

INFORMATION
ANALYSIS
DIRECTORATE



Hospital Statistics:

Outpatient Activity Statistics 2016/17

Reader Information

- Purpose:** This publication presents information on activity at consultant led and ICATS outpatient services in Northern Ireland during the year ending 31st March 2017. It details information on New and Review Attendances, Missed Appointments (DNAs), Patient Cancellations (CNAs) and Hospital Cancellations. All data are presented by HSC Trust, hospital and specialty. Data detailed in this publication are also available in spreadsheet format (Microsoft Excel) to aid secondary analysis, at the following link:
<https://www.health-ni.gov.uk/publications/hospital-statistics-outpatient-activity-statistics-201617>
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Outpatient Activity in Northern Ireland, 2016/17



1,507,580
appointments at consultant led outpatient services



132,288
appointments missed by patients

189,374
appointments cancelled by patients



155,084
appointments cancelled by the hospital

Key Points

- During 2016/17, there were 484,480 new and 1,023,100 review attendances at consultant led outpatient services within HSC hospitals in Northern Ireland (Tables 1a & 1b).
- Patients missed a total of 132,288 appointments during 2016/17, giving a Did Not Attend (DNA) rate of 8.1 (Figure 3, Tables 1a & 1b).
- Patients cancelled 189,374 appointments during 2016/17 giving a Could Not Attend (CNA) rate of 11.2 (Figure 6, Tables 1a & 1b).
- During 2016/17, hospitals cancelled 155,084 appointments, giving a hospital cancellation rate of 9.3 (Figure 9, Tables 1a & 1b).
- During 2016/17 24,445 patients attended an appointment with an Independent Sector Provider, which was commissioned by the Health Service (Tables 1a & 1b).
- During 2016/17, there were 116,336 patients seen at Integrated Clinical Assessment and Treatment Services (ICATS) in Northern Ireland (Table 56).

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About the 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 system 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 Committee for Health, Professional Advisory Groups, policy branches within the DoH, 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 and Day Case, Outpatient, Diagnostics and Cancer). A detailed list of these publications is available from:

Website: <https://www.health-ni.gov.uk/topics/doh-statistics-and-research>

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Technical Notes

This statistics release is the seventh of an annual series presenting information on activity at consultant led outpatient services, and Integrated Clinical Assessment and Treatment Services (ICATS) in Northern Ireland.

Data Collection

The information presented in this publication derives from statistical returns (listed below) provided by HSC Trusts, Hospitals and the HSC Board.

- Quarterly Outpatient Activity Return (QOAR), Parts 1 and 2;
- Departmental Return IS1 Part 1
- Quarterly ICATS Activity Return (QIAR).

Data providers are supplied with technical guidance documents outlining the methodologies that should be used in the collection, reporting and validation of these data returns. These documents can be accessed at the following link: <https://www.health-ni.gov.uk/articles/outpatient-activity>

Rounding

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

Data Quality

Information presented in this publication in relation to the QOAR and QIAR returns have 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. Finally, prior to the publication of this information, the data is formally signed off by HSC Trusts.

Information on activity 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 activity commissioned by the Health Service during each year.

Limitations of the Data

Readers should note that there have been a number of important changes to this return in the last three years.

At the beginning of 2014/15, the QOAR return was revised so that ward attendances seen by a consultant are now reported separately and are no longer included in the new and review outpatient attendance figures, as in previous years.

Also, prior to 2015/16, virtual outpatient activity was included within the QOAR. During 2015/16, the HSCB developed regional guidance on the recording of virtual activity; this activity has been removed from the QOAR return and as such is not included within this publication. All terminology in this publication should therefore be taken to refer to face to face outpatient activity only.

From the beginning of 2015/16, HIB introduced a separate monitoring return to allow the monitoring of virtual outpatient activity. However due to data quality issues, we have not included it within this publication but plan to develop it for future publication.

Due to the major changes since 2014/15, it has only been possible to provide trend data on outpatient activity in HSC hospitals from 2015/16 onwards. HIB advise against making any further comparisons across financial years prior to 2015/16.

Main Uses of Data

The main uses of these data are to monitor activity at consultant led and ICATS outpatient services at hospitals in Northern Ireland, to help assess Trust performance, for corporate monitoring, to inform and monitor related policy, and to respond to parliamentary / assembly questions and ad-hoc queries from the public.

Further information on the uses of the data contained in this publication are detailed in Appendix 6.

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.

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with all aspects of the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is the DoH's responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

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

<https://www.statisticsauthority.gov.uk/monitoring-and-assessment/code-of-practice/>

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

<https://www.health-ni.gov.uk/publications/hospital-statistics-outpatient-activity-statistics-201617>

Outpatient Activity Information Elsewhere in the United Kingdom

While it is our intention to direct users to outpatient activity information elsewhere in the UK, users should be aware that outpatient activity in other administrations is not always measured in a comparable manner to Northern Ireland due to differing counting rules. Details of the outpatient activity information published elsewhere in the UK can be found as detailed below.

England

<http://www.hscic.gov.uk/hes>

<http://www.england.nhs.uk/statistics/hospital-activity/quarterly-hospital-activity/>

Scotland

<http://www.isdscotland.org/Health-Topics/Hospital-Care/Outpatient-Activity/>

Wales

<http://www.statswales.wales.gov.uk/TableViewer/tableView.aspx?ReportId=1373>

Contextual Information for Using Hospital Statistics

Please be aware that contextual information about Northern Ireland and the health services provided is available to read while using statistics from this publication. This includes information on the current and future population, structures within the Health and Social Care system, the vision for future health services, as well as targets and indicators. This information is available at the following link:

<https://www.health-ni.gov.uk/articles/outpatient-activity>

Additional Activity Information

Outpatient services are only one part of a patient pathway. For further information on inpatient activity please see: <https://www.health-ni.gov.uk/articles/inpatient-and-day-case-activity>

For further information in relation to Mental Health and Learning Disability services please see: <https://www.health-ni.gov.uk/topics/dhssps-statistics-and-research-mental-health-and-learning-disabilities/mental-health-and>

Feedback

As we want to engage with users of our statistics, we invite you to feedback your comments on this publication to: statistics@health-ni.gov.uk

Introduction

Data contained in this publication relate to Health Service commissioned activity at consultant led outpatient services, either in HSC Hospitals or the Independent Sector, and activity in Integrated Clinical Assessment and Treatment Services (ICATS) during 2016/17.

Information on outpatient activity can be impacted upon by various policies and directions set within government. Examples of such initiatives include “Transforming Your Care” and the Commissioning Plan Direction.

During 2011, a Review of the Provision of Health and Social Care Services in Northern Ireland, “Transforming Your Care” was undertaken. One of the main drivers for the Review was the significant and growing pressures facing the Health and Social care system, including a growing and ageing population. A full report and summary of the Review can be accessed at the following link:

<https://www.health-ni.gov.uk/topics/health-policy/transforming-your-care>

The Commissioning Plan Direction is a strategic plan set by the Minister for Health and revised on an annual basis. This defines key government priorities, which outline the vision for delivering improved health and social care outcomes and services to the people of Northern Ireland. The DoH sets a number of its own targets. Details of the associated targets for 2016/17 can be found via the following link:

https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/Commissioning%20Plan%20Direction%20-%202016-2017_0.pdf

Consultant Led Outpatient Services

A consultant led outpatient service is provided by HSC Trusts to allow patients to see a consultant, or a member of their team, for assessment in relation to a specific condition. Outpatient services are usually provided during a clinic session (though in some cases patients may be seen on a ward) and provide an opportunity for consultation, investigation and minor treatment. Patients are not admitted into hospital for this assessment. Consultant led outpatient activity in Northern Ireland commissioned by the Health Service can take place in either HSC Hospitals or at an Independent Sector provider.

Activity in HSC Hospitals

The data for consultant led outpatient activity in HSC Hospitals is derived from the Quarterly Outpatient Activity Return (QOAR). Readers should note that there have been a number of important changes to this return in the last three years.

At the beginning of 2014/15, the QOAR return was revised so that ward attendances seen by a consultant are now reported separately and are no longer included in the new and review outpatient attendance figures, as in previous years.

Also, prior to 2015/16, virtual outpatient activity was included within the QOAR. During 2015/16, the HSCB developed regional guidance on the recording of virtual activity; this activity has been removed from the QOAR return and as such is not included within this publication. All terminology in this publication should therefore be taken to refer to face to face outpatient activity only.

From the beginning of 2015/16, HIB introduced a separate monitoring return to allow the monitoring of virtual outpatient activity. However due to data quality issues, we have not included it within this publication but plan to develop it for future publication.

Due to these major changes, it has only been possible to provide trend data on outpatient activity in HSC hospitals from 2015/16 onwards. HIB advise against making any further comparisons across financial years.

Attendances in HSC Hospitals¹

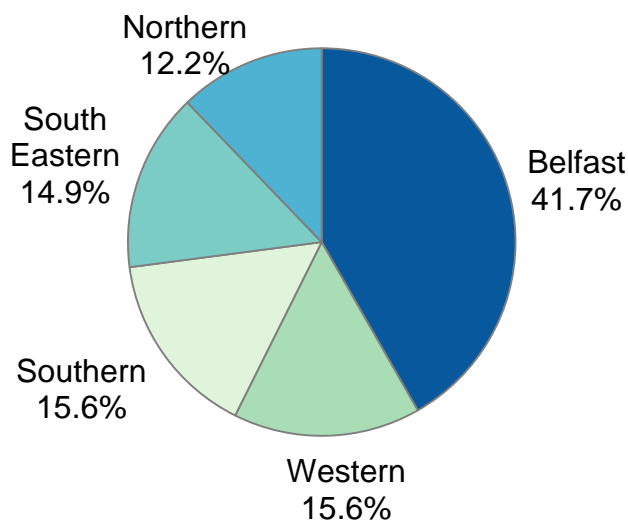
Financial Year 2016/17

During 2016/17, a total of 1,507,580 attendances took place at consultant led outpatient services within HSC hospitals in Northern Ireland. Of those who attended in 2016/17, 32.1% (484,480) were new attendances, with the remaining 67.9% (1,023,100) being review attendances. This equated to a new to review ratio of 1:2.1, meaning that for every patient attending a new appointment, there were 2.1 that attended a review appointment. (Tables 1a & 1b). This compares with 1,519,429 attendances during 2015/16; 31.9% (484,806) or which were new attendances, with the remaining 68.1% (1,034,623) being review attendances.

Attendances in HSC Hospitals by HSC Trust

Over two fifths (41.7%, 629,328) of the attendances in HSC hospitals were in the Belfast HSC Trust, 15.6% (235,515) in the Western HSC Trust, 15.6% (234,597) in the Southern HSC Trust, 14.9% (224,288) in the South Eastern HSC Trust and 12.2% (183,852) in the Northern HSC Trust (Figure 1 & Tables 1b & 2a).

Figure 1: Total number of attendances at consultant led outpatient services in Northern Ireland, by HSC Trust (2016/17)



Readers should note that not all outpatient services are provided at each of the five HSC Trusts in Northern Ireland. In such circumstances patients from one HSC Trust area may attend an appointment for a service provided at another HSC Trust. Moreover, in some cases a consultant or a member of their team, from one HSC Trust may provide a 'visiting' outreach service at another HSC Trust. It is therefore not possible to accurately calculate the number of patient attendances 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 attendances per head of the population, than those that provide more localised services. A list of specialties provided by each hospital is available in Appendix 1².

¹ Refer to Appendix 5: Definitions and Appendix 7: Explanatory Notes 1 – 10 & 12 - 18 (Specifically Explanatory Notes 5 - 10 for information on changes to recording of virtual activity and ward attendances.

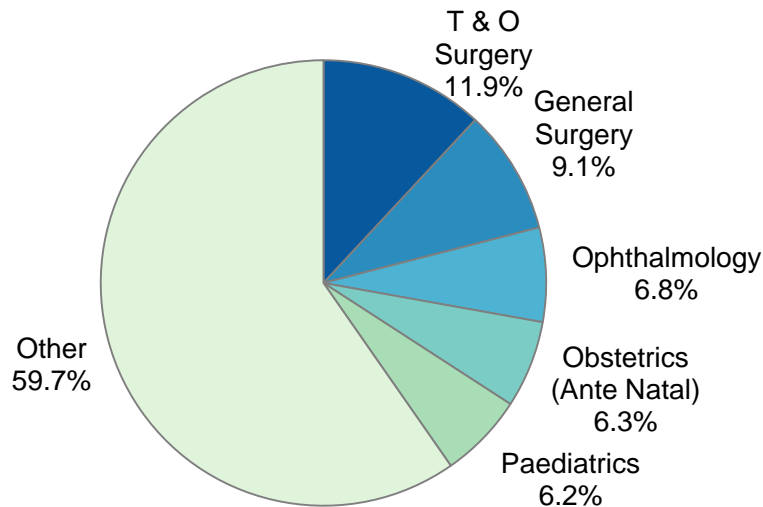
² Refer to Appendix 4 – Hospital Specialties by Programme of Care

Attendances in HSC Hospitals by Programme of Care and Specialty

In 2016/17, 9 out of 10 attendances (90.7%, 1,367,710) were within the Acute Services Programme of Care, followed by the Maternity and Child Health (6.3%, 95,610), Elderly Care (2.0%, 29,592), Mental Health, (0.6%, 8,584) and Learning Disability (0.4%, 6,084) Programmes of Care (Table 1a)².

In 2016/17, over two fifths (40.3%, 607,748) of the 1,507,580 attendances were within the five specialties: T & O Surgery, General Surgery, Ophthalmology, Obstetrics (Ante Natal) and Paediatrics (Figure 2 & Table 3a)³.

Figure 2: Total number of attendances at consultant led outpatient services in Northern Ireland, by specialty (2016/17)



Missed Appointments / Did Not Attends (DNA)¹

Prior to 2015/16, virtual outpatient activity was included within the QOAR. However, following the issuing of virtual activity guidance by the Health and Social Care Board (HSCB) at the beginning of 2015/16, this activity has been removed from the QOAR return and as such is not included within this publication. As a result of this it is only possible to compare the number or rate of missed appointments from 2015/16 onwards.

Data on DNA rates are used as an indicator of lost productivity within the health service, in that the hospital is resourced at that point in time to assess the patient, but the patient fails to attend, or fails to give appropriate notice that they can't attend, which prevents another patient from being seen in the scheduled appointment slot.

Financial Year 2016/17

A total of 132,288 outpatient appointments were missed during 2016/17, equating to a DNA rate of 8.1, which was lower than the rate of 8.3 for 2015/16 (Figure 3 & Tables 1a & 1b).

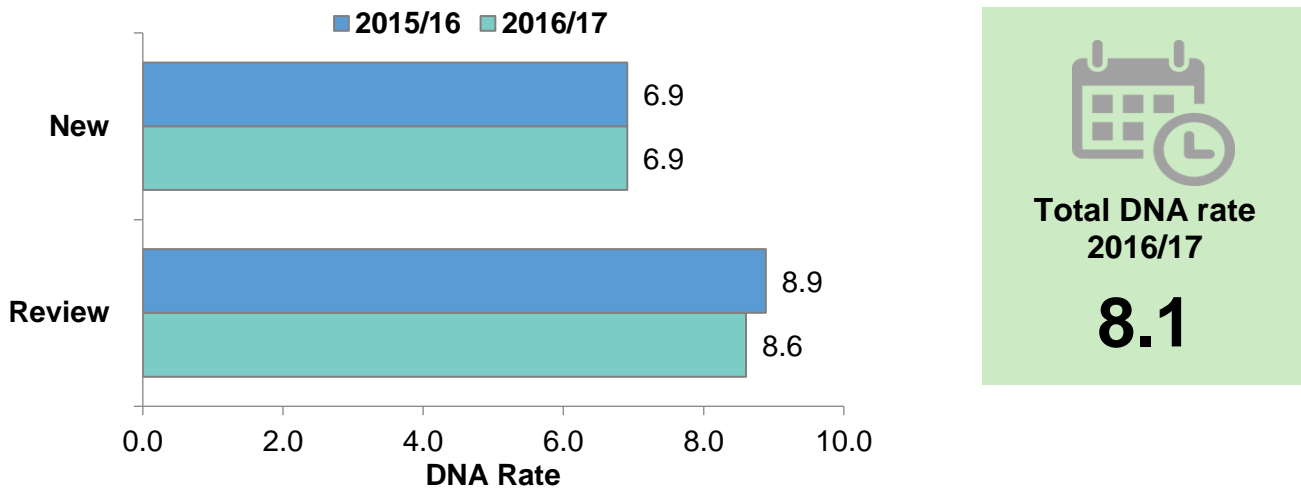
¹ Refer to Appendix 5: Definitions and Appendix 7: Explanatory Notes 1 – 10 & 12 – 18

² Refer to Appendix 4 – Hospital Specialties by Programme of Care

³ Refer to Appendix 1: Specialties of consultant led outpatient services provided in each hospital during 2016/17.

The DNA rate of 8.6 for review appointments was higher than the rate of 6.9 for new appointments during 2016/17. This compared with respective rates of 8.9 and 6.9 during 2015/16 (Figure 3).

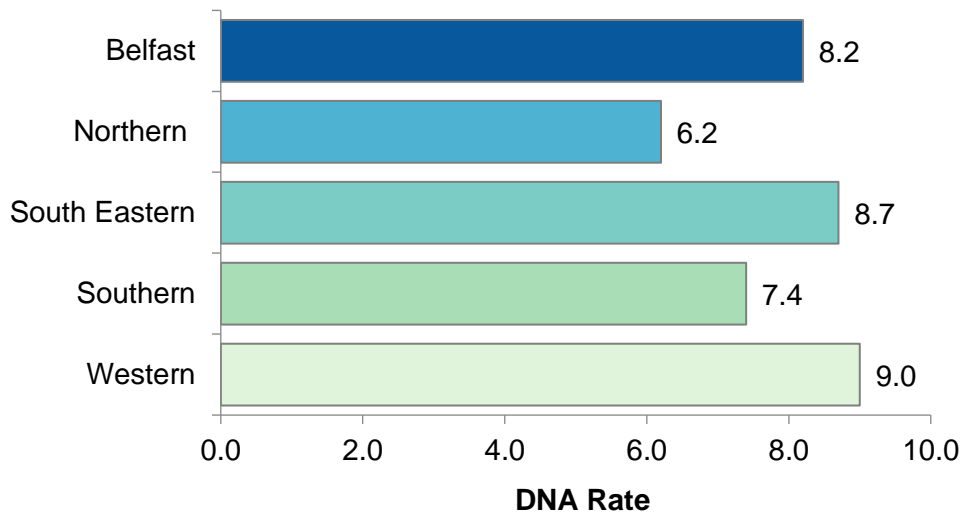
Figure 3: New and review DNA rates at consultant led outpatient services in Northern Ireland (2015/16 and 2016/17)



Missed Appointments / Did Not Attends (DNA) by HSC Trust

During 2016/17, the Western HSC Trust had the highest DNA rate, with a rate of 9.0, followed by a rate of 8.7 in the South Eastern HSC Trust, 8.2 in the Belfast HSC Trust, 7.4 in the Southern HSC Trust and 6.2 in the Northern HSC Trust (Figure 4 & Table 1b).

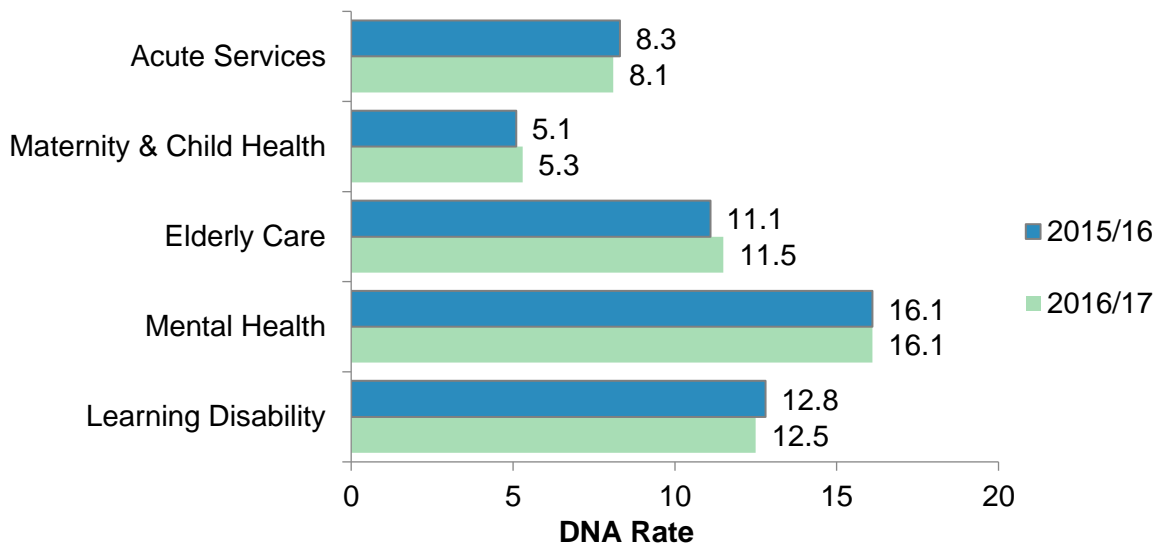
Figure 4: Total DNA rates at consultant led outpatient services in Northern Ireland, by HSC Trust (2016/17)



Missed Appointments / Did Not Attends (DNA) by Programme of Care and Specialty

The Programme of Care with the highest DNA rate during 2016/17 was Mental Health (16.1), followed by Learning Disability with a rate of 12.5, Elderly Care (11.5), Acute Services (8.1) and Maternity and Child Health (5.3) (Figure 5 & Table 1a).

Figure 5: Total DNA rates at consultant led outpatient services in Northern Ireland, by Programme of Care (2015/16 and 2016/17)



During 2016/17, the five specialties with the highest DNA rates were the Accident and Emergency specialty with a rate of 22.1, followed by Paediatric Dentistry (20.0), Old Age Psychiatry (16.2), Child and Adolescent Psychiatry (16.1), and Learning Disability (12.5). (Table 3a).

Patient and Hospital Cancellations

Prior to 2015/16, virtual outpatient activity was included within the QOAR. However, following the issuing of virtual activity guidance by the Health and Social Care Board (HSCB) at the beginning of 2015/16, this activity has been removed from the QOAR return and as such is not included within this publication. As a result of this it is only possible to compare the number or rate of cancelled appointments from 2015/16 onwards.

Patient Cancellations / Could Not Attends (CNA)¹

Unlike appointments where a patient Does Not Attend (DNAs), which results in a loss of productivity for the hospital, when a patient cancels an appointment (CNAs) this allows the hospital sufficient time to utilise the scheduled appointment slot, as another patient is able to be booked into that appointment slot.

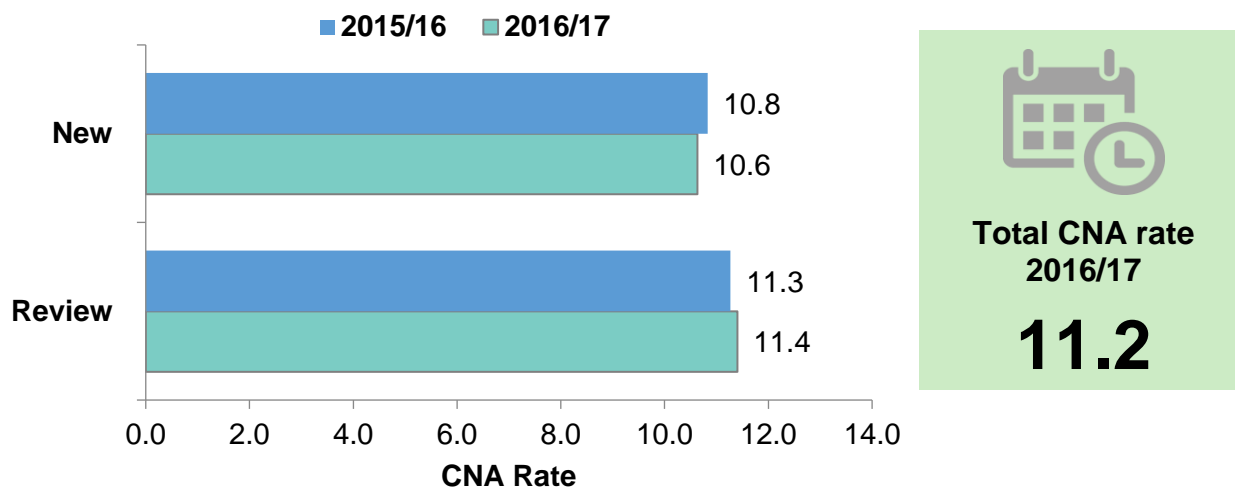
Financial Year 2016/17

Patients cancelled a total of 189,374 outpatient appointments during 2016/17, equating to a CNA rate of 11.2, which was just higher than the rate of 11.1 for 2015/16 (Figure 6 & Tables 1a & 1b).

During 2016/17, the CNA rate of 11.4 for review appointments was higher than the CNA rate of 10.6 for new appointments. This compared with respective rates of 11.3 and 10.8 during 2015/16 (Figure 6).

¹ Refer to Appendix 5: Definitions and Appendix 7: Explanatory Notes 1 – 10 & 12 – 18.

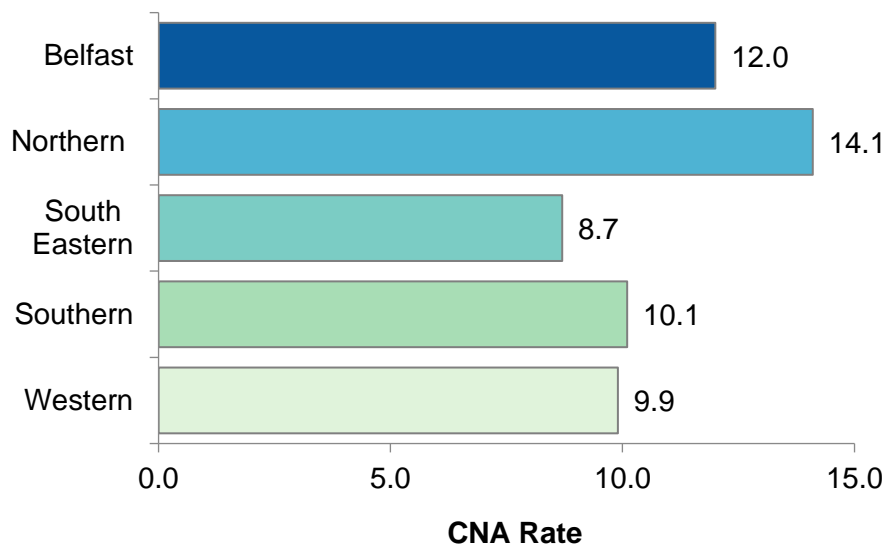
Figure 6: New and review CNA rates at consultant led outpatient services in Northern Ireland (2015/16 and 2016/17)



Patient Cancellations / Could Not Attends (CNA) by HSC Trust

The Northern HSC Trust had the highest CNA rate during 2016/17, with a rate of 14.1, followed by a rate of 12.0 in the Belfast HSC Trust, 10.1 in the Southern HSC Trust, 9.9 in the Western HSC Trust and 8.7 in the South Eastern HSC Trust (Figure 7 & Table 1b).

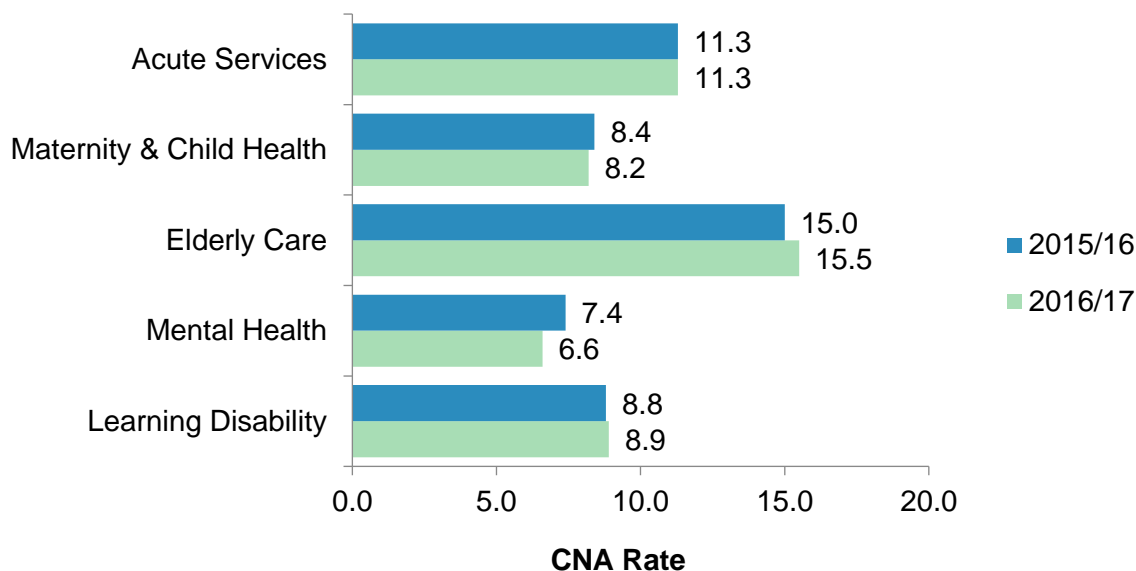
Figure 7: Total CNA rates at consultant led outpatient services in Northern Ireland, by HSC Trust (2016/17)



Patient Cancellations / Could Not Attends (CNA) by Programme of Care and Specialty

The Programme of Care with the highest CNA rate in 2016/17 was Elderly Care with a rate of 15.5, followed by the Acute Services Programme of Care with a rate of 11.3, Learning Disability (8.9), Maternity and Child Health (8.2) and Mental Health (6.6) (Figure 8 & Table 1a).

Figure 8: Total CNA rates at consultant led outpatient services in Northern Ireland, by Programme of Care (2015/16 and 2016/17)



During 2016/17, the five specialties with the highest CNA rates were Old Age Psychiatry with a rate of 20.9, followed by Chemical Pathology (19.5), Dental Medicine (19.3), Paediatric Dentistry (17.8) and Restorative Dentistry (17.6) (Table 3a).

Hospital Cancellations¹

Data on Hospital Cancellation rates are an indication of a loss to potential productivity within the Health and Social Care system, as in most cases the patient still requires assessment and will have to be booked into another appointment.

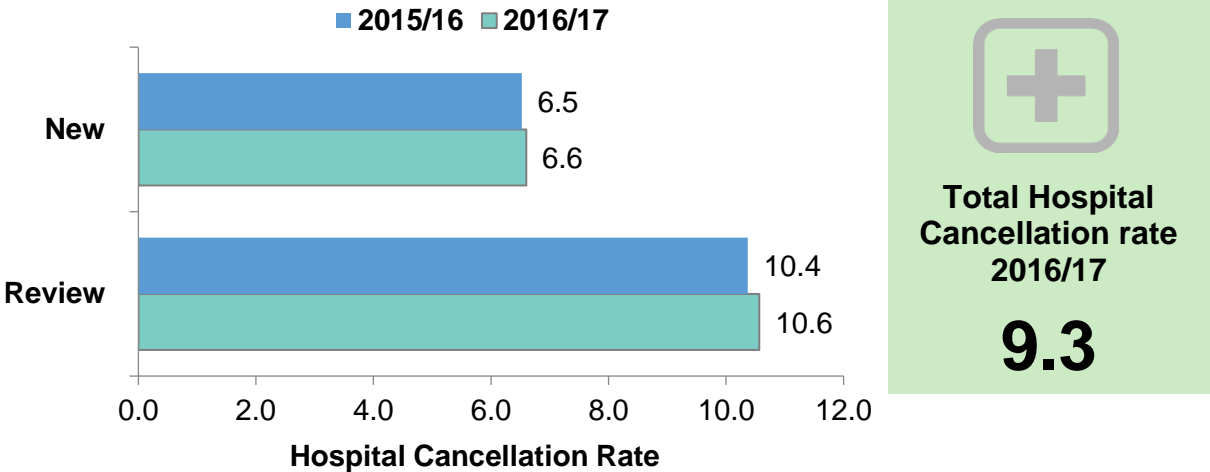
Financial Year 2016/17

Hospitals cancelled a total of 155,084 outpatient appointments during 2016/17, equating to a Hospital Cancellation rate of 9.3, which was just higher than the rate of 9.2 in 2015/16 (Figure 9 & Tables 1a & 1b).

The Hospital Cancellation rate of 10.6 for review appointments was higher than the comparable rate of 6.6 for new appointments. This compared to respective rates of 10.4 and 6.5 during 2015/16 (Figure 9).

¹ Refer to Appendix 5: Definitions and Appendix 7: Explanatory Notes 1 – 10 & 12 –18.

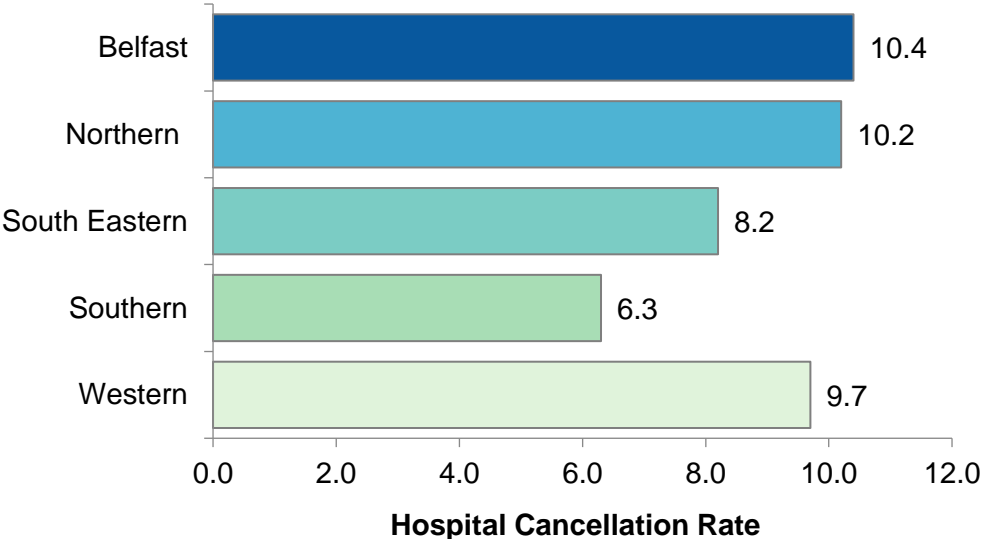
Figure 9: New and review hospital cancellation rates at consultant led outpatient services in Northern Ireland (2015/16 and 2016/17)



Hospital Cancellations by HSC Trust

The Belfast HSC Trust had the highest Hospital Cancellation rate during 2016/17, with a rate of 10.4, followed by a rate of 10.2 in the Northern HSC Trust, 9.7 in the Western HSC Trust, 8.2 in the South Eastern HSC Trust and 6.3 in the Southern HSC Trust (Figure 10 & Table 1b).

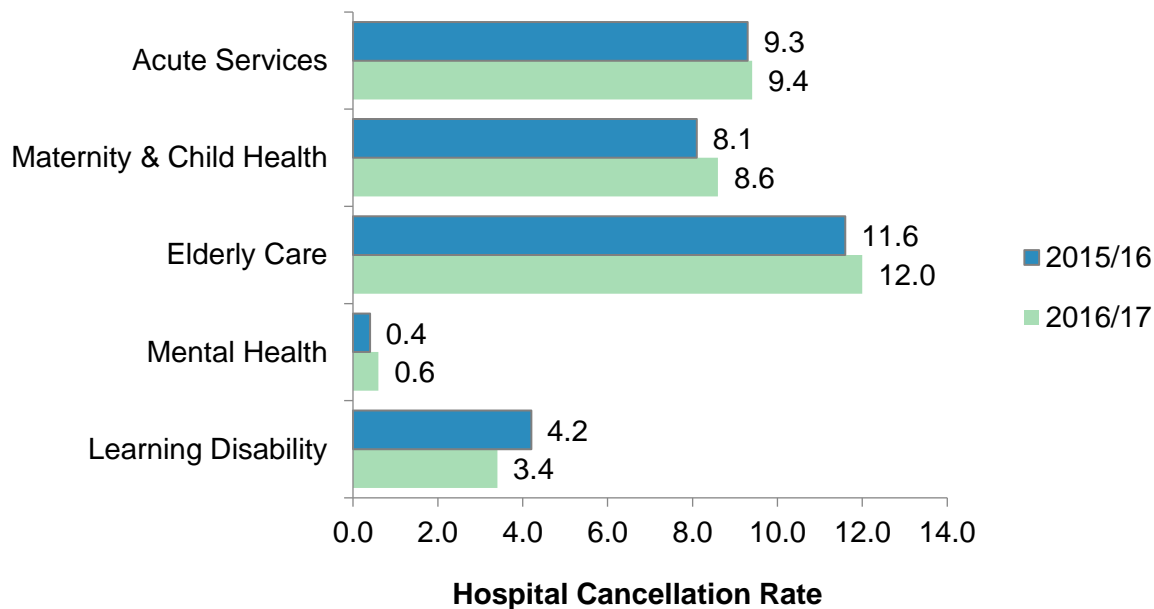
Figure 10: Total Hospital Cancellation rates at consultant led outpatient services in Northern Ireland, by HSC Trust (2016/17)



Hospital Cancellations by Programme of Care and Specialty

The Programme of Care with the highest Hospital Cancellation rate in 2016/17 was Elderly Care (12.0), followed by the Acute Services Programme of Care with a rate of 9.4, Maternity and Child Health (8.6), Learning Disability (3.4) and Mental Health (0.6) (Figure 11 & Table 1a).

Figure 11: Total hospital cancellation rates at consultant led outpatient services in Northern Ireland, by Programme of Care (2015/16 and 2016/17)



The five specialties with the highest Hospital Cancellation rates during 2016/17 were Paediatric Neurology with a rate of 29.2, followed by Paediatric Surgery (19.9), Neurosurgery (19.5), Clinical Neuro-Physiology (18.1) and Thoracic Surgery (17.0) (Table 3a).

Reason for Cancellation⁴

The variable 'reason for cancellation' was introduced in 2008/09 as an experimental statistic and was only made mandatory for completion from March 2013. Following this decision, an audit of the reasons for cancellation was undertaken and updated methodology was put in place from 1st July 2013. All HSC Trusts implemented this methodology from 1st July 2013.

Further information on the reason for cancellation variable can be found at the following link:

<https://www.health-ni.gov.uk/publications/use-variable-reason-cancellation>

Of the 344,452 appointments cancelled by the patient or hospital during 2016/17, 3.1% had no reason recorded or were incorrectly recorded. The level of coding has improved substantially from 2008/09, when 38.1% of all cancelled appointments were either not coded or incorrectly coded (Tables 2c & 3c).

Almost three quarters of patients with no reason recorded (73.7%) were in the Belfast HSC Trust. This is likely due to Belfast HSC Trust holding the highest proportion of manual records, which typically do not have a reason provided (Table 2c).

There were 149,852 appointments cancelled by the hospital with a reason for cancellation provided (96.6%). Of these, 36.5% (54,658) were because of the reason 'Consultant Unavailable'. This was the most frequent reason in 4 out of 5 of the Trusts. In Belfast HSC Trust the most frequent reason recorded was 'appointment put back'. The reason 'Consultant unavailable' was the most frequent reason in 32 of the 45 specialties that had activity recorded during 2016/17 (Table 2c & 3c).

⁴ Refer to Appendix 5: Definitions and Appendix 7: Explanatory Notes 1, 3, 10 & 19.

Readers should note that not all hospital cancellations will necessarily result in an impact for the patient. There were 183,946 appointments cancelled by the patient with a reason provided. Of these, the majority 91.1% (167,571) were recorded under the reason 'Patient cancelled appointment still required', resulting in HSC Trusts rebooking these appointments for an alternative date (Tables 2c & 3c). This was the most frequent reason for patient cancellations across all HSC Trusts. It was also the most frequent reason for patient cancellations across specialties with the exception of the Accident and Emergency and Child and Adolescent Psychiatry specialties where no cancellations were recorded(Tables 2c & 3c).

Ward Attendances⁵

An attendance at a ward for the purpose of examination by a consultant/doctor is defined as a ward attendance. These patients would not normally be admitted to the health care provider.

Separate recording of ward attendances seen by a consultant on the QOAR began in 2014/15. Although ward attendances seen by a consultant were previously included in the main outpatient attendance figures on the QOAR, it is not possible to retrospectively identify the numbers involved. From 2014/15 onwards, all ward attendances with a consultant, whether for a new or review appointment , are counted together.

Financial Year 2016/17

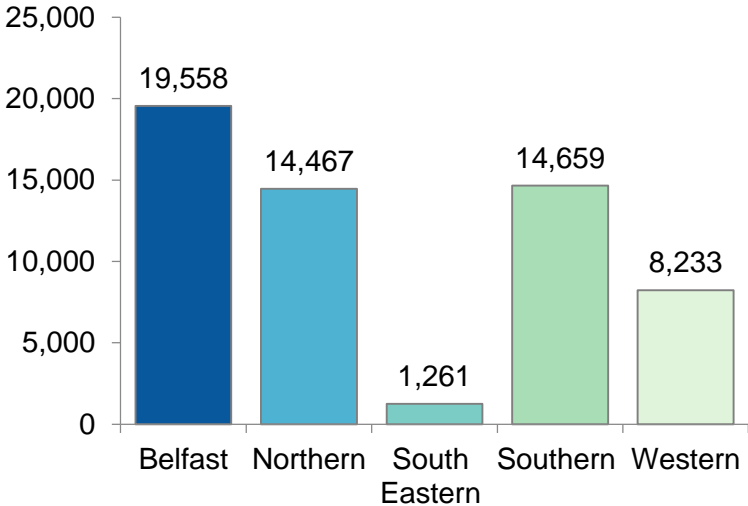
During 2016/17, there were 58,178 ward attendances seen by a consultant, compared with 58,770 during 2015/16 (Tables 1a & 1b).

Ward Attendances by HSC Trust

Belfast HSC Trust accounted for 33.6% (19,558) of ward attendances in Northern Ireland during 2016/17, followed by the Southern HSC Trust with 25.2% (14,659), Northern HSC Trust with 24.9% (14,467), Western HSC Trust with 14.2% (8,233) and the South Eastern HSC Trust with 2.2% (1,261) (Figure 12 & Table 1b).

South Eastern HSC Trust has advised that the majority of ward attendances within their Trust are seen by a nurse and therefore are not included within the QOAR.

Figure 12: Total number of ward attendances at consultant led outpatient services in Northern Ireland, by HSC Trust (2016/17)

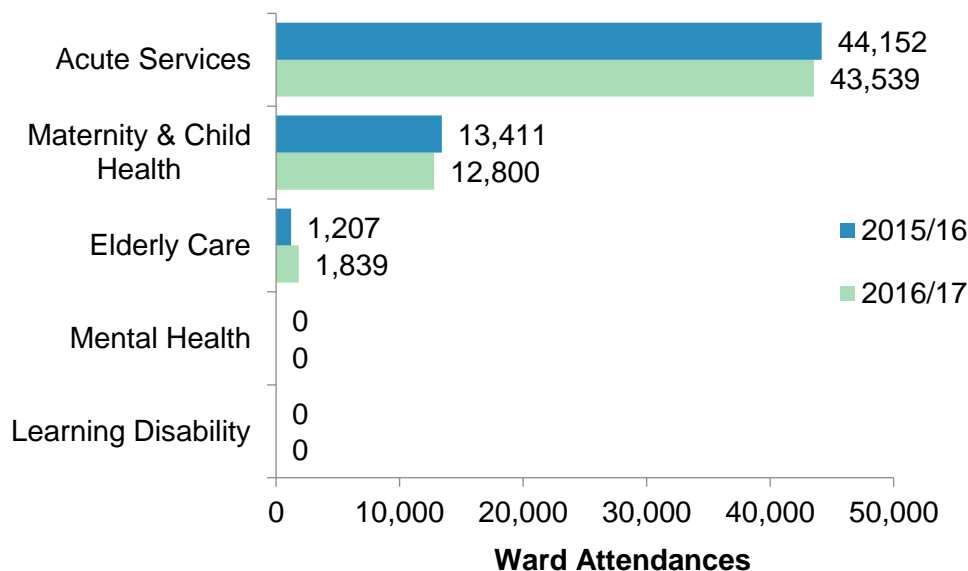


⁵ Refer to Appendix 5: Definitions and Appendix 7: Explanatory Notes 1 – 3 & 5-10

Ward Attendances by Programme of Care

Just under three quarters of ward attendances (74.8%, 43,539) were in the Acute Services Programme of Care, followed by Maternity and Child Health (22.0%, 12,800) and Elderly Care (3.2%, 1,839). There were no ward attendances with a consultant in the Learning Disability and Mental Health Programmes of Care (Figure 13 & Table 1a).

Figure 13: Total number of ward attendances at consultant led outpatient services in Northern Ireland, Programme of Care (2015/16 and 2016/17)



Activity in the Independent Sector⁶

The number of patients attending outpatient appointments within the Independent Sector (IS), commissioned by the Health Service, 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 activity during each year.

Data on Independent Sector appointments missed by the patient or cancelled by either the patient or the hospital are not currently collected by the Department.

Financial Year 2016/17

During 2016/17, 24,445 Health Service patients were seen at Independent Sector providers in Northern Ireland. This was a decrease of 34.0% (12,612) on the number seen during the previous year (37,057) (Tables 1a & 1b).

The Health and Social Care Board took the 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 patients awaiting diagnostics tests, treatment in cardiac surgery or treatment for scoliosis (complex spinal surgery). This decision was made as a result of the DoH financial position in 2014/15. The use of the Independent sector recommenced in April 2015 to treat those patients whose referral had been paused. Additional IS capacity in the areas of Cardiac

⁶ Refer to Appendix 5: Definitions and Appendix 7: Explanatory Notes 1 – 3 & 11.

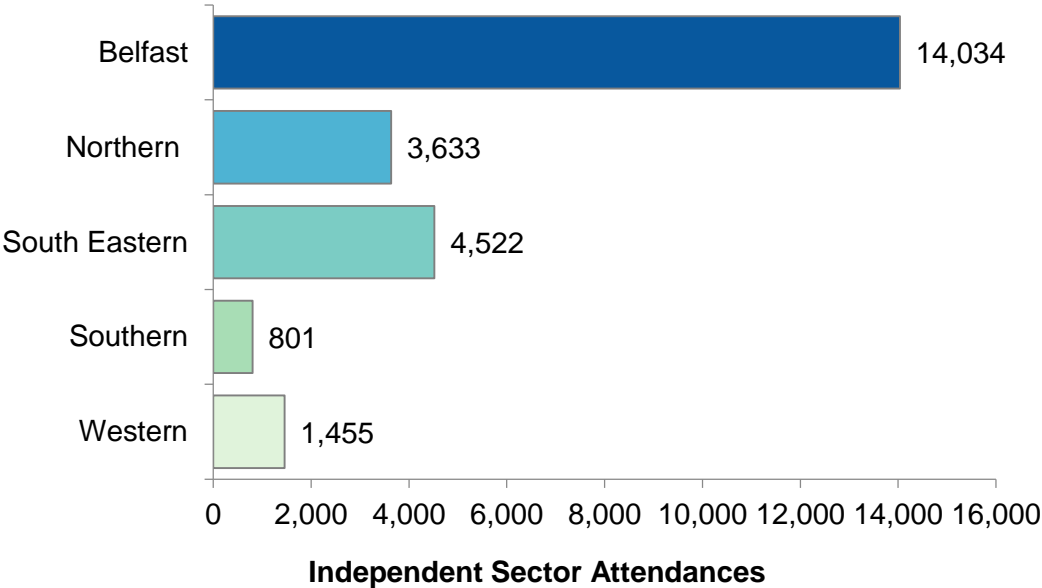
Surgery, Complex Spinal Surgery and Diagnosis also continued, but there was no activity commissioned outside these areas due to financial budget constraints until the final quarter of 2015/16 when additional funds became available in year through the November monitoring round.

In order to minimise the increase in waiting times, the Health and Social Care Board allocated the limited amount of non-recurrent funding available for elective care in 2016/17 to enable HSC Trusts to undertake additional in house outpatient activity. This funding has been utilised to target those areas where additional elective activity would have the greatest impact in addressing patient safety issues and long waiting times.

Activity in the Independent Sector by HSC Trust

Over half (57.4%, 14,034) of all Independent Sector attendances during 2016/17 were in Belfast HSC Trust, followed by 18.5% (4,522) in South Eastern HSC Trust, 14.9% (3,633) in Northern HSC Trust, 6.0% (1,455) in Western HSC Trust and 3.3% (801) in the Southern HSC Trust (Figure 14 & Tables 1b & 55).

Figure 14: Total number of outpatient attendances in the Independent Sector in Northern Ireland, by HSC Trust (2016/17)

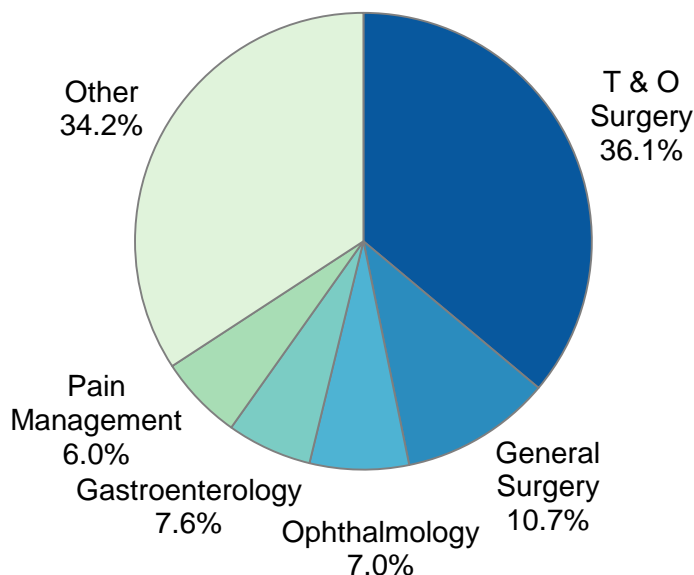


Readers should note that whilst Independent Sector attendances are reported by commissioning HSC Trust (the HSC Trust responsible for the patient’s waiting time), this may not necessarily be the patient’s Trust of Residence. It is therefore not possible to accurately calculate the number of patient attendances in the Independent Sector per head of the population in any specific HSC Trust area.

Activity in the Independent Sector by Specialty

In 2016/17, almost two thirds (65.8%, 16,084) of the 24,445 independent sector attendances were within the five specialties: T & O Surgery, General Surgery, Ophthalmology, Dermatology and Pain Management (Figure 15 & Table 55).

Figure 15: Total number of outpatient attendances in the Independent Sector in Northern Ireland, by Specialty (2016/17)



Total Attendances Commissioned by the Health Service⁷

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

Prior to 2015/16, the number of total attendances commissioned by the Health Service, would have included virtual outpatient activity. Since 2014/15, new and review outpatient attendance figures no longer include ward attendances as these are now recorded separately. Due to the major changes over the last three financial years, it has only been possible to provide trend data on outpatient activity in HSC hospitals from 2015/16 onwards.

Financial Year 2016/17

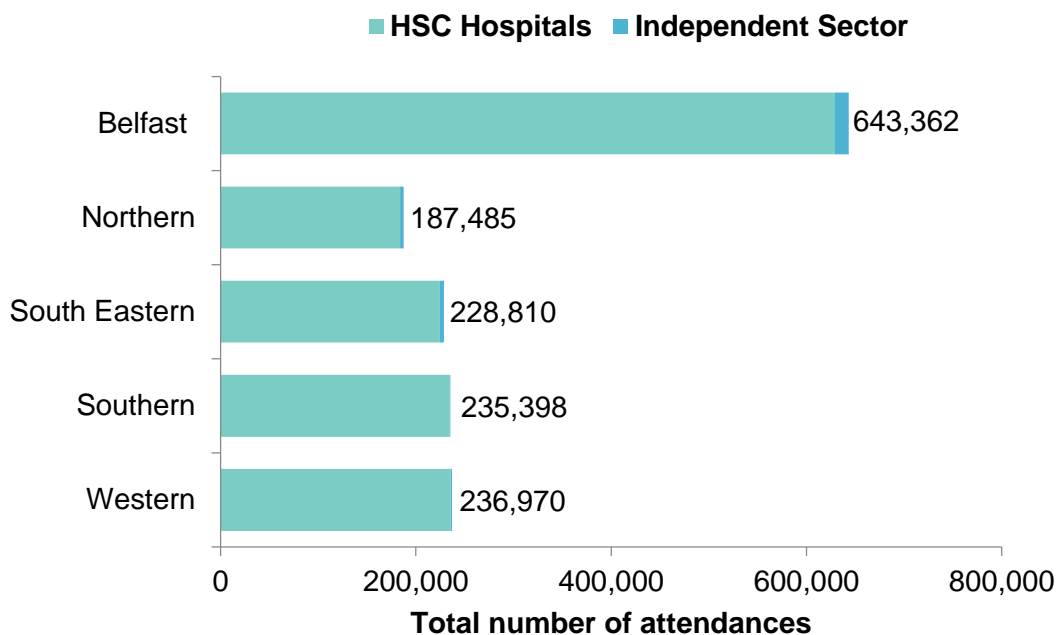
When the total number of attendances commissioned by the Health Service within the Independent Sector in 2016/17 (24,445) is combined with that for outpatients attending an appointment in Health Service hospitals during the same period (1,507,580), a total of 1,532,025 patients were seen at consultant led outpatient services in Northern Ireland commissioned by the Health Service. This was a decrease of 24,461 (1.6%) on the number seen in 2015/16 (1,556,486) (Tables 1a & 1b).

Total Attendances Commissioned by the Health Service by HSC Trust

Over two fifths 42.0% (643,362) of all attendances commissioned by the Health Service for 2016/17 occurred in the Belfast HSC Trust. This was followed by the Western HSC Trust with 15.5% (236,970), Southern HSC Trust with 15.4% (235,398), South Eastern HSC Trust with 14.9% (228,810) and the Northern HSC Trust with 12.2% (187,485) (Figure 16 & Tables 1b).

⁷ Refer to Appendix 5: Definitions and Appendix 7: Explanatory Notes 1 –18.

Figure 16: Total number of outpatient attendances including Independent Sector activity, by HSC Trust (2016/17)



Total Attendances Commissioned by the Health Service by Specialty

In 2016/17, the five specialties with the highest number of attendances were T & O Surgery (12.3%, 188,681), General Surgery (9.1%, 139,189), Ophthalmology (6.8%, 104,708), Obstetrics (Ante Natal) (6.2%, 95,378) and Paediatrics (6.1%, 92,944) (Tables 3a and 55).

Integrated Clinical Assessment and Treatment Services (ICATS)⁸

ICATS Attendances

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.

Reasons for cancellation of ICATS appointments are not currently collected by the Department.

Financial Year 2016/17

During 2016/17, 116,336 attendances took place at ICATS in Northern Ireland. This was an increase of 7.8% (8,379) on the 107,957 seen in 2015/16 (Table 56).

Of the 116,336 patients seen during 2016/17, 41.7% (48,465) were new attendances, with the remaining

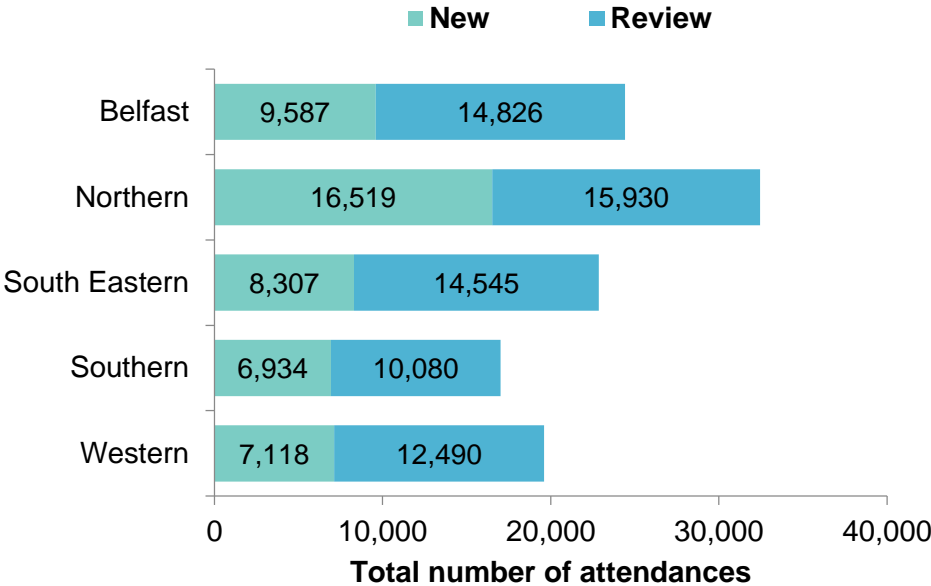
⁸ Refer to Appendix 5: Definitions and Appendix 7: Explanatory Notes 1 – 3 & 20.

58.3% (67,871) being review attendances. This equated to a new to review ratio of 1:1.4, meaning that for every patient attending a new ICATS appointment, there were 1.4 that attended a review appointment. This compares with a new to review ratio of 1:1.3 reported for the previous year (Table 56).

ICATS Attendances by Trust and Specialty

Over one quarter (27.9%, 32,449) of the total ICATS attendances in Northern Ireland during 2016/17 occurred in the Northern HSC Trust. This was followed by the Belfast HSC Trust with 21.0% (24,413), South Eastern HSC Trust with 19.6% (22,852), Western HSC Trust with 16.9% (19,608) and Southern HSC Trust with 14.6% (17,014) (Figure 17 & Table 56).

Figure 17: Total ICATS attendances in Northern Ireland, by HSC Trust (2016/17)



Readers should note that patients referred to an ICATS service can choose which HSC Trust they attend their appointment at, if this service is offered in more than one Trust area. It is therefore not possible to accurately calculate the number of ICATS attendances per head of the population in any specific HSC Trust area, as patients from one HSC Trust area may attend an ICATS service provided at another HSC Trust. A list of specialties provided by each HSC Trust is available in Appendix 2⁹.

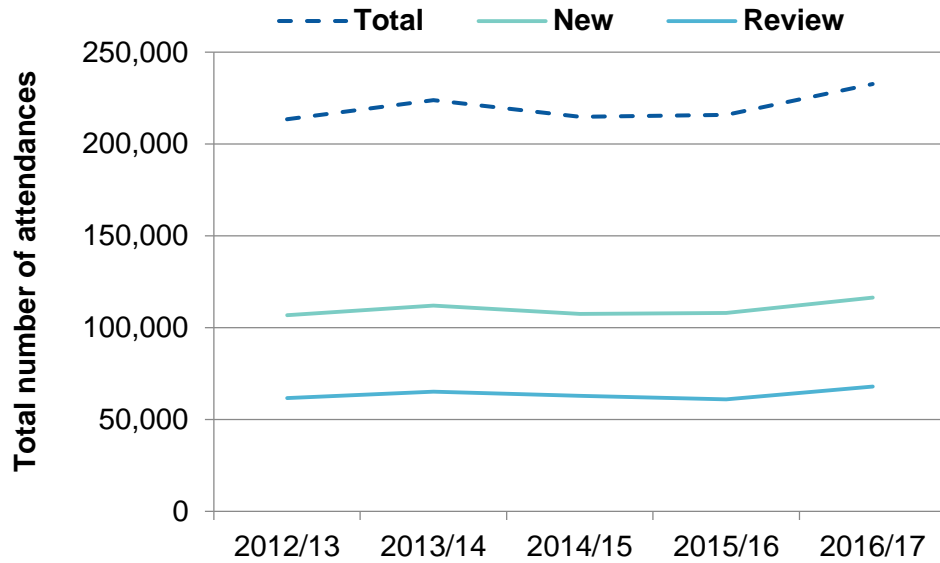
Almost two thirds (65.4%) of ICATS attendances were within the T & O Surgery specialty, followed by Ophthalmology (15.8%), Dermatology (10.7%), ENT (4.9%), Cardiology (1.9%) and Urology (1.4%) (Table 58).

5 Year Trend

The number of patients seen at ICATS in 2016/17 was 9.0% (9,593) more than the 106,743 seen in 2012/13 (Figure 18 & Table 56).

⁹ Refer to Appendix 2: Specialties of Integrated Clinical Assessment and Treatment Services (ICATS) provided in each HSC Trust during 2016/17

Figure 18: Total attendances at ICATS in Northern Ireland (2012/13 - 2016/17)



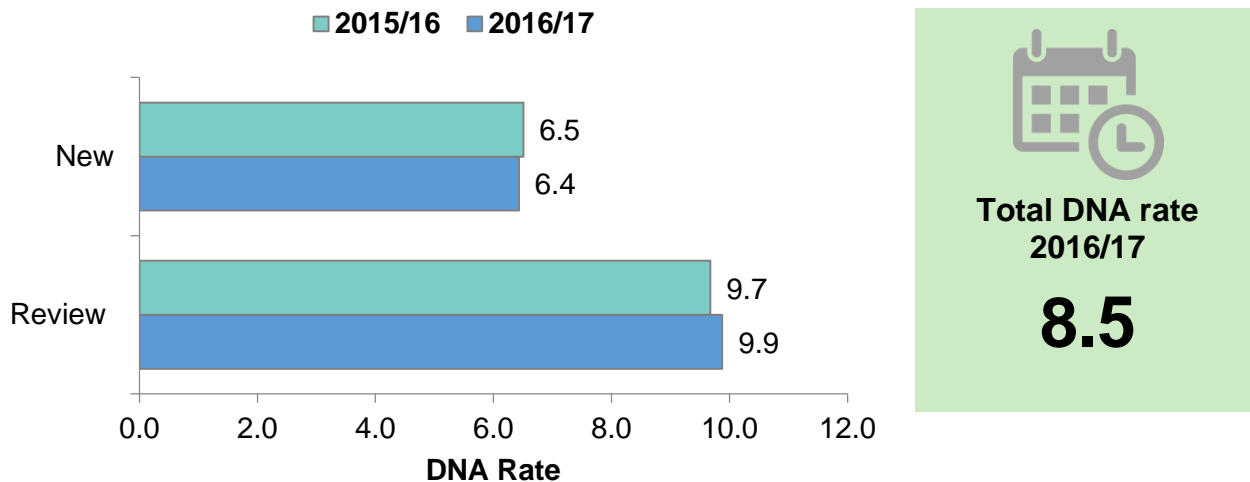
Missed ICATS Appointments / Did Not Attends (DNA)

Financial Year 2016/17

Patients missed a total of 10,770 ICATS appointments during 2016/17, which equated to a DNA rate of 8.5, compared to a DNA rate of 8.3 reported for 2015/16 (Figure 19 & Table 56).

There were 3,331 new appointments missed, compared to 7,439 review appointments during 2016/17. This meant that the review DNA rate of 9.9 was higher than the comparable rate of 6.4 for new appointments. This is compared with respective rates of 9.7 and 6.5 during 2015/16 (Figure 19).

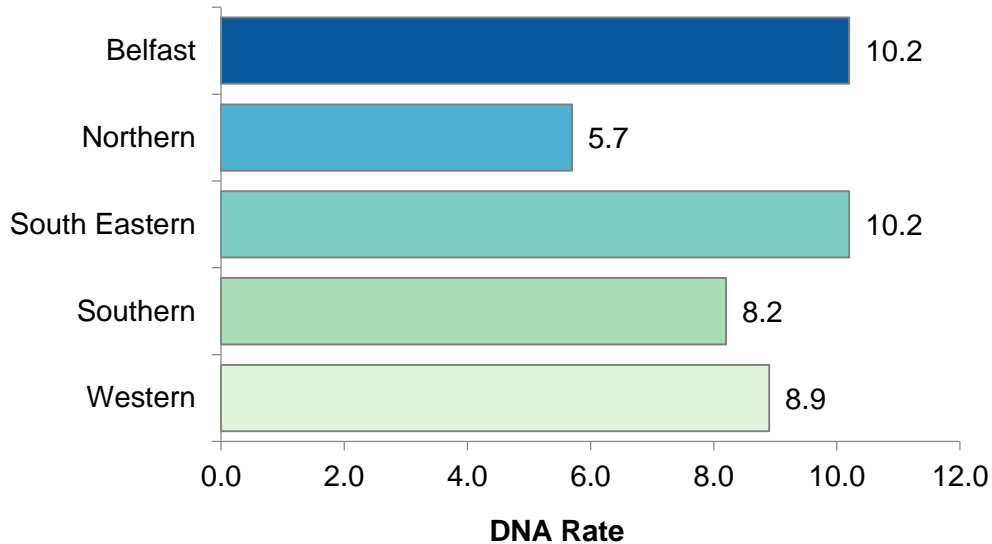
Figure 19: New and review DNA rates at ICATS services in Northern Ireland (2015/16 and 2016/17)



Missed ICATS Appointments / Did Not Attends (DNA) by HSC Trust and Specialty

During 2016/17, the South Eastern and Belfast HSC Trusts had the highest DNA rate at 10.2, followed by a rate of 8.9 in the Western HSC Trust, 8.2 in the Southern HSC Trust and 5.7 in the Northern HSC Trust (Figure 20 & Table 56).

Figure 20: Total DNA rates at ICATS services in Northern Ireland, by HSC Trust (2016/17)

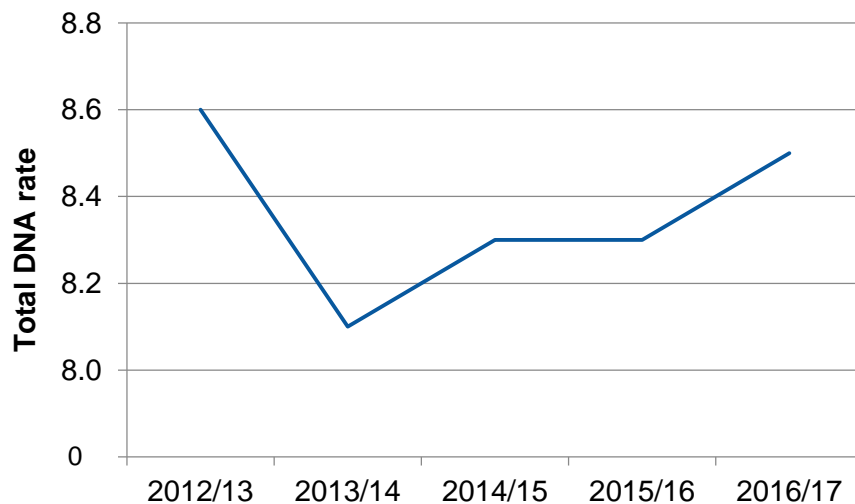


The specialty with the highest DNA rate during 2016/17 was Dermatology with a rate of 10.1; followed by T & O Surgery with a rate of 9.0, Cardiology (8.4), Urology (8.2), ENT (6.8) and Ophthalmology (5.7) (Table 58).

5 Year Trend

The DNA rate of 8.5 for 2016/17 is lower than the comparable rate of 8.6 reported for 2012/13, but higher than the 8.3 reported for 2015/16 (Figure 21 & Table 56).

Figure 21: Total DNA rates at ICATS services in Northern Ireland (2012/13 - 2016/17)



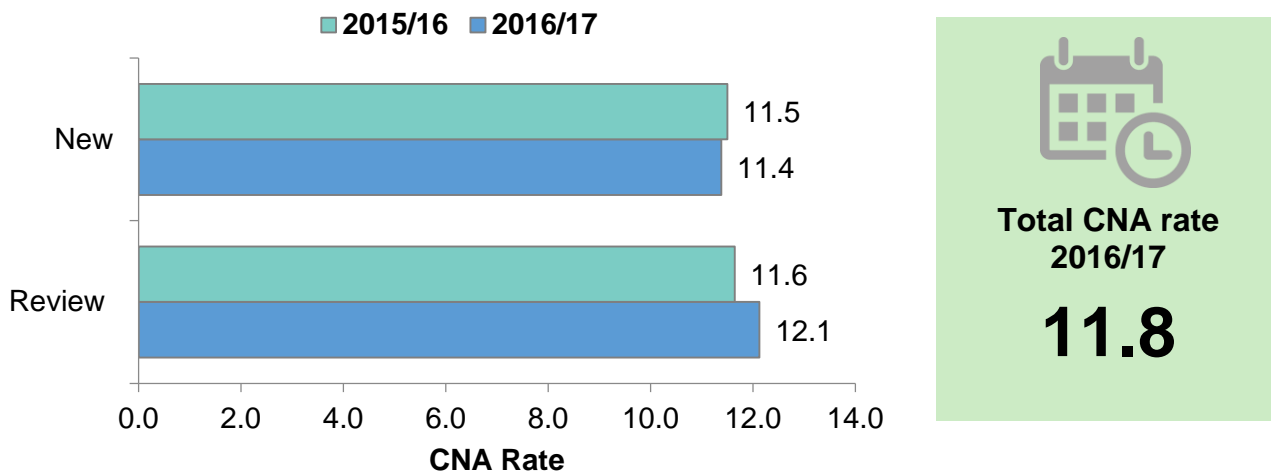
Patient Cancellations / Could Not Attends (CNA)

Financial Year 2016/17

Patients cancelled a total of 15,595 ICATS appointments during 2016/17, which equated to a CNA rate of 11.8, compared with 11.6 reported for 2015/16 (Figure 22 & Table 56).

Patients cancelled a total of 6,227 new appointments and 9,368 review appointments during 2016/17, resulting in CNA rates of 11.4 for new appointments and 12.1 for review appointments. This is compared with rates of 11.5 for new and 11.6 for review appointments during 2015/16 (Figure 22).

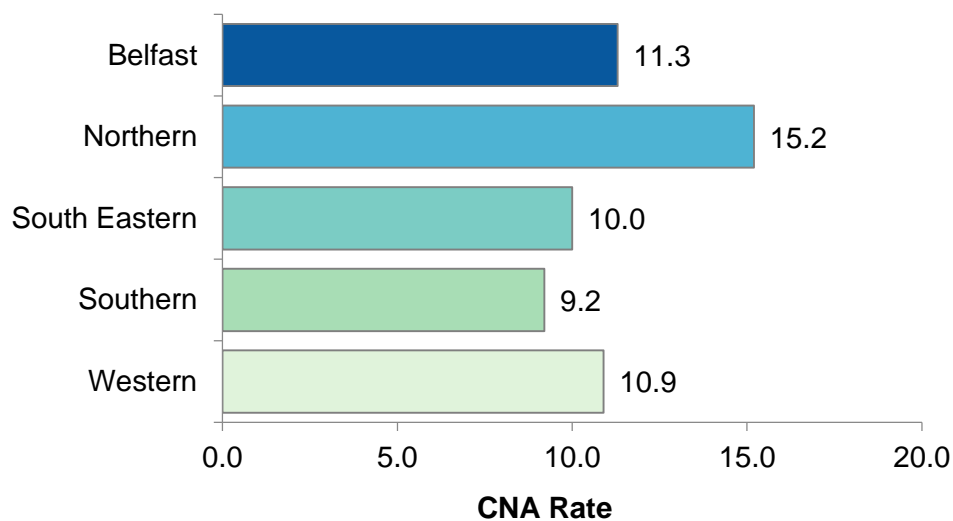
Figure 22: New and review CNA rates at ICATS in Northern Ireland (2015/16 and 2016/17)



Patient Cancellations / Could Not Attends (CNA) by HSC Trust and Specialty

The Northern HSC Trust had the highest CNA rate during 2016/17 with a rate of 15.2, followed by the Belfast HSC Trust with a rate of 11.3, Western HSC Trust (10.9), South Eastern HSC Trust (10.0) and Southern HSC Trust (9.2) (Figure 23 & Table 56).

Figure 23: Total CNA rates at ICATS services in Northern Ireland, by HSC Trust (2016/17)

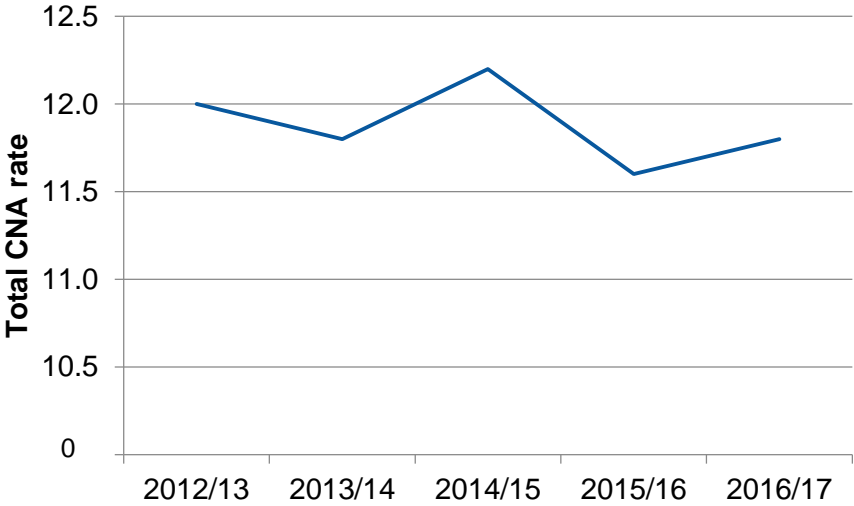


The specialty with the highest CNA rate during 2016/17 was Dermatology with a rate of 17.6, followed by ENT with a rate of 16.4, Ophthalmology (12.9), Urology (10.6) T & O Surgery (10.3) and Cardiology (7.0) (Table 58).

5 Year Trend

The CNA rate decreased from a rate of 12.0 in 2012/13 to a rate of 11.8 in 2016/17 (Figure 24 & Table 56).

Figure 24: Total CNA rates at ICATS in Northern Ireland (2012/13 - 2016/17)



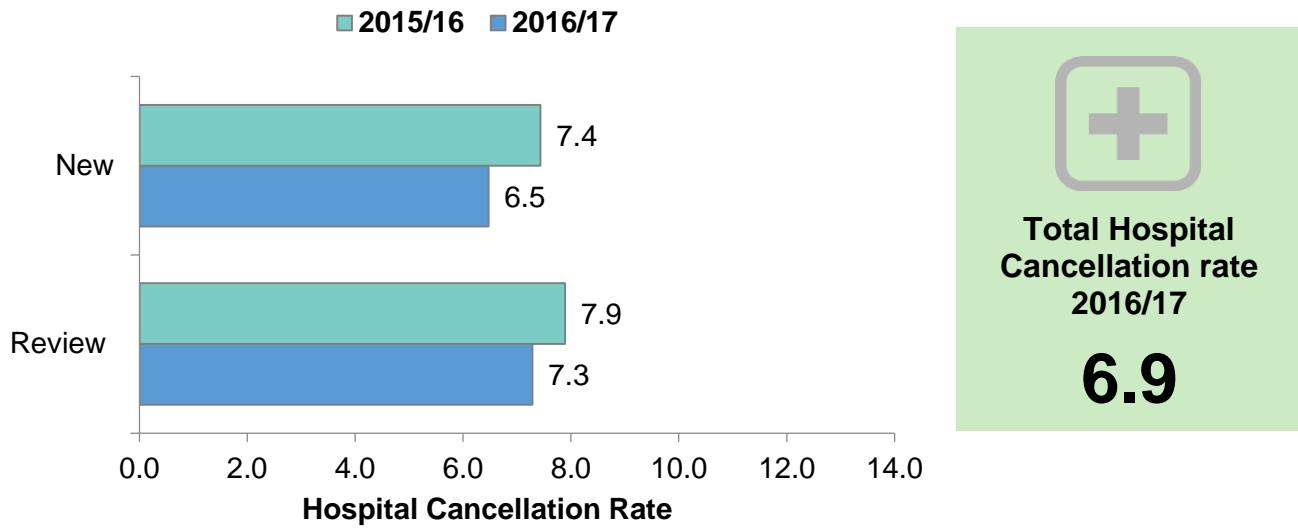
Hospital Cancellations

Financial Year 2016/17

Hospitals cancelled a total of 8,689 ICATS appointments during 2016/17. This equated to a Hospital Cancellation rate of 6.9, compared with a rate of 7.7 in 2015/16 (Figure 25 & Table 56).

Hospitals cancelled 3,354 new appointments and 5,335 review appointments, meaning that during 2016/17, the Hospital Cancellation rate of 7.3 for review appointment was higher than the rate of 6.5 for new appointments. This compares with respective rates of 7.9 and 7.4 during 2015/16 (Figure 25).

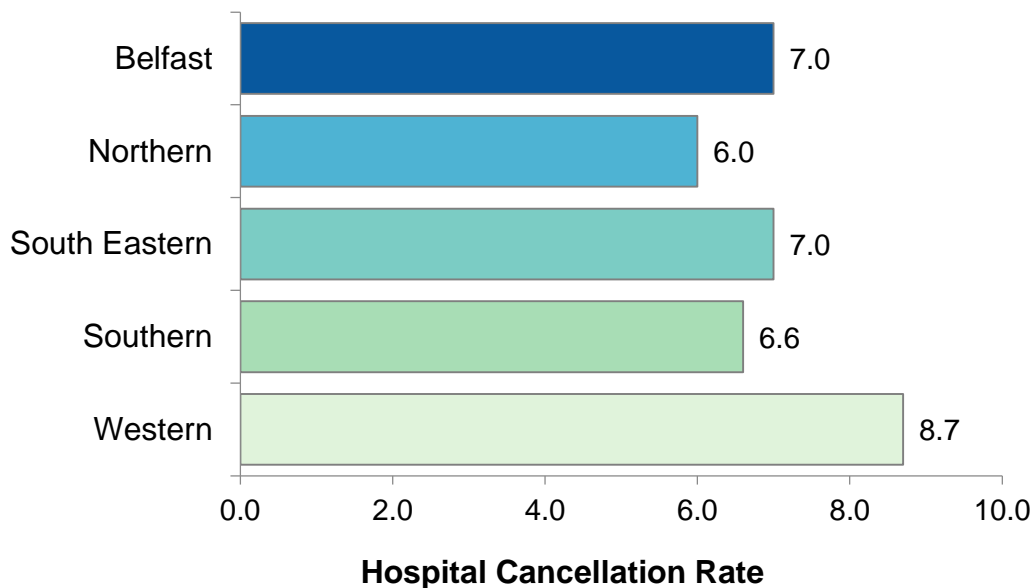
Figure 25: New and review hospital cancellation rates at ICATS in Northern Ireland (2015/16 and 2016/17)



Hospital Cancellations by HSC Trust and Specialty

The Western HSC Trust had the highest Hospital Cancellation rate during 2016/17, with a rate of 8.7, followed by a rate of 7.0 in the South Eastern and Belfast HSC Trusts, 6.6 in the Southern HSC Trust and 6.0 in the Northern HSC Trust (Figure 26 & Table 56).

Figure 26: Total Hospital Cancellation rates at ICATS services in Northern Ireland, by HSC Trust (2016/17)



The specialty with the highest Hospital Cancellation rate in 2016/17 was ENT with a rate of 10.0, followed by Cardiology (9.7), Urology (9.4), Dermatology (9.1), Ophthalmology (8.0) and T&O Surgery (6.0) (Table 58).

5 Year Trend

The Hospital Cancellation rate has decreased from a rate of 8.0 in 2012/13 to 6.9 in 2016/17 (Figure 27 & Table 56).

Figure 27: Total hospital cancellation rates at ICATS services in Northern Ireland (2012/13 - 2016/17)

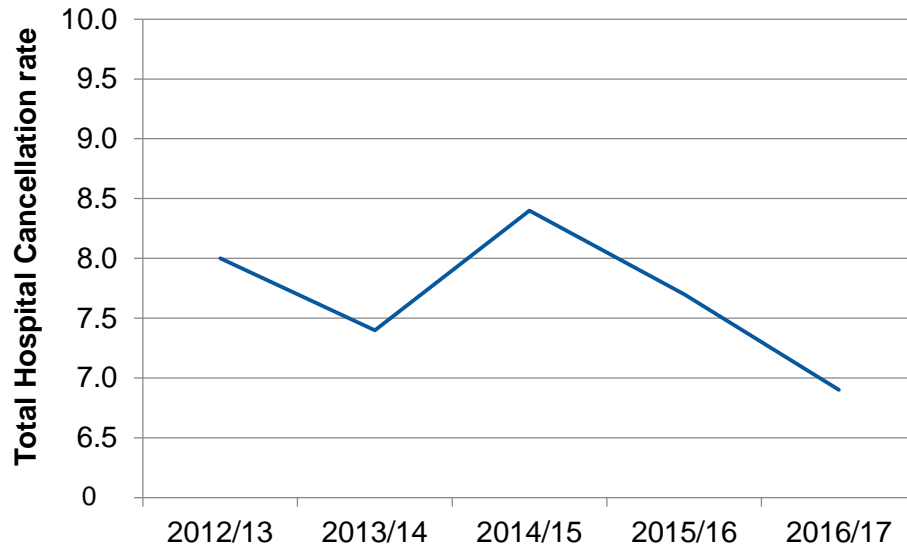


Table 1a: Activity by Programme of Care, 2012/13 to 2016/17¹⁰

Programme of Care	Activity Indicator	2012/13	2013/14	2014/15		2015/16	2016/17	Change
								15/16 - 16/17
All POCs	HSC Hospitals							
	New Attendances	481,059	485,939	474,561		484,806	484,480	-0.1%
	Review Attendances	1,050,176	1,074,436	1,026,503		1,034,623	1,023,100	-1.1%
	Total New & Review Attendances	1,531,235	1,560,375	1,501,064		1,519,429	1,507,580	-0.8%
	Total Did Not Attends (DNAs)	159,170	155,760	147,536		136,913	132,288	-3.4%
	Total Could Not Attends (CNAs)	196,633	196,558	194,257		190,292	189,374	-0.5%
	Total Hospital Cancellations	167,172	167,230	168,555		153,498	155,084	1.0%
	DNA Rate	9.4	9.1	8.9		8.3	8.1	-0.2
	CNA Rate	11.4	11.2	11.5		11.1	11.2	0.1
	Hospital Cancellation Rate	9.8	9.7	10.1		9.2	9.3	0.1
	Ward Attendances	N/A	N/A	58,059		58,770	58,178	-1.0%
	Independent Sector*							
	Independent Sector Attendances	84,034	91,397	53,010	Break in Trend - Not Comparable	37,057	24,445	-34.0%
POC 1: Acute Services	HSC Hospitals							
	New Attendances	448,182	452,415	442,772		453,143	453,604	0.1%
	Review Attendances	935,688	958,433	914,629		926,776	914,106	-1.4%
	Total New & Review Attendances	1,383,870	1,410,848	1,357,401		1,379,919	1,367,710	-0.9%
	Total Did Not Attends (DNAs)	145,015	142,044	134,039		125,483	120,643	-3.9%
	Total Could Not Attends (CNAs)	183,697	181,635	177,964		175,174	174,276	-0.5%
	Total Hospital Cancellations	147,673	150,505	152,567		140,980	141,774	0.6%
	DNA Rate	9.5	9.1	9.0		8.3	8.1	-0.2
	CNA Rate	11.7	11.4	11.6		11.3	11.3	0.0
	Hospital Cancellation Rate	9.6	9.6	10.1		9.3	9.4	0.1
	Ward Attendances	N/A	N/A	45,731		44,152	43,539	-1.4%
	Independent Sector*							
	Independent Sector Attendances	84,034	91,397	53,010		37,057	24,445	-34.0%

Table 1a: continued

Programme of Care	Activity Indicator	2012/13	2013/14	2014/15		2015/16	2016/17	Change	
								15/16 - 16/17	
POC 2: Maternity and Child Health	HSC Hospitals								
	New Attendances	21,497	21,599	20,016	Break in Trend - Not Comparable	20,340	19,803	-2.6%	
	Review Attendances	74,826	76,449	73,374		74,955	75,807	1.1%	
	Total New & Review Attendances	96,323	98,048	93,390		95,295	95,610	0.3%	
	Total Did Not Attends (DNAs)	5,163	4,882	5,105		5,155	5,307	2.9%	
	Total Could Not Attends (CNAs)	5,327	7,218	8,836		8,697	8,485	-2.4%	
	Total Hospital Cancellations	10,390	8,447	7,835		8,410	9,019	7.2%	
	DNA Rate	5.1	4.7	5.2		5.1	5.3	0.2	
	CNA Rate	5.2	6.9	8.6		8.4	8.2	-0.2	
	Hospital Cancellation Rate	9.7	7.9	7.7		8.1	8.6	0.5	
	Ward Attendances	N/A	N/A	10,701		13,411	12,800	-4.6%	
POC 4: Elderly Care	HSC Hospitals								
	New Attendances	10,143	10,717	10,274		10,193	10,101	-0.9%	
	Review Attendances	22,738	22,728	20,213		18,629	19,491	4.6%	
	Total New & Review Attendances	32,881	33,445	30,487		28,822	29,592	2.7%	
	Total Did Not Attends (DNAs)	4,909	4,697	4,125	3,615	3,828	5.9%		
	Total Could Not Attends (CNAs)	5,390	6,053	5,765	5,083	5,409	6.4%		
	Total Hospital Cancellations	6,421	5,886	5,758	3,794	4,025	6.1%		
	DNA Rate	13.0	12.3	11.9	11.1	11.5	0.4		
	CNA Rate	14.1	15.3	15.9	15.0	15.5	0.5		
	Hospital Cancellation Rate	16.3	15.0	15.9	11.6	12.0	-0.4		
	Ward Attendances	N/A	N/A	1,133	1,207	1,839	52.4%		

Table 1a: continued

Programme of Care	Activity Indicator	2012/13	2013/14	2014/15		2015/16	2016/17	Change	
								15/16 - 16/17	
POC 5: Mental Health									
	HSC Hospitals								
	New Attendances	732	744	1,002		585	482	-17.6%	
	Review Attendances	9,971	10,594	12,403		8,341	8,102	-2.9%	
	Total New & Review Attendances	10,703	11,338	13,405		8,926	8,584	-3.8%	
	Total Did Not Attends (DNAs)	2,992	3,009	3,162		1,714	1,643	-4.1%	
	Total Could Not Attends (CNAs)	1,485	996	1,100		717	609	-15.1%	
	Total Hospital Cancellations	2,468	2,177	2,201	Break in Trend - Not Comparable	32	53	65.6%	
	DNA Rate	21.8	21.0	19.1		16.1	16.1	0.0	
	CNA Rate	12.2	8.1	7.6		7.4	6.6	-0.8	
	Hospital Cancellation Rate	18.7	16.1	14.1		0.4	0.6	0.2	
	Ward Attendances	N/A	N/A	494		0	0	-	
POC 6: Learning Disability									
	HSC Hospitals								
	New Attendances	505	464	497			545	490	-10.1%
	Review Attendances	6,953	6,232	5,884			5,922	5,594	-5.5%
	Total New & Review Attendances	7,458	6,696	6,381			6,467	6,084	-5.9%
	Total Did Not Attends (DNAs)	1,091	1,128	1,105		946	867	-8.4%	
	Total Could Not Attends (CNAs)	734	656	592		621	595	-4.2%	
	Total Hospital Cancellations	220	215	194		282	213	-24.5%	
	DNA Rate	12.8	14.4	14.8		12.8	12.5	-0.3	
	CNA Rate	9.0	8.9	8.5		8.8	8.9	0.1	
	Hospital Cancellation Rate	2.9	3.1	3.0		4.2	3.4	-0.8	
	Ward Attendances	N/A	N/A	0		0	0	-	

Source: QOAR (Part 1) and IS1 Part 1

Note: DNA = Did not attend, CNA = Could not attend

¹⁰ Refer to Appendix 7: Explanatory Notes Points 1 -18

(Specifically Explanatory Notes 5 - 10 for information on changes to recording of virtual activity and ward attendances.)

* Not National Statistics

Table 1b: Activity by HSC Trust, 2012/13 to 2016/17¹⁰

HSC Trust	Activity Indicator	2012/13	2013/14	2014/15		2015/16	Change	
							2016/17	15/16 - 16/17
Belfast HSCT	HSC Hospitals							
	New Attendances	178,659	178,495	176,444		178,230	177,289	-0.5%
	Review Attendances	475,648	494,300	466,758		471,509	452,039	-4.1%
	Total New & Review Attendances	654,307	672,795	643,202		649,739	629,328	-3.1%
	Total Did Not Attends (DNAs)	76,207	74,172	68,113		62,330	56,485	-9.4%
	Total Could Not Attends (CNAs)	87,936	88,702	87,857		86,460	85,745	-0.8%
	Total Hospital Cancellations	76,429	78,495	78,910		72,072	72,980	1.3%
	DNA Rate	10.4	9.9	9.6		8.8	8.2	-0.6
	CNA Rate	11.8	11.6	12.0		11.7	12.0	0.3
	Hospital Cancellation Rate	10.5	10.4	10.9		10.0	10.4	0.4
	Ward Attendances	N/A	N/A	17,414		18,431	19,558	6.1%
	Independent Sector*							
	Independent Sector Attendances	39,394	43,398	29,222		19,638	14,034	-28.5%
Northern HSCT	HSC Hospitals							
	New Attendances	59,222	60,798	59,266		62,652	61,635	-1.6%
	Review Attendances	128,440	130,138	118,040		123,529	122,217	-1.1%
	Total New & Review Attendances	187,662	190,936	177,306		186,181	183,852	-1.3%
	Total Did Not Attends (DNAs)	16,190	15,809	13,868		12,941	12,222	-5.6%
	Total Could Not Attends (CNAs)	30,349	31,582	32,447		33,144	30,115	-9.1%
	Total Hospital Cancellations	23,590	24,136	24,045		22,683	20,947	-7.7%
	DNA Rate	7.9	7.6	7.3		6.5	6.2	-0.3
	CNA Rate	13.9	14.2	15.5		15.1	14.1	1.0
	Hospital Cancellation Rate	11.2	11.2	11.9		10.9	10.2	-0.7
	Ward Attendances	N/A	N/A	16,174		14,739	14,467	-1.8%
	Independent Sector*							
	Independent Sector Attendances	16,016	9,709	6,848		6,299	3,633	-42.3%

Break in Trend - Not Comparable

Table 1b: continued

HSC Trust	Activity Indicator	2012/13	2013/14	2014/15	2015/16	2016/17	Change 15/16 - 16/17
South Eastern HSCT							
	HSC Hospitals						
	New Attendances	80,623	83,286	81,038	78,615	80,103	1.9%
	Review Attendances	138,244	142,839	140,618	140,053	144,185	3.0%
	Total New & Review Attendances	218,867	226,125	221,656	218,668	224,288	2.6%
	Total Did Not Attends (DNAs)	24,090	24,809	23,430	20,595	21,499	4.4%
	Total Could Not Attends (CNAs)	22,594	23,406	22,368	20,435	21,419	4.8%
	Total Hospital Cancellations	23,093	24,278	24,052	19,769	20,098	1.7%
	DNA Rate	9.9	9.9	9.6	8.6	8.7	0.1
	CNA Rate	9.4	9.4	9.2	8.5	8.7	0.2
	Hospital Cancellation Rate	9.5	9.7	9.8	8.3	8.2	-0.1
	Ward Attendances	N/A	N/A	738	695	1,261	81.4%
	Independent Sector*						
	Independent Sector Attendances	14,013	19,963	9,394	8,304	4,522	-45.5%
Southern HSCT							
	HSC Hospitals						
	New Attendances	81,728	83,067	80,282	85,175	83,664	-1.8%
	Review Attendances	146,974	151,392	152,160	151,980	150,933	-0.7%
	Total New & Review Attendances	228,702	234,459	232,442	237,155	234,597	-1.1%
	Total Did Not Attends (DNAs)	19,613	18,933	17,667	17,914	18,675	4.2%
	Total Could Not Attends (CNAs)	24,200	25,830	25,659	25,669	26,272	2.3%
	Total Hospital Cancellations	15,235	15,452	16,524	15,519	15,717	1.3%
	DNA Rate	7.9	7.5	7.1	7.0	7.4	0.4
	CNA Rate	9.6	9.9	9.9	9.8	10.1	0.3
	Hospital Cancellation Rate	6.2	6.2	6.6	6.1	6.3	0.2
	Ward Attendances	N/A	N/A	13,732	15,720	14,659	-6.7%
	Independent Sector*						
	Independent Sector Attendances	6,645	5,873	1,931	707	801	13.3%

Break in Trend - Not Comparable

Table 1b: continued

HSC Trust	Activity Indicator	2012/13	2013/14	2014/15		2015/16	2016/17	Change	
								15/16 - 16/17	
Western HSCT									
	HSC Hospitals								
	New Attendances	80,827	80,293	77,531		80,134	81,789	2.1%	
	Review Attendances	160,870	155,767	148,927		147,552	153,726	4.2%	
	Total New & Review Attendances	241,697	236,060	226,458		227,686	235,515	3.4%	
	Total Did Not Attends (DNAs)	23,070	22,037	24,458		23,133	23,407	1.2%	
	Total Could Not Attends (CNAs)	31,554	27,038	25,926		24,584	25,823	5.0%	
	Total Hospital Cancellations	28,825	24,869	25,024		23,455	25,342	8.0%	
	DNA Rate	8.7	8.5	9.7		9.2	9.0	-0.2	
	CNA Rate	11.5	10.3	10.3		9.7	9.9	0.2	
	Hospital Cancellation Rate	10.7	9.5	10.0		9.3	9.7	0.4	
	Ward Attendances	N/A	N/A	10,001		9,185	8,233	-10.4%	
	Independent Sector*								
	Independent Sector Attendances	7,966	12,454	5,615		2,109	1,455	-31.0%	
NI Total									
	HSC Hospitals								
	New Attendances	481,059	485,939	474,561	Break in Trend - Not Comparable	484,806	484,480	-0.1%	
	Review Attendances	1,050,176	1,074,436	1,026,503		1,034,623	1,023,100	-1.1%	
	Total New & Review Attendances	1,531,235	1,560,375	1,501,064		1,519,429	1,507,580	-0.8%	
	Total Did Not Attends (DNAs)	159,170	155,760	147,536		136,913	132,288	-3.4%	
	Total Could Not Attends (CNAs)	196,633	196,558	194,257		190,292	189,374	-0.5%	
	Total Hospital Cancellations	167,172	167,230	168,555		153,498	155,084	1.0%	
	DNA Rate	9.4	9.1	8.9		8.3	8.1	-0.2	
	CNA Rate	11.4	11.2	11.5		11.1	11.2	0.1	
	Hospital Cancellation Rate	9.8	9.7	10.1		9.2	9.3	0.1	
	Ward Attendances	N/A	N/A	58,059		58,770	58,178	-1.0%	
	Independent Sector*								
	Independent Sector Attendances	84,034	91,397	53,010			37,057	24,445	-34.0%

Source: QOAR (Part 1) and IS1 Part 1

Note: DNA = Did not attend, CNA = Could not attend

¹⁰ Refer to Appendix 7: Explanatory Notes Points 1 -18

(Specifically Explanatory Notes 5 - 10 for information on changes to recording of virtual activity and ward attendances.)

* Not National Statistics

Table 2a: Activity and Rates by Hospital/HSC Trust, 2016/17¹¹

Hospital/HSC Trust	Total New & Review Attendances	Total DNA	Total CNA	Total Hospital Cancellations	DNA Rate	CNA Rate	Hospital Cancellation Rate	Ward Attendances	Patient Died	Private Patient Attendances
Beechcroft	8,584	1,643	609	53	16.1	6.6	0.6	0	0	0
Belfast City	134,925	11,018	19,577	20,373	7.5	12.7	13.1	4,123	489	14
NI Cancer Centre	25,740	1,612	3,017	5,408	5.9	10.5	17.4	13,085	491	25
Mater Infirmorum	33,553	3,396	4,367	3,390	9.2	11.5	9.2	137	177	4
Muckamore Abbey	2,963	475	494	185	13.8	14.3	5.9	0	2	0
Musgrave Park	70,102	6,744	7,368	5,290	8.8	9.5	7.0	0	55	13
RBHSC	80,526	7,771	9,932	8,838	8.8	11.0	9.9	357	20	15
Royal Maternity	27,744	1,795	3,052	1,813	6.1	9.9	6.1	0	0	0
Royal Victoria	245,191	22,031	37,329	27,630	8.2	13.2	10.1	1,856	792	154
Belfast HSCT	629,328	56,485	85,745	72,980	8.2	12.0	10.4	19,558	2,026	225
Antrim	86,665	5,184	12,719	8,988	5.6	12.8	9.4	6,115	253	993
Causeway	46,201	3,436	6,842	5,745	6.9	12.9	11.1	8,332	103	19
Mid Ulster	15,011	948	3,414	1,828	5.9	18.5	10.9	10	20	6
Moyle	4,075	224	740	506	5.2	15.4	11.0	0	4	0
Waveney	16,596	1,047	3,133	1,816	5.9	15.9	9.9	0	22	14
Whiteabbey	15,304	1,383	3,267	2,064	8.3	17.6	11.9	10	34	3
Northern HSCT	183,852	12,222	30,115	20,947	6.2	14.1	10.2	14,467	436	1,035
Ards	20,417	2,157	2,352	2,040	9.6	10.3	9.1	0	71	0
Bangor	9,839	808	938	841	7.6	8.7	7.9	0	17	0
Downe	20,427	1,715	1,896	1,351	7.7	8.5	6.2	3	20	0
Lagan Valley	29,748	2,100	2,751	2,467	6.6	8.5	7.7	12	44	0
Ulster	143,857	14,719	13,482	13,399	9.3	8.6	8.5	1,246	246	17
South Eastern HSCT	224,288	21,499	21,419	20,098	8.7	8.7	8.2	1,261	398	17

Table 2a: continued

Hospital/HSC Trust	Total	Total DNA	Total CNA	Total	DNA Rate	CNA Rate	Hospital	Ward Attendances	Patient Died	Private
	New & Review Attendances			Hospital Cancellations			Cancellation Rate			Patient Attendances
Armagh Community	7,275	738	732	434	9.2	9.1	5.6	0	4	0
Banbridge	5,422	402	697	264	6.9	11.4	4.6	0	4	0
Bluestone	2,017	362	308	149	15.2	13.2	6.9	194	2	0
Craigavon Area	134,476	9,244	14,083	8,062	6.4	9.5	5.7	9,073	164	9
Daisy Hill	62,469	6,082	7,695	5,017	8.9	11.0	7.4	4,280	95	16
Kilkeel Primary Care Centre	522	36	87	36	6.5	14.3	6.5	0	0	0
Longstone	1,495	282	0	28	15.9	0.0	1.8	0	1	0
Lurgan	2,107	134	431	136	6.0	17.0	6.1	0	27	0
Mullinure	571	26	198	136	4.4	25.7	19.2	0	3	0
St Luke's	544	183	98	93	25.2	15.3	14.6	4	0	0
South Tyrone	17,699	1,186	1,943	1,362	6.3	9.9	7.1	1,108	21	0
Southern HSCT	234,597	18,675	26,272	15,717	7.4	10.1	6.3	14,659	321	25
Altnagelvin Area	160,257	17,510	17,501	18,930	9.8	9.8	10.6	6,780	331	44
Grangewood	1,038	151	244	96	12.7	19.0	8.5	0	0	0
Lakeview	1,626	110	101	0	6.3	5.8	0.0	0	0	0
Roe Valley	8,025	937	931	1,084	10.5	10.4	11.9	0	15	0
South West Acute	37,392	2,417	4,229	3,046	6.1	10.2	7.5	1,408	46	1,132
Tyrone County	27,177	2,282	2,817	2,186	7.7	9.4	7.4	45	53	24
Western HSCT	235,515	23,407	25,823	25,342	9.0	9.9	9.7	8,233	445	1,200
NI Total	1,507,580	132,288	189,374	155,084	8.1	11.2	9.3	58,178	3,626	2,502

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹¹ Refer to Appendix 7: Explanatory Notes Points 1 -7, 9 -10 & 12 -18

Table 2b: Activity by Hospital/HSC Trust, 2016/17¹²

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		<u>Ward</u>
	New	Review	New	Review	New	Review	New	Review	Attendances
Beechcroft	482	8,102	127	1,516	31	578	0	53	0
Belfast City	43,327	91,598	3,253	7,765	6,240	13,337	4,733	15,640	4,123
NI Cancer Centre	4,429	21,311	212	1,400	252	2,765	484	4,924	13,085
Mater Infirmorum	9,731	23,822	980	2,416	1,188	3,179	587	2,803	137
Muckamore Abbey	354	2,609	66	409	43	451	20	165	0
Musgrave Park	19,221	50,881	1,611	5,133	1,772	5,596	1,321	3,969	0
RBHSC	19,328	61,198	1,310	6,461	2,061	7,871	1,254	7,584	357
Royal Maternity	6,864	20,880	494	1,301	783	2,269	319	1,494	0
Royal Victoria	73,553	171,638	5,467	16,564	9,041	28,288	5,455	22,175	1,856
Belfast HSCT	177,289	452,039	13,520	42,965	21,411	64,334	14,173	58,807	19,558
Antrim	28,882	57,783	1,372	3,812	4,377	8,342	2,320	6,668	6,115
Causeway	16,205	29,996	839	2,597	2,128	4,714	1,354	4,391	8,332
Mid Ulster	4,451	10,560	210	738	1,296	2,118	428	1,400	10
Moyle	1,301	2,774	70	154	309	431	105	401	0
Waveney	5,560	11,036	276	771	1,087	2,046	461	1,355	0
Whiteabbey	5,236	10,068	413	970	1,239	2,028	572	1,492	10
Northern HSCT	61,635	122,217	3,180	9,042	10,436	19,679	5,240	15,707	14,467
Ards	7,328	13,089	609	1,548	793	1,559	492	1,548	0
Bangor	3,802	6,037	247	561	354	584	184	657	0
Downe	7,652	12,775	566	1,149	678	1,218	364	987	3
Lagan Valley	11,069	18,679	793	1,307	1,013	1,738	617	1,850	12
Ulster	50,252	93,605	3,444	11,275	4,168	9,314	2,394	11,005	1,246
South Eastern HSCT	80,103	144,185	5,659	15,840	7,006	14,413	4,051	16,047	1,261

Table 2b: continued

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances
	New	Review	New	Review	New	Review	New	Review	
Armagh Community	2,406	4,869	214	524	283	449	110	324	0
Banbridge	1,742	3,680	128	274	260	437	72	192	0
Bluestone	603	1,414	77	285	58	250	44	105	194
Craigavon Area	47,717	86,759	3,040	6,204	5,763	8,320	2,083	5,979	9,073
Daisy Hill	24,379	38,090	2,163	3,919	2,903	4,792	1,191	3,826	4,280
Kilkeel Primary Care Centre	235	287	17	19	36	51	14	22	0
Longstone	65	1,430	22	260	0	0	3	25	0
Lurgan	691	1,416	28	106	116	315	28	108	0
Mullinure	294	277	16	10	75	123	27	109	0
St Luke's	75	469	36	147	17	81	20	73	4
South Tyrone	5,457	12,242	360	826	771	1,172	227	1,135	1,108
Southern HSCT	83,664	150,933	6,101	12,574	10,282	15,990	3,819	11,898	14,659
Altnagelvin Area	55,902	104,355	5,704	11,806	5,773	11,728	5,084	13,846	6,780
Grangewood	223	815	28	123	36	208	0	96	0
Lakeview	71	1,555	46	64	22	79	0	0	0
Roe Valley	3,150	4,875	330	607	366	565	372	712	0
South West Acute	13,267	24,125	736	1,681	1,443	2,786	874	2,172	1,408
Tyrone County	9,176	18,001	663	1,619	881	1,936	613	1,573	45
Western HSCT	81,789	153,726	7,507	15,900	8,521	17,302	6,943	18,399	8,233
NI Total	484,480	1,023,100	35,967	96,321	57,656	131,718	34,226	120,858	58,178

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹² Refer to Appendix 7: Explanatory Notes Points 1 -7, 9, 12 -13 & 15 -18

Table 2c: Reason for Appointment Cancellation by HSC Trust, 2016/17¹³

HSC Trust	Consultant unavailable	Medical staff / nurse not available	Patient treated elsewhere	Reason for cancellation			Appointment put back	Cancelled following validation / audit	Administrative error by hospital / GP
				Consultant cancelled appointment	Appointment brought forward				
Belfast HSCT	22,292	2,141	2,470	6,828	5,277	23,235	1,420	5,467	
Northern HSCT	8,389	275	633	971	3,365	3,668	1,093	1,271	
South Eastern HSCT	7,303	1,100	1,706	613	2,566	3,488	37	2,339	
Southern HSCT	6,734	557	153	482	1,827	2,384	0	3,245	
Western HSCT	9,940	1,502	421	2,230	3,481	4,326	112	2,906	
NI Total	54,658	5,575	5,383	11,124	16,516	37,101	2,662	15,228	

HSC Trust	Hospital transport not available	Cancelled by hospital in order to rebook as alternative booking method	Patient cancelled appointment as no longer needed	Reason for cancellation			Reason not recorded	Reason incorrectly recorded	Total appointments cancelled by either patient or hospital
				Patient cancelled appointment but it is still required	Patient GP cancelled appointment on patient's behalf				
Belfast HSCT	377	619	7,504	75,446	78	4,492	1,079	158,725	
Northern HSCT	43	0	1,895	27,445	9	490	1,514	51,061	
South Eastern HSCT	116	11	2,004	18,427	6	542	1,259	41,517	
Southern HSCT	32	303	2,464	23,656	17	127	3	41,984	
Western HSCT	43	61	2,384	22,597	14	444	704	51,165	
NI Total	611	994	16,251	167,571	124	6,095	4,559	344,452	

Source: QOAR (Part 2)

¹³ Refer to Appendix 7: Explanatory Notes Points 1, 3, 5, 12 -13, 15, 17 & 19

Table 3a: Activity and Rates by Specialty, 2016/17¹⁴

Specialty	Spec Code	Total			Hospital			Hospital		Private	
		New & Review Attendances	Total DNA	Total CNA	Total Hospital Cancellations	DNA Rate	CNA Rate	Cancellation Rate	Ward Patient Attendances	Ward Patient Died	Private Patient Attendances
General Surgery	100	136,575	9,674	17,962	14,912	6.6	11.6	9.8	635	355	172
Urology	101	32,223	2,387	3,760	5,020	6.9	10.4	13.5	111	76	10
T & O Surgery	110	179,858	20,171	18,151	12,398	10.1	9.2	6.4	0	197	14
ENT	120	89,759	7,199	12,071	8,239	7.4	11.9	8.4	3,091	106	70
Ophthalmology	130	102,994	7,497	14,977	10,215	6.8	12.7	9.0	442	288	27
Oral Surgery	140	22,896	2,897	3,157	2,465	11.2	12.1	9.7	14	39	12
Restorative Dentistry	141	8,849	1,077	1,885	1,203	10.9	17.6	12.0	0	15	0
Paediatric Dentistry	142	2,287	571	494	232	20.0	17.8	9.2	4	2	0
Orthodontics	143	12,701	1,577	2,086	1,280	11.0	14.1	9.2	0	0	0
Neurosurgery	150	5,441	471	904	1,316	8.0	14.2	19.5	120	17	0
Plastic Surgery	160	18,337	2,074	2,149	1,347	10.2	10.5	6.8	345	39	0
Cardiac Surgery	170	2,463	129	182	393	5.0	6.9	13.8	0	8	6
Paediatric Surgery	171	5,421	469	852	1,346	8.0	13.6	19.9	2	2	0
Thoracic Surgery	172	2,277	192	306	468	7.8	11.8	17.0	0	9	0
Accident & Emergency	180	4,716	1,339	253	2	22.1	5.1	0.0	12	0	0
Anaesthetics	190	4,081	181	204	131	4.2	4.8	3.1	188	1	0
Pain Management	191	13,062	1,379	1,697	1,430	9.5	11.5	9.9	35	12	4
General Medicine	300	55,260	6,437	7,270	6,285	10.4	11.6	10.2	4,213	175	8
Gastroenterology	301	33,363	2,869	5,730	5,196	7.9	14.7	13.5	820	133	55
Endocrinology	302	29,778	2,790	5,163	2,779	8.6	14.8	8.5	1,287	72	0
Haematology (Clinical)	303	48,194	3,726	3,724	4,655	7.2	7.2	8.8	1,990	197	3
Clinical Genetics	311	2,862	212	374	352	6.9	11.6	11.0	1	5	0
Rehabilitation	314	8,692	822	1,037	892	8.6	10.7	9.3	0	16	0
Palliative Medicine	315	2,704	190	305	209	6.6	10.1	7.2	876	29	0
Cardiology	320	57,500	3,861	6,553	6,025	6.3	10.2	9.5	838	204	572
Dermatology	330	78,949	5,564	11,901	6,944	6.6	13.1	8.1	197	130	1,140
Thoracic Medicine	340	38,012	3,677	5,128	5,179	8.8	11.9	12.0	198	287	1
Genito-Urinary Medicine	360	25,180	541	0	0	2.1	0.0	0.0	0	0	0
Nephrology	361	26,118	2,188	3,196	4,688	7.7	10.9	15.2	291	160	0

Table 3a: continued

Specialty	Spec Code	Total	Total DNA	Total CNA	Total	DNA Rate	CNA Rate	Hospital	Ward	Patient Died	Private Patient
		New & Review Attendances			Hospital Cancellations			Cancellation Rate			
Medical Oncology	370	10,134	743	988	1,786	6.8	8.9	15.0	5,757	161	2
Neurology	400	32,637	3,084	4,678	3,532	8.6	12.5	9.8	1,275	95	0
Clinical Neuro-Physiology	401	582	38	108	129	6.1	15.7	18.1	581	1	0
Rheumatology	410	52,575	3,307	7,173	5,385	5.9	12.0	9.3	537	94	19
Paediatrics	420	92,943	11,292	11,509	10,660	10.8	11.0	10.3	6,515	15	15
Paediatric Neurology	421	2,500	229	407	1,030	8.4	14.0	29.2	1	4	0
Geriatric Medicine	430	23,194	2,592	3,719	2,858	10.1	13.8	11.0	1,549	169	1
Dental Medicine Specialties	450	3,279	443	785	232	11.9	19.3	6.6	0	3	0
Gynaecology	502	90,719	7,093	13,509	8,310	7.3	13.0	8.4	5,077	39	143
Obstetrics (Ante Natal)	510	95,378	5,280	8,468	8,990	5.2	8.2	8.6	12,796	1	205
Obstetrics (Post Natal)	520	232	27	17	29	10.4	6.8	11.1	4	0	0
Learning Disability	700	6,084	867	595	213	12.5	8.9	3.4	0	3	0
Child & Adolescent Psychiatry	711	8,584	1,643	609	53	16.1	6.6	0.6	0	0	0
Old Age Psychiatry	715	6,398	1,236	1,690	1,167	16.2	20.9	15.4	290	56	0
Clinical Oncology	800	21,138	1,497	2,377	4,282	6.6	10.1	16.8	8,086	407	23
Chemical Pathology	822	2,467	242	596	271	8.9	19.5	9.9	0	4	0
Joint Consultant Clinic	990	8,184	514	675	556	5.9	7.6	6.4	0	0	0
NI Total		1,507,580	132,288	189,374	155,084	8.1	11.2	9.3	58,178	3,626	2,502

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁴ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 9-10, 12-18

Table 3b: Activity by Specialty, 2016/17¹⁴

Specialty	Spec Code	Attendances		DNA		CNA		Hospital Cancellations		Ward Attendances
		New	Review	New	Review	New	Review	New	Review	
General Surgery	100	66,547	70,028	4,044	5,630	8,594	9,368	5,117	9,795	635
Urology	101	13,557	18,666	1,128	1,259	1,628	2,132	1,809	3,211	111
T & O Surgery	110	59,037	120,821	6,076	14,095	5,579	12,572	2,992	9,406	0
ENT	120	41,330	48,429	3,073	4,126	5,180	6,891	2,531	5,708	3,091
Ophthalmology	130	23,989	79,005	1,949	5,548	3,314	11,663	1,838	8,377	442
Oral Surgery	140	9,703	13,193	854	2,043	1,025	2,132	595	1,870	14
Restorative Dentistry	141	2,416	6,433	329	748	402	1,483	139	1,064	0
Paediatric Dentistry	142	626	1,661	163	408	136	358	33	199	4
Orthodontics	143	1,300	11,401	92	1,485	169	1,917	42	1,238	0
Neurosurgery	150	2,091	3,350	137	334	293	611	306	1,010	120
Plastic Surgery	160	6,173	12,164	255	1,819	446	1,703	226	1,121	345
Cardiac Surgery	170	759	1,704	11	118	31	151	118	275	0
Paediatric Surgery	171	2,583	2,838	126	343	284	568	345	1,001	2
Thoracic Surgery	172	595	1,682	49	143	76	230	95	373	0
Accident & Emergency	180	0	4,716	0	1,339	0	253	0	2	12
Anaesthetics	190	289	3,792	50	131	39	165	51	80	188
Pain Management	191	5,946	7,116	550	829	839	858	640	790	35
General Medicine	300	14,976	40,284	1,507	4,930	1,551	5,719	1,301	4,984	4,213
Gastroenterology	301	10,437	22,926	811	2,058	1,865	3,865	917	4,279	820
Endocrinology	302	5,153	24,625	515	2,275	885	4,278	498	2,281	1,287
Haematology (Clinical)	303	4,574	43,620	391	3,335	441	3,283	554	4,101	1,990
Clinical Genetics	311	1,906	956	110	102	244	130	172	180	1
Rehabilitation	314	469	8,223	88	734	115	922	44	848	0
Palliative Medicine	315	675	2,029	34	156	81	224	29	180	876
Cardiology	320	24,025	33,475	1,437	2,424	2,379	4,174	1,626	4,399	838
Dermatology	330	31,988	46,961	1,856	3,708	4,682	7,219	1,711	5,233	197
Thoracic Medicine	340	9,299	28,713	755	2,922	1,211	3,917	1,042	4,137	198
Genito-Urinary Medicine	360	15,364	9,816	282	259	0	0	0	0	0
Nephrology	361	2,831	23,287	223	1,965	360	2,836	354	4,334	291

Table 3b: continued

Specialty	Spec Code	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances
		New	Review	New	Review	New	Review	New	Review	
Medical Oncology	370	1,406	8,728	58	685	70	918	130	1,656	5,757
Neurology	400	10,272	22,365	945	2,139	1,224	3,454	768	2,764	1,275
Clinical Neuro-Physiology	401	582	0	38	0	108	0	129	0	581
Rheumatology	410	9,138	43,437	540	2,767	1,116	6,057	656	4,729	537
Paediatrics	420	22,092	70,851	1,848	9,444	2,137	9,372	1,575	9,085	6,515
Paediatric Neurology	421	432	2,068	20	209	51	356	59	971	1
Geriatric Medicine	430	8,373	14,821	613	1,979	1,194	2,525	652	2,206	1,549
Dental Medicine Specialties	450	1,249	2,030	89	354	182	603	36	196	0
Gynaecology	502	44,074	46,645	2,968	4,125	6,418	7,091	2,885	5,425	5,077
Obstetrics (Ante Natal)	510	19,695	75,683	985	4,295	2,197	6,271	1,257	7,733	12,796
Obstetrics (Post Natal)	520	108	124	12	15	1	16	1	28	4
Learning Disability	700	490	5,594	134	733	65	530	23	190	0
Child & Adolescent Psychiatry	711	482	8,102	127	1,516	31	578	0	53	0
Old Age Psychiatry	715	1,728	4,670	347	889	549	1,141	314	853	290
Clinical Oncology	800	3,564	17,574	166	1,331	193	2,184	425	3,857	8,086
Chemical Pathology	822	564	1,903	55	187	105	491	55	216	0
Joint Consultant Clinic	990	1,593	6,591	127	387	166	509	136	420	0
NI Total		484,480	1,023,100	35,967	96,321	57,656	131,718	34,226	120,858	58,178

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁴ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 9-10, 12-18

Table 3c: Reason for Appointment Cancellation by Specialty, 2016/17¹⁵

Specialty	Consultant unavailable	Medical staff / nurse not available	Patient treated elsewhere	Consultant cancelled appointment	Appointment brought forward	Appointment put back	Cancelled following validation / audit	Administrative error by hospital / GP
General Surgery	5,599	513	516	884	1,999	3,443	138	1,455
Urology	1,778	591	138	210	307	1,413	4	500
T & O Surgery	3,516	315	218	1,415	1,476	2,045	357	1,726
ENT	3,650	400	45	629	820	1,395	59	1,099
Ophthalmology	3,961	271	151	584	980	2,173	543	1,376
Oral Surgery	588	91	43	208	303	621	22	479
Restorative Dentistry	522	0	3	234	48	203	33	119
Paediatric Dentistry	86	0	1	50	4	22	2	57
Orthodontics	487	57	3	127	197	196	16	178
Neurosurgery	733	0	9	110	76	223	5	134
Plastic Surgery	597	10	44	67	157	204	18	185
Cardiac Surgery	128	0	6	68	38	93	1	34
Paediatric Surgery	821	8	13	87	57	298	4	56
Thoracic Surgery	147	0	10	66	44	92	0	44
Accident & Emergency	2	0	0	0	0	0	0	0
Anaesthetics	11	8	5	16	8	17	9	33
Pain Management	479	117	42	121	105	460	23	47
General Medicine	2,534	449	224	446	595	1,391	68	462
Gastroenterology	1,955	144	183	440	554	1,316	161	300
Endocrinology	1,449	56	75	140	226	472	41	214
Haematology (Clinical)	595	56	257	228	835	1,916	29	535
Clinical Genetics	92	11	9	24	21	183	0	11
Rehabilitation	180	123	11	84	1	91	33	144
Palliative Medicine	38	2	13	8	43	81	0	24
Cardiology	2,722	169	180	884	401	1,093	48	462
Dermatology	2,772	399	134	625	779	1,336	37	754

Table 3c: continued

Specialty	Consultant unavailable	Medical staff / nurse not available	Patient treated elsewhere	Consultant cancelled appointment	Appointment brought forward	Appointment put back	Cancelled following validation / audit	Administrative error by hospital / GP
Thoracic Medicine	1,657	141	296	284	482	1,938	40	277
Nephrology	941	48	310	282	565	2,010	57	378
Medical Oncology	143	12	45	36	227	1,242	0	66
Neurology	1,608	181	117	287	381	638	26	211
Clinical Neuro-Physiology	56	0	1	17	8	40	0	5
Rheumatology	2,279	236	146	277	519	1,164	38	390
Paediatrics	5,398	324	150	467	657	1,460	62	1,112
Paediatric Neurology	294	1	21	75	29	211	89	58
Geriatric Medicine	1,066	44	225	195	244	641	69	266
Dental Medicine Specialties	32	0	2	27	14	71	16	67
Gynaecology	3,325	585	167	240	714	2,123	199	782
Obstetrics (Ante Natal)	1,256	42	1,313	995	1,538	1,619	366	908
Obstetrics (Post Natal)	21	1	0	1	0	0	0	6
Learning Disability	91	19	22	1	59	10	0	7
Child & Adolescent Psychiatry	0	0	0	0	0	0	0	0
Old Age Psychiatry	421	98	50	10	211	213	0	112
Clinical Oncology	478	50	119	85	700	2,755	7	62
Chemical Pathology	100	1	3	6	50	83	4	22
Joint Consultant Clinics	50	2	63	84	44	106	38	71
NI Total	54,658	5,575	5,383	11,124	16,516	37,101	2,662	15,228

Table 3c: continued

Specialty	Hospital transport not available	Cancelled by hospital in order to rebook as alternative booking method	Patient cancelled appointment as no longer needed	Patient cancelled appointment but it is still required	GP cancelled appointment on patient's behalf	Reason not recorded	Reason incorrectly recorded	Total appointments cancelled by either patient or hospital
General Surgery	79	156	1,585	16,115	18	88	286	32,874
Urology	16	36	297	3,416	2	19	53	8,780
T & O Surgery	154	85	2,331	15,052	19	1,108	732	30,549
ENT	10	6	853	11,111	6	74	153	20,310
Ophthalmology	79	12	867	13,995	4	47	149	25,192
Oral Surgery	16	75	436	2,682	4	0	54	5,622
Restorative Dentistry	8	6	105	1,753	0	51	3	3,088
Paediatric Dentistry	0	6	49	442	0	6	1	726
Orthodontics	0	0	68	1,999	0	7	31	3,366
Neurosurgery	6	3	67	824	1	11	18	2,220
Plastic Surgery	13	19	283	1,809	1	4	85	3,496
Cardiac Surgery	6	10	17	163	0	7	4	575
Paediatric Surgery	0	0	87	755	0	2	10	2,198
Thoracic Surgery	4	51	36	265	1	6	8	774
Accident & Emergency	0	0	152	101	0	0	0	255
Anaesthetics	0	0	41	149	0	11	27	335
Pain Management	2	28	88	1,590	0	7	18	3,127
General Medicine	13	6	419	6,738	4	28	178	13,555
Gastroenterology	15	36	341	5,303	5	65	108	10,926
Endocrinology	6	62	125	5,002	3	18	53	7,942
Haematology (Clinical)	6	62	97	3,512	2	49	200	8,379
Clinical Genetics	0	0	33	339	0	1	2	726
Rehabilitation	41	0	7	1,016	0	184	14	1,929
Palliative Medicine	0	0	25	272	0	1	7	514
Cardiology	15	3	357	6,108	2	37	97	12,578
Dermatology	29	1	921	10,867	4	33	154	18,845

Table 3c: continued

Specialty	Hospital transport not available	Cancelled by hospital in order to rebook as alternative booking method	Patient cancelled appointment as no longer needed	Patient cancelled appointment but it is still required	GP cancelled appointment on patient's behalf	Reason not recorded	Reason incorrectly recorded	Total appointments cancelled by either patient or hospital
Thoracic Medicine	10	2	231	4,817	2	27	103	10,307
Nephrology	18	10	83	3,053	0	44	85	7,884
Medical Oncology	1	14	10	978	0	0	0	2,774
Neurology	24	24	315	4,305	15	32	46	8,210
Clinical Neuro-Physiology	0	0	15	91	1	2	1	237
Rheumatology	15	2	327	6,739	2	294	130	12,558
Paediatrics	0	10	691	9,257	1	2,452	128	22,169
Paediatric Neurology	0	249	15	388	0	4	3	1,437
Geriatric Medicine	7	0	361	3,158	4	82	215	6,577
Dental Medicine Specialties	2	1	88	695	0	1	1	1,017
Gynaecology	3	5	1,054	12,339	3	51	228	21,818
Obstetrics (Ante Natal)	0	2	3,024	5,188	9	303	895	17,458
Obstetrics (Post Natal)	0	0	2	14	0	0	1	46
Learning Disability	0	0	23	430	10	101	35	808
Child & Adolescent Psychiatry	0	0	0	0	0	662	0	662
Old Age Psychiatry	4	12	99	1,371	1	127	123	2,852
Clinical Oncology	9	0	48	2,302	0	0	44	6,659
Chemical Pathology	0	0	9	576	0	2	11	867
Joint Consultant Clinics	0	0	169	492	0	47	65	1,231
NI Total	611	994	16,251	167,571	124	6,095	4,559	344,452

Source: QOAR (Part 2)

¹⁵ Refer to Appendix 7: Explanatory Notes Points 1, 3, 5-6, 10, 12-13 & 15-19

Table 4: Acute Services (POC 1) - Activity by Hospital/HSC Trust, 2016/17¹⁶

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Belfast City	42,664	90,054	3,177	7,476	6,061	12,975	4,638	15,122	3,081	440	14
NI Cancer Centre	4,429	21,311	212	1,400	252	2,765	484	4,924	13,085	491	25
Mater Infirmorum	9,622	23,374	972	2,362	1,164	3,115	568	2,735	137	166	4
Musgrave Park	18,653	48,646	1,568	4,708	1,718	5,228	1,295	3,887	0	50	13
RBHSC	19,328	61,198	1,310	6,461	2,061	7,871	1,254	7,584	357	20	15
Royal Maternity	1,671	3,954	150	262	175	376	172	227	0	0	0
Royal Victoria	73,506	170,853	5,462	16,482	9,035	28,154	5,452	22,010	1,856	787	154
Belfast HSCT	169,873	419,390	12,851	39,151	20,466	60,484	13,863	56,489	18,516	1,954	225
Antrim	27,372	53,829	1,316	3,673	4,274	8,152	2,256	6,186	5,600	250	791
Causeway	15,151	26,378	820	2,260	2,011	4,470	1,227	3,338	3,331	100	17
Mid Ulster	3,879	7,936	194	589	1,228	1,949	355	1,156	9	19	5
Moyle	1,022	1,744	55	111	284	397	94	285	0	4	0
Waveney	4,525	7,944	203	646	939	1,802	405	893	0	22	14
Whiteabbey	4,430	7,986	332	716	1,096	1,792	471	1,268	10	30	2
Northern HSCT	56,379	105,817	2,920	7,995	9,832	18,562	4,808	13,126	8,950	425	829
Ards	6,414	11,139	419	1,207	463	985	252	960	0	34	0
Bangor	3,802	6,037	247	561	354	584	184	657	0	17	0
Downe	7,302	11,033	523	995	604	1,069	335	724	3	15	0
Lagan Valley	10,122	15,598	693	961	842	1,360	534	1,538	11	27	0
Ulster	45,568	80,076	3,186	10,657	3,637	8,278	1,943	9,102	1,246	223	17
South Eastern HSCT	73,208	123,883	5,068	14,381	5,900	12,276	3,248	12,981	1,260	316	17

Table 4: continued

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Armagh Community	2,158	3,582	207	462	231	361	104	244	0	4	0
Banbridge	1,742	3,680	128	274	260	437	72	192	0	4	0
Bluestone	534	936	69	200	46	177	42	73	0	0	0
Craigavon Area	45,711	77,680	2,933	5,830	5,493	7,390	2,023	5,601	3,711	163	9
Daisy Hill	22,601	31,448	2,009	3,660	2,578	3,574	1,164	3,603	1,865	92	16
Kilkeel Primary Care Centre	235	287	17	19	36	51	14	22	0	0	0
Lurgan	0	102	0	8	0	10	0	1	0	0	0
South Tyrone	4,664	9,223	296	658	626	819	171	589	1,102	15	0
Southern HSCT	77,645	126,938	5,659	11,111	9,270	12,819	3,590	10,325	6,678	278	25
Altnagelvin Area	53,033	95,920	5,594	10,719	5,591	11,347	4,912	13,146	6,779	318	44
Grangewood	223	815	28	123	36	208	0	96	0	0	0
Roe Valley	2,798	4,195	321	511	359	558	248	486	0	15	0
South West Acute	11,905	20,330	683	1,449	1,330	2,560	759	1,797	1,311	42	1,132
Tyrone County	8,540	16,818	625	1,454	835	1,843	551	1,349	45	49	24
Western HSCT	76,499	138,078	7,251	14,256	8,151	16,516	6,470	16,874	8,135	424	1,200
NI Total	453,604	914,106	33,749	86,894	53,619	120,657	31,979	109,795	43,539	3,397	2,296

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁶ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 12-18

Table 5: Maternity and Child Health (POC 2) - Activity by Hospital/HSC Trust, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Royal Maternity	5,193	16,926	344	1,039	608	1,893	147	1,267	0	0	0
Belfast HSCT	5,193	16,926	344	1,039	608	1,893	147	1,267	0	0	0
Antrim	1,422	3,841	50	122	82	158	61	460	514	0	202
Causeway	955	3,373	14	306	109	196	122	1,017	4,999	0	2
Mid Ulster	500	2,403	16	136	50	122	61	210	1	0	1
Moyle	279	1,030	15	43	25	34	11	116	0	0	0
Waveney	854	2,814	59	111	101	181	30	354	0	0	0
Whiteabbey	290	945	25	64	47	56	46	92	0	0	0
Northern HSCT	4,300	14,406	179	782	414	747	331	2,249	5,514	0	205
Downe	19	1,277	1	73	0	39	1	201	0	0	0
Lagan Valley	17	1,492	1	128	1	87	1	179	1	0	0
Ulster	2,587	11,508	117	409	288	735	257	1,534	0	0	0
South Eastern HSCT	2,623	14,277	119	610	289	861	259	1,914	1	0	0
Armagh Community	248	1,287	7	62	52	88	6	80	0	0	0
Craigavon Area	1,218	8,441	72	317	220	869	35	336	4,843	0	0
Daisy Hill	1,515	6,175	117	182	263	1,125	15	200	2,346	0	0
South Tyrone	480	2,600	21	89	98	324	43	485	0	1	0
Southern HSCT	3,461	18,503	217	650	633	2,406	99	1,101	7,189	1	0

Table 5: continued

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Altnagelvin Area	2,464	7,405	77	845	155	256	155	525	0	0	0
Roe Valley	352	680	9	96	7	7	124	226	0	0	0
South West Acute	993	2,740	33	161	80	96	95	310	96	0	0
Tyrone County	417	870	19	127	12	21	48	169	0	0	0
Western HSCT	4,226	11,695	138	1,229	254	380	422	1,230	96	0	0
NI Total	19,803	75,807	997	4,310	2,198	6,287	1,258	7,761	12,800	1	205

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 6: Elderly Care (POC 4) - Activity by Hospital/HSC Trust, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Belfast City	663	1,544	76	289	179	362	95	518	1,042	49	0
Mater Infirmorum	109	448	8	54	24	64	19	68	0	11	0
Musgrave Park	568	2,235	43	425	54	368	26	82	0	5	0
Royal Victoria	47	785	5	82	6	134	3	165	0	5	0
Belfast HSCT	1,387	5,012	132	850	263	928	143	833	1,042	70	0
Antrim	88	113	6	17	21	32	3	22	1	3	0
Causeway	99	245	5	31	8	48	5	36	2	3	0
Mid Ulster	72	221	0	13	18	47	12	34	0	1	0
Waveney	181	278	14	14	47	63	26	108	0	0	0
Whiteabbey	516	1,137	56	190	96	180	55	132	0	4	1
Northern HSCT	956	1,994	81	265	190	370	101	332	3	11	1
Ards	914	1,950	190	341	330	574	240	588	0	37	0
Downe	331	465	42	81	74	110	28	62	0	5	0
Lagan Valley	930	1,589	99	218	170	291	82	133	0	17	0
Ulster	2,097	2,021	141	209	243	301	194	369	0	23	0
South Eastern HSCT	4,272	6,025	472	849	817	1,276	544	1,152	0	82	0

Table 6: continued

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Bluestone	69	478	8	85	12	73	2	32	194	2	0
Craigavon Area	788	638	35	57	50	61	25	42	519	1	0
Daisy Hill	263	467	37	77	62	93	12	23	69	3	0
Lurgan	691	1,314	28	98	116	305	28	107	0	27	0
Mullinure	294	277	16	10	75	123	27	109	0	3	0
St Luke's	75	469	36	147	17	81	20	73	4	0	0
South Tyrone	313	419	43	79	47	29	13	61	6	5	0
Southern HSCT	2,493	4,062	203	553	379	765	127	447	792	41	0
Altnagelvin	405	1,030	33	242	27	125	17	175	1	13	0
South West Acute	369	1,055	20	71	33	130	20	65	1	4	0
Tyrone County	219	313	19	38	34	72	14	55	0	4	0
Western HSCT	993	2,398	72	351	94	327	51	295	2	21	0
NI Total	10,101	19,491	960	2,868	1,743	3,666	966	3,059	1,839	225	1

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 7: Mental Health (POC 5) - Activity by Hospital/HSC Trust, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Beechcroft	482	8,102	127	1,516	31	578	0	53	0	0	0
Belfast HSCT	482	8,102	127	1,516	31	578	0	53	0	0	0
NI Total	482	8,102	127	1,516	31	578	0	53	0	0	0

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 8: Learning Disability (POC 6) - Activity by Hospital/HSC Trust, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Muckamore Abbey	354	2,609	66	409	43	451	20	165	0	2	0
Belfast HSCT	354	2,609	66	409	43	451	20	165	0	2	0
Longstone	65	1,430	22	260	0	0	3	25	0	1	0
Southern HSCT	65	1,430	22	260	0	0	3	25	0	1	0
Lakeview	71	1,555	46	64	22	79	0	0	0	0	0
Western HSCT	71	1,555	46	64	22	79	0	0	0	0	0
NI Total	490	5,594	134	733	65	530	23	190	0	3	0

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 9: Specialty 100 - Activity by Hospital/HSC Trust for General Surgery, 2016/17¹⁸

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Belfast City	10,641	13,184	637	1,088	1,529	1,855	922	2,263	81	55	1
Mater Infirmorum	2,850	3,714	203	359	328	559	101	801	21	40	0
Royal Victoria	3,160	9,208	295	678	550	1,279	492	1,095	0	131	21
Belfast HSCT	16,651	26,106	1,135	2,125	2,407	3,693	1,515	4,159	102	226	22
Antrim	8,584	7,127	320	450	1,230	1,168	678	1,268	7	37	62
Causeway	5,001	5,318	281	376	591	954	312	606	298	9	0
Mid Ulster	203	864	11	66	55	371	11	92	3	3	0
Moyle	0	83	0	1	0	36	0	1	0	0	0
Waveney	622	634	27	41	133	132	48	41	0	1	14
Whiteabbey	353	495	20	35	69	124	17	51	0	1	0
Northern HSCT	14,763	14,521	659	969	2,078	2,785	1,066	2,059	308	51	76
Ards	1,129	742	70	87	102	75	48	95	0	7	0
Bangor	605	606	36	53	53	70	21	80	0	2	0
Downe	1,195	827	74	69	101	69	26	37	2	0	0
Lagan Valley	1,516	424	91	48	120	58	41	29	1	0	0
Ulster	6,156	5,029	375	376	673	370	186	385	0	10	1
South Eastern HSCT	10,601	7,628	646	633	1,049	642	322	626	3	19	1
Armagh Community	194	173	9	3	27	19	15	25	0	0	0
Banbridge	380	331	27	16	69	37	12	14	0	3	0
Craigavon Area	7,312	6,950	349	449	959	621	420	661	84	14	0
Daisy Hill	5,150	3,319	306	282	622	299	320	234	8	5	4
South Tyrone	558	123	37	12	75	9	12	7	2	0	0
Southern HSCT	13,594	10,896	728	762	1,752	985	779	941	94	22	4

Table 9: continued

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Altnagelvin Area	7,070	6,251	673	768	878	682	1,182	1,479	36	22	42
Roe Valley	173	213	34	50	20	32	12	57	0	1	0
South West Acute	2,240	2,651	104	200	265	374	165	358	67	7	27
Tyrone County	1,455	1,762	65	123	145	175	76	116	25	7	0
Western HSCT	10,938	10,877	876	1,141	1,308	1,263	1,435	2,010	128	37	69
NI Total	66,547	70,028	4,044	5,630	8,594	9,368	5,117	9,795	635	355	172

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 14 & 18

Table 10: Specialty 101 - Activity by Hospital/HSC Trust for Urology, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Belfast City	3,482	6,105	279	374	461	904	639	1,473	74	45	9
Belfast HSCT	3,482	6,105	279	374	461	904	639	1,473	74	45	9
Causeway	9	11	3	1	0	4	2	4	1	0	0
Northern HSCT	9	11	3	1	0	4	2	4	1	0	0
Ards	842	509	52	40	61	23	34	22	0	1	0
Bangor	318	302	14	28	24	33	16	63	0	2	0
Downe	232	383	11	27	13	28	31	47	0	2	0
Lagan Valley	223	290	18	18	20	16	10	18	1	0	0
Ulster	608	1,252	43	69	47	87	30	162	0	3	0
South Eastern HSCT	2,223	2,736	138	182	165	187	121	312	1	8	0
Banbridge	3	150	0	10	0	16	0	1	0	0	0
Craigavon Area	3,932	4,972	259	228	496	378	177	226	4	7	1
South Tyrone	18	170	4	4	2	10	0	3	0	0	0
Southern HSCT	3,953	5,292	263	242	498	404	177	230	4	7	1
Altnagelvin Area	2,963	3,653	345	371	333	489	732	1,040	31	12	0
Roe Valley	724	847	81	87	135	140	124	151	0	4	0
Tyrone County	203	22	19	2	36	4	14	1	0	0	0
Western HSCT	3,890	4,522	445	460	504	633	870	1,192	31	16	0
NI Total	13,557	18,666	1,128	1,259	1,628	2,132	1,809	3,211	111	76	10

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 11: Specialty 110 - Activity by Hospital/HSC Trust for Trauma and Orthopaedic (T&O) Surgery, 2016/17¹⁹

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Mater Infirmorum	922	853	141	254	67	83	12	46	0	2	0
Musgrave Park	17,945	33,270	1,468	3,611	1,590	3,089	1,221	2,105	0	16	13
RBHSC	2,360	5,976	172	668	244	753	71	772	0	1	0
Royal Victoria	10,532	24,122	1,060	3,534	942	3,260	339	2,289	0	109	1
Belfast HSCT	31,759	64,221	2,841	8,067	2,843	7,185	1,643	5,212	0	128	14
Downe	1,199	1,872	98	214	92	159	76	56	0	0	0
Lagan Valley	0	3,004	0	0	0	0	0	0	0	0	0
Ulster	3,496	11,259	371	1,404	155	828	87	517	0	25	0
South Eastern HSCT	4,695	16,135	469	1,618	247	987	163	573	0	25	0
Craigavon Area	7,916	14,741	821	1,510	936	1,613	219	1,291	0	11	0
Daisy Hill	2,963	3,724	609	691	356	403	178	415	0	7	0
South Tyrone	1	108	0	5	0	14	0	35	0	0	0
Southern HSCT	10,880	18,573	1,430	2,206	1,292	2,030	397	1,741	0	18	0
Altnagelvin Area	9,205	17,860	1,137	1,834	972	1,846	617	1,492	0	19	0
Roe Valley	186	317	25	49	26	43	12	49	0	2	0
South West Acute	1,277	2,006	93	133	129	221	85	113	0	5	0
Tyrone County	1,035	1,709	81	188	70	260	75	226	0	0	0
Western HSCT	11,703	21,892	1,336	2,204	1,197	2,370	789	1,880	0	26	0
NI Total	59,037	120,821	6,076	14,095	5,579	12,572	2,992	9,406	0	197	14

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁹ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 12 & 14

Table 12: Specialty 120 - Activity by Hospital/HSC Trust for Ear, Nose and Throat (ENT), 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Belfast City	139	116	12	5	18	24	7	9	0	0	0
RBHSC	2,658	3,417	155	473	340	741	122	617	0	1	4
Royal Victoria	8,129	11,142	717	855	915	1,632	659	1,620	405	46	1
Belfast HSCT	10,926	14,675	884	1,333	1,273	2,397	788	2,246	405	47	5
Antrim	1,550	2,835	77	184	260	484	135	262	657	5	4
Causeway	1,528	1,725	59	112	136	222	61	123	10	4	0
Mid Ulster	718	1,032	24	60	272	197	61	157	0	1	0
Moyle	326	365	18	15	132	97	35	48	0	1	0
Waveney	1,145	1,497	37	78	236	327	69	89	0	4	0
Whiteabbey	506	653	25	51	120	144	65	50	0	0	0
Northern HSCT	5,773	8,107	240	500	1,156	1,471	426	729	667	15	4
Ards	712	708	61	99	62	83	17	104	0	3	0
Bangor	574	280	29	21	50	32	35	21	0	1	0
Downe	1,561	1,070	106	123	111	115	26	41	0	1	0
Lagan Valley	739	750	54	59	60	82	18	47	0	2	0
Ulster	3,667	2,944	291	231	340	269	81	243	0	7	1
South Eastern HSCT	7,253	5,752	541	533	623	581	177	456	0	14	1
Armagh Community	98	192	7	9	6	8	1	2	0	0	0
Banbridge	235	202	18	23	46	35	10	11	0	0	0
Craigavon Area	5,885	6,307	358	437	786	697	245	453	913	9	0
Daisy Hill	2,321	2,516	161	187	259	284	140	252	4	2	0
South Tyrone	649	805	35	67	54	45	35	90	1	0	0
Southern HSCT	9,188	10,022	579	723	1,151	1,069	431	808	918	11	0

Table 12: continued

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Altnagelvin Area	6,079	7,568	689	859	754	1,019	487	1,183	1,101	13	1
Roe Valley	318	325	42	50	28	52	31	73	0	0	0
South West Acute	706	972	46	52	91	147	130	145	0	5	35
Tyrone County	1,087	1,008	52	76	104	155	61	68	0	1	24
Western HSCT	8,190	9,873	829	1,037	977	1,373	709	1,469	1,101	19	60
NI Total	41,330	48,429	3,073	4,126	5,180	6,891	2,531	5,708	3,091	106	70

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 13: Specialty 130 - Activity by Hospital/HSC Trust for Ophthalmology, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Mater Infirmorum	2,301	10,145	205	562	397	1,402	194	956	29	42	1
Royal Victoria	9,498	40,490	923	2,920	1,773	6,485	904	4,719	29	154	25
Belfast HSCT	11,799	50,635	1,128	3,482	2,170	7,887	1,098	5,675	58	196	26
Ards	422	481	39	28	40	43	2	4	0	2	0
Bangor	97	157	3	6	9	10	2	3	0	0	0
Downe	344	572	15	28	35	57	15	21	0	2	0
Lagan Valley	935	1,598	51	85	69	164	41	146	0	5	0
Ulster	709	1,180	70	135	72	122	57	118	0	7	0
South Eastern HSCT	2,507	3,988	178	282	225	396	117	292	0	16	0
Armagh Community	170	436	17	29	23	36	1	10	0	1	0
Craigavon Area	600	1,411	49	86	63	106	32	109	0	7	0
Daisy Hill	521	1,390	37	140	45	181	22	146	12	7	0
South Tyrone	210	361	10	18	24	33	10	17	1	1	0
Southern HSCT	1,501	3,598	113	273	155	356	65	282	13	16	0
Altnagelvin Area	6,002	14,741	401	1,141	529	2,382	449	1,856	343	46	1
Roe Valley	483	593	38	63	43	71	35	25	0	1	0
South West Acute	819	2,075	41	103	84	178	17	50	28	4	0
Tyrone County	878	3,375	50	204	108	393	57	197	0	9	0
Western HSCT	8,182	20,784	530	1,511	764	3,024	558	2,128	371	60	1
NI Total	23,989	79,005	1,949	5,548	3,314	11,663	1,838	8,377	442	288	27

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 14: Specialty 140 - Activity by Hospital/HSC Trust for Oral Surgery, 2016/17²⁰

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Royal Victoria	3,037	2,715	121	473	182	621	197	394	0	4	0
Belfast HSCT	3,037	2,715	121	473	182	621	197	394	0	4	0
Downe	439	269	46	41	56	42	3	31	0	1	0
Ulster	4,004	6,607	368	1,061	430	1,001	173	928	0	22	12
South Eastern HSCT	4,443	6,876	414	1,102	486	1,043	176	959	0	23	12
Craigavon Area	110	51	14	12	21	24	6	3	3	0	0
Daisy Hill	0	0	0	0	0	0	0	1	0	0	0
Southern HSCT	110	51	14	12	21	24	6	4	3	0	0
Altnagelvin Area	1,900	3,302	297	434	312	423	196	480	11	12	0
South West Acute	213	249	8	22	24	21	20	33	0	0	0
Western HSCT	2,113	3,551	305	456	336	444	216	513	11	12	0
NI Total	9,703	13,193	854	2,043	1,025	2,132	595	1,870	14	39	12

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

²⁰ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 14 & 16

Table 15: Specialty 141 - Activity by Hospital/HSC Trust for Restorative Dentistry, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Royal Victoria	2,416	6,433	329	748	402	1,483	139	1,064	0	15	0
Belfast HSCT	2,416	6,433	329	748	402	1,483	139	1,064	0	15	0
NI Total	2,416	6,433	329	748	402	1,483	139	1,064	0	15	0

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 16: Specialty 142 - Activity by Hospital/HSC Trust for Paediatric Dentistry, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
RBHSC	599	1,585	159	396	133	346	33	193	4	2	0
Belfast HSCT	599	1,585	159	396	133	346	33	193	4	2	0
Craigavon	27	76	4	12	3	12	0	6	0	0	0
Southern HSCT	27	76	4	12	3	12	0	6	0	0	0
NI Total	626	1,661	163	408	136	358	33	199	4	2	0

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 17: Specialty 143 - Activity by Hospital/HSC Trust for Orthodontics, 2016/17²⁰

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Royal Victoria	471	2,783	17	437	52	369	10	266	0	0	0
Belfast HSCT	471	2,783	17	437	52	369	10	266	0	0	0
Antrim	209	2,380	15	225	25	514	10	301	0	0	0
Causeway	72	498	6	41	9	100	2	42	0	0	0
Northern HSCT	281	2,878	21	266	34	614	12	343	0	0	0
Craigavon Area	245	2,813	9	377	37	590	1	91	0	0	0
Southern HSCT	245	2,813	9	377	37	590	1	91	0	0	0
Altnagelvin Area	210	2,028	30	334	32	208	17	504	0	0	0
South West Acute	93	899	15	71	14	136	2	34	0	0	0
Western HSCT	303	2,927	45	405	46	344	19	538	0	0	0
NI Total	1,300	11,401	92	1,485	169	1,917	42	1,238	0	0	0

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

²⁰ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 14 & 16

Table 18: Specialty 150 - Activity by Hospital/HSC Trust for Neurosurgery, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
RBHSC	173	473	18	41	12	70	21	104	0	1	0
Royal Victoria	1,918	2,877	119	293	281	541	285	906	120	16	0
Belfast HSCT	2,091	3,350	137	334	293	611	306	1,010	120	17	0
NI Total	2,091	3,350	137	334	293	611	306	1,010	120	17	0

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 19: Specialty 160 - Activity by Hospital/HSC Trust for Plastic Surgery, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
RBHSC	555	1,367	27	185	84	260	45	179	26	0	0
Royal Victoria	21	282	5	150	4	61	4	97	316	2	0
Belfast HSCT	576	1,649	32	335	88	321	49	276	342	2	0
Ards	192	372	11	49	18	48	31	47	0	3	0
Lagan Valley	186	835	11	67	33	125	16	78	3	2	0
Ulster	5,219	9,308	201	1,368	307	1,209	130	720	0	32	0
South Eastern HSCT	5,597	10,515	223	1,484	358	1,382	177	845	3	37	0
NI Total	6,173	12,164	255	1,819	446	1,703	226	1,121	345	39	0

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 20: Specialty 170 - Activity by Hospital/HSC Trust for Cardiac Surgery, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Royal Victoria	759	1,704	11	118	31	151	118	275	0	8	6
Belfast HSCT	759	1,704	11	118	31	151	118	275	0	8	6
NI Total	759	1,704	11	118	31	151	118	275	0	8	6

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 14

Table 21: Specialty 171 - Activity by Hospital/HSC Trust for Paediatric Surgery, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
RBHSC	1,685	2,333	77	237	200	456	209	575	2	2	0
Belfast HSCT	1,685	2,333	77	237	200	456	209	575	2	2	0
Ulster	898	505	49	106	84	112	136	426	0	0	0
South Eastern HSCT	898	505	49	106	84	112	136	426	0	0	0
NI Total	2,583	2,838	126	343	284	568	345	1,001	2	2	0

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 22: Specialty 172 - Activity by Hospital/HSC Trust for Thoracic Surgery, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Royal Victoria	562	1,651	47	142	74	228	95	371	0	8	0
Belfast HSCT	562	1,651	47	142	74	228	95	371	0	8	0
Altnagelvin Area	33	31	2	1	2	2	0	2	0	1	0
Western HSCT	33	31	2	1	2	2	0	2	0	1	0
NI Total	595	1,682	49	143	76	230	95	373	0	9	0

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 23: Specialty 180 - Activity by Hospital/HSC Trust for Accident & Emergency, 2016/17¹⁹

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Antrim	0	419	0	0	0	0	0	0	12	0	0
Northern HSCT	0	419	0	0	0	0	0	0	12	0	0
Downe	0	384	0	0	0	0	0	0	0	0	0
Lagan Valley	0	150	0	0	0	0	0	0	0	0	0
Ulster	0	3,763	0	1,339	0	253	0	2	0	0	0
South Eastern HSCT	0	4,297	0	1,339	0	253	0	2	0	0	0
NI Total	0	4,716	0	1,339	0	253	0	2	12	0	0

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁹ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 12 & 14

Table 24: Specialty 190 - Activity by Hospital/HSC Trust for Anaesthetics, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Royal Maternity	253	2	35	0	36	0	47	0	0	0	0
Royal Victoria	36	5	15	3	3	0	4	2	0	1	0
Belfast HSCT	289	7	50	3	39	0	51	2	0	1	0
Antrim	0	1,508	0	37	0	114	0	60	0	0	0
Causeway	0	1,400	0	22	0	34	0	15	0	0	0
Whiteabbey	0	1	0	0	0	0	0	0	0	0	0
Northern HSCT	0	2,909	0	59	0	148	0	75	0	0	0
Craigavon	0	876	0	69	0	17	0	3	188	0	0
Southern HSCT	0	876	0	69	0	17	0	3	188	0	0
NI Total	289	3,792	50	131	39	165	51	80	188	1	0

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 25: Specialty 191 - Activity by Hospital/HSC Trust for Pain Management, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Belfast City	1,856	1,918	103	145	248	298	349	467	6	5	0
Mater Infirmorum	118	39	6	2	8	5	59	15	0	0	1
Belfast HSCT	1,974	1,957	109	147	256	303	408	482	6	5	1
Antrim	284	288	8	22	43	53	18	15	1	1	1
Causeway	316	341	21	52	77	64	56	49	26	2	0
Mid Ulster	158	102	8	3	85	22	10	8	0	1	0
Whiteabbey	55	51	4	3	13	15	1	1	0	0	0
Northern HSCT	813	782	41	80	218	154	85	73	27	4	1
Ulster	1,184	2,253	116	204	118	222	30	53	0	2	2
South Eastern HSCT	1,184	2,253	116	204	118	222	30	53	0	2	2
Armagh Community	140	144	11	12	18	17	15	34	0	0	0
Craigavon Area	462	444	39	33	71	51	18	22	1	0	0
Daisy Hill	152	114	17	15	18	7	22	22	1	0	0
South Tyrone	333	339	26	17	61	50	16	35	0	0	0
Southern HSCT	1,087	1,041	93	77	168	125	71	113	2	0	0
Altnagelvin Area	497	828	99	224	56	53	32	68	0	0	0
South West Acute	23	1	2	0	3	0	3	0	0	0	0
Tyrone County	368	254	90	97	20	1	11	1	0	1	0
Western HSCT	888	1,083	191	321	79	54	46	69	0	1	0
NI Total	5,946	7,116	550	829	839	858	640	790	35	12	4

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 26: Specialty 300 - Activity by Hospital/HSC Trust for General Medicine, 2016/17¹⁸

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Belfast City	659	1,831	55	181	99	388	75	282	123	11	0
Mater Infirmorum	128	129	13	54	8	28	11	48	14	2	0
Royal Victoria	1,238	5,202	103	810	210	1,475	203	924	268	28	0
Belfast HSCT	2,025	7,162	171	1,045	317	1,891	289	1,254	405	41	0
Antrim	1,401	297	105	38	40	9	43	13	3,567	1	7
Causeway	372	779	20	99	22	154	26	172	69	9	0
Mid Ulster	154	542	6	23	58	89	12	76	0	1	0
Waveney	104	90	10	6	19	16	12	13	0	0	0
Whiteabbey	0	0	0	0	0	0	1	0	0	0	0
Northern HSCT	2,031	1,708	141	166	139	268	94	274	3,636	11	7
Ards	619	2,019	54	267	45	158	41	155	0	6	0
Bangor	165	716	34	82	13	77	3	30	0	1	0
Downe	916	2,463	69	204	78	290	77	239	1	3	0
Lagan Valley	1,657	2,626	145	217	168	289	99	473	6	9	0
Ulster	2,575	8,657	268	1,103	268	846	222	895	0	17	1
South Eastern HSCT	5,932	16,481	570	1,873	572	1,660	442	1,792	7	36	1
Craigavon Area	22	76	5	7	1	9	6	20	42	0	0
Daisy Hill	410	861	27	107	36	133	55	190	10	7	0
Kilkeel Primary Care	14	35	3	3	3	5	6	4	0	0	0
Southern HSCT	446	972	35	117	40	147	67	214	52	7	0

Table 26: continued

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Altnagelvin Area	2,582	8,535	421	1,169	289	1,008	286	774	87	59	0
Roe Valley	69	422	22	85	10	63	4	37	0	1	0
South West Acute	1,411	3,655	112	351	150	519	90	489	26	8	0
Tyrone County	480	1,349	35	124	34	163	29	150	0	12	0
Western HSCT	4,542	13,961	590	1,729	483	1,753	409	1,450	113	80	0
NI Total	14,976	40,284	1,507	4,930	1,551	5,719	1,301	4,984	4,213	175	8

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 14 & 18

Table 27: Specialty 301 - Activity by Hospital/HSC Trust for Gastroenterology, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Belfast City	1,480	3,282	125	279	218	519	121	530	14	19	0
Mater Infirmorum	1,214	2,290	101	263	138	249	45	144	16	8	0
Royal Victoria	2,505	7,742	228	862	440	1,652	247	2,012	0	63	0
Belfast HSCT	5,199	13,314	454	1,404	796	2,420	413	2,686	30	90	0
Antrim	1,798	4,135	102	211	402	630	185	657	55	18	46
Causeway	766	1,431	34	97	151	256	113	180	698	10	8
Mid Ulster	312	659	18	48	76	104	22	173	0	1	0
Moyle	6	11	2	2	5	6	1	1	0	0	0
Whiteabbey	422	771	31	56	99	171	62	211	2	5	1
Northern HSCT	3,304	7,007	187	414	733	1,167	383	1,222	755	34	55
Armagh Community	87	197	10	9	20	26	8	14	0	1	0
Craigavon Area	505	958	50	96	86	104	37	121	10	3	0
Daisy Hill	832	1,130	62	108	112	117	57	189	25	3	0
South Tyrone	510	320	48	27	118	31	19	47	0	2	0
Southern HSCT	1,934	2,605	170	240	336	278	121	371	35	9	0
NI Total	10,437	22,926	811	2,058	1,865	3,865	917	4,279	820	133	55

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 28: Specialty 302 - Activity by Hospital/HSC Trust for Endocrinology, 2016/17¹⁸

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Belfast City	326	2,588	74	200	71	489	35	269	627	9	0
Mater Infirmorum	379	1,927	71	292	72	314	44	184	0	10	0
Royal Victoria	1,551	9,514	106	812	228	1,591	142	646	0	30	0
Belfast HSCT	2,256	14,029	251	1,304	371	2,394	221	1,099	627	49	0
Antrim	773	1,171	54	111	112	237	63	135	0	2	0
Causeway	324	1,586	30	144	52	337	33	151	49	4	0
Mid Ulster	158	959	14	55	32	215	29	146	0	2	0
Moyle	51	335	5	34	13	71	15	114	0	2	0
Waveney	93	725	13	52	21	126	3	45	0	2	0
Whiteabbey	312	1,459	22	144	104	388	64	277	0	5	0
Northern HSCT	1,711	6,235	138	540	334	1,374	207	868	49	17	0
Downe	52	110	4	14	4	10	1	7	0	0	0
Lagan Valley	156	256	15	19	9	19	24	104	0	0	0
South Eastern HSCT	208	366	19	33	13	29	25	111	0	0	0
Armagh Community	28	249	3	25	4	20	3	39	0	1	0
Banbridge	10	148	2	16	4	19	0	4	0	0	0
Craigavon Area	454	1,513	37	123	54	173	13	72	239	1	0
Daisy Hill	405	1,416	57	156	88	193	23	63	372	2	0
Kilkeel Primary Care	12	116	2	9	1	19	3	10	0	0	0
South Tyrone	69	553	6	69	16	57	3	15	0	2	0
Southern HSCT	978	3,995	107	398	167	481	45	203	611	6	0
NI Total	5,153	24,625	515	2,275	885	4,278	498	2,281	1,287	72	0

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 14 & 18

Table 29: Specialty 303 - Activity by Hospital/HSC Trust for Haematology (Clinical), 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Belfast City	1,632	14,001	141	1,096	178	1,641	181	1,228	1,740	62	3
RBHSC	27	2,181	6	156	4	82	4	240	18	0	0
Belfast HSCT	1,659	16,182	147	1,252	182	1,723	185	1,468	1,758	62	3
Antrim	529	6,551	49	587	40	352	56	334	99	34	0
Causeway	190	1,268	13	89	27	121	33	51	0	5	0
Mid Ulster	55	238	15	36	2	16	9	42	0	3	0
Whiteabbey	54	485	15	36	11	66	1	31	0	7	0
Northern HSCT	828	8,542	92	748	80	555	99	458	99	49	0
Ards	182	1,065	16	117	14	108	13	64	0	4	0
Bangor	96	435	9	20	7	33	3	28	0	3	0
Ulster	566	3,012	47	219	62	183	66	155	0	8	0
South Eastern HSCT	844	4,512	72	356	83	324	82	247	0	15	0
Craigavon Area	826	7,130	53	533	54	222	86	635	79	24	0
Daisy Hill	84	795	11	63	8	38	3	24	0	9	0
South Tyrone	23	2,497	1	158	4	126	0	25	0	3	0
Southern HSCT	933	10,422	65	754	66	386	89	684	79	36	0
Altnagelvin Area	275	3,449	14	202	28	251	93	1,225	54	31	0
South West Acute	1	152	0	13	0	14	1	3	0	1	0
Tyrone County	34	361	1	10	2	30	5	16	0	3	0
Western HSCT	310	3,962	15	225	30	295	99	1,244	54	35	0
NI Total	4,574	43,620	391	3,335	441	3,283	554	4,101	1,990	197	3

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 30: Specialty 311 - Activity by Hospital/HSC Trust for Clinical Genetics, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Belfast City	1,906	956	110	102	244	130	172	180	1	5	0
Belfast HSCT	1,906	956	110	102	244	130	172	180	1	5	0
NI Total	1,906	956	110	102	244	130	172	180	1	5	0

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 31: Specialty 314 - Activity by Hospital/HSC Trust for Rehabilitation, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Musgrave Park	430	7,870	77	674	112	873	43	805	0	15	0
Royal Victoria	39	353	11	60	3	49	1	43	0	1	0
Belfast HSCT	469	8,223	88	734	115	922	44	848	0	16	0
NI Total	469	8,223	88	734	115	922	44	848	0	16	0

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 32: Specialty 315 - Activity by Hospital/HSC Trust for Palliative Medicine, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
NI Cancer Centre	78	511	22	106	16	91	6	87	502	6	0
Belfast HSCT	78	511	22	106	16	91	6	87	502	6	0
Antrim	0	0	0	0	0	0	0	0	15	0	0
Northern HSCT	0	0	0	0	0	0	0	0	15	0	0
Ulster	32	57	1	2	0	0	0	0	0	0	0
South Eastern HSCT	32	57	1	2	0	0	0	0	0	0	0
Craigavon Area	66	184	6	12	32	59	9	13	320	12	0
Daisy Hill	15	37	0	2	11	11	0	2	29	4	0
South Tyrone	32	85	1	8	14	27	4	17	10	2	0
Southern HSCT	113	306	7	22	57	97	13	32	359	18	0
Altnagelvin Area	62	185	1	16	6	31	10	58	0	5	0
South West Acute	298	361	2	2	2	5	0	3	0	0	0
Tyrone County	92	609	1	8	0	0	0	0	0	0	0
Western HSCT	452	1,155	4	26	8	36	10	61	0	5	0
NI Total	675	2,029	34	156	81	224	29	180	876	29	0

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 33: Specialty 320 - Activity by Hospital/HSC Trust for Cardiology, 2016/17¹⁸

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Belfast City	4,877	3,303	317	200	412	437	287	682	14	18	0
Mater Infirmorum	1,050	2,015	150	172	78	204	44	168	21	25	2
RBHSC	1,406	3,170	90	266	183	461	108	673	140	2	1
Royal Victoria	2,916	8,015	183	807	364	1,298	280	1,228	0	58	40
Belfast HSCT	10,249	16,503	740	1,445	1,037	2,400	719	2,751	175	103	43
Antrim	3,635	4,252	140	216	578	569	231	420	541	47	529
Causeway	1,277	1,919	51	158	134	244	152	386	6	19	0
Northern HSCT	4,912	6,171	191	374	712	813	383	806	547	66	529
Ards	396	580	23	35	24	56	5	26	0	5	0
Bangor	170	47	12	6	14	7	33	14	0	0	0
Downe	12	15	0	1	0	2	6	9	0	0	0
Ulster	3,109	2,171	151	126	141	183	135	195	0	3	0
South Eastern HSCT	3,687	2,813	186	168	179	248	179	244	0	8	0
Armagh Community	119	80	11	4	8	9	8	9	0	0	0
Banbridge	100	115	3	9	10	13	4	4	0	1	0
Craigavon Area	2,340	1,770	123	75	243	122	215	103	0	6	0
Daisy Hill	361	266	25	24	33	22	13	14	1	1	0
South Tyrone	113	149	6	8	10	22	6	11	0	0	0
Southern HSCT	3,033	2,380	168	120	304	188	246	141	1	8	0

Table 33: continued

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Patient Died	Private Patient Attendances	
	New	Review	New	Review	New	Review	New	Review			
Altnagelvin Area	1,048	2,982	85	184	80	277	50	307	56	8	0
Roe Valley	243	494	19	37	16	59	13	36	0	4	0
South West Acute	454	1,309	18	57	30	127	17	63	39	3	0
Tyrone County	399	823	30	39	21	62	19	51	20	4	0
Western HSCT	2,144	5,608	152	317	147	525	99	457	115	19	0
NI Total	24,025	33,475	1,437	2,424	2,379	4,174	1,626	4,399	838	204	572

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 14 & 18

Table 34: Specialty 330 - Activity by Hospital/HSC Trust for Dermatology, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Belfast City	3,577	7,000	224	590	523	1,059	211	1,234	64	39	0
RBHSC	897	1,717	60	164	131	440	47	138	0	0	0
Royal Victoria	4,211	8,620	262	598	749	1,494	211	892	0	21	60
Belfast HSCT	8,685	17,337	546	1,352	1,403	2,993	469	2,264	64	60	60
Antrim	1,183	1,679	64	109	268	336	175	282	0	8	0
Causeway	1,205	817	30	53	136	134	34	69	104	4	2
Waveney	1,163	1,137	47	58	255	230	173	265	0	5	0
Whiteabbey	1,447	1,940	90	160	387	441	129	278	8	8	0
Northern HSCT	4,998	5,573	231	380	1,046	1,141	511	894	112	25	2
Ards	274	211	20	26	23	9	10	19	0	2	0
Bangor	486	1,653	31	143	56	172	32	221	0	2	0
Downe	555	1,084	37	101	47	105	34	81	0	1	0
Lagan Valley	879	1,570	40	95	71	173	82	252	0	3	0
Ulster	2,467	3,606	188	328	288	427	170	459	0	11	0
South Eastern HSCT	4,661	8,124	316	693	485	886	328	1,032	0	19	0
Armagh Community	162	264	12	18	13	19	15	25	0	0	0
Craigavon Area	4,663	6,630	237	396	637	1,039	177	548	21	10	8
Daisy Hill	2,073	2,651	115	208	300	351	42	125	0	6	0
South Tyrone	433	584	27	40	60	76	3	16	0	1	0
Southern HSCT	7,331	10,129	391	662	1,010	1,485	237	714	21	17	8

Table 34: continued

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Altnagelvin Area	3,476	3,998	234	523	387	518	126	270	0	5	0
South West Acute	2,197	1,033	107	52	282	125	36	47	0	2	1,070
Tyrone County	640	767	31	46	69	71	4	12	0	2	0
Western HSCT	6,313	5,798	372	621	738	714	166	329	0	9	1,070
NI Total	31,988	46,961	1,856	3,708	4,682	7,219	1,711	5,233	197	130	1,140

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 35: Specialty 340 - Activity by Hospital/HSC Trust for Thoracic Medicine, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Belfast City	2,003	8,782	252	988	333	1,314	257	1,597	73	82	1
Mater Infirmorum	660	2,262	82	404	68	271	58	373	36	37	0
Royal Victoria	689	1,998	47	216	101	364	167	415	0	24	0
Belfast HSCT	3,352	13,042	381	1,608	502	1,949	482	2,385	109	143	1
Antrim	1,033	2,906	51	256	108	505	100	322	53	38	0
Causeway	523	2,146	20	174	59	344	104	448	2	23	0
Mid Ulster	96	374	3	15	25	69	41	24	0	5	0
Moyle	64	54	2	5	16	16	5	6	0	0	0
Waveney	229	780	10	57	57	199	31	83	0	8	0
Whiteabbey	261	701	10	58	86	136	37	65	0	3	0
Northern HSCT	2,206	6,961	96	565	351	1,269	318	948	55	77	0
Ards	385	719	34	82	16	35	9	23	0	1	0
Bangor	339	1,140	23	125	22	82	11	134	0	5	0
Downe	152	508	11	47	9	46	15	50	0	2	0
Lagan Valley	430	520	32	37	24	32	28	31	0	3	0
Ulster	813	1,615	48	142	57	97	46	137	11	16	0
South Eastern HSCT	2,119	4,502	148	433	128	292	109	375	11	27	0
Banbridge	0	4	0	0	0	1	0	0	0	0	0
Craigavon Area	769	1,890	64	145	92	161	52	136	23	15	0
Daisy Hill	587	1,736	45	138	98	186	72	268	0	22	0
South Tyrone	266	578	21	33	40	59	9	25	0	3	0
Southern HSCT	1,622	4,208	130	316	230	407	133	429	23	40	0
NI Total	9,299	28,713	755	2,922	1,211	3,917	1,042	4,137	198	287	1

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 36: Specialty 360 - Activity by Hospital/HSC Trust for Genito-Urinary Medicine, 2016/17²¹

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Royal Victoria	10,296	7,364	0	0	0	0	0	0	0	0	0
Belfast HSCT	10,296	7,364	0	0	0	0	0	0	0	0	0
Daisy Hill	1,750	551	0	0	0	0	0	0	0	0	0
Southern HSCT	1,750	551	0	0	0	0	0	0	0	0	0
Altnagelvin Area	3,318	1,901	282	259	0	0	0	0	0	0	0
Western HSCT	3,318	1,901	282	259	0	0	0	0	0	0	0
NI Total	15,364	9,816	282	259	0	0	0	0	0	0	0

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

²¹ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 13-14

Table 37: Specialty 361 - Activity by Hospital/HSC Trust for Nephrology, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Belfast City	1,130	8,851	97	915	132	954	208	2,075	182	44	0
RBHSC	176	1,653	5	138	19	252	13	358	106	0	0
Belfast HSCT	1,306	10,504	102	1,053	151	1,206	221	2,433	288	44	0
Antrim	497	4,539	25	317	77	798	19	521	1	42	0
Causeway	38	132	4	19	11	29	7	40	0	1	0
Northern HSCT	535	4,671	29	336	88	827	26	561	1	43	0
Ulster	356	1,879	44	150	47	222	60	406	0	38	0
South Eastern HSCT	356	1,879	44	150	47	222	60	406	0	38	0
Daisy Hill	224	2,546	7	141	29	297	33	686	1	12	0
Southern HSCT	224	2,546	7	141	29	297	33	686	1	12	0
Altnagelvin Area	178	1,657	12	128	20	113	5	128	1	15	0
Roe Valley	30	197	5	13	5	18	3	14	0	2	0
South West Acute	55	540	6	24	4	57	2	22	0	4	0
Tyrone County	147	1,293	18	120	16	96	4	84	0	2	0
Western HSCT	410	3,687	41	285	45	284	14	248	1	23	0
NI Total	2,831	23,287	223	1,965	360	2,836	354	4,334	291	160	0

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 38: Specialty 370 - Activity by Hospital/HSC Trust for Medical Oncology, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
NI Cancer Centre	1,191	5,980	51	388	64	752	106	1,423	5,732	126	2
RBHSC	15	1,331	0	115	1	107	0	95	13	0	0
Belfast HSCT	1,206	7,311	51	503	65	859	106	1,518	5,745	126	2
Craigavon	200	1,417	7	182	5	59	24	138	12	35	0
Southern HSCT	200	1,417	7	182	5	59	24	138	12	35	0
NI Total	1,406	8,728	58	685	70	918	130	1,656	5,757	161	2

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 39: Specialty 400 - Activity by Hospital/HSC Trust for Neurology, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Belfast City	1,193	6,764	88	456	186	1,022	108	857	1	25	0
Royal Victoria	4,058	7,275	510	815	634	1,312	482	1,111	137	42	0
Belfast HSCT	5,251	14,039	598	1,271	820	2,334	590	1,968	138	67	0
Antrim	350	646	28	88	60	139	9	38	0	6	0
Mid Ulster	208	595	15	52	83	249	5	21	4	0	0
Northern HSCT	558	1,241	43	140	143	388	14	59	4	6	0
Ards	33	206	0	22	2	13	1	111	0	0	0
Lagan Valley	80	163	7	14	7	16	3	19	0	0	0
Ulster	1,113	1,156	46	189	31	110	23	187	0	6	0
South Eastern HSCT	1,226	1,525	53	225	40	139	27	317	0	6	0
Banbridge	0	121	1	5	3	9	0	3	0	0	0
Craigavon Area	1,411	1,610	65	103	75	170	13	37	653	2	0
Daisy Hill	143	297	11	19	9	26	15	38	0	1	0
South Tyrone	3	144	0	6	0	12	0	2	1	0	0
Southern HSCT	1,557	2,172	77	133	87	217	28	80	654	3	0
Altnagelvin Area	1,113	2,273	124	262	72	248	90	271	479	7	0
South West Acute	119	420	10	35	9	38	4	17	0	1	0
Tyrone County	448	695	40	73	53	90	15	52	0	5	0
Western HSCT	1,680	3,388	174	370	134	376	109	340	479	13	0
NI Total	10,272	22,365	945	2,139	1,224	3,454	768	2,764	1,275	95	0

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 40: Specialty 401 - Activity by Hospital/HSC Trust for Clinical Neuro-Physiology, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Royal Victoria	582	0	38	0	108	0	129	0	581	1	0
Belfast HSCT	582	0	38	0	108	0	129	0	581	1	0
NI Total	582	0	38	0	108	0	129	0	581	1	0

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 41: Specialty 410 - Activity by Hospital/HSC Trust for Rheumatology, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Belfast City	1,176	4,232	83	254	177	630	131	588	0	12	0
Musgrave Park	278	7,506	23	423	16	1,266	31	977	0	19	0
Royal Victoria	967	6,296	57	525	136	1,345	156	1,218	0	22	0
Belfast HSCT	2,421	18,034	163	1,202	329	3,241	318	2,783	0	53	0
Antrim	1,075	4,109	46	150	177	579	51	302	39	4	19
Causeway	289	1,565	10	84	39	189	24	287	103	4	0
Mid Ulster	134	380	6	19	17	58	3	17	1	1	0
Moyle	148	399	9	16	27	47	0	14	0	1	0
Waveney	99	995	8	53	16	165	2	78	0	2	0
Whiteabbey	69	159	8	4	9	22	8	22	0	0	0
Northern HSCT	1,814	7,607	87	326	285	1,060	88	720	143	12	19
Bangor	55	213	5	19	2	20	4	27	0	0	0
Downe	129	788	6	51	9	64	7	59	0	3	0
Lagan Valley	230	745	7	55	19	66	25	64	0	3	0
Ulster	1,264	4,904	76	382	164	583	55	391	0	9	0
South Eastern HSCT	1,678	6,650	94	507	194	733	91	541	0	15	0
Armagh Community	142	404	14	24	8	40	5	30	0	1	0
Banbridge	382	1,615	27	84	44	171	21	70	0	0	0
Craigavon Area	961	3,297	47	189	97	265	54	199	7	3	0
South Tyrone	244	585	9	22	18	51	20	76	0	0	0
Southern HSCT	1,729	5,901	97	319	167	527	100	375	7	4	0

Table 41: continued

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Altnagelvin Area	1,020	4,054	82	352	93	396	37	222	387	6	0
South West Acute	256	702	10	30	22	49	7	41	0	1	0
Tyrone County	220	489	7	31	26	51	15	47	0	3	0
Western HSCT	1,496	5,245	99	413	141	496	59	310	387	10	0
NI Total	9,138	43,437	540	2,767	1,116	6,057	656	4,729	537	94	19

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 42: Specialty 420 - Activity by Hospital/HSC Trust for Paediatrics, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
RBHSC	8,345	34,062	521	3,422	659	3,561	522	2,686	47	7	10
Belfast HSCT	8,345	34,062	521	3,422	659	3,561	522	2,686	47	7	10
Antrim	1,274	3,269	76	299	202	793	140	516	318	1	0
Causeway	976	2,782	73	469	101	650	85	388	1,375	1	1
Mid Ulster	653	1,123	32	148	174	324	61	234	0	0	4
Moyle	81	156	4	11	18	48	10	55	0	0	0
Waveney	463	1,291	25	242	86	414	38	178	0	0	0
Whiteabbey	72	476	3	56	10	87	20	175	0	0	0
Northern HSCT	3,519	9,097	213	1,225	591	2,316	354	1,546	1,693	2	5
Ards	661	3,075	0	322	0	297	0	245	0	0	0
Downe	152	214	13	19	22	31	6	8	0	0	0
Lagan Valley	137	97	15	11	8	14	6	4	0	0	0
Ulster	1,855	4,911	195	1,095	164	736	69	2,063	0	4	0
South Eastern HSCT	2,805	8,297	223	1,447	194	1,078	81	2,320	0	4	0
Armagh Community	633	1,096	95	299	45	108	24	39	0	0	0
Banbridge	338	665	36	90	47	81	11	65	0	0	0
Bluestone	534	936	69	200	46	177	42	73	0	0	0
Craigavon Area	980	3,170	70	346	88	338	64	308	375	0	0
Daisy Hill	1,683	4,813	286	1,043	125	487	103	520	460	0	0
South Tyrone	536	1,247	29	123	51	140	11	148	1,087	0	0
Southern HSCT	4,704	11,927	585	2,101	402	1,331	255	1,153	1,922	0	0

Table 42: continued

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Altnagelvin Area	1,594	3,732	186	717	164	502	227	900	2,592	2	0
Grangewood	223	815	28	123	36	208	0	96	0	0	0
South West Acute	501	1,602	32	161	58	232	65	191	261	0	0
Tyrone County	401	1,319	60	248	33	144	71	193	0	0	0
Western HSCT	2,719	7,468	306	1,249	291	1,086	363	1,380	2,853	2	0
NI Total	22,092	70,851	1,848	9,444	2,137	9,372	1,575	9,085	6,515	15	15

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 14 & 17

Table 43: Specialty 421 - Activity by Hospital/HSC Trust for Paediatric Neurology, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
RBHSC	432	1,933	20	200	51	342	59	954	1	4	0
Belfast HSCT	432	1,933	20	200	51	342	59	954	1	4	0
Lurgan	0	102	0	8	0	10	0	1	0	0	0
Southern HSCT	0	102	0	8	0	10	0	1	0	0	0
Altnagelvin Area	0	33	0	1	0	4	0	16	0	0	0
Western HSCT	0	33	0	1	0	4	0	16	0	0	0
NI Total	432	2,068	20	209	51	356	59	971	1	4	0

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 44: Specialty 430 - Activity by Hospital/HSC Trust for Geriatric Medicine, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Belfast City	663	1,544	76	289	179	362	95	518	1,042	49	0
Mater Infirmorum	109	448	8	54	24	64	19	68	0	11	0
Musgrave Park	568	2,235	43	425	54	368	26	82	0	5	0
Royal Victoria	47	785	5	82	6	134	3	165	0	5	0
Belfast HSCT	1,387	5,012	132	850	263	928	143	833	1,042	70	0
Antrim	88	113	6	17	21	32	3	22	1	3	0
Causeway	99	245	5	31	8	48	5	36	2	3	0
Mid Ulster	72	221	0	13	18	47	12	34	0	1	0
Waveney	181	278	14	14	47	63	26	108	0	0	0
Whiteabbey	516	1,137	56	190	96	180	55	132	0	4	1
Northern HSCT	956	1,994	81	265	190	370	101	332	3	11	1
Lagan Valley	662	735	43	59	79	80	59	57	0	8	0
Ulster	2,097	2,021	141	209	243	301	194	369	0	23	0
South Eastern HSCT	2,759	2,756	184	268	322	381	253	426	0	31	0
Craigavon Area	788	638	35	57	50	61	25	42	497	1	0
Daisy Hill	192	13	22	1	37	1	11	1	0	0	0
Lurgan	691	1,314	28	98	116	305	28	107	0	27	0
Mullinure	294	277	16	10	75	123	27	109	0	3	0
South Tyrone	313	419	43	79	47	29	13	61	5	5	0
Southern HSCT	2,278	2,661	144	245	325	519	104	320	502	36	0

Table 44: continued

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Altnagelvin Area	405	1,030	33	242	27	125	17	175	1	13	0
South West Acute	369	1,055	20	71	33	130	20	65	1	4	0
Tyrone County	219	313	19	38	34	72	14	55	0	4	0
Western HSCT	993	2,398	72	351	94	327	51	295	2	21	0
NI Total	8,373	14,821	613	1,979	1,194	2,525	652	2,206	1,549	169	1

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 45: Specialty 450 - Activity by Hospital/HSC Trust for Dental Medicine Specialties, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Royal Victoria	1,249	2,030	89	354	182	603	36	196	0	3	0
Belfast HSCT	1,249	2,030	89	354	182	603	36	196	0	3	0
NI Total	1,249	2,030	89	354	182	603	36	196	0	3	0

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 46: Specialty 502 - Activity by Hospital/HSC Trust for Gynaecology, 2016/17¹⁸

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Belfast City	6,587	7,141	580	603	1,232	1,311	935	1,388	81	9	0
Royal Victoria	2,666	3,032	169	272	671	861	152	227	0	0	0
Belfast HSCT	9,253	10,173	749	875	1,903	2,172	1,087	1,615	81	9	0
Antrim	2,916	2,723	139	221	614	637	324	510	235	5	123
Causeway	2,123	1,705	146	185	429	415	175	291	590	2	6
Mid Ulster	1,030	1,068	42	64	349	235	91	166	1	1	1
Moyle	346	341	15	27	73	76	28	46	0	0	0
Waveney	607	795	26	59	116	193	29	101	0	0	0
Whiteabbey	879	795	104	113	188	198	66	107	0	1	1
Northern HSCT	7,901	7,427	472	669	1,769	1,754	713	1,221	826	9	131
Ards	567	452	39	33	56	37	41	45	0	0	0
Bangor	897	488	51	58	104	48	24	36	0	1	0
Downe	364	474	33	56	27	51	12	38	0	0	0
Lagan Valley	2,954	2,570	207	236	234	306	141	273	0	0	0
Ulster	5,477	4,008	238	628	189	418	187	660	0	3	0
South Eastern HSCT	10,259	7,992	568	1,011	610	860	405	1,052	0	4	0
Armagh Community	385	347	18	30	59	59	9	17	0	0	0
Banbridge	202	178	8	12	22	28	13	16	0	0	0
Craigavon Area	5,974	9,325	264	401	649	551	155	405	737	4	0
Daisy Hill	2,927	3,286	233	336	429	539	66	414	942	4	12
Kilkeel Primary Care Cer	209	136	12	7	32	27	5	8	0	0	0
South Tyrone	666	575	36	41	79	57	23	20	0	1	0
Southern HSCT	10,363	13,847	571	827	1,270	1,261	271	880	1,679	9	12

Table 46: continued

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Altnagelvin Area	3,902	3,906	444	489	548	551	191	318	1,601	7	0
Roe Valley	572	787	55	77	76	80	14	44	0	0	0
South West Acute	1,219	1,628	73	130	154	299	112	169	890	1	0
Tyrone County	605	885	36	47	88	114	92	126	0	0	0
Western HSCT	6,298	7,206	608	743	866	1,044	409	657	2,491	8	0
NI Total	44,074	46,645	2,968	4,125	6,418	7,091	2,885	5,425	5,077	39	143

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 14 & 18

Table 47: Specialty 510 - Activity by Hospital/HSC Trust for Obstetrics (Ante Natal), 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Royal Maternity	5,093	16,902	333	1,037	608	1,893	146	1,267	0	0	0
Belfast HSCT	5,093	16,902	333	1,037	608	1,893	146	1,267	0	0	0
Antrim	1,422	3,841	50	122	82	157	61	446	514	0	202
Causeway	955	3,373	14	306	109	196	122	1,017	4,995	0	2
Mid Ulster	500	2,403	16	136	50	122	61	210	1	0	1
Moyle	279	1,030	15	43	25	34	11	116	0	0	0
Waveney	854	2,814	59	111	101	181	30	354	0	0	0
Whiteabbey	290	945	25	64	47	56	46	92	0	0	0
Northern HSCT	4,300	14,406	179	782	414	746	331	2,235	5,510	0	205
Downe	19	1,277	1	73	0	39	1	201	0	0	0
Lagan Valley	17	1,492	1	128	1	87	1	179	1	0	0
Ulster	2,587	11,508	117	409	288	735	257	1,534	0	0	0
South Eastern HSCT	2,623	14,277	119	610	289	861	259	1,914	1	0	0
Armagh Community	248	1,287	7	62	52	88	6	80	0	0	0
Craigavon Area	1,218	8,441	72	317	220	869	35	336	4,843	0	0
Daisy Hill	1,507	6,075	116	169	262	1,110	15	186	2,346	0	0
South Tyrone	480	2,600	21	89	98	324	43	485	0	1	0
Southern HSCT	3,453	18,403	216	637	632	2,391	99	1,087	7,189	1	0

Table 47: continued

Hospital/HSC Trust	Attendances		DNA		CNA		Hospital Cancellations		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Altnagelvin Area	2,464	7,405	77	845	155	256	155	525	0	0	0
Roe Valley	352	680	9	96	7	7	124	226	0	0	0
South West Acute	993	2,740	33	161	80	96	95	310	96	0	0
Tyrone County	417	870	19	127	12	21	48	169	0	0	0
Western HSCT	4,226	11,695	138	1,229	254	380	422	1,230	96	0	0
NI Total	19,695	75,683	985	4,295	2,197	6,271	1,257	7,733	12,796	1	205

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 48: Specialty 520 - Activity by Hospital/HSC Trust for Obstetrics (Post Natal), 2016/17²²

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Royal Maternity	100	24	11	2	0	0	1	0	0	0	0
Belfast HSCT	100	24	11	2	0	0	1	0	0	0	0
Antrim	0	0	0	0	0	1	0	14	0	0	0
Causeway	0	0	0	0	0	0	0	0	4	0	0
Northern HSCT	0	0	0	0	0	1	0	14	4	0	0
Daisy Hill	8	100	1	13	1	15	0	14	0	0	0
Southern HSCT	8	100	1	13	1	15	0	14	0	0	0
NI Total	108	124	12	15	1	16	1	28	4	0	0

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

²² Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 14-15 & 18

Table 49: Specialty 700 - Activity by Hospital/HSC Trust for Learning Disability, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Muckamore Abbey	354	2,609	66	409	43	451	20	165	0	2	0
Belfast HSCT	354	2,609	66	409	43	451	20	165	0	2	0
Longstone	65	1,430	22	260	0	0	3	25	0	1	0
Southern HSCT	65	1,430	22	260	0	0	3	25	0	1	0
Lakeview	71	1,555	46	64	22	79	0	0	0	0	0
Western HSCT	71	1,555	46	64	22	79	0	0	0	0	0
NI Total	490	5,594	134	733	65	530	23	190	0	3	0

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 50: Specialty 711 - Activity by Hospital/HSC Trust for Child & Adolescent Psychiatry, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Beechcroft	482	8,102	127	1,516	31	578	0	53	0	0	0
Belfast HSCT	482	8,102	127	1,516	31	578	0	53	0	0	0
NI Total	482	8,102	127	1,516	31	578	0	53	0	0	0

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 51: Specialty 715 - Activity by Hospital/HSC Trust for Old Age Psychiatry, 2016/17¹⁹

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Ards	914	1,950	190	341	330	574	240	588	0	37	0
Downe	331	465	42	81	74	110	28	62	0	5	0
Lagan Valley	268	854	56	159	91	211	23	76	0	9	0
South Eastern HSCT	1,513	3,269	288	581	495	895	291	726	0	51	0
Bluestone	69	478	8	85	12	73	2	32	194	2	0
Craigavon	0	0	0	0	0	0	0	0	22	0	0
Daisy Hill	71	454	15	76	25	92	1	22	69	3	0
St Luke's	75	469	36	147	17	81	20	73	4	0	0
South Tyrone	0	0	0	0	0	0	0	0	1	0	0
Southern HSCT	215	1,401	59	308	54	246	23	127	290	5	0
NI Total	1,728	4,670	347	889	549	1,141	314	853	290	56	0

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁹ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 12 & 14

Table 52: Specialty 800 - Activity by Hospital/HSC Trust for Clinical Oncology, 2016/17²⁰

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review*	New	Review	New	Review	New	Review			
NI Cancer Centre	3,160	14,820	139	906	172	1,922	372	3,414	6,851	359	23
Belfast HSCT	3,160	14,820	139	906	172	1,922	372	3,414	6,851	359	23
Ulster	0	0	0	0	0	0	0	0	1,235	0	0
South Eastern HSCT	0	0	0	0	0	0	0	0	1,235	0	0
Altnagelvin Area	404	2,754	27	425	21	262	53	443	0	48	0
Western HSCT	404	2,754	27	425	21	262	53	443	0	48	0
NI Total	3,564	17,574	166	1,331	193	2,184	425	3,857	8,086	407	23

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

²⁰ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 14 &16

*Due to a change in recording practices during 2016/17, the number of review attendances for NI Cancer Centre has reduced compared with previous years.

Table 53: Specialty 822 - Activity by Hospital/HSC Trust for Chemical Pathology, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Antrim	106	356	5	27	11	102	8	37	0	1	0
Causeway	142	955	19	85	37	219	8	36	0	3	0
Northern HSCT	248	1,311	24	112	48	321	16	73	0	4	0
Banbridge	92	151	6	9	15	27	1	4	0	0	0
Craigavon Area	51	69	3	9	8	9	0	1	0	0	0
Southern HSCT	143	220	9	18	23	36	1	5	0	0	0
Altnagelvin Area	102	199	9	26	15	82	32	110	0	0	0
South West Acute	23	75	4	13	9	18	3	19	0	0	0
Tyrone County	48	98	9	18	10	34	3	9	0	0	0
Western HSCT	173	372	22	57	34	134	38	138	0	0	0
NI Total	564	1,903	55	187	105	491	55	216	0	4	0

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 54: Specialty 990 - Activity by Hospital/HSC Trust for Joint Consultant Clinics, 2016/17¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Royal Maternity	1,418	3,952	115	262	139	376	125	227	0	0	0
Belfast HSCT	1,418	3,952	115	262	139	376	125	227	0	0	0
Antrim	175	2,639	12	125	27	133	11	193	0	0	0
Northern HSCT	175	2,639	12	125	27	133	11	193	0	0	0
NI Total	1,593	6,591	127	387	166	509	136	420	0	0	0

Source: QOAR (Part 1)

Note: DNA = Did not attend, CNA = Could not attend

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14

Table 55: Independent Sector Activity by Specialty/HSC Trust, 2016/17²³

Specialty/HSC Trust	Spec Code	Attendances		Total
		New	Review	
General Surgery	100	281	882	1,163
T & O Surgery	110	401	7405	7,806
ENT	120	39	395	434
Ophthalmology	130	94	1,608	1,702
Oral Surgery	140	1	0	1
Neurosurgery	150	0	3	3
Plastic Surgery	160	0	11	11
Cardiac Surgery	170	0	12	12
Paediatric Surgery	170	0	22	22
Anaesthetics	190	0	7	7
Pain Management	191	0	276	276
Gastroenterology	301	86	609	695
Cardiology	320	22	36	58
Thoracic Medicine	340	62	97	159
Clinical Neuro-Physiology	401	1,059	4	1,063
Rheumatology	410	4	197	201
Gynaecology	502	82	339	421
Belfast HSCT		2,131	11,903	14,034
General Surgery	100	200	658	858
ENT	120	66	505	571
Pain Management	191	33	671	704
Gastroenterology	301	254	487	741
Dermatology	330	34	308	342
Neurology	400	129	288	417
Northern HSCT		716	2,917	3,633

Table 55: continued

Specialty/HSC Trust	Spec Code	Attendances		Total
		New	Review	
General Surgery	100	10	86	96
ENT	120	0	165	165
Oral Surgery	140	3	511	514
Plastic Surgery	160	36	686	722
General Medicine	300	0	23	23
Dermatology	330	584	547	1,131
Thoracic Medicine	340	0	54	54
Neurology	400	65	62	127
Rheumatology	410	391	339	730
Paediatrics	420	0	1	1
Gynaecology	502	73	886	959
South Eastern HSCT		1,162	3,360	4,522
General Surgery	100	2	115	117
T & O Surgery	110	0	204	204
Pain Management	191	18	462	480
Southern HSCT		20	781	801

Table 55: continued

Specialty/HSC Trust	Spec Code	Attendances		Total
		New	Review	
General Surgery	100	13	367	380
T & O Surgery	110	6	807	813
ENT	120	1	78	79
Ophthalmology	130	0	12	12
Oral Surgery	140	7	54	61
Neurology	400	1	108	109
Gynaecology	502	0	1	1
Western HSCT		28	1,427	1,455
NI Total		4,057	20,388	24,445

Source: IS1 Part 1

²³ Refer to Appendix 7: Explanatory Notes Points 1-3 & 11

* Not National Statistics

Table 56: ICATS Activity Trends by HSC Trust, 2012/13 to 2016/17²⁴

HSC Trust	Activity Indicator	2012/13	2013/14	2014/15	2015/16	2016/17	Change	Change
							15/16 - 16/17	12/13- 16/17
Belfast HSCT								
	Outpatients							
	New Attendances	5,573	6,814	7,861	8,879	9,587	8.0%	72.0%
	Review Attendances	11,179	11,155	11,173	12,794	14,826	15.9%	32.6%
	Total Attendances	16,752	17,969	19,034	21,673	24,413	12.6%	45.7%
	Total Did Not Attends (DNAs)	1,956	1,855	1,981	2,330	2,776	19.1%	41.9%
	Total Could Not Attends (CNAs)	2,124	2,496	2,669	2,739	3,111	13.6%	46.5%
	Total Hospital Cancellations	1,510	1,475	1,476	1,596	1,824	14.3%	20.8%
	DNA Rate	10.5	9.4	9.4	9.7	10.2	0.5	-0.3
	CNA Rate	11.3	12.2	12.3	11.2	11.3	0.1	0.0
	Hospital Cancellation Rate	8.3	7.6	7.2	6.9	7.0	0.1	-1.3
Northern HSCT								
	Outpatients							
	New Attendances	13,590	12,755	13,902	14,822	16,519	11.4%	21.6%
	Review Attendances	13,870	14,862	14,615	13,254	15,930	20.2%	14.9%
	Total Attendances	27,460	27,617	28,517	28,076	32,449	15.6%	18.2%
	Total Did Not Attends (DNAs)	1,860	1,862	1,704	1,591	1,972	23.9%	6.0%
	Total Could Not Attends (CNAs)	4,402	4,525	4,916	4,967	5,814	17.1%	32.1%
	Total Hospital Cancellations	2,769	2,371	2,902	3,657	2,071	-43.4%	-25.2%
	DNA Rate	6.3	6.3	5.6	5.4	5.7	0.3	-0.6
	CNA Rate	13.8	14.1	14.7	15.0	15.2	0.2	1.4
	Hospital Cancellation Rate	9.2	7.9	9.2	11.5	6.0	-5.5	-3.2

Table 56: continued

HSC Trust	Activity Indicator	2012/13	2013/14	2014/15	2015/16	2016/17	Change 15/16 - 16/17	Change 12/13- 16/17
South Eastern HSCT								
	Outpatients							
	New Attendances	8,851	8,961	7,381	9,323	8,307	-10.9%	-6.1%
	Review Attendances	11,654	11,966	11,384	13,498	14,545	7.8%	24.8%
	Total Attendances	20,505	20,927	18,765	22,821	22,852	0.1%	11.4%
	Total Did Not Attends (DNAs)	2,070	2,372	2,242	2,532	2,606	2.9%	25.9%
	Total Could Not Attends (CNAs)	2,644	2,488	2,334	2,535	2,539	0.2%	-4.0%
	Total Hospital Cancellations	1,863	1,824	1,872	918	1,716	86.9%	-7.9%
	DNA Rate	9.2	10.2	10.7	10.0	10.2	0.2	1.1
	CNA Rate	11.4	10.6	11.1	10.0	10.0	0.0	-1.4
	Hospital Cancellation Rate	8.3	8.0	9.1	3.9	7.0	3.1	-1.3
Southern HSCT								
	Outpatients							
	New Attendances	8,243	8,648	6,768	7,027	6,934	-1.3%	-15.9%
	Review Attendances	10,200	11,631	10,597	9,806	10,080	2.8%	-1.2%
	Total Attendances	18,443	20,279	17,365	16,833	17,014	1.1%	-7.7%
	Total Did Not Attends (DNAs)	1,682	1,587	1,571	1,554	1,512	-2.7%	-10.1%
	Total Could Not Attends (CNAs)	2,434	2,262	2,087	1,744	1,721	-1.3%	-29.3%
	Total Hospital Cancellations	1,210	1,403	1,478	1,146	1,200	4.7%	-0.8%
	DNA Rate	8.4	7.3	8.3	8.5	8.2	-0.3	-0.2
	CNA Rate	11.7	10.0	10.7	9.4	9.2	-0.2	-2.5
	Hospital Cancellation Rate	6.2	6.5	7.8	6.4	6.6	0.2	0.4

Table 56: continued

	Activity Indicator	2012/13	2013/14	2014/15	2015/16	2016/17	Change 15/16 - 16/17	Change 12/13- 16/17
Western HSCT	Outpatients							
	New Attendances	8,947	9,705	8,692	6,955	7,118	2.3%	-20.4%
	Review Attendances	14,636	15,409	15,034	11,599	12,490	7.7%	-14.7%
	Total Attendances	23,583	25,114	23,726	18,554	19,608	5.7%	-16.9%
	Total Did Not Attends (DNAs)	2,423	2,242	2,226	1,796	1,904	6.0%	-21.4%
	Total Could Not Attends (CNAs)	2,953	3,129	2,902	2,157	2,410	11.7%	-18.4%
	Total Hospital Cancellations	1,969	1,922	2,066	1,681	1,878	11.7%	-4.6%
	DNA Rate	9.3	8.2	8.6	8.8	8.9	0.1	-0.4
	CNA Rate	11.1	11.1	10.9	10.4	10.9	0.5	-0.2
	Hospital Cancellation Rate	7.7	7.1	8.0	8.3	8.7	0.4	1.0
NI Total	Outpatients							
	New Attendances	45,204	46,883	44,604	47,006	48,465	3.1%	7.2%
	Review Attendances	61,539	65,023	62,803	60,951	67,871	11.4%	10.3%
	Total Attendances	106,743	111,906	107,407	107,957	116,336	7.8%	9.0%
	Total Did Not Attends (DNAs)	9,991	9,918	9,724	9,803	10,770	9.9%	7.8%
	Total Could Not Attends (CNAs)	14,557	14,900	14,908	14,142	15,595	10.3%	7.1%
	Total Hospital Cancellations	9,321	8,995	9,794	8,998	8,689	-3.4%	-6.8%
	DNA Rate	8.6	8.1	8.3	8.3	8.5	0.2	-0.1
	CNA Rate	12.0	11.8	12.2	11.6	11.8	0.2	-0.2
	Hospital Cancellation Rate	8.0	7.4	8.4	7.7	6.9	-0.8	-1.1

Source: QIAR

Note: DNA = Did not attend, CNA = Could not attend

²⁴ Refer to Appendix 7: Explanatory Notes Points 1-3 and 20

Table 57a: ICATS Activity and Rates by Specialty/HSC Trust, 2016/17²⁴

Specialty/HSC Trust	Total Attendances	Total DNA	Total CNA	Total Hospital Cancellations	DNA Rate	CNA Rate	Hospital Cancellation Rate	Patient Died	Private Patient Attendances
T & O Surgery	18,286	2,131	1,938	1,028	10.4	9.6	5.3	0	0
Ophthalmology	2,923	246	643	443	7.8	18.0	13.2	0	0
Dermatology	3,204	399	530	353	11.1	14.2	9.9	0	0
Belfast HSCT	24,413	2,776	3,111	1,824	10.2	11.3	7.0	0	0
T & O Surgery	17,227	856	2,607	1,137	4.7	13.1	6.2	0	0
ENT	3,045	195	737	275	6.0	19.5	8.3	0	0
Ophthalmology	6,340	335	981	341	5.0	13.4	5.1	0	0
Dermatology	5,837	586	1,489	318	9.1	20.3	5.2	0	0
Northern HSCT	32,449	1,972	5,814	2,071	5.7	15.2	6.0	0	0
T & O Surgery	16,014	2,006	1,510	841	11.1	8.6	5.0	0	0
Ophthalmology	3,445	183	384	296	5.0	10.0	7.9	0	0
Dermatology	3,393	417	645	579	10.9	16.0	14.6	0	0
South Eastern HSCT	22,852	2,606	2,539	1,716	10.2	10.0	7.0	0	0
Urology	84	7	6	1	7.7	6.7	1.2	0	0
T & O Surgery	13,754	1,226	1,285	819	8.2	8.5	5.6	0	0
ENT	2,606	219	375	353	7.8	12.6	11.9	0	0
Cardiology	570	60	55	27	9.5	8.8	4.5	0	0
Southern HSCT	17,014	1,512	1,721	1,200	8.2	9.2	6.6	0	0

Table 57a: continued

Specialty/HSC Trust	Total Attendances	Total DNA	Total CNA	Total Hospital Cancellations	DNA Rate	CNA Rate	Hospital Cancellation Rate	Patient Died	Private Patient Attendances
Urology	1,522	137	185	166	8.3	10.8	9.8	0	0
T & O Surgery	10,834	1,287	1,417	997	10.6	11.6	8.4	0	0
Ophthalmology	5,617	337	697	505	5.7	11.0	8.2	0	0
Cardiology	1,635	143	111	210	8.0	6.4	11.4	0	0
Western HSCT	19,608	1,904	2,410	1,878	8.9	10.9	8.7	0	0
NI Total	116,336	10,770	15,595	8,689	8.5	11.8	6.9	0	0

Source: QIAR

Note: DNA = Did not attend, CNA = Could not attend

²⁸ Refer to Appendix 7: Explanatory Notes Points 1-3 and 20

Table 57b : ICATS Activity for New and Review by Specialty/HSC Trust, 2016/17²⁴

Specialty/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>	
	New	Review	New	Review	New	Review	New	Review
T & O Surgery	5,765	12,521	477	1,654	504	1,434	382	646
Ophthalmology	2,807	116	233	13	615	28	418	25
Dermatology	1,015	2,189	99	300	161	369	107	246
Belfast HSCT	9,587	14,826	809	1,967	1,280	1,831	907	917
T & O Surgery	10,363	6,864	451	405	1,239	1,368	608	529
ENT	1,652	1,393	93	102	385	352	57	218
Ophthalmology	2,326	4,014	104	231	322	659	110	231
Dermatology	2,178	3,659	113	473	478	1,011	77	241
Northern HSCT	16,519	15,930	761	1,211	2,424	3,390	852	1,219
T & O Surgery	5,278	10,736	454	1,552	522	988	360	481
Ophthalmology	1,710	1,735	92	91	174	210	110	186
Dermatology	1,319	2,074	128	289	212	433	188	391
South Eastern HSCT	8,307	14,545	674	1,932	908	1,631	658	1,058
Urology	0	84	0	7	0	6	0	1
T & O Surgery	5,846	7,908	380	846	550	735	220	599
ENT	659	1,947	66	153	102	273	70	283
Cardiology	429	141	43	17	40	15	20	7
Southern HSCT	6,934	10,080	489	1,023	692	1,029	310	890

Table 57b: continued

Specialty/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>	
	New	Review	New	Review	New	Review	New	Review
Urology	372	1,150	32	105	54	131	38	128
T & O Surgery	4,825	6,009	436	851	621	796	437	560
Ophthalmology	1,863	3,754	124	213	246	451	148	357
Cardiology	58	1,577	6	137	2	109	4	206
Western HSCT	7,118	12,490	598	1,306	923	1,487	627	1,251
NI Total	48,465	67,871	3,331	7,439	6,227	9,368	3,354	5,335

Source: QIAR

Note: DNA = Did not attend, CNA = Could not attend

²⁴ Refer to Appendix 7: Explanatory Notes Points 1-3 and 20

Table 58: ICATS Activity by Specialty, 2016/17²⁴

Specialty	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Patient Died	Private Patient Attendances	Total Attendances
	New	Review	New	Review	New	Review	New	Review			
Urology	372	1,234	32	112	54	137	38	129	0	0	1,606
T & O Surgery	32,077	44,038	2,198	5,308	3,436	5,321	2,007	2,815	0	0	76,115
ENT	2,311	3,340	159	255	487	625	127	501	0	0	5,651
Ophthalmology	8,706	9,619	553	548	1,357	1,348	786	799	0	0	18,325
Cardiology	487	1,718	49	154	42	124	24	213	0	0	2,205
Dermatology	4,512	7,922	340	1,062	851	1,813	372	878	0	0	12,434
NI Total	48,465	67,871	3,331	7,439	6,227	9,368	3,354	5,335	0	0	116,336

Source: QIAR

Note: DNA = Did not attend, CNA = Could not attend

²⁴ Refer to Appendix 7: Explanatory Notes Points 1-3 and 20

Appendix 1: Consultant Led Outpatient Specialties provided in each Hospital during 2016/17

Hospital	Specialties
Altnagelvin Area	General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Oral Surgery, Orthodontics, Thoracic Surgery, Pain Management, General Medicine, Haematology (Clinical), Palliative Medicine, Cardiology, Dermatology, Genito-Urinary Medicine, Nephrology, Neurology, Rheumatology, Paediatrics, Paediatric Neurology, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Clinical Oncology, Chemical Pathology
Antrim	General Surgery, Ear, Nose & Throat, Orthodontics, Accident & Emergency, Anaesthetics, Pain Management, General Medicine, Gastroenterology, Endocrinology, Haematology (Clinical), Palliative Medicine, Cardiology, Dermatology, Thoracic Medicine, Nephrology, Neurology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Obstetrics (Post Natal), Chemical Pathology, Joint Consultant Clinics
Ards	General Surgery, Urology, Ear, Nose & Throat, Ophthalmology, Plastic Surgery, General Medicine, Haematology (Clinical), Cardiology, Dermatology, Thoracic Medicine, Neurology, Paediatrics, Gynaecology, Old Age Psychiatry
Armagh Community	General Surgery, Ear, Nose & Throat, Ophthalmology, Pain Management, Gastroenterology, Endocrinology, Cardiology, Dermatology, Rheumatology, Paediatrics, Gynaecology, Obstetrics (Ante Natal)
Banbridge	General Surgery, Urology, Ear, Nose & Throat, Endocrinology, Cardiology, Thoracic Medicine, Thoracic Medicine, Neurology, Rheumatology, Paediatrics, Gynaecology, Chemical Pathology
Bangor	General Surgery, Urology, Ear, Nose & Throat, Ophthalmology, General Medicine, Haematology (Clinical), Cardiology, Dermatology, Thoracic Medicine, Rheumatology, Gynaecology
Beechcroft	Child & Adolescent Psychiatry
Belfast City	General Surgery, Urology, Ear, Nose & Throat, Pain Management, General Medicine, Gastroenterology, Endocrinology, Haematology (Clinical), Clinical Genetics, Cardiology, Dermatology, Thoracic Medicine, Nephrology, Neurology, Rheumatology, Geriatric Medicine, Gynaecology
Bluestone	Paediatrics, Old Age Psychiatry
Causeway	General Surgery, Urology, Ear, Nose & Throat, Orthodontics, Anaesthetics, Pain Management, General Medicine, Gastroenterology, Endocrinology, Haematology (Clinical), Cardiology, Dermatology, Thoracic Medicine, Nephrology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Obstetrics (Post Natal), Chemical Pathology
Craigavon Area	General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Oral Surgery, Paediatric Dentistry, Orthodontics, Anaesthetics, Pain Management, General Medicine, Gastroenterology, Endocrinology, Haematology (Clinical), Palliative Medicine, Cardiology, Dermatology, Thoracic Medicine, Medical Oncology, Neurology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Old Age Psychiatry, Chemical Pathology

Appendix 1 (Continued)

Hospital	Specialties
Daisy Hill	General Surgery, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Oral Surgery, Accident & Emergency, Pain Management, General Medicine, Gastroenterology, Endocrinology, Haematology (Clinical), Palliative Medicine, Cardiology, Dermatology, Thoracic Medicine, Genito-Urinary Medicine, Nephrology, Neurology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Obstetrics (Post Natal), Old Age Psychiatry
Downe	General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Oral Surgery, Accident & Emergency, General Medicine, Endocrinology, Cardiology, Dermatology, Thoracic Medicine, Rheumatology, Paediatrics, Gynaecology, Obstetrics (Ante Natal), Old Age Psychiatry
Grangewood	Paediatrics
Kilkeel Primary Care Centre	General Medicine, Endocrinology, Gynaecology
Lagan Valley	General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Plastic Surgery, Accident & Emergency, General Medicine, Endocrinology, Dermatology, Thoracic Medicine, Neurology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Old Age Psychiatry
Lakeview	Learning Disability
Longstone	Learning Disability
Lurgan	Paediatric Neurology, Geriatric Medicine
Mater	General Surgery, Trauma & Orthopaedics, Ophthalmology, Pain Management, General Medicine, Gastroenterology, Endocrinology, Cardiology, Thoracic Medicine, Geriatric Medicine
Mid-Ulster	General Surgery, Ear, Nose & Throat, Pain Management, General Medicine, Gastroenterology, Endocrinology, Haematology (Clinical), Thoracic Medicine, Neurology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal)
Moyle	General Surgery, Ear, Nose & Throat, Gastroenterology, Endocrinology, Thoracic Medicine, Rheumatology, Paediatrics, Gynaecology, Obstetrics (Ante Natal)
Muckamore Abbey	Learning Disability
Mullinure	Geriatric Medicine
Musgrave Park	Trauma & Orthopaedics, Rehabilitation, Rheumatology, Geriatric Medicine
NI Cancer Centre	Palliative Medicine, Medical Oncology, Clinical Oncology
Roe Valley (Outpatients)	General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, General Medicine, Cardiology, Nephrology, Gynaecology, Obstetrics (Ante Natal)
RBHSC	Trauma & Orthopaedics, Ear, Nose & Throat, Paediatric Dentistry, Neurosurgery, Plastic Surgery, Paediatric Surgery, Hematology (Clinical), Cardiology, Dermatology, Nephrology, Medical Oncology, Paediatrics, Paediatric Neurology
Royal Jubilee Maternity	Anaesthetics, Obstetrics (Ante Natal), Obstetrics (Post Natal), Joint Consultant Clinics

Appendix 1 (Continued)

Hospital	Specialties
Royal Victoria	General Surgery, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Oral Surgery, Restorative Dentistry, Orthodontics, Neurosurgery, Plastic Surgery, Cardiac Surgery, Thoracic Surgery, Anaesthetics, General Medicine, Gastroenterology, Endocrinology, Rehabilitation, Cardiology, Dermatology, Thoracic Medicine, Genito-Urinary Medicine, Neurology, Clinical Neuro-Physiology, Rheumatology, Geriatric Medicine, Dental Medicine Specialties, Gynaecology
South Tyrone	General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Pain Management, Gastroenterology, Endocrinology, Haematology (Clinical), Palliative Medicine, Cardiology, Dermatology, Thoracic Medicine, Neurology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Old Age Psychiatry
South West Acute	General Surgery, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Oral Surgery, Orthodontics, Pain Management, General Medicine, Haematology (Clinical), Palliative Medicine, Cardiology, Dermatology, Nephrology, Neurology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Chemical Pathology
St Luke's	Old Age Psychiatry
Tyrone County	General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Pain Management, General Medicine, Haematology (Clinical), Palliative Medicine, Cardiology, Dermatology, Nephrology, Neurology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Chemical Pathology
Ulster	General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Oral Surgery, Plastic Surgery, Paediatric Surgery, Accident & Emergency, Pain Management, General Medicine, Haematology (Clinical), Palliative Medicine, Cardiology, Dermatology, Thoracic Medicine, Nephrology, Neurology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Clinical Oncology
Waveney	General Surgery, Ear, Nose & Throat, General Medicine, Endocrinology, Dermatology, Thoracic Medicine, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal)
Whiteabbey	General Surgery, Ear, Nose & Throat, Anaesthetics, Pain Management, General Medicine, Gastroenterology, Endocrinology, Haematology (Clinical), Dermatology, Thoracic Medicine, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal)

Appendix 2: Integrated Clinical Assessment and Treatment Services (ICATS) Specialties provided in each HSC Trust during 2016/17

HSC Trust	Specialties
Belfast HSC Trust	Trauma & Orthopaedics, Ophthalmology, Dermatology
Northern HSC Trust	Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Dermatology
South Eastern HSC Trust	Trauma & Orthopaedics, Ophthalmology, Dermatology
Southern HSC Trust	Urology, Trauma & Orthopaedics, Ear, Nose & Throat, Cardiology
Western HSC Trust	Urology, Trauma & Orthopaedics, Ophthalmology, Cardiology

Appendix 3: Hospitals Open within each HSC Trust that provided Consultant Led Outpatient Services for All, or Part, of the Year Ending 31st March 2017

Health and Social Care Trust	Hospital
Belfast Health and Social Care Trust	Beechcroft, Belfast City, Mater Infirmorum, Muckamore Abbey, Musgrave Park, NI Cancer Centre, RBHSC, Royal Jubilee Maternity, Royal Victoria
Northern Health and Social Care Trust	Antrim, Causeway, Mid Ulster, Moyle, Waveney, Whiteabbey
South Eastern Health and Social Care Trust	Ards, Bangor, Downe, Lagan Valley, Ulster
Southern Health and Social Care Trust	Armagh Community, Banbridge, Bluestone, Craigavon Area, Daisy Hill, Kilkeel Primary Care Centre, Longstone, Lurgan, Mullinure, South Tyrone, St Luke's
Western Health and Social Care Trust	Altnagelvin Area, Grangewood, Lakeview, Roe Valley Outpatients, South West Acute, Tyrone County

Appendix 4: Hospital Specialties by Programme of Care

Programmes of Care are divisions of healthcare, into which activity and finance data are assigned, so as to provide a common management framework. They are used to plan and monitor the health service, by allowing performance to be measured, targets set and services managed on a comparative basis. In total, there are nine Programmes of Care. However, only five of these are relevant to hospital activity. The relevant hospital specialties within each of the Programmes of Care are shown below.

POC 1 - Acute Services

- 100 General Surgery
- 101 Urology
- 110 T & O Surgery
- 120 ENT
- 130 Ophthalmology
- 140 Oral Surgery
- 141 Restorative Dentistry
- 142 Paediatric Dentistry
- 143 Orthodontics
- 150 Neurosurgery
- 160 Plastic Surgery
- 170 Cardiac Surgery
- 171 Paediatric Surgery
- 172 Thoracic Surgery
- 180 Accident & Emergency
- 190 Anaesthetics
- 191 Pain Management
- 300 General Medicine
- 301 Gastroenterology
- 302 Endocrinology
- 303 Haematology (Clinical)
- 310 Audiological Medicine
- 311 Clinical Genetics
- 314 Rehabilitation
- 315 Palliative Medicine
- 320 Cardiology
- 330 Dermatology
- 340 Thoracic Medicine
- 360 Genito-Urinary Medicine
- 361 Nephrology
- 370 Medical Oncology
- 400 Neurology
- 401 Clinical Neuro-Physiology
- 410 Rheumatology
- 420 Paediatrics
- 421 Paediatric Neurology
- 450 Dental Medicine Specialties
- 502 Gynaecology
- 800 Clinical Oncology
- 822 Chemical Pathology
- 823 Haematology
- 990 Joint Consultant Clinics

POC 2 - Maternity and Child Health

- 501 Obstetrics
- 510 Obstetrics (Ante Natal)
- 520 Obstetrics (Post Natal)

POC 4 – Elderly Care

- 430 Geriatric Medicine
- 715 Old Age Psychiatry

POC 5 - Mental Health

- 710 Mental Illness
- 711 Child & Adolescent Psychiatry
- 712 Forensic Psychiatry
- 713 Psychotherapy

POC 6 - Learning Disability

- 700 Learning Disability

Appendix 5: Definitions

Outpatient Services

An outpatient service is a consultant led service provided by Health and Social Care Trusts to allow patients to see a consultant, their staff and associated health professionals for assessment in relation to a specific condition. Patients are not admitted into hospital for this assessment. Outpatient services are usually provided during a clinic session (though in some cases patients may be seen on a ward) and provide an opportunity for consultation, investigation and minor treatment. Patients normally attend by prior arrangement. Although a consultant is in overall charge, they may not be present on all occasions the clinic is held. They must, however, be represented by a member of their team.

Outpatient Appointment

An outpatient appointment is an administrative arrangement enabling patients to see a consultant, their staff and associated health professionals, following an outpatient referral. Outpatient appointments relate to all appointments with a consultant led service, irrespective of the location in which the service is performed. Ward attendances seen by a consultant are reported separately (see separate definition on page 136).

New Attendance

A new attendance is the first of a series or the only attendance at an outpatient service with a consultant or their representative following an outpatient referral. In practice, most referrals will be seen as a consequence of a GP referral request; however, referrals may also be received from a range of other sources. First attendances at an outpatient clinic that are initiated by the consultant, who has already seen the patient, are classified as review attendances i.e. following an attendance at an Accident & Emergency unit or following an inpatient admission.

Review Attendances

A review attendance is an attendance at an outpatient service following; a new outpatient attendance, a previous review attendance, an attendance at an Accident & Emergency unit, a domiciliary visit, or following an inpatient admission, for the same condition. Essentially review appointments are all appointments that are not a first appointment.

Did Not Attend (DNA) / Missed Appointments

This is the number of patients who did not attend, and failed to give advance warning to the hospital, for an outpatient appointment. This includes patients who cancelled their outpatient appointment on the same day on which the appointment was scheduled. These should not be confused with those who could not attend and who did warn the hospital in advance (before the day on which the appointment was scheduled).

DNA rate

This is the number of patients who did not attend, and failed to give advance warning to the hospital, taken as a rate of attendances and missed appointments. This is calculated by the following formula:

$$\left(\frac{\text{Number of DNAs}}{\text{Number of attendances} + \text{Number of DNAs}} \right) * 100$$

Appendix 5 (continued)

Could Not Attend (CNA) / Patient Cancellations

This is the number of patients who could not attend, and gave advance warning to the hospital, for an outpatient appointment before the day of the scheduled appointment. These should not be confused with those who either did not attend without prior warning or those who could not attend and informed the hospital on the day on which the appointment was scheduled. This does not include appointments cancelled as a result of the hospital being notified of the patient's death. Depending on the timing of the cancellation, these appointments may be rescheduled for attendance by another patient.

CNA rate

This is the number of patients who could not attend, and gave advance warning to the hospital, taken as a rate of attendances and missed appointments. This is calculated by the following formula:

$$((\text{Number of CNAs}) / (\text{Number of attendances} + \text{Number of CNAs})) * 100$$

Outpatient Appointment Cancelled by the Hospital / Hospital Cancellation

This is the number of outpatient appointments that have been cancelled by the provider Health and Social Care Trust. A cancelled appointment is one which was intended to be held but which did not occur. Such cancellations do not include those cancelled by the patient (Could Not Attend), appointments the patient did not attend without giving prior notice (DNA) and appointments cancelled by the hospital as a result of the patient's death. Depending on the timing of the cancellation, these appointments may be rescheduled for attendance by another patient.

Hospital Cancellation rate

This is the number of appointments cancelled by hospitals, taken as a rate of attendances and hospital cancellations. This is calculated by the following formula:

$$((\text{Number of hospital cancellations}) / (\text{Number of attendances} + \text{Number of hospital cancellations})) * 100$$

Reasons for Cancellation

An outpatient appointment may be cancelled by either the provider Health and Social Care Trust (a hospital cancellation) or the patient (patient could not attend – CNA).

Hospital Cancellations may occur for the following reasons:

- Consultant unavailable
- Medical staff / Nurse unavailable
- Patient treated elsewhere
- Consultant cancelled appointment
- Appointment rescheduled (brought forward)
- Appointment rescheduled (put back)
- Cancelled following validation / audit
- Administrative error by hospital
- Hospital transport not available
- Cancelled by hospital in order to rebook as alternative booking method

Appendix 5 (continued)

Patient Cancellations (CNA) may occur for the following reasons:

- Patient cancelled appointment as it is no longer required
- Patient cancelled but the appointment is still required
- GP cancelled appointment

Health and Social Care Trusts must use one of the above regional codes to record reason for cancellation.

If no reason for cancellation has been recorded, Trusts report this as 'No reason for cancellation recorded'.

If an incorrect reason for cancellation has been recorded, for example if one of the hospital cancellation reasons are recorded against a patient cancellation, Trusts report the reasons for such cancellations as 'Incorrect reason for cancellation recorded'.

Cancellations due to the death of a patient are reported separately and should not be included within the figures for either Patient Cancellations (CNA) or hospital cancellations.

Specialty

A specialty is a particular branch of medicine or surgery. Each consultant is assigned a main specialty from a list recognised by the Royal Colleges and Faculties. Information is recorded against the specialty of the treating consultant.

Ward Attendances seen by a consultant

A ward attender is a patient who attends a ward for the purpose of examination or treatment by a consultant/doctor or member of their team. These patients would not currently be admitted to the health care provider. The care is for the prevention, cure, relief or investigation because of a disease, injury, health problem or other factors affecting their health status.

This includes:

- Disease (physical or mental) confirmed or suspected – inclusive of undiagnosed signs or symptoms
- Injury – inclusive of poisoning – confirmed or suspected,
- Health problems e.g. prostheses or graft in situ,
- Other factors influencing the health status of non sick persons e.g.
 - i. pregnancy,
 - ii. family planning
 - iii. potential donor (organ or tissue)
 - iv. potential problem requiring prophylactic (preventative) care,
 - v. bereavement or other problem requiring health professional counselling,
 - vi. cosmetic surgery,
 - vii. other

Appendix 5(continued)

Private Patient Attendances

A private patient is one who has opted to have treatment outside the Health Service and has undertaken to pay for all expenses incurred, including treatment and accommodation costs. Private patient attendances relate to private patients who attend an outpatient appointment at a facility provided by a Health and Social Care Trust.

Independent Sector

An Independent Sector provider is a private sector healthcare company that is contracted by HSC Trusts in the provision of healthcare or in the support of the provision of healthcare.

Total Independent Sector Attendances

This is the number of health service patients who received their outpatient appointment with an Independent Sector provider. This includes both new and review outpatient attendances, which are defined similarly to those for consultant-led outpatient services. Independent Sector appointments DNA'd, CNA'd or cancelled by the hospital (Hospital Cancellations) are not currently collected by the Department.

Total Outpatient Attendances commissioned by the Health Service

This is the number of health service patients who received their outpatient appointment, commissioned by the Health Service, within a Health Service hospital or with an Independent Sector provider. This includes both new and review outpatient attendances but excludes ward attendances.

Integrated Clinical Assessment and Treatment Services (ICATS)

ICATS is the term used for a range of outpatient services for patients, 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.

Integrated Clinical Assessment and Treatment Services (ICATS) appointments

An appointment at ICATS is known as a Tier 2 appointment. These are non consultant led services. Following ICATS Triage, patients who have not been given either a discharge, advice only or referral incomplete outcome will proceed for either a (i) first outpatient appointment, (ii) a diagnostic test or (iii) an ICATS Tier 2 appointment. Following a first Tier 2 ICATS appointment there are a number of outcomes, including a review Tier 2 ICATS appointment or a referral for a first consultant led outpatient appointment.

ICATS Tier 2 appointments attended, DNA'd, CNA'd or cancelled by the hospital (Hospital Cancellations) are defined similarly to those for consultant led outpatient services. Reasons for cancellation of ICATS Tier 2 appointments are not currently collected by the Department.

Appendix 6: Data in the publication

General guidance on using the data

The data contained in the publication are presented on an annual basis. They represent a range of activity types and appointment outcomes at both consultant led outpatient services and Integrated Clinical Assessment and Treatment Services (ICATS) at Health and Social Care (HSC) hospitals in Northern Ireland and Independent Sector providers. Data are presented on a financial year basis.

Outpatient attendances, by Appointment Type, Specialty, Hospital, HSC Trust, Programme of Care

Description of data

Data on the number of health service patients who attended a face to face appointment at a consultant led outpatient service. Data are presented by the HSC hospital of attendance, which are then aggregated up to HSC Trust, in Northern Ireland. Data are split by attendances for both new and review appointments. Attendances at outpatient services provided by the Independent Sector, but commissioned and financed by the HSC, are excluded from these figures as these figures relate to services provided within HSC hospitals (in-house activity). Ward attendances with a consultant are also not included from 2014/15. From 2015/16, all terminology in relation to outpatient activity collected in the QOAR refer to face to face appointments only.

Data provider

Data are sourced directly from HSC Trusts, via the Quarterly Outpatient Activity Return (QOAR).

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 year, and the previous year being queried with the data provider.

Guidance on using data

It should be noted that a change was made to the recording of consultant led activity at the beginning of 2014/15. The main change is that ward attendances seen by a consultant are now reported separately and are no longer included in the outpatient attendance figures, as in previous years. Therefore, figures for 2014/15 are not comparable with previous years.

Virtual activity was also previously included within the QOAR. However, following the issuing of virtual activity guidance by the Health and Social Care Board (HSCB) at the beginning of 2015/16, HIB introduced a separate return, the V-QOAR, to allow the monitoring of virtual activity. All terminology in the following guidance should therefore be taken to refer to face to face appointments only, unless otherwise specified.

Appointment type – this is the number of (i) new and (ii) review outpatient appointments attended.

Specialty – this is the number of appointments attended within each medical specialty. Medical specialty is determined by the consultant in charge of the service the patient attends. Each consultant employed by a HSC Trust will have an allocated specialty of employment, and it will be this specialty against which the patient's attendance will be reported. These data provide a useful insight into the capacity for certain types of medical services, and can be compared to outpatient waiting times by specialty to gauge demand against this capacity.

Hospital – this relates to appointments attended, by HSC hospital. Users should note that this may not necessarily be the actual hospital at which the patient attends their appointment, but relates to the hospital that holds the contract for the consultant, or member of their team, that provided the service. For example if a consultant from Musgrave Park hospital travels to Whiteabbey hospital to provide a Trauma and Orthopaedic service, the attendance will be recorded against Musgrave Park as this is the hospital that employs the consultant providing the service.

HSC Trust – this relates to appointments attended, by HSC Trust. As HSC Trust simply represents an aggregate of HSC hospitals, the same principle applies whereby the attendances will be recorded against the HSC Trust / HSC hospital that employ the consultant responsible for the service, rather than the actual HSC Trust in which the attendance physically occurs.

Programme of Care – this relates to the number of appointments attended within each Programme of Care, which is a classification that aggregates specialties on the basis of the type of health care they provide, into a higher level classification. For example, the Acute Programme of Care relates to specialties in which patients require medical care for an acquired physical condition; the Maternity and Child Health Programme of Care relates to specialties in which patients receive treatment associated with child birth and aftercare; the Elderly Care Programme of Care relates to treatments specifically required in later life, such as that provided in the Geriatric Medicine specialty; the Mental Health Programme of Care relates to treatment for Mental Health issues and the Learning Disability Programme of Care relates to treatments for patients specifically relating to a learning disability.

Outpatient appointments missed by patients, by Appointment Type, Specialty, Hospital, HSC Trust, Programme of Care

Description of data

Data on the number of health service patients who missed an appointment at a consultant led outpatient service and did not inform the hospital or only informed the hospital on the day of the appointment. These missed appointments are also known as a Did Not Attend (DNA) and are presented by the HSC hospital at which the appointment was scheduled, which are then aggregated up to HSC Trust, in Northern Ireland. Data are split by both new and review missed appointments.

Data provider

Data are sourced directly from HSC Trusts, via the Quarterly Outpatient Activity Return (QOAR).

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 year, and the previous year being queried with the data provider.

Guidance on using data

These data relate to the number of patients who missed their appointment and did not inform the hospital, or informed them on the day the appointment was scheduled. These are used as an indicator of lost productivity in that the hospital is resourced at that point in time to assess a patient, but the appointment is wasted as the patient fails to attend, or fails to give appropriate notice they can't attend which prevents another patient from being seen in the scheduled appointment slot. When assessing missed appointments, users should calculate the standardised rate of missed appointments, i.e. the DNA rate. This is calculated by: (the number of missed appointments) / (sum total of attendances and missed appointments) multiplied by one hundred. This is necessary because the number of appointments scheduled is likely to impact upon the number of missed appointments, i.e. the more appointments scheduled, the more likely it will be that the number of missed appointments will increase. Consequently, any comparative analysis of missed appointments, be that year on year or speciality with speciality etc., must be undertaken as a standardised rate. Historically, ward attendances have never been counted in hospital appointments missed by the patient. Therefore, it is possible to compare the number of missed appointments across the years. However, it should be noted that the removal of ward attendances and virtual outpatient activity from the outpatient attendance figures may have an effect on the calculation of any associated DNA rates. Data users should be aware of this when comparing DNA rates across the years.

Outpatient appointments cancelled by patients, by Appointment Type, Specialty, Hospital, HSC Trust, Programme of Care

Description of data

Data on the number of health service patients who cancelled an appointment at a consultant led outpatient service and informed the hospital that they could not attend, no later than the day before the appointment was scheduled. These data are presented by the HSC hospital at which the appointment was scheduled, which are then aggregated up to HSC Trust, in Northern Ireland. Data are split by both new and review appointments cancelled by patients.

Data provider

Data are sourced directly from HSC Trusts, via the Quarterly Outpatient Activity Return (QOAR).

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 year, and the previous year being queried with the data provider.

Guidance on using data

This relates to the number of appointments cancelled by patients who informed the hospital at least the day before the appointment was scheduled that they would not be attending. By doing so, the patient allows the hospital sufficient time to utilise the scheduled appointment slot, by booking another patient into that appointment slot. Again, any comparison of patient cancellations must be undertaken as a standardised rate, i.e. (number of appointments cancelled by patients / sum total of attendances and appointments cancelled by patients) multiplied by one hundred, as again, changes in the number of appointments scheduled will impact upon the number of appointments cancelled by patients. Historically, ward attendances have never been

counted in hospital appointments cancelled by the patient. Therefore, it is possible to compare the number of appointments cancelled by the patient across the years. However, it should be noted that the removal of ward attenders and virtual outpatient activity from the outpatient attendance figures may have an effect on the calculation of any associated CNA rates. Data users should be aware of this when comparing CNA rates across the years.

Outpatient appointments cancelled by hospitals, by Appointment Type, Specialty, Hospital, HSC Trust, Programme of Care

Description of data

Data on the number of appointments for consultant led outpatient services that were cancelled by the hospital. These data are presented by the HSC hospital at which the appointment was scheduled, which are then aggregated up to HSC Trust, in Northern Ireland. Data are split by both new and review appointments cancelled by hospitals.

Data provider

Data are sourced directly from HSC Trusts, via the Quarterly Outpatient Activity Return (QOAR).

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 year, and the previous year being queried with the data provider.

Guidance on using data

These data relate to the number of scheduled appointments cancelled by hospitals. This may be for a variety of reasons and in most cases the patient still requires assessment and will be rebooked into another appointment. These data are an indication of the loss of potential productivity within the Health and Social Care system. Any comparison of hospital cancellations must be undertaken as a standardised rate i.e. (number of appointments cancelled by hospitals / sum total of attendances and appointments cancelled by hospitals) multiplied by one hundred, as again, changes in the number of appointments scheduled will impact upon the number of appointments cancelled by hospitals. Historically, ward attendances have never been counted in hospital appointments cancelled by the hospital. Therefore, it is possible to compare the number of appointments cancelled by the hospital across the years. However, it should be noted that the removal of ward attenders and virtual outpatient activity from the outpatient attendance figures may have an effect on the calculation of any associated hospital cancellation rates. Data users should be aware of this when comparing hospital cancellation rates across the years.

Reason for outpatient appointment cancellation (by both patients and hospitals), by Appointment Type, Specialty, Hospital, HSC Trust, Programme of Care

Description of data

Data on the reason why consultant led outpatient appointments have been cancelled by either patients or hospitals. HSC hospitals record two pieces of information on cancelled appointments on their Patient Administration System (PAS). The first field records if the appointment was cancelled by either the patient or the hospital, and the second field records a free text reason for the cancellation. While introducing the QOAR in 2008/09, HIB, in conjunction with both data providers and users, developed a list of 13 regionally consistent reasons for cancellation. Each HSC Trust aggregates each of their cancellation reasons (recorded in the free text field) to one of 13 regionally consistent reasons and submit these to HIB. In June 2013, the Department updated the technical guidance with an agreed list of regional and sub-regional codes, reflecting the outcome of an audit undertaken by the "Short-Life" working group, and issued this to HSC Trusts. This list of regional and sub-regional codes must be utilised in a standardised manner across all Trusts. Each HSC Trust confirmed that this guidance was fully implemented within their Trust from the 1st July 2013. On occasion, reasons for cancellation are recorded that are inconsistent with the cancellation type, i.e. a patient cancellation with a reason relating to medical staff being unavailable. In such cases, the reason for cancellation is recorded as being 'Incorrect'. As there are some cancellations that cannot be identified as either one cancelled by a patient or one cancelled by a hospital, data on reasons for cancellation are presented for all cancellation types. Health and Social Care Trusts must use one of the regional codes to record reason for cancellation. If no reason for cancellation has been recorded, Trusts must report this as 'Reason not recorded'. From March 2013, recording of the reason for cancellation is now mandatory within the Health Service in Northern Ireland for those hospitals with access to PAS.

Data provider

Data are sourced directly from HSC Trusts, via the Quarterly Outpatient Activity Return (QOAR).

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, and variance checks are employed as an integral part of the production process, with large discrepancies between the current year, and the previous year being queried with the data provider. The levels of appointments that are either not coded with a reason, or have been coded with an incorrect reason has improved in recent quarters, however users should still be careful in their use of the data. Increasing levels of coverage over time also presents additional problems whereby trend analyses and the comparison of individual reasons for cancellation may be misleading. This is because a reported increase in the number of appointments cancelled due to, for example, the consultant being unavailable, may be a consequence of better levels of coding in latter quarters rather than an actual increase in the number of appointments cancelled for this reason.

Guidance on using data

Due to changes in coding coverage, care should be taken when comparing the number of appointments cancelled for a particular reason over time. Increasing levels of coverage over time also presents problems whereby trend analyses and the comparison of individual reasons for cancellation may be misleading. This is because a reported increase in the number of appointments cancelled due to, for example, the consultant being unavailable, may be a consequence of better levels of coding in latter quarters rather than an actual

increase in the number of appointments cancelled for this reason. Data relating to the reasons for cancellation do provide a useful insight into the dynamics behind lost productivity due to the cancellation of appointments by hospitals allowing particular issues to be identified and addressed.

Ward attendances with a consultant, by Specialty, Hospital, HSC Trust, Programme of Care

Description of data

Data on the number of patients who attended the ward for the purpose of examination by a consultant. These data are presented by the HSC hospital at which the patient attended, which are then aggregated up to HSC Trust, in Northern Ireland. Data relate to total attendances and are not split by new and review appointments.

Data provider

Data are sourced directly from HSC Trusts, via the Quarterly Outpatient Activity Return (QOAR).

Data quality assessment

Data are derived from a range of administrative systems. While data providers have been given guidance providing instructions for recording, collection and submission of data, the information undergoes limited validation due to the limited time series.

Guidance on using data

Separate recording of ward attendances seen by a consultant began on the QOAR in 2014/15. Whilst, ward attendances seen by a consultant were previously included in the main outpatient attendance figures, it is not possible to retrospectively identify the numbers involved. The number of ward attendances missed by the patient or cancelled by either the patient or the hospital is not collected by the Department. Attendances are recorded at the hospital to which the patient attends, and it should be noted that on occasions these ward attendances may be on a one off basis, or carried out by a consultant who has an allocated specialty of employment that is not a main outpatient service provided by the hospital.

Private patient attendances

Description of data

Data on the number of private patients who attended an outpatient appointment, with a consultant, at a HSC hospital, i.e. the patient pays a fee to be seen by the consultant, but they are seen at a Health and Social Care facility. These data are presented by the HSC hospital of attendance, which are then aggregated up to HSC Trust, in Northern Ireland. Data relate to total attendances and are not split by new and review appointments.

Data provider

Data are sourced directly from HSC Trusts, via the Quarterly Outpatient Activity Return (QOAR).

Data quality assessment

Data are derived from a range of administrative systems. While data providers have been given in-depth guidance providing instructions for recording, collection and submission of data, the information undergoes limited validation.

Guidance on using data

Users should not confuse these data with that for patients transferred by Health and Social Care providers to the Private or Independent Sector for treatment. Data on private patient attendances relate to patients who pay a fee and attend an assessment with a Health and Social Care consultant at a Health and Social Care facility. Consultants are permitted within their contracts to assess a set number of private patients each year. Private patient attendances are included within the main outpatient activity figures and also listed separately. These columns therefore should not be added together.

Independent sector outpatient attendances, by Appointment Type, Specialty, HSC Trust, Programme of Care

Description of data

This relates to the number of health service patients who attended a consultant-led outpatient appointment with an Independent Sector provider. Data are presented by specialty and commissioning HSC Trust (the HSC Trust responsible for the patient's waiting time), in Northern Ireland. Data are split by attendances for both new and review appointments.

Data provider

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

HSC Trusts are provided with in-depth 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. These are not categorised as National Statistics.

Guidance on using data

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.

Appointment type – this is the number of (i) new and (ii) review outpatient appointments attended within the Independent Sector.

Specialty – this is the number of appointments attended within each medical speciality. Medical speciality is determined by the consultant in charge of the service the patient attends. Each consultant employed by an Independent Sector provider will have an allocated speciality of employment, and it will be this speciality against which the patient's attendance will be reported. These data provide a useful insight into the capacity for certain types of medical services, and can be compared to outpatient waiting times by speciality to gauge demand against this capacity.

HSC Trust – this relates to appointments attended in the Independent Sector, by the commissioning HSC Trust.

Programme of Care – this relates to the number of appointments attended within each Programme of Care, which is a classification that aggregates specialties on the basis of the type of health care they provide, into a higher level classification. For example, the Acute Programme of Care relates to specialties in which patients require medical care for an acquired physical condition; the Maternity and Child Health Programme of Care relates to specialties in which patients receive treatment associated with child birth and aftercare; the Elderly Care Programme of Care relates to treatments specifically required in later life, such as that provided in the Geriatric Medicine speciality; the Mental Health Programme of Care relates to treatment for Mental Health issues and the Learning Disability Programme of Care relates to treatments for patients specifically relating to a learning disability.

Total Outpatient Attendances commissioned by the Health Service, by Appointment type, Specialty, HSC Trust, Programme of Care

Description of data

This relates to the number of health service patients who attended a consultant-led outpatient appointment in a Health Service hospital or within the Independent Sector. Data are presented by speciality and commissioning HSC Trust, in Northern Ireland.

Data provider

Data on patients treated within Health Service hospital are sourced directly from HSC Trusts, via the Quarterly Outpatient Activity Return (QOAR). 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 outpatient attendances within 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. For data on outpatient attendance within the Independent Sector, HSC Trusts are provided with in-depth 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 inpatient 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. Independent Sector figures are not categorised as National Statistics.

Guidance on using data

These data relate to the total number of HSC patients attending an 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 have been treated during the last year. Data on the total number of outpatient attendances allow users to assess the impact that the number of attendances during the year has had upon the total number of patients waiting for an outpatient appointment.

Appointment type – this is the number of (i) new and (ii) review outpatient appointments attended.

Specialty – this is the number of appointments attended within each medical speciality. Medical speciality is determined by the consultant in charge of the service the patient attends. Each consultant employed by a HSC Trust or Independent Sector provider will have an allocated speciality of employment, and it will be this speciality against which the patient's attendance will be reported. These data provide a useful insight into the capacity for certain types of medical services, and can be compared to outpatient waiting times by speciality to gauge demand against this capacity.

HSC Trust – this relates to appointments attended by the commissioning HSC Trust.

Programme of Care – this relates to the number of appointments attended within each Programme of Care, which is a classification that aggregates specialties on the basis of the type of health care they provide, into a higher level classification. For example, the Acute Programme of Care relates to specialties in which patients require medical care for an acquired physical condition; the Maternity and Child Health Programme of Care relates to specialties in which patients receive treatment associated with child birth and aftercare; the Elderly Care Programme of Care relates to treatments specifically required in later life, such as that provided in the Geriatric Medicine speciality; the Mental Health Programme of Care relates to treatment for Mental Health issues and the Learning Disability Programme of Care relates to treatments for patients specifically relating to a learning disability.

Integrated Clinical Assessment and Treatment Services (ICATS) attendances, by Appointment Type, Specialty, HSC Trust

Description of data

Data on the number of health service patients who attended an appointment at an Integrated Clinical Assessment and Treatment service (ICATS). ICATS are provided by integrated multi-disciplinary teams of health service professionals, including GPs with a specialist interest, specialist nurses and allied health professionals. Data are presented by the HSC Trust in which the attendance occurred. Data are split by attendances for both new and review appointments.

Data provider

Data are sourced directly from HSC Trusts, via the Quarterly ICATS Activity Return (QIAR).

Data quality assessment

Data are derived 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 year, and the previous year being queried with the data provider.

Guidance on using data

Appointment type – this is the number of (i) new and (ii) review ICATS outpatient appointments attended.

Specialty – this is the number of appointments attended within each medical specialty. Each ICATS service will be commissioned to provide services in a specific specialty and this will determine the specialty against which the patient's attendance is reported. These data provide a useful insight into the capacity for certain types of medical services, and can be compared to ICATS waiting times by specialty to gauge demand against this capacity.

HSC Trust – this relates to appointments attended, by HSC Trust. Users should be aware that in the case of ICATS this is the HSC Trust at which the patient attends their appointment, as staff who provide services in more than one HSCT will have a separate contract with each of the HSCTs.

ICATS appointments missed by patients, by Appointment Type, Specialty, HSC Trust

Description of data

Data on the number of health service patients who missed an appointment at ICATS and did not inform the hospital or informed the hospital on the day of the appointment. These missed appointments are also known as a Did Not Attend (DNA) and are presented by the HSC Trust at which the appointment was scheduled, in Northern Ireland. Data are split by both new and review missed appointments.

Data provider

Data are sourced directly from HSC Trusts, via the Quarterly ICATS Activity Return (QIAR).

Data quality assessment

Data are derived largely from a single administrative system, with minor manual supplementation of data for the Urology ICATS service at the Southern HSCT. 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 year, and the previous year being queried with the data provider.

Guidance on using data

These data relate to the number of patients who missed their ICATS appointment and did not inform the hospital, or informed them on the day the appointment the scheduled. These are used as an indicator of lost productivity in that the hospital is resourced at that point in time to assess a patient, but the appointment is wasted as the patient fails to attend, or fails to give appropriate notice they can't attend which prevents another

patient from being seen in the scheduled appointment slot. When assessing missed appointments, users should calculate the standardised rate of missed appointments, i.e. the DNA rate. This is calculated by: (the number of missed appointments) / (sum total of attendances and missed appointments) multiplied by one hundred. This is necessary because the number of appointments scheduled is likely to impact upon the number of missed appointments i.e. the more appointments scheduled, the more likely it will be that the number of missed appointments will increase. Consequently, any comparative analysis of missed appointments, be that year on year or speciality with speciality etc, must be undertaken as a standardised rate.

ICATS appointments cancelled by patients, by Appointment Type, Specialty, HSC Trust

Description of data

Data on the number of health service patients who cancelled an appointment at ICATS and informed the hospital that they could not attend, no later than the day before the appointment was scheduled. These data are presented by the HSC Trust at which the appointment was scheduled, in Northern Ireland. Data are split by both new and review appointments cancelled by patients.

Data provider

Data are sourced directly from HSC Trusts, via the Quarterly ICATS Activity Return (QIAR).

Data quality assessment

Data are derived 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 year, and the previous year being queried with the data provider.

Guidance on using data

This relates to the number of ICATS appointments cancelled by patients who informed the hospital at least the day before the appointment was scheduled that they would not be attending. By doing so, the patient allows the hospital sufficient time to utilise the scheduled appointment slot, by booking another patient into that appointment slot. Any comparison of patient cancellations must be undertaken as a standardised rate, i.e. (number of appointments cancelled by patients / sum total of attendances and appointments cancelled by patients) multiplied by one hundred, as again, changes in the number of appointments scheduled will impact upon the number of appointments cancelled by patients.

ICATS appointments cancelled by hospitals, by Appointment Type, Specialty, HSC Trust

Description of data

Data on the number of appointments for ICATS outpatient services that were cancelled by the hospital. These data are presented by the HSC Trust at which the appointment was scheduled. Data are split by both new and review appointments cancelled by hospitals.

Data provider

Data are sourced directly from HSC Trusts, via the Quarterly ICATS Activity Return (QIAR).

Data quality assessment

Data are derived 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 year, and the previous year being queried with the data provider.

Guidance on using data

These data relate to the number of scheduled appointments cancelled by hospitals. This may be for a variety of reasons and in most cases the patient still requires assessment and will be rebooked into another appointment. These data are an indication of the loss to potential productivity within the Health and Social Care system. Any comparison of hospital cancellations must be undertaken as a standardised rate, i.e. (number of appointments cancelled by hospitals / sum total of attendances and appointments cancelled by hospitals) multiplied by one hundred, as again, changes in the number of appointments scheduled will impact upon the number of appointments cancelled by hospitals.

Appendix 7: Explanatory Notes

1. The data contained in this publication for consultant led outpatient activity in HSC hospitals (outpatient attendances and ward attendances) have been compiled from the Quarterly Outpatient Activity Return (QOAR), which was introduced from 1st April 2008. They refer to all HSC hospitals in Northern Ireland that provide consultant led outpatient services. The Independent Sector activity data have been compiled from the Independent Sector Part 1 (IS1 Part 1) Return, which was introduced from 1st April 2008. They refer to all activity that takes place in Independent Sector providers commissioned by the Health Service. The ICATS activity data contained in this publication have been compiled from the Quarterly ICATS Activity Return (QIAR), which was introduced from 1st April 2010. They refer to all HSC Trusts in Northern Ireland that provide ICATS activity.
2. In addition, annual data relating to outpatient activity during 2016/17 has also been published in spreadsheet format (Microsoft Excel), split by HSC Trust, hospital, specialty and Programme of Care, in order to aid secondary analysis. These data are available at <https://www.health-ni.gov.uk/publications/hospital-statistics-outpatient-activity-statistics-201617>
3. The number of attendances does not equate to the number of patients seen, as it is possible for the same person to attend a consultant-led outpatient service more than once during the year. This is the same when looking at missed and cancelled appointments and the reasons for cancellation, as it is possible for the same person to miss or cancel their appointment or have their appointment cancelled by the hospital more than once during the year.
4. Figures for 2015/16 have been revised following a resubmission from the Western HSC Trust.
5. Due to the major changes over the last two financial years, it has not been possible to provide trend data on outpatient activity in HSC hospitals from 2015/16 with previous years. HIB advise against making any comparisons across financial years.
6. At the beginning of 2014/15, the QOAR return was revised so that ward attendances seen by a consultant are now reported separately and are no longer included in the new and review outpatient attendance figures, as in previous years.
7. Data users should be aware that, whilst ward attenders had been included within outpatient attendances in previous years, the Southern HSC Trust never reported figures for ward attendances in their figures until 2014/15. Furthermore, the decision to separately record ward attenders has resulted in the increased reporting of ward attendance activity across all HSC Trusts. Therefore, readers should not attempt to add figures for ward attendances to new and review outpatient attendance figures, as this will not allow an accurate comparison of total activity from 2014/15 to previous years.
8. Separate recording of ward attendances seen by a consultant began on the QOAR in 2014/15. Whilst, ward attendances seen by a consultant were previously included in the main outpatient attendance figures, it is not possible to retrospectively identify the numbers involved. Therefore, figures for ward attendances are only available from 2014/15.
9. All attendances with a consultant at a ward are counted together, whether it is the first time the patient has seen the consultant or it is a follow up appointment. Prior to 2014/15, ward attendances were separated into either new and review attendances and included within outpatient attendances. However, due to the nature of ward attendances, the majority of these would have been review appointments. This should be taken into consideration when looking at the change in new and review outpatient attendances across the years.

10. Due to the changes in the recording of ward attenders from 2014/15 and virtual outpatient activity from 2015/16, it is only possible to provide trend data on outpatient activity in HSC Trusts from 2015/16 onwards. The removal of ward attenders from the outpatient attendance figures and removal of virtual outpatient activity will also have an effect on the number missed and cancelled appointments and calculation of any associated DNA, CNA and hospital cancellation rates and should not be compared across the years prior to 2015/16.
11. Independent sector figures are presented separately to outpatient attendances within HSC hospitals. Since collection of this data began, all attendances within the Independent Sector have been in the Acute Services Programme of Care.
12. Within the South Eastern HSC Trust, the number of missed and cancelled review appointments is not available for Accident and Emergency (Specialty 180) in Downe and Lagan Valley Hospitals, and for T & O Surgery (Specialty 110) in Lagan Valley Hospital. This is due to limitations of the eEms system.
13. For Genito-Urinary Medicine (Specialty 360), information on missed and cancelled appointments was unavailable, except in the Western HSC Trust, which was able to report on the number of DNAs.
14. Private patient attendances are included within the main outpatient activity figures and also listed separately. These columns therefore should not be added together.
15. One-off clinics: During 2016/17, the Northern HSC Trust held a number of one off clinics to help reduce the backlog in the number of patients waiting. The specialty affected was Obstetrics – post natal (Specialty 520) in Causeway Hospital.
16. Relocation: During 2016/17, a number of services/elements of a service were relocated. Within Belfast Trust, the specialty affected was Oral Surgery (Specialty 140); moving from Belfast City to Royal Victoria. A similar process of relocation took place in the Northern HSC Trust, with the Orthodontics service (Specialty 143) moving from Waveney to Antrim. Western Trust Oncology services (Specialty 800) relocated from the Cancer Centre in Belfast to Altnagelvin.
17. Discontinued service: During 2016/17 Paediatrics services (Specialty 420) were discontinued at the Roe Valley Hospital.
18. Reclassification of services: During 2016/17, the Accident and Emergency service (Specialty 180) was reclassified and is now recorded under the General Surgery service (Specialty 100) in Daisy Hill. In Downe Hospital, both Endocrinology services (Specialty 302) and Cardiology services (Specialty 320) have been reclassified and are no longer recorded under the General Medicine specialty (Specialty 300). In Royal Jubilee Hospital, Obstetrics – post natal (Specialty 520) was reclassified and is no longer recorded under Gynaecology (Specialty 502).
19. The variable 'reason for cancellation' was introduced in 2008/09 as experimental statistics and was only made mandatory for completion from March 2013. Following this decision, an audit of the reasons for cancellation was undertaken and updated methodology was put in place from 1st July 2013. All HSC Trusts implemented this methodology from 1st July 2013. Data users should be aware of this when comparing data across the years.
20. 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 for patients, 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. An appointment at ICATS is known as a Tier 2 appointment.

Further information on Consultant Led Outpatient and ICATS activity in Northern Ireland, is available from:

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This Statistical bulletin and others published by Hospital Information Branch are available to download from the DoH Internet site at:

Internet address: <https://www.health-ni.gov.uk/articles/outpatient-activity>