Appendix 1, explain how these waiting times are measured. This information relates to how long patients are waiting for a first outpatient appointment, not the length of time they waited before attending, also known as completed waits. Data on the total length of time patients waited before attending their first outpatient appointment are not collected.
- An assessment of both the total number waiting and the length of time patients are waiting, when compared with equivalent data for previous quarters, allow users to gauge the disparity between demand for outpatient services and the overall capacity for providing these services, both within the HSC and Independent Sector providers.
- Outpatient waiting times by HSC Trust – patients will be referred to a specific HSC Trust for outpatient assessment. Patients are reported by the HSC Trusts responsible for the service to which the patient has been referred. This is not necessarily the nearest HSC Trust to the patient's residence, as certain clinical services may not be provided at a patient's local HSC Trust, and in the case of some specialised services, such as Plastic Surgery, services will largely be provided at a single regional centre for Northern Ireland. In some cases a consultant from one HSC Trust may provide a 'visiting' service at another HSC Trust, and so the patient may not be reported at the HSC Trust at which they attend. Users should therefore be cautious in how they use these data. For example, they should not be used to calculate the total number of patients waiting per head of

the population residing within each HSC Trust area. Neither should the actual number of patients waiting longer than the recommended waiting time be used as indicator of poor performance within an individual HSC Trust. Users who require an indication of the latter are advised to refer to the commentary section of the publication which provides an indication of the percentage of total waiters that have been waiting over the maximum recommended waiting times, within each HSC Trust.

- Outpatient waiting times by specialty - patients will be referred for a first outpatient appointment for a specific medical condition. Following receipt of the referral by the HSC Trust, the referral will be triaged and allocated to the most suitable consultant. Each consultant employed by the HSC Trust will have an allocated specialty of employment, and it will be this specialty against which the patient's waiting time will be reported. These data provide a useful insight into the differences in both the demand for certain types of medical procedures, and also the existing capacity available to meet these demands.

Number of patients attending a first outpatient appointment (completed outpatient waits)

Description of data

Data on the number of health service patients who have attended a first outpatient appointment with a consultant led service at a Health and Social Care (HSC) Trust in Northern Ireland. These data are also known as completed outpatient waits.

Data provider

Data on patients treated within HSC Trusts are sourced directly from HSC Trusts, via the Departmental Quarterly Outpatient Activity Return. Data on HSC patients treated by an Independent Sector provider are provided on the Departmental Return IS1 Part 1 by the HSC Board, which is responsible for the regional commissioning of independent sector provision.

Data quality assessment

Data are derived from a range of administrative systems. For data on completed outpatient waits within the HSC Trusts, data providers have been given in-depth guidance providing instructions for recording, collection and submission of data. In addition, variance checks are employed as an integral part of the production process, with large discrepancies between the current quarter and both the previous quarter, and the corresponding quarter in the previous year, being queried with the data provider. It should be noted a change was made to the recording of consultant led activity at the beginning of 2014/15, with ward attendances seen by a consultant now reported separately from the main consultant led activity. Consequently, outpatient activity prior to 2014/15 is not directly comparable to that after 2014/15. For data on completed outpatient waits within the independent sector, HSC Trusts are provided with in-depth guidance detailing how they should record details of patient transferred to the Independent Sector for assessment on their Patient Administration System. Following assessment, the Independent Sector provider informs the transferring HSC Trust, who records the patient's outpatient wait as being complete. These records are then validated against financial invoices received by the HSC Trust from the Independent Sector provider for each transferred patient. HSC Trusts then submit these data to the HSC Board. These are not categorised as National Statistics.

Guidance on using data

- Number of HSC patients attending a first outpatient appointment at a HSC hospital – These data relate to the number of patients who attended a first outpatient appointment within the HSC during each quarter. Health Service patients will attend a first outpatient appointment at a HSC hospital, at either a routinely provided consultant led outpatient service, or at an additionally provided consultant led outpatient service provided by the HSC Trust, in addition to the routine services. These latter services (sometimes referred to as 'Waiting List Initiatives') are often provided in response to a specific need, such as increases in both the number of patients waiting and lengths of time waiting.

Data on the number of HSC patients attending a first outpatient appointment at a HSC hospital provide users with a good indication of the capacity available within the HSC to assess outpatients.

- Number of HSC patients attending a first outpatient appointment with an Independent Sector provider – These data relate to the number of Health Service patients who received their first outpatient assessment at an outpatient service provided by the Independent Sector. Independent Sector provision is introduced when the demand for certain types of outpatient service is greater than the capacity within HSC hospitals. When this situation results in increases in both the number of patients waiting and the length of time waiting, patients may be assessed and treated by an Independent Sector provider. The cost of assessing these patients is met by the transferring HSC Trust, who retains responsibility for the patients waiting time. Data on the number of HSC patients attending a first outpatient appointment with an Independent Sector provider, provide users with a good indication of demand for outpatient services within the HSC, exceeding available capacity.
- Total number of HSC patients attending a first outpatient appointment – this relates to the total number of HSC patients attending a first outpatient appointment irrespective of the location or provider of the treatment. This provides users with an indication of the number of patients who would previously have been on the waiting list but had been treated during the latest quarter. Data on the total number of first outpatient attendances allow users to assess the impact that the number of first attendances during the quarter have had upon the total number of patients waiting for a first outpatient appointment at the end of the quarter.

Number of patients waiting for a first ICATS Tier 2 appointment

Description of data

Data on the number of health service patients who are waiting for a first Tier 2 appointment at an Integrated Clinical Assessment and Treatment Service (ICATS) at a Health and Social Care (HSC) Trust in Northern Ireland. See Explanatory Note 12 in Appendix 1 for a definition of ICATS.

Data provider

Data are largely sourced directly from the Patient Administration System, via a facility known as the HSC Data Warehouse, by each HSC Trust.

Data quality assessment

Data are derived largely from a single administrative system. Data providers have been given in-depth guidance providing instructions for recording, collection and submission of data. In addition, variance checks are employed as an integral part of the production process, with large discrepancies between the current quarter and both the previous quarter, and the corresponding quarter in the previous year, being queried with the data provider.

Guidance on using data

- Number of patients waiting for a first ICATS Tier 2 appointment – this is the number of patients referred to a HSC Trust for a first ICATS appointment (known as a Tier 2 appointment). It does not include patients waiting for a review ICATS Tier 2 appointment (having already attended a first ICATS Tier 2 appointment) or patients waiting for a first appointment at a consultant led or another health care professional led service. Data relate to the numbers who have still to attend their appointment at the end of each quarter, and provides users with an indication of demand for ICATS Tier 2 services. It should not be used to estimate the numbers who have attended a first ICATS Tier 2 appointment (completed ICATS Tier 2 waits).
- Lengths of time patients are waiting for a first ICATS Tier 2 appointment – this relates to the lengths of time patients have been waiting for their appointment at the end of the relevant quarter. Explanatory note 6 in Appendix 1 explains how these waiting times are measured. This information relates to how long patients are waiting for a first ICATS Tier 2 appointment, not the length of time they waited before attending, also known as completed waits. Data on the total

length of time patients waited before attending their first ICATS Tier 2 appointment are not collected.

- An assessment of both the total number waiting and the length of time patients are waiting, when compared with equivalent data for previous quarters, allow users to gauge the disparity between demand for ICATS Tier 2 services and the overall capacity for providing these services within the HSC.
- ICATS Tier 2 waiting times by HSC Trust – patients will be referred to a specific HSC Trust for assessment. Patients are reported by the HSC Trusts responsible for the service to which the patient has been referred. This is not necessarily the nearest HSC Trust to the patient's residence, as certain ICATS services may not be provided at a patient's local HSC Trust. Users should therefore be cautious in how they use these data. For example, they should not be used to calculate the total number of patients waiting per head of the population residing within each Trust area. Neither should the actual number of patients waiting longer than the recommended waiting time be used as indicator of poor performance within an individual HSC Trust. Users who require an indication of the latter are advised to refer to the commentary section of the publication which provides an indication of the percentage of total waiters that have been waiting over the maximum recommended waiting times, within each HSC Trust.
- ICATS Tier 2 waiting times by specialty - patients will be referred for a first ICATS Tier 2 appointment for a specific medical condition. Following receipt of the referral by the HSC Trust, the referral will be triaged and allocated to the most suitable ICATS service. Each ICATS service will be commissioned to provide services in a specific specialty and this will determine the specialty against which the patient's waiting time will be reported. These data provide a useful insight into the differences in both the demand for certain types of medical procedures, and also the existing capacity available to meet these demands within ICATS.

Further information on Outpatient Waiting Times in Northern Ireland, is available from:

Dr. Kerry McColgan

Hospital Information Branch

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