

INFORMATION
ANALYSIS
DIRECTORATE



Hospital Statistics:

Outpatient Activity Statistics 2018/19



Department of
Health

An Roinn Sláinte
Máinnystrie O Poustie
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Reader Information

- Purpose:** 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, as well as virtual outpatient activity. Data are presented on a financial year basis during the year ending 31st March 2019. Information is provided 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-201819>
- Statistical Quality:** Information in this release has been quality assured with HSC Trusts prior to release.
- Internet:** <https://www.health-ni.gov.uk/articles/outpatient-activity>
- Authors:** Jennifer Finlay, Adam Robinson, Mary Farrelly & Siobhán Morgan
- Publication Date:** Thursday 1st August 2018
- Reporting Period:** 1st April 2018 – 31st March 2019
- Issued by:** Hospital Information Branch
Information & Analysis Directorate
Department of Health
Stormont Estate, Belfast, BT4 3SQ
- Contact Information and further copies:** statistics@health-ni.gov.uk
- Target audience:** Department of Health (DoH), Chief Executives of HSC Board and Trusts in Northern Ireland, health care professionals, academics, general public, media and Health & Social Care stakeholders.
- Price:** Free
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Outpatient Activity in Northern Ireland, 2018/19



1,499,069
appointments at consultant led outpatient services



126,393
appointments missed by patients

190,353
appointments cancelled by patients



173,883
appointments cancelled by the hospital

Key Points

- There were 482,284 new and 1,016,785 review attendances at consultant led outpatient services within HSC hospitals in Northern Ireland.
- Patients missed a total of 126,393 appointments, giving a Did Not Attend (DNA) rate of 7.8 (Figure 3).
- Patients cancelled 190,353 appointments, giving a Could Not Attend (CNA) rate of 11.3 (Figure 6).
- Hospitals cancelled 173,883 appointments, giving a hospital cancellation rate of 10.4 (Figure 9).
- A total of 132 patients were seen at a Regional Assessment and Surgical Centre for cataract treatment.
- There were 15,053 attendances at appointments with Independent Sector Providers which were commissioned by the Health Service.
- There were 107,165 patients seen at Integrated Clinical Assessment and Treatment Services (ICATS) in Northern Ireland, 7.8% lower than the number seen in the previous year.
- There were 27,234 virtual outpatient attendances in Northern Ireland in 2018/19, 23.8% higher than in 2017/18.

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About 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>

Technical Notes

This statistical release is the ninth 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) and Regional Quarterly Outpatient Activity Return (R-QOAR) Parts 1 and 2
- Departmental Return IS1 Part 1
- Virtual Outpatient Activity Return (V-QOAR)
- 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. Cancellation rates have also been rounded to one decimal place.

Data Quality

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

From February 2019 a Regional Assessment and Surgical Centre (RASC) for Ophthalmology (cataract treatment) has been in operation in Mid-Ulster Hospital. This service is managed by the Western HSC Trust. As RASCs are a new service, comparisons cannot be made with previous years. Further information can be found within the RASC section of this publication. RASC activity data are not national statistics, but have been provided to add some additional context to outpatient activity.

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.

Integrated Clinical Assessment and Treatment Services (ICATS) 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.

Limitations of the Data

Readers should note that there have been a number of important changes to this data collection in the last three years. At the beginning of 2014/15, the Quarterly Outpatient Activity Return (QOAR) 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.

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 was not included within this publication in 2015/16 and 2017/18. From the beginning of 2015/16, HIB introduced a separate monitoring return to allow the monitoring of virtual outpatient activity. Virtual Activity is now included as a separate category within the 2018/19 publication. All other data on outpatient attendances in this publication should therefore be taken to refer to face to face outpatient activity only.

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 7.

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 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 Statistics. They were 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.

National Statistics status means that our statistics meet the highest standards of trustworthiness, quality and public value, and it is our responsibility to maintain compliance with these standards.

The statistics last underwent a full assessment against the Code of Practice in 2012:

https://www.statisticsauthority.gov.uk/wp-content/uploads/2015/12/images-assessmentreport222statisticsinhospitalsinnorthernirelan_tcm97-41971.pdf

Designation was awarded in June 2013: https://www.statisticsauthority.gov.uk/wp-content/uploads/2012/06/images-letterofconfirmationasnationalstatisticsassessmentreport22_tcm97-43048.pdf

Since the assessment by the Office for Statistics Regulation, we have continued to comply with the Code of Practice for Statistics.

Further information on the Code of Practice for 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-201819>

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-learning>

Feedback

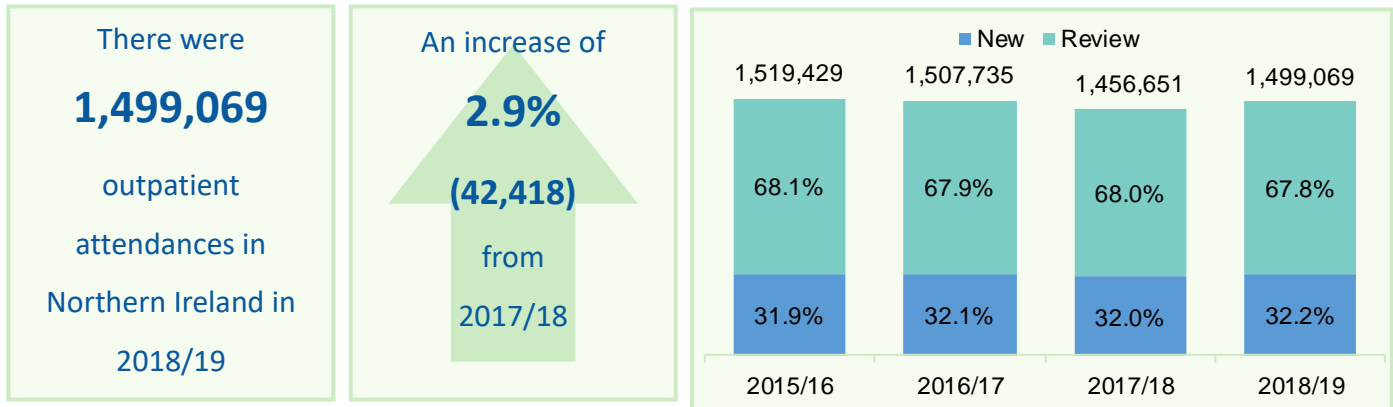
As we want to engage with users of our statistics, we invite you to feedback your comments on this publication to: statistics@health-ni.gov.uk

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 2018/19. Virtual activity is also included.

Information on outpatient activity can be impacted upon by various policies and directions set within government. Examples of such initiatives include “Transforming Your Care”, the [Commissioning Plan](#) [Direction](#) and [Delivering Together](#).

Attendances in HSC Hospitals¹



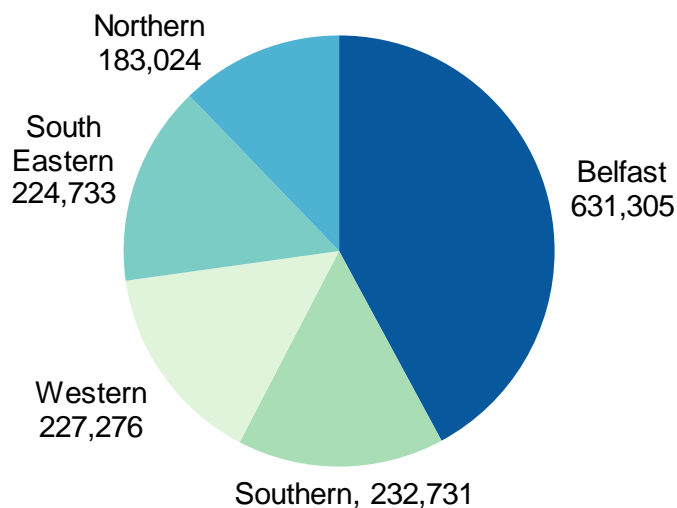
Financial Year 2018/19

The number of attendances that took place at consultant led outpatient services within HSC hospitals in Northern Ireland in 2018/19 (1,499,069) was 2.9% greater than in 2017/18 (1,456,651) but 1.3% (20,360) fewer than the 1,519,429 seen in 2015/16. Almost one third of appointments (32.2%, 482,284) were new attendances, with the remaining 67.8% (1,016,785) being review attendances. This is a similar breakdown to previous years.

Attendances in HSC Hospitals by HSC Trust

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 1.

Figure 1: Total number of attendances at consultant led outpatient services in Northern Ireland, by HSC Trust (2018/19)



Over two fifths (42.1%) of the attendances were in the Belfast HSC Trust, 15.5% in the Southern HSC Trust, 15.2% in the Western HSC Trust, 15.0% in the South Eastern HSC Trust and 12.2% in the Northern HSC Trust (Figure 1).

¹ Refer to Appendix 6: Definitions and Appendix 8: Explanatory Notes 1 – 5 & 7 – 18. (Specifically Explanatory Notes 4 – 5) for information on changes to recording of virtual activity and ward attendances.

Attendances in HSC Hospitals by Programme of Care and Specialty

The Acute Services Programme of Care accounted for 9 out of 10 attendances (90.3%, 1,353,239), followed by the Maternity and Child Health (6.6%, 98,483), Elderly Care (2.0%, 29,971), Mental Health, (0.8%, 12,231) and Learning Disability (0.3%, 5,145) Programmes of Care².

Just under two fifths (39.5%, 591,554) of attendances were within five specialties: T & O Surgery, General Surgery, Obstetrics (Ante Natal), Paediatrics and Ophthalmology³.

Missed Appointments / Did Not Attends (DNA)¹

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.

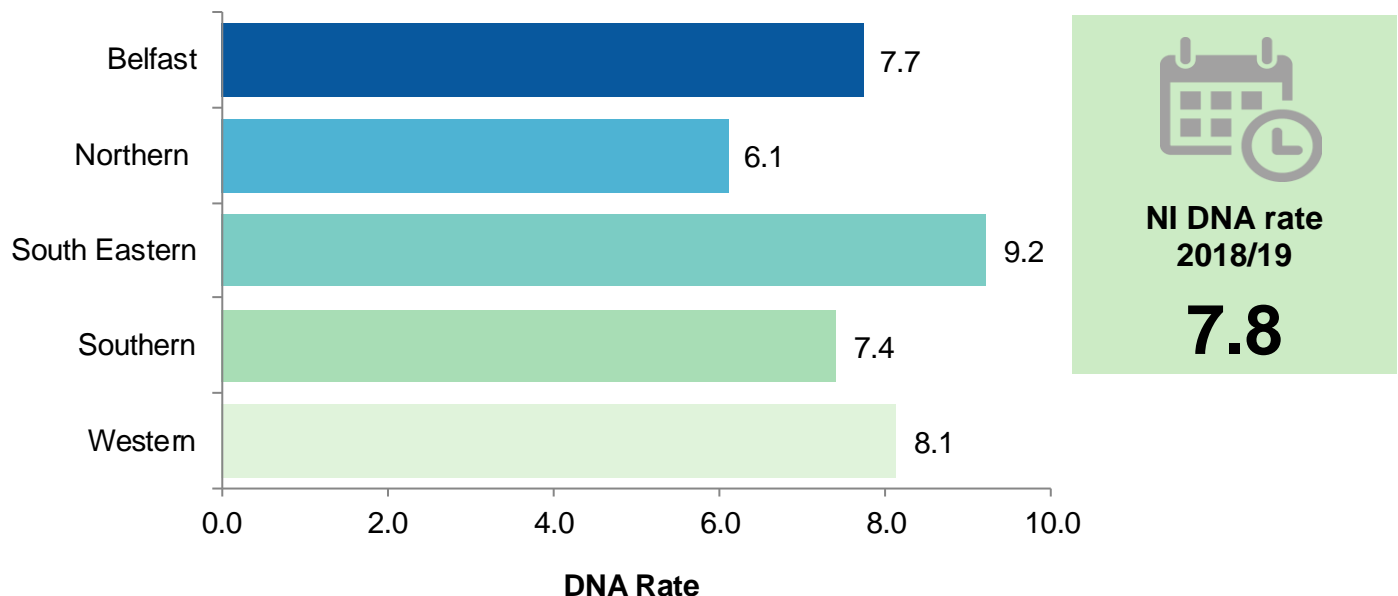
Financial Year 2018/19

A total of 126,393 outpatient appointments were missed during 2018/19, (34,467 for new appointments and 91,926 for review appointments), which was 1.6% less than the number of DNAs in 2017/18 (128,407).

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

The South Eastern HSC Trust had the highest DNA rate (9.2), whilst Northern HSC Trust had the lowest rate (6.1) in 2018/19 (Figure 2).

Figure 2: Total DNA rates at consultant led outpatient services in Northern Ireland, by HSC Trust (2018/19)



¹ Refer to Appendix 6: Definitions and Appendix 8: Explanatory Notes 1 – 5 & 7 – 18.

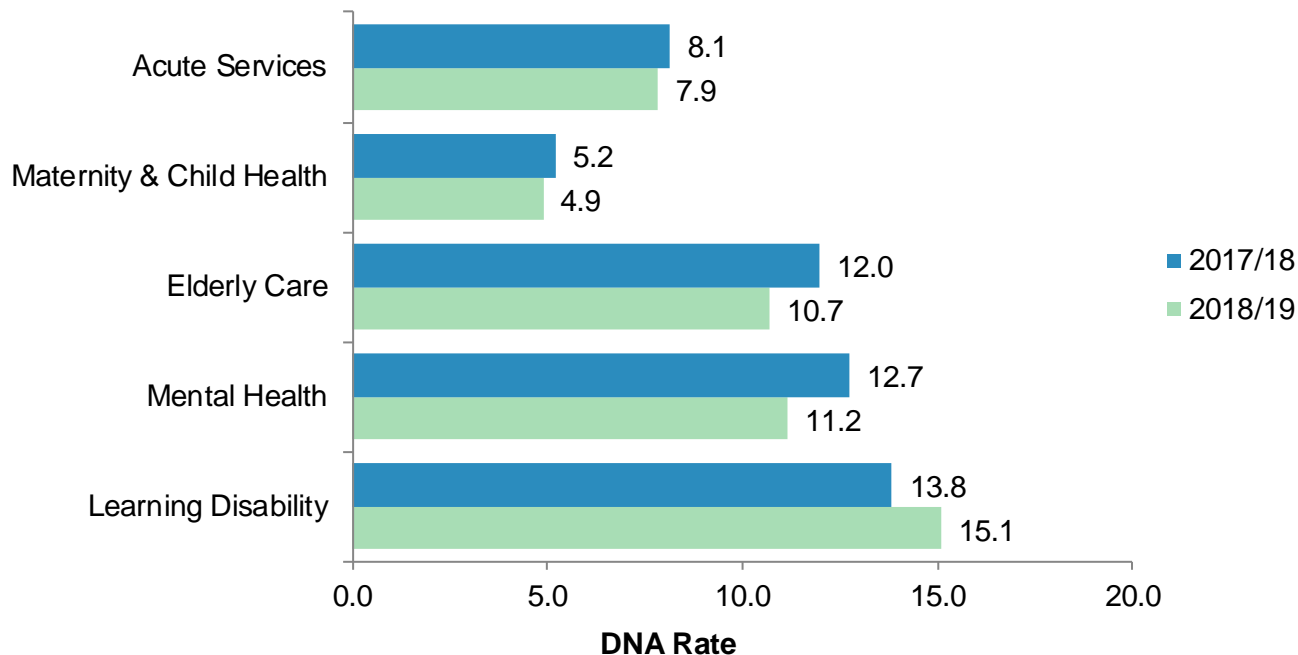
² Refer to Appendix 5: Hospital Specialties by Programme of Care.

³ Refer to Appendix 1: Specialties of consultant led outpatient services provided in each hospital during 2018/19.

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

The Programme of Care with the highest DNA rate in 2018/19 was Learning Disability (15.1). Maternity and Child Health had the lowest rate (4.9) (Figure 3).

Figure 3: Total DNA rates at consultant led outpatient services in Northern Ireland, by Programme of Care (2017/18 and 2018/19)



The five specialties with the highest DNA rates were Accident and Emergency specialty (28.1), followed by Paediatric Dentistry (18.9), Old Age Psychiatry (17.7), Learning Disability (15.1), and Obstetrics (Post Natal) (13.5).

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 2018/19

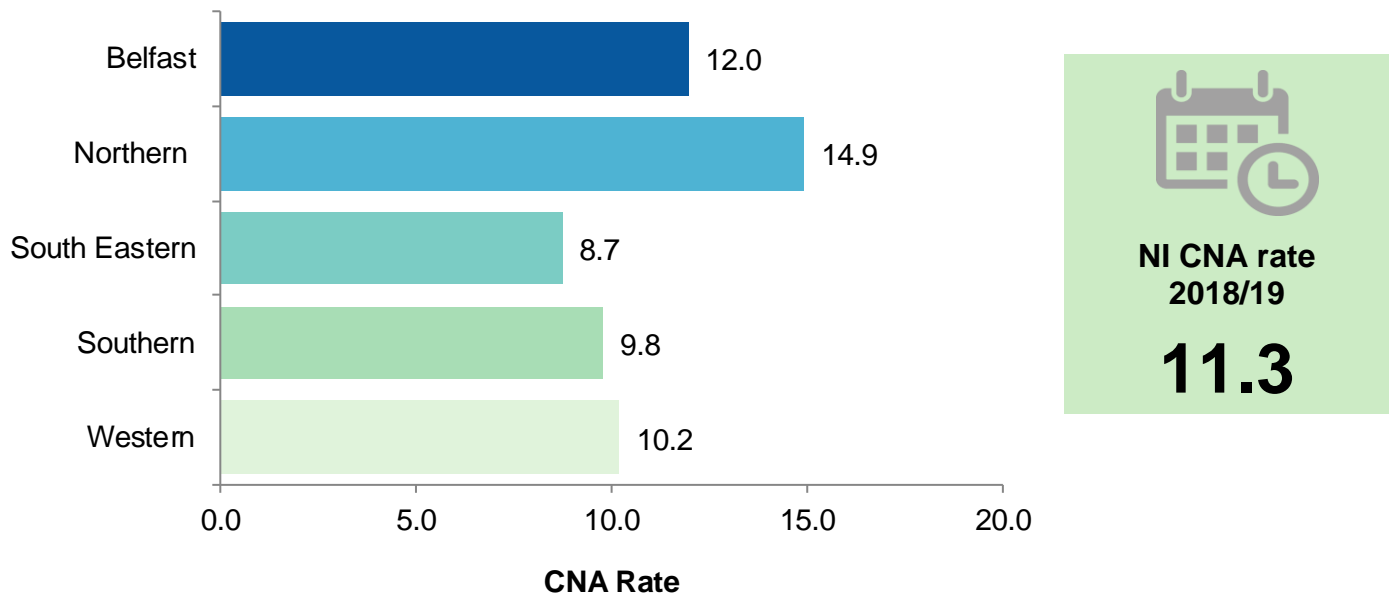
A total of 190,353 outpatient appointments were cancelled by during 2018/19 (60,461 for new appointments and 129,892 for review appointments), which was 0.8% less than the number of CNAs in 2017/18 (191,803).

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

The Northern HSC Trust had the highest CNA rate (14.9), whilst the South Eastern HSC Trust had the lowest rate (8.7) in 2018/19 (Figure 4).

¹ Refer to Appendix 6: Definitions and Appendix 8: Explanatory Notes 1 – 5 & 7 – 18.

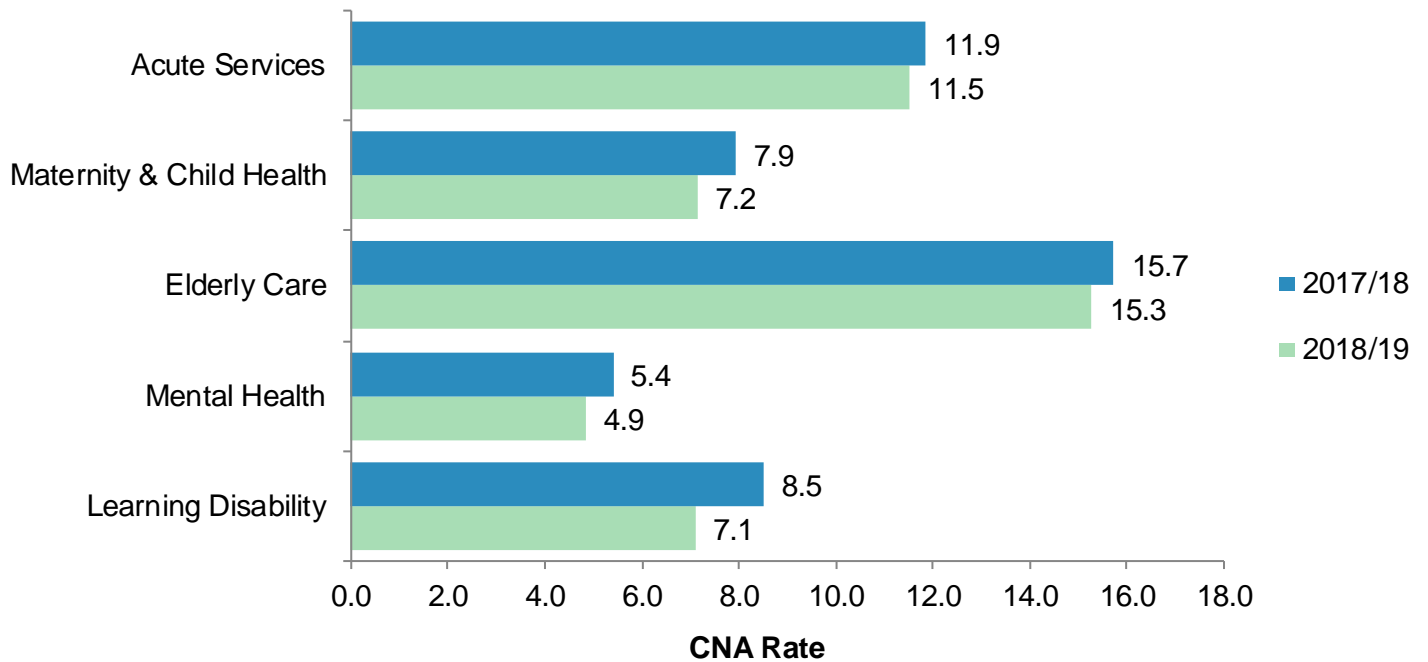
Figure 4: Total CNA rates at consultant led outpatient services in Northern Ireland, by HSC Trust (2018/19)



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

The Programme of Care with the highest CNA rate in 2018/19 was Elderly Care (15.3). Mental Health had the lowest rate (4.9) (Figure 5).

Figure 5: Total CNA rates at consultant led outpatient services in Northern Ireland, by Programme of Care (2017/18 and 2018/19)



The five specialties with the highest CNA rates were Chemical Pathology (20.4), followed by Dental Medicine (20.2), Paediatric Dentistry (19.1), Palliative Medicine (18.9) and Old Age Psychiatry (18.7).

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.

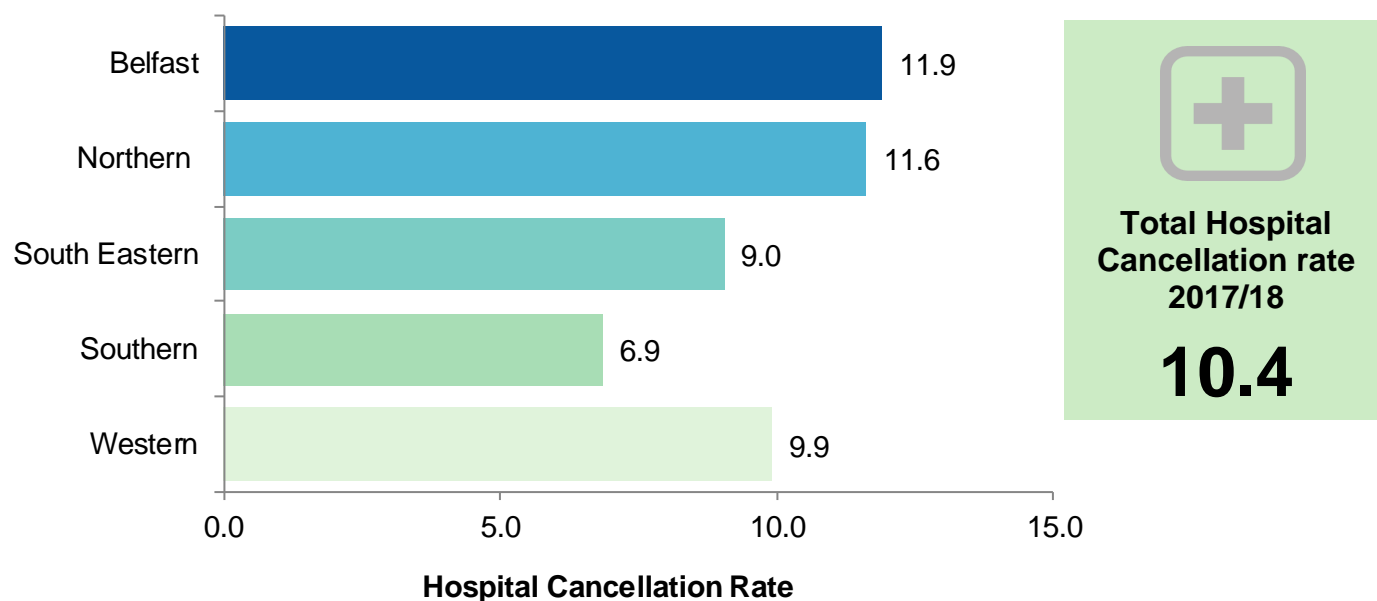
Financial Year 2018/19

Hospitals cancelled a total of 173,883 outpatient appointments during 2018/19 (40,730 new appointments and 133,153 review appointments), which was 4.6% more than the number of CNAs in 2017/18 (166,238).

Hospital Cancellations by HSC Trust

The Belfast HSC Trust had the highest Hospital Cancellation rate (11.9), whilst the Southern HSC Trust had the lowest rate (6.9) in 2018/19 (Figure 6).

Figure 6: Total Hospital Cancellation rates at consultant led outpatient services in Northern Ireland, by HSC Trust (2018/19)

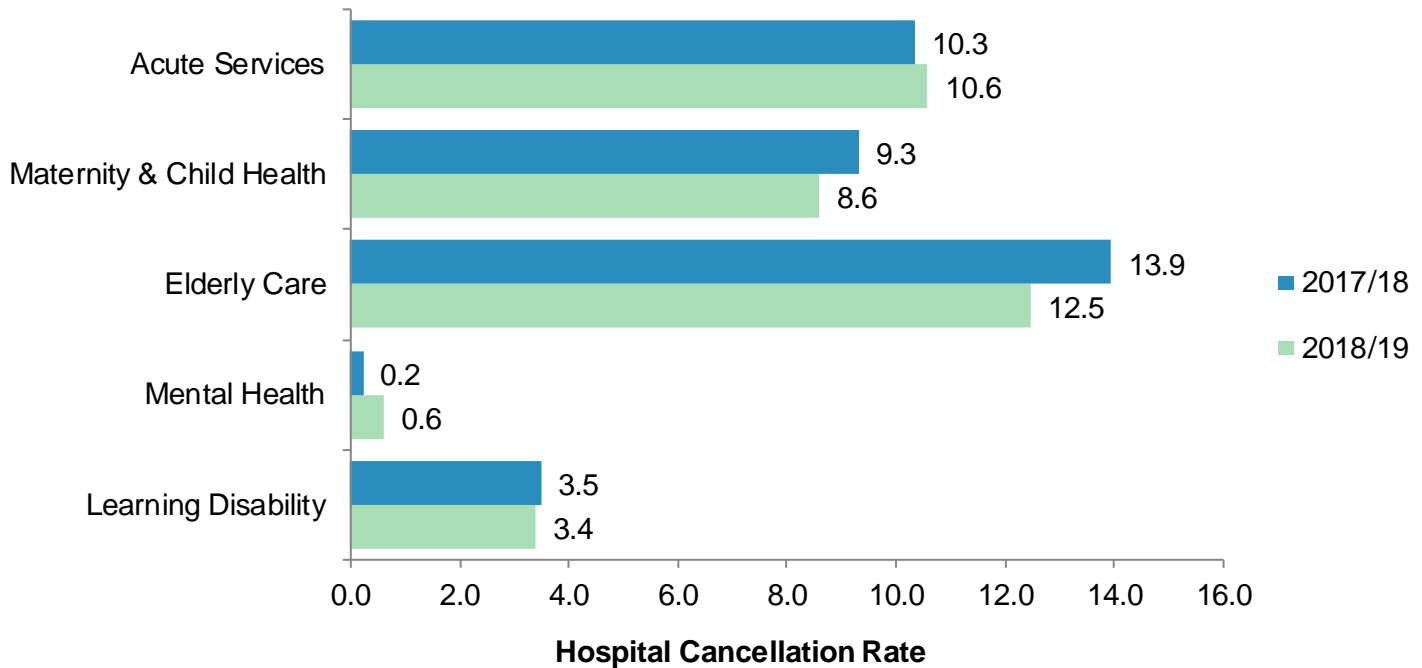


¹ Refer to Appendix 6: Definitions and Appendix 8: Explanatory Notes 1 – 5 & 7 – 18.

Hospital Cancellations by Programme of Care and Specialty

The Programme of Care with the highest cancellation rate in 2018/19 was Elderly Care (12.5). Mental Health had the lowest rate (0.6) (Figure 7).

Figure 7: Total hospital cancellation rates at consultant led outpatient services in Northern Ireland, by Programme of Care (2017/18 and 2018/19)



The six specialties with the highest Hospital Cancellation rates were Neurosurgery (23.3), followed by Rehabilitation (18.3), Clinical Oncology (17.5), Paediatric Neurology (17.2) and Thoracic Surgery (16.2) and Paediatric Surgery (16.2).

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 364,236 appointments cancelled by the patient or hospital during 2018/19, 2.7% 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.

Over four fifths of patients with no reason recorded (81.6%) 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.

There were 169,441 appointments cancelled by the hospital with a reason for cancellation provided (94.5%). Of these, 35.3% (59,817) were because of the reason 'Consultant unavailable'. This was the most frequent reason in all Trusts, except Belfast where 'Appointment put back' was the most frequent. The reason 'Consultant unavailable' was the most frequent reason in 26 of the 46 specialties that had activity recorded during 2018/19. For Accident and Emergency and Child and Adolescent Psychiatry no hospital cancellations were recorded.

Readers should note that not all hospital cancellations will necessarily result in an impact for the patient. There were 184,947 appointments cancelled by the patient with a reason provided. Of these, the majority 91.4% (168,963) were recorded under the reason 'Patient cancelled appointment still required', resulting in HSC Trusts rebooking these appointments for an alternative date. 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 specialty where the most common reason for patient cancellation was that they no longer needed the appointment. For Child and Adolescent Psychiatry no patient cancellations were recorded.

⁴ Refer to Appendix 6: Definitions and Appendix 8: Explanatory Notes 1, 3, 7 & 19.

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 within 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 2018/19

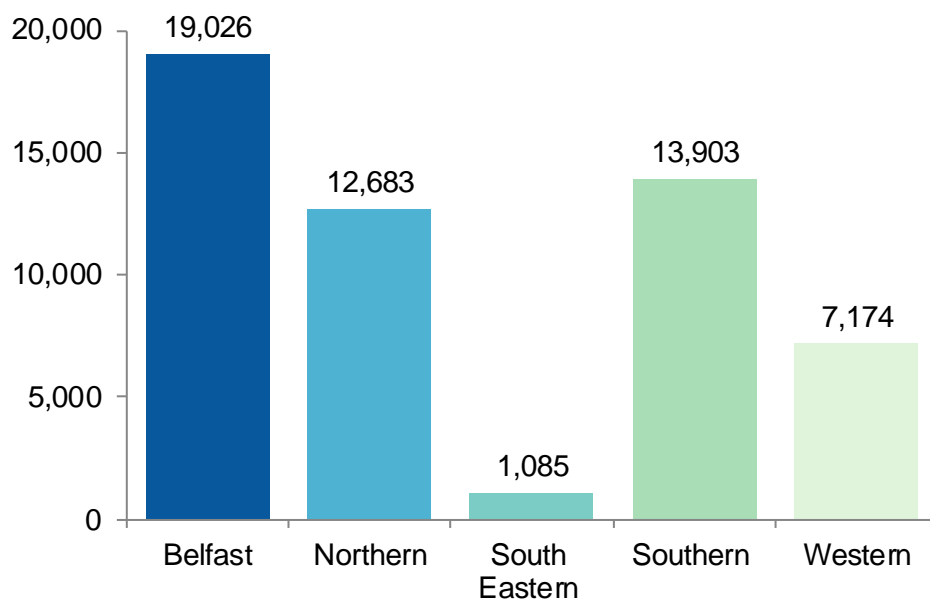
During 2018/19, there were 53,871 ward attendances seen by a consultant, compared with 55,016 during 2017/18.

Ward Attendances by HSC Trust

Belfast HSC Trust accounted for 35.3% of ward attendances, followed by the Southern HSC Trust with 25.8%, Northern HSC Trust with 23.5%, Western HSC Trust with 13.3% and the South Eastern HSC Trust with 2.0% (Figure 8).

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 8: Total number of ward attendances at consultant led outpatient services in Northern Ireland, by HSC Trust (2018/19)



Ward Attendances by Programme of Care

Just over three quarters of ward attendances (77.1%, 41,250) were in the Acute Services Programme of Care, followed by Maternity and Child Health (20.2%, 10,877) and Elderly Care (2.7%, 1,474). There were no ward attendances with a consultant in the Learning Disability and Mental Health Programmes of Care.

⁵ Refer to Appendix 6: Definitions and Appendix 8: Explanatory Notes 1, 4 – 5.

Activity in the Regional Assessment and Surgical Centre⁶

In October 2016 the then Health Minister launched '[Health and Wellbeing 2026: Delivering Together](#),' a strategy which underpins the Northern Ireland Executive's draft Programme for Government ambition to support people to lead long, healthy and active lives.

As part of this strategy, the [Elective Care Plan](#) was published in February 2017, which stated that 'Regional Elective Care Assessment and Treatment Centres will be established to deliver large volumes of assessments and non-complex routine surgery across a broad range of specialties.' In February 2019, prototype 'Regional Assessment and Surgical Centres' (RASCs) became operational for the surgical treatment of Cataracts. Patients waiting for these procedures can now be referred to a RASC for treatment rather than attend the hospital site they may have been referred to previously.

Financial Year 2018/19

During 2018/19, a total of 132 attendances took place at consultant led regional centres within Northern Ireland. These were patients treated for cataracts in Mid-Ulster Hospital; 34.1% (45) were new attendances, with the remaining 65.9% (87) being review attendances.

Cancelled and Missed Appointments⁶

A total of 12 outpatient appointments were missed by patients (DNA). Patients cancelled 11 outpatient appointments (CNA). Hospitals cancelled 21 outpatient appointments.

Reason for Cancellation

Of the 32 appointments cancelled by the patient or hospital, only 1 had no reason recorded.

There were 20 appointments cancelled by the hospital with a reason for cancellation provided. Of these, 8 were because of the reason 'Consultant unavailable'.

Readers should note that not all hospital cancellations will necessarily result in an impact for the patient. There were 11 appointments cancelled by the patient with a reason provided, 8 of which were recorded under the reason 'Patient cancelled appointment still required', resulting in HSC Trusts rebooking these appointments for an alternative date.

⁶ Refer to Appendix 6: Definitions and Appendix 8: Explanatory Notes 1 – 3 & 21.

Activity in the Independent Sector⁷

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.

The Health and Social Care Board (HSCB) 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 diagnostic 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 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.

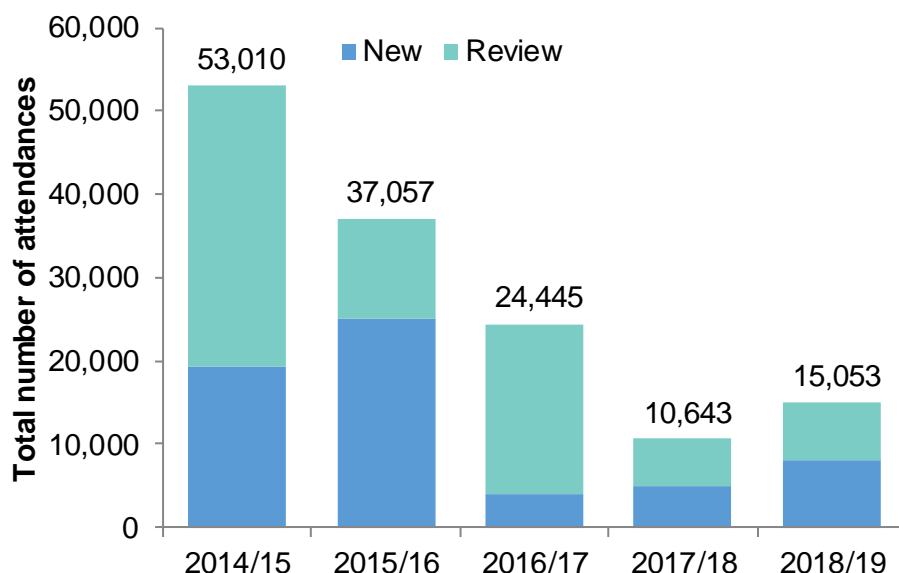
The HSCB have advised that £30m non-recurrent funding from the Confidence and Supply Transformation Fund was available in 2018/19 for additional elective care activity. This funding was utilised to target those areas where additional activity would have the greatest impact in addressing patient safety issues and long waiting times. Trusts maximised additional in-house capacity in the first instance with the balance of the available funding used to send patients to independent sector providers for assessment/treatment.

Financial Year 2018/19

During 2018/19, 15,053 Health Service patients were seen at Independent Sector providers in Northern Ireland, which were approximately evenly split between New and Review appointments.

Five Year Trend

The number of patients seen at Independent Sector providers in 2018/19 was 41.4% higher than that in 2017/18, and 71.6% lower than that in 2014/15.

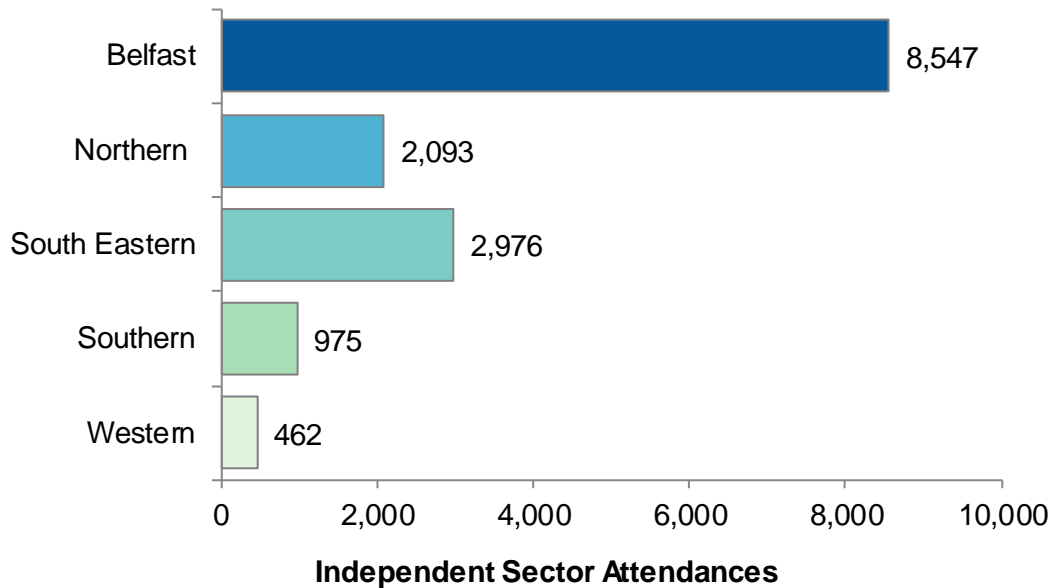


⁷ Refer to Appendix 6: Definitions and Appendix 8: Explanatory Notes 1 – 3 & 6.

Activity in the Independent Sector by HSC Trust

More than half (56.8%) of all Independent Sector attendances were in the Belfast HSC Trust, with a further fifth (19.8%) in the South Eastern HSC Trust. The lowest number of attendances occurred in the Western HSC Trust (Figure 9).

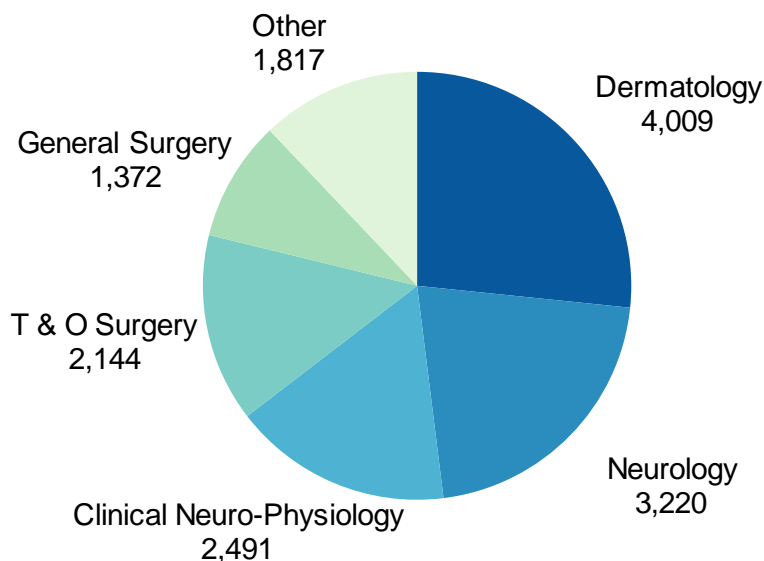
Figure 9: Total number of outpatient attendances in the Independent Sector in Northern Ireland, by HSC Trust (2018/19)



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

Figure 10: Total number of outpatient attendances in the Independent Sector in Northern Ireland, by Specialty (2018/19)



In 2018/19, over four fifths (87.9%, 13,236) of the 15,053 independent sector attendances were within five specialties: Dermatology, Neurology, Clinical Neuro-Physiology, T & O Surgery and General Surgery (Figure 10).

Total Attendances Commissioned by the Health Service

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. This also includes RASC activity.

Financial Year 2018/19

A total of 1,514,254 patients were seen at consultant led outpatient services in Northern Ireland commissioned by the Health Service. This was an increase of 46,960 (3.2%) on the number seen in 2017/18 (1,467,294).

Total Attendances Commissioned by the Health Service by HSC Trust

Over two fifths 42.3% (639,852) of all attendances occurred in the Belfast HSC Trust. This was followed by the Southern HSC Trust with 15.4% (233,706), Western HSC Trust with 15.0% (227,738), South Eastern HSC Trust with 15.0% (227,709) and the Northern HSC Trust with 12.2% (185,117). An additional 132 patients were seen in the Mid-Ulster RASC.

Activity In Integrated Clinical Assessment and Treatment Services (ICATS)⁸

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 2018/19

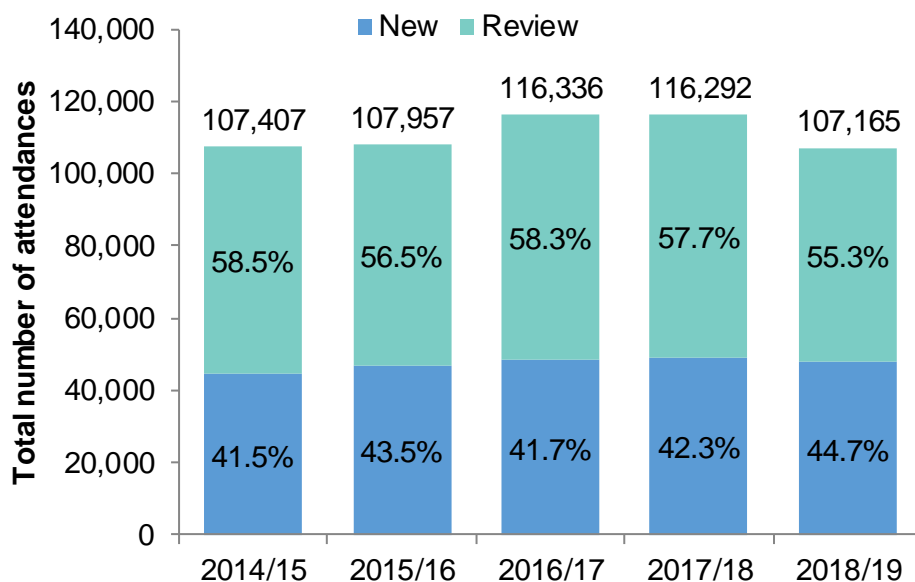
During 2018/19, 107,165 attendances took place at ICATS in Northern Ireland, 7.8% lower than the 116,292 seen in 2017/18.

Of the 107,165 patients seen during 2018/19, 44.7% (47,880) were new attendances, with the remaining 55.3% (59,285) being review attendances.

5 Year Trend

The total number of patients seen at ICATS in 2018/19 was similar to the 107,407 seen in 2014/15 (Figure 11). A greater proportion was for new attendances.

Figure 11: Total attendances at ICATS in Northern Ireland (2014/15 - 2018/19)

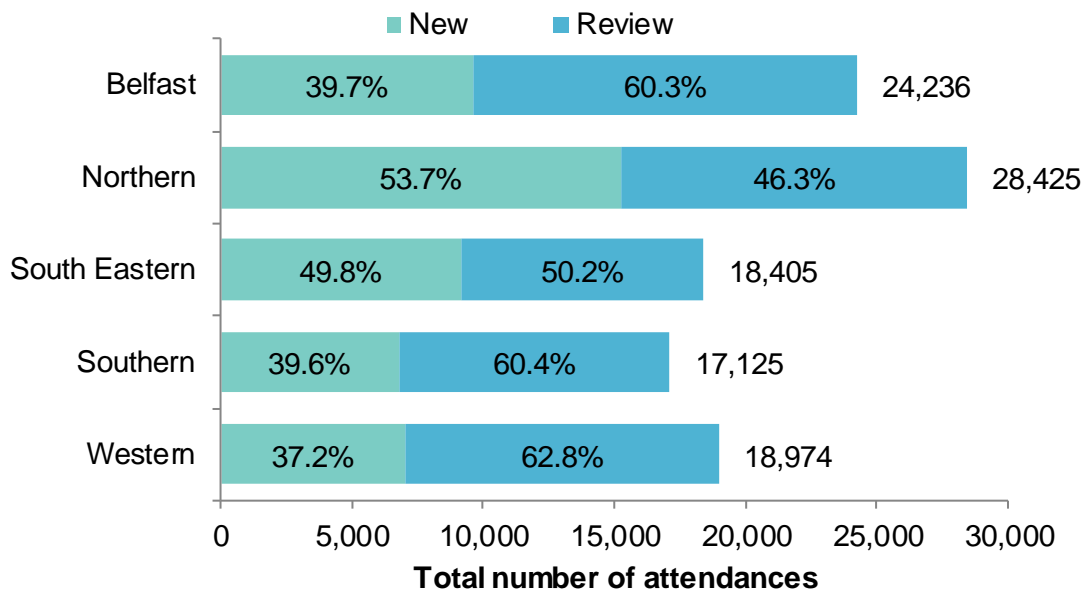


⁸ Refer to Appendix 6: Definitions and Appendix 8: Explanatory Notes 1-3 and 20.

ICATS Attendances by Trust and Specialty

Over one quarter (26.5%, 28,425) of the total ICATS attendances in Northern Ireland during 2018/19 occurred in the Northern HSC Trust. This was followed by the Belfast HSC Trust with 22.6% (24,236), Western HSC Trust with 17.7% (18,974), South Eastern HSC Trust with 17.2% (18,405) and Southern HSC Trust with 16.0% (17,125) (Figure 12).

Figure 12: Total ICATS attendances in Northern Ireland, by HSC Trust (2018/19)



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.

More than two thirds (69.9%) of ICATS attendances were within the T & O Surgery specialty, followed by Ophthalmology (14.4%), Dermatology (9.6%), ENT (3.1%), Cardiology (2.0%) and Urology (0.9%).

⁹ Refer to Appendix 2: Specialties of Integrated Clinical Assessment and Treatment Services (ICATS) provided in each HSC Trust during 2018/19.

Missed ICATS Appointments / Did Not Attends (DNA)

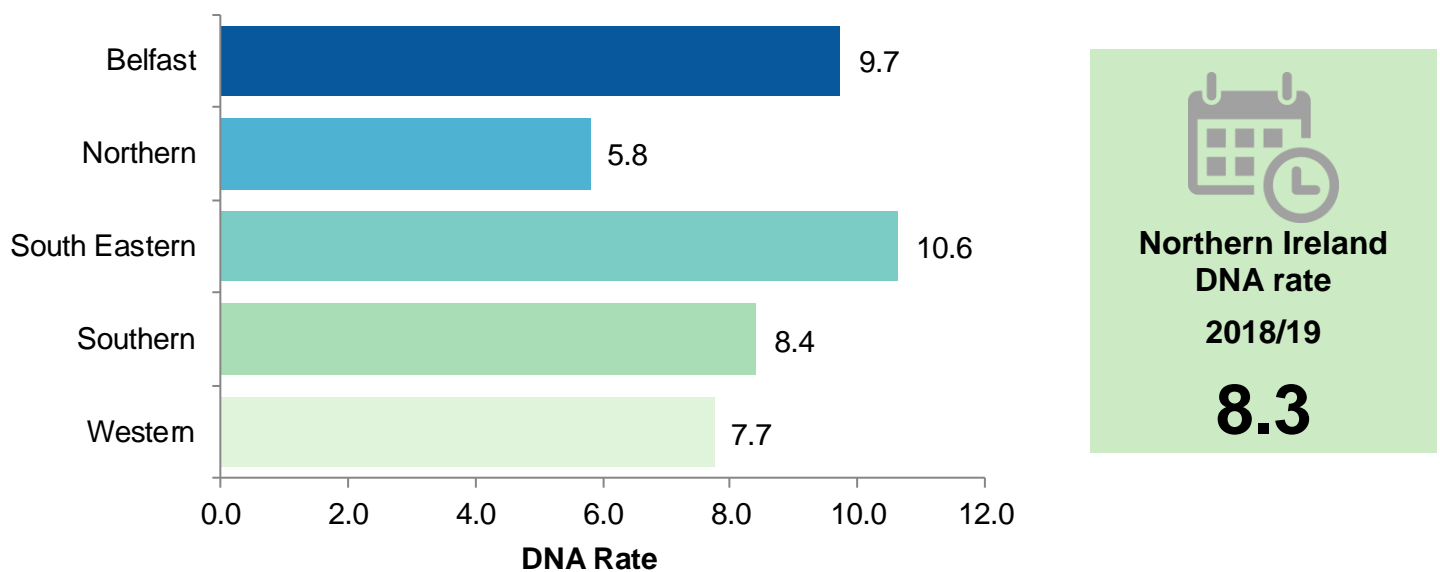
Financial Year 2018/19

Patients missed a total of 9,718 ICATS appointments during 2018/19, an 11.2% decrease since 2017/18, of which 3,599 (37.0%) were new appointments and 6,119 (63.0%) were review appointments. The DNA rate of 8.3 in 2018/19 was similar to that in 2017/18 (8.6) indicating that the number of attendances would have been 8.3% higher had no appointments been missed.

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

There were 2,189 appointments missed in the South Eastern Trust, which had the highest DNA rate at 10.6. The lowest DNA rate was found in the Northern HSCT, with 1,591 missed appointments (Figure 13).

Figure 13: Total DNA rates at ICATS services in Northern Ireland, by HSC Trust (2018/19)



The specialty with the highest DNA rate during 2018/19 was Urology, with a rate of 14.6, followed by Dermatology (9.3), Cardiology (9.2), T & O Surgery (8.7), ENT (8.3) and Ophthalmology (5.1).

Patient Cancellations / Could Not Attends (CNA)

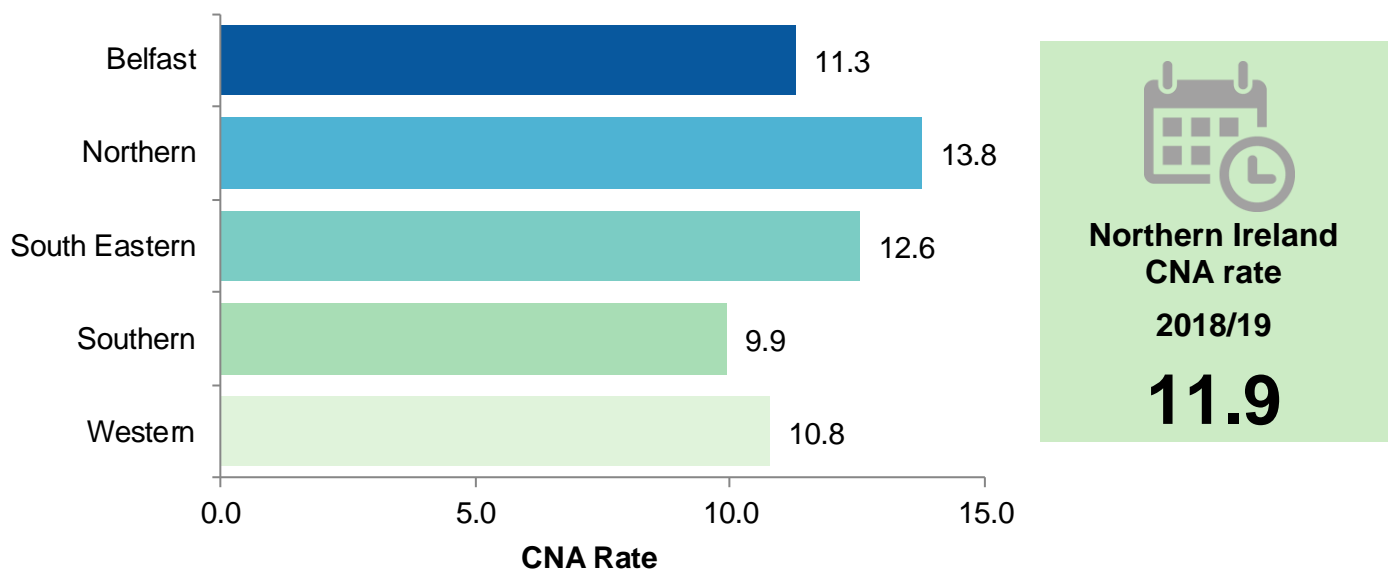
Financial Year 2018/19

Patients cancelled a total of 14,452 ICATS appointments during 2018/19, of which 6,194 (43.0%) were new appointments and 8,258 (57.1%) were review appointments. This equated to a CNA rate of 11.9, similar to the rate of 12.2 reported for 2017/18.

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

The Northern and South Eastern HSC Trusts had CNA rates above the NI average, with rates of 13.8 and 12.6 respectively. The Southern HSC Trust had a CNA rate of 9.9, the lowest of the Trusts (Figure 14).

Figure 14: Total CNA rates at ICATS services in Northern Ireland, by HSC Trust (2018/19)



The specialty with the highest CNA rate during 2018/19 was Dermatology, with a rate of 16.4, followed by Ophthalmology, with a rate of 13.1, ENT (12.1), T & O Surgery (11.2), Cardiology (7.8) and Urology (3.3).

Hospital Cancellations

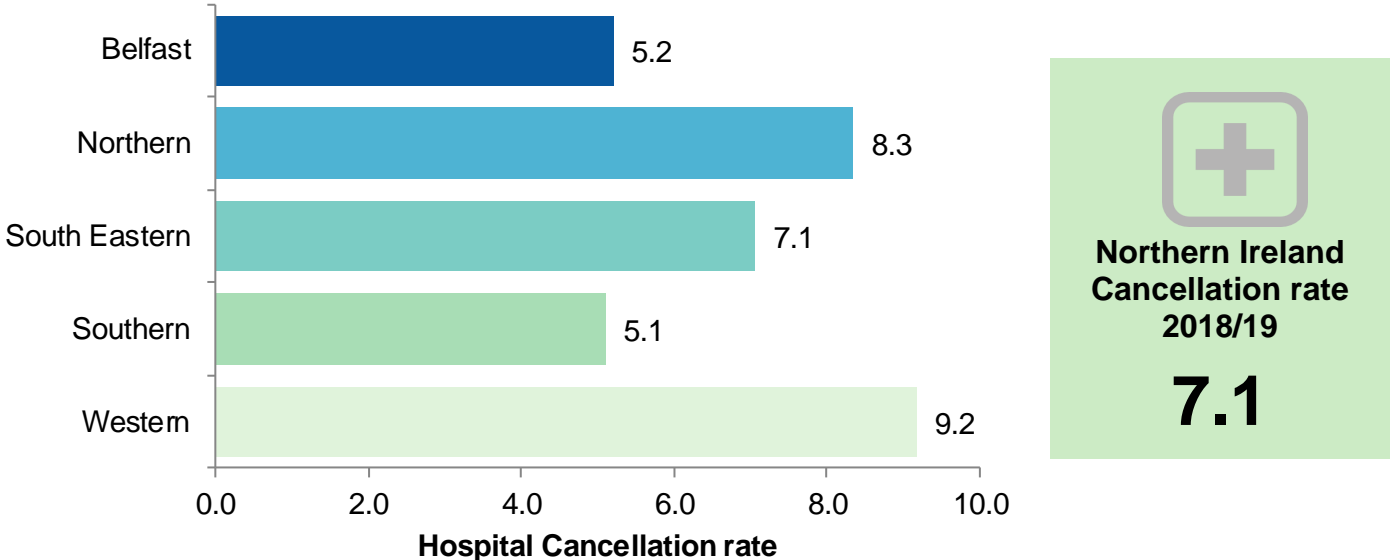
Financial Year 2018/19

Hospitals cancelled a total of 8,160 ICATS appointments during 2018/19, of which 3,360 (41.2%) were new appointments and 4,800 (58.8%) were review appointments. This equated to a Hospital Cancellation rate of 7.1, a similar rate to that of 7.3 in 2017/18.

Hospital Cancellations by HSC Trust and Specialty

The South Eastern HSC Trust had a similar hospital cancellation rate to that across Northern Ireland, while both the Western and Northern HSC Trusts had higher rates than Northern Ireland. Rates in the Belfast and Southern HSC Trusts were lower.

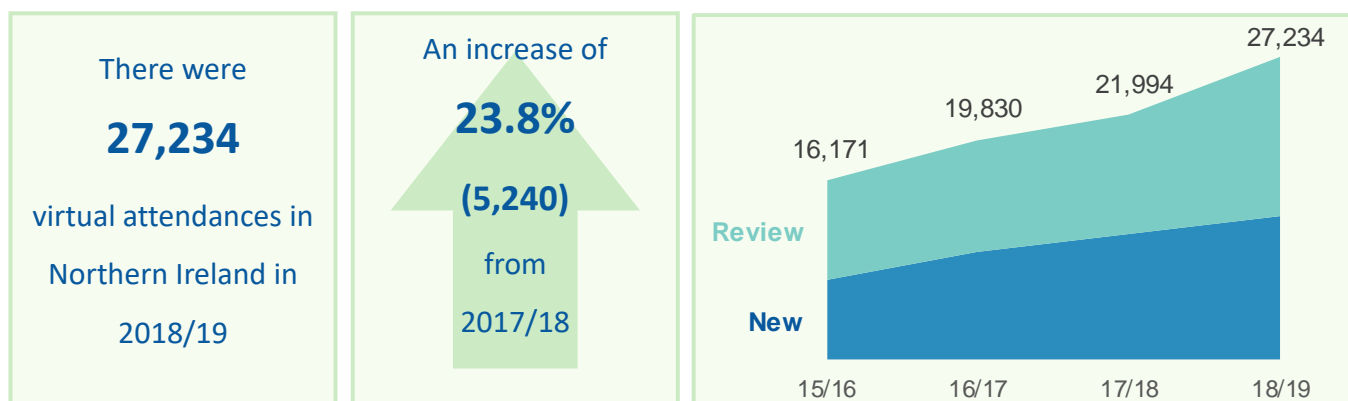
Figure 15: Total Hospital Cancellation rates at ICATS services in Northern Ireland, by HSC Trust (2018/19)



The specialty with the highest Hospital Cancellation rate in 2018/19 was Ophthalmology, with a rate of 11.9, followed by Cardiology (11.7), Dermatology (10.6), ENT (10.3), T&O Surgery (5.2) and Urology (3.4).

Virtual Attendances in HSC Hospitals⁹

A virtual outpatient appointment is a planned contact by a healthcare professional responsible for the care of a patient for the purposes of clinical consultation, advice and treatment planning. Virtual appointments may take the form of a telephone contact, video-link intervention, an email or a letter.



Financial Year 2018/19

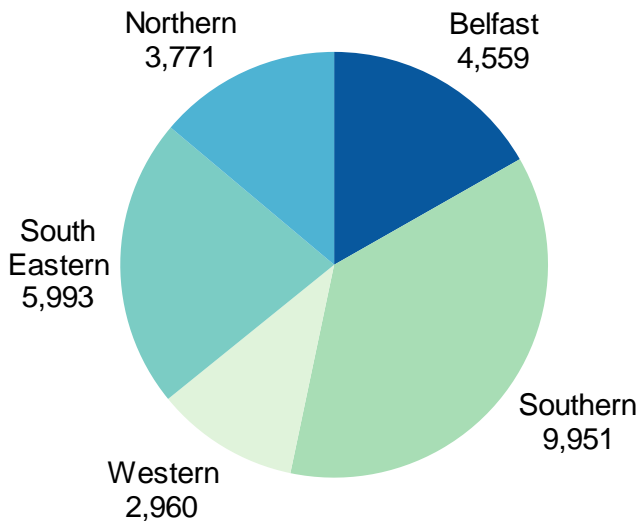
During 2018/19 a total of 27,234 virtual attendances took place at consultant led outpatient services within HSC hospitals in Northern Ireland, an increase of 23.8% (5,240) compared with 2017/18. Of those who attended in 2018/19, 47.2% (12,845) were new attendances, with the remaining 52.8% (14,389) being review attendances.

Virtual Attendances in HSC Hospitals by HSC Trust

Readers should note that not all virtual 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 a virtual appointment for a service provided at another HSC Trust. It is therefore not possible to accurately calculate the number of virtual 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 1.

⁹ Refer to Appendix 6: Definitions, Appendix 3: Virtual Outpatient Specialties in each Hospital and Appendix 8: Explanatory Notes 1 – 3 & 22 – 24.

Figure 16: Total number of virtual attendances at outpatient services, by HSC Trust (2018/19)



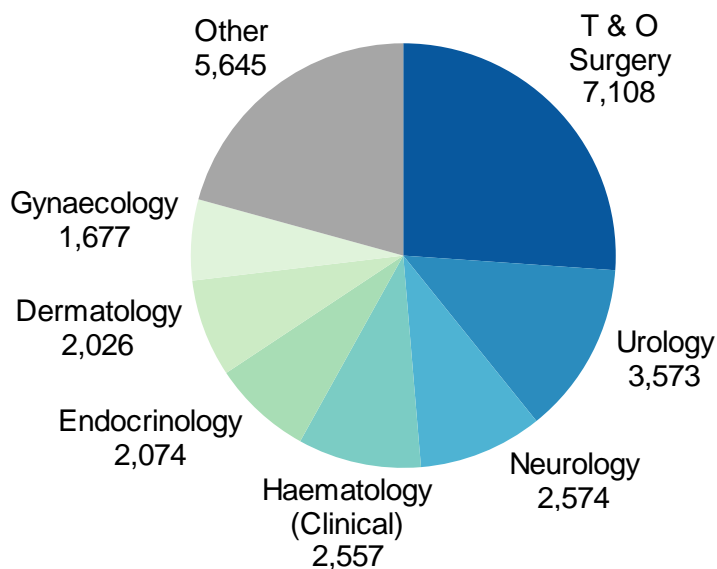
Over a third (36.5%) of the virtual attendances in HSC hospitals were in the Southern HSC Trust, 22.0% in the South Eastern HSC Trust, 16.7% in the Belfast HSC Trust, 13.8% in the Northern HSC Trust and 10.9% in the Western HSC Trust (Figure 16).

Virtual Attendances in HSC Hospitals by Programme of Care and Speciality

In 2018/19, almost all virtual attendances (99.4%, 27,075) were within the Acute Services Programme of Care, with the other 0.6% (159) within Elderly Care.

In 2018/19, just under four-fifths (79.3%) of the 27,234 virtual attendances were within the specialties of: Trauma & Orthopaedics Surgery, Urology, Neurology, Clinical Haematology, Endocrinology, Dermatology and Gynaecology (Figure 17)².

Figure 17: Total number of attendances at consultant led virtual outpatient services in Northern Ireland, by speciality (2018/19)



Missed Virtual Appointments / Did Not Attends (DNA)⁷

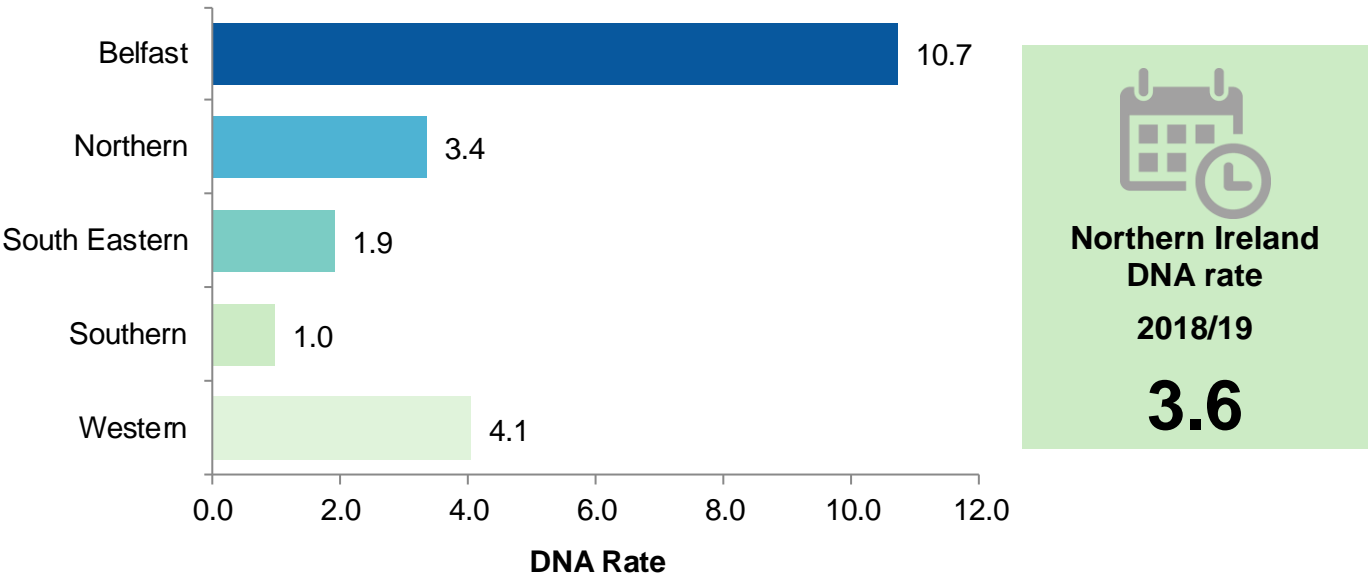
Financial Year 2018/19

A total of 1,019 virtual outpatient appointments were missed during 2018/19, equating to a DNA rate of 3.6, which was higher than the rate of 3.1 for 2017/18.

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

During 2018/19, the Belfast HSC Trust had the highest DNA rate (10.7) of the HSC Trusts. Rates in the Northern and Western HSC Trusts were similar to the average across NI, while the Southern and South Eastern Trusts had considerably lower DNA rates.

Figure 18: Total DNA rates at consultant led virtual outpatient services in Northern Ireland, by HSC Trust (2018/19)

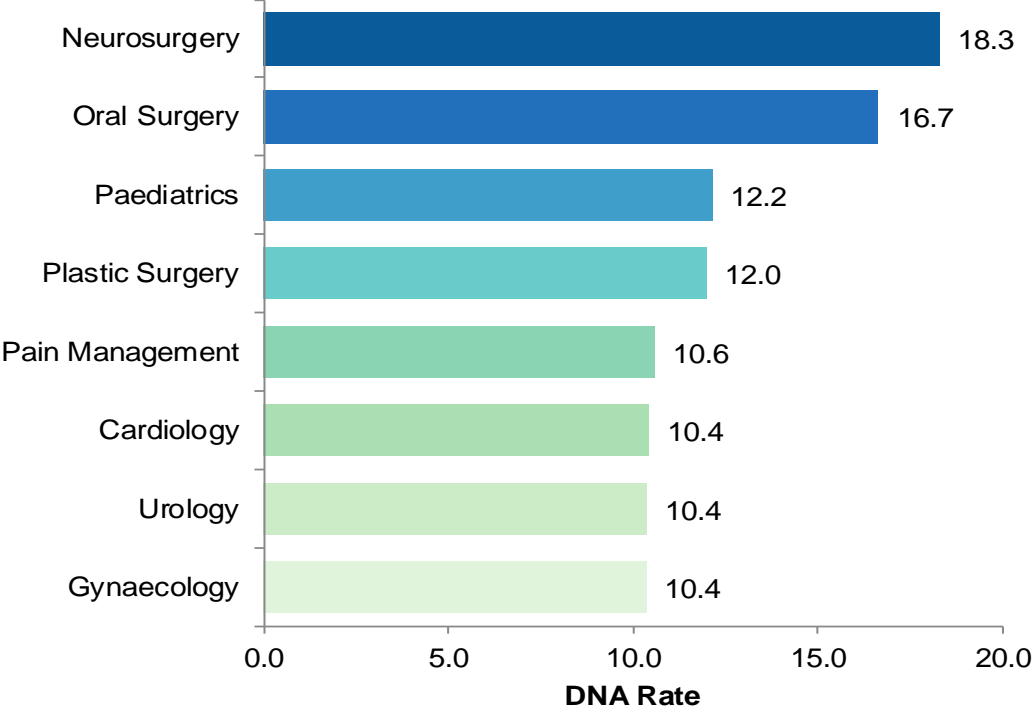


⁷ Refer to Appendix 6: Definitions, Appendix 3: Virtual Specialties by Hospital and Appendix 7: Explanatory Notes 1 – 3 & 22 – 24.

Missed Virtual Appointments / Did Not Attends (DNA) by Specialty

During 2018/19, the five specialties with the highest DNA rates were Neurosurgery, followed by Oral Surgery, Paediatrics, Plastic Surgery, and Pain Management. (Figure 19).

Figure 19: Total DNA rates at consultant led virtual outpatient services in Northern Ireland, by specialty (2018/19)



Patient and Hospital Cancellations

Patient Cancellations / Could Not Attends (CNA)⁹

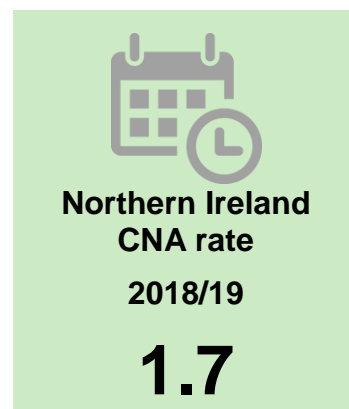
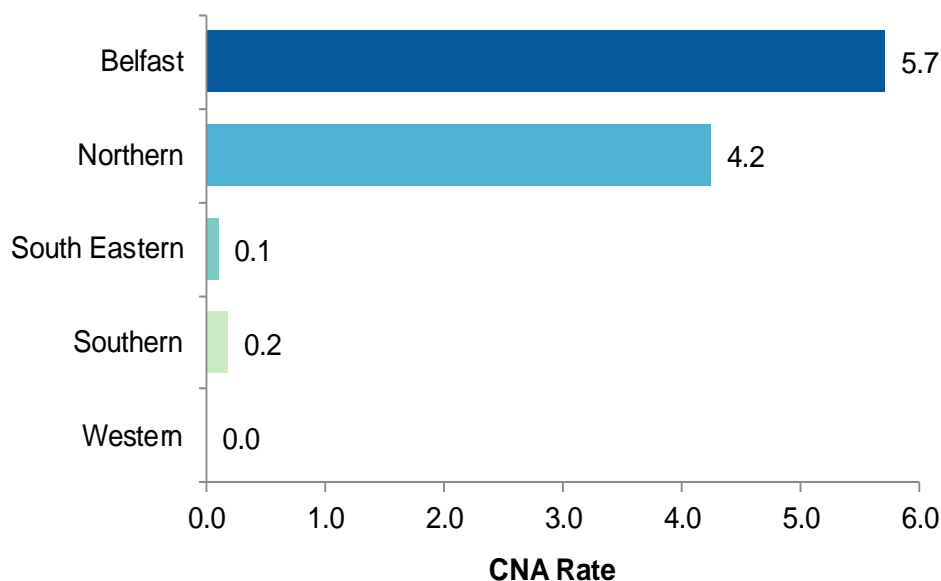
Financial Year 2018/19

Patients cancelled a total of 467 virtual outpatient appointments during 2018/19, equating to a CNA rate of 1.7, which was higher than the rate of 1.6 for 2017/18.

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

The Belfast HSC Trust had the highest CNA rate, with a rate of 5.7, whilst the lowest was in the Western HSC Trust, which had no cancellations (Figure 20).

Figure 20: Total CNA rates at consultant led virtual outpatient services in Northern Ireland, by HSC Trust (2018/19)

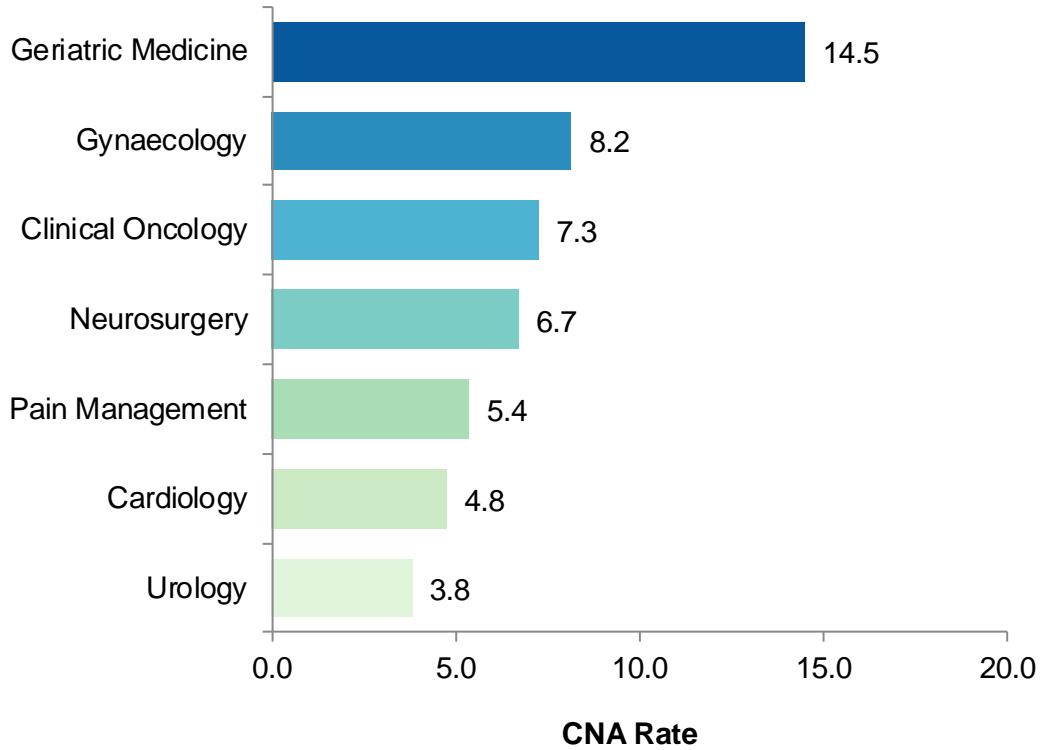


⁹ Refer to Appendix 6: Definitions, Appendix 3: Virtual Specialties by Hospital and Appendix 8: Explanatory Notes 1 – 3 & 22 – 24.

Patient Cancellations / Could Not Attends (CNA) by Specialty

During 2018/19, the five specialties with the highest CNA rates were Geriatric Medicine, followed by Gynaecology, Clinical Oncology, Neurosurgery and Pain Management (Figure 21).

Figure 21: Total CNA rates at consultant led virtual outpatient services in Northern Ireland, by specialty (2018/19)



Hospital Cancellations⁹

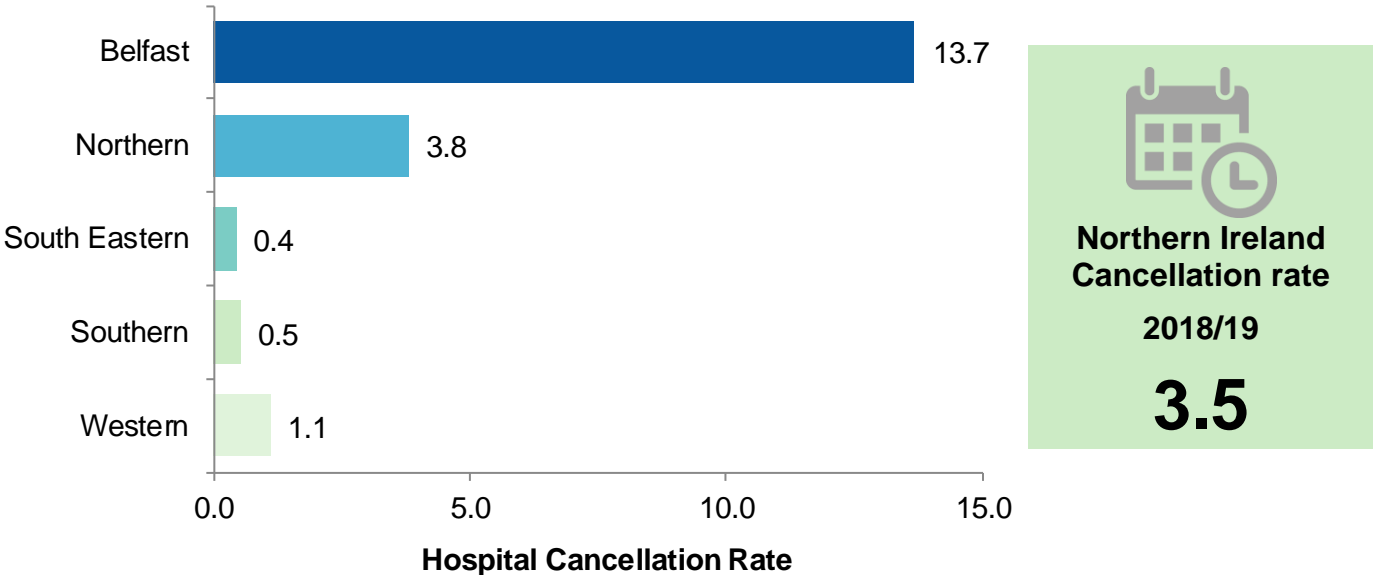
Financial Year 2018/19

Hospitals cancelled a total of 982 virtual outpatient appointments during 2018/19, equating to a Hospital Cancellation rate of 3.5, which was lower than the rate of 4.2 in 2017/18.

Hospital Cancellations by HSC Trust

The Belfast HSC Trust had the highest Hospital Cancellation rate during 2018/19, with a rate of 13.7, whilst the South Eastern HSC Trust had the lowest rate (0.4) in 2018/19 (Figure 22).

Figure 22: Total Hospital Cancellation rates at consultant led virtual outpatient services in Northern Ireland, by HSC Trust (2018/19)

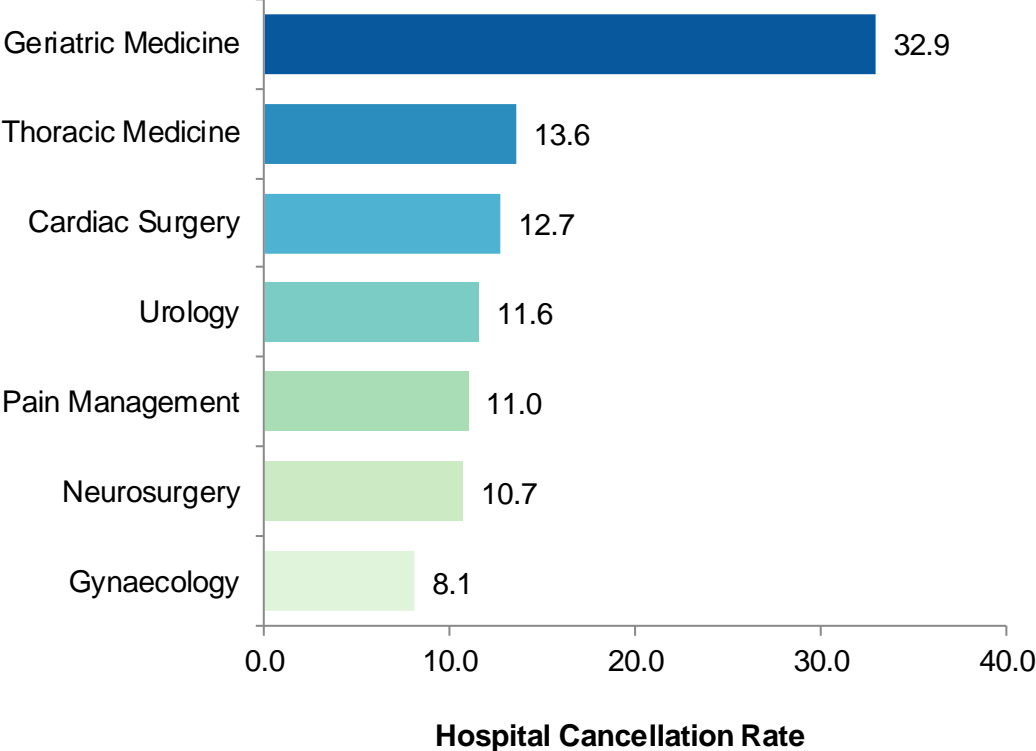


⁹ Refer to Appendix 6: Definitions and Appendix 7: Explanatory Notes 1 – 3 & 22 – 24.

Hospital Cancellations by Specialty

The five specialties with the highest Hospital Cancellation rates during 2018/19 were Geriatric Medicine, followed by Thoracic Medicine, Cardiac Surgery, Urology and Pain Management (Figure 23).

Figure 23: Total hospital cancellation rates at consultant led virtual outpatient services in Northern Ireland, by specialty (2018/19)



Appendix 1: Consultant Led Outpatient Specialties provided in each Hospital during 2018/19

| 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), Chemical Pathology, Joint Consultant Clinics |
| Ards | General Surgery, Urology, Ear, Nose & Throat, Ophthalmology, Plastic Surgery, General Medicine, Gastroenterology, Haematology (Clinical), Cardiology, Thoracic Medicine, Neurology, Paediatrics, Gynaecology, Old Age Psychiatry |
| Armagh Community | General Surgery, Pain Management, Gastroenterology, Endocrinology, Cardiology, Dermatology, Rheumatology, Paediatrics, Gynaecology, Obstetrics (Ante Natal) |
| Banbridge | General Surgery, Urology, Ear, Nose & Throat, Ophthalmology, Gastroenterology, Endocrinology, Cardiology, Neurology, Rheumatology, Paediatrics, Gynaecology, Chemical Pathology |
| Bangor | General Surgery, Urology, Ear, Nose & Throat, 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, Ear, Nose & Throat, Orthodontics, Anaesthetics, Pain Management, General Medicine, Gastroenterology, Endocrinology, Haematology (Clinical), Palliative Medicine, Cardiology, Dermatology, Thoracic Medicine, Nephrology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Obstetrics (Post Natal) |
| 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, Infectious Diseases, Medical Oncology, Neurology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Chemical Pathology |

Appendix 1 (continued)

| Hospital | Specialties |
|------------------------------------|--|
| Daisy Hill | General Surgery, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Anaesthetics, 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, Gastroenterology, 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, Gastroenterology, Endocrinology, Cardiology, Dermatology, Thoracic Medicine, Neurology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Old Age Psychiatry |
| Lakeview | Learning Disability |
| Longstone | Learning Disability |
| Lurgan | Dermatology, Nephrology, Neurology, Paediatrics, Paediatric Neurology, Geriatric Medicine |
| Mater | General Surgery, Trauma & Orthopaedics, 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 | Ear, Nose & Throat, Endocrinology, Haematology (Clinical), 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 |
| Omagh | General Surgery, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Oral Surgery, Pain Management, General Medicine, Haematology (Clinical), Palliative Medicine, Cardiology, Dermatology, Nephrology, Neurology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Chemical Pathology |
| Roe Valley (Outpatients) | General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, General Medicine, Cardiology, Nephrology, Gynaecology, Obstetrics (Ante Natal) |

Appendix 1 (continued)

| Hospital | Specialties |
|--------------------------------|---|
| RBHSC | Trauma & Orthopaedics, Ear, Nose & Throat, Paediatric Dentistry, Neurosurgery, Plastic Surgery, Paediatric Surgery, Haematology (Clinical), Cardiology, Dermatology, Nephrology, Medical Oncology, Clinical Neuro-Physiology, Paediatrics, Paediatric Neurology |
| Royal Jubilee Maternity | Anaesthetics, Obstetrics (Ante Natal), Obstetrics (Post Natal), Joint Consultant Clinics |
| 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, Infectious Diseases, Genito-Urinary Medicine, Neurology, Clinical Neuro-Physiology, Rheumatology, Geriatric Medicine, Dental Medicine Specialties, Gynaecology |
| South Tyrone | General Surgery, Urology, 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) |
| South West Acute | General Surgery, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, 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 |
| Ulster | General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Oral Surgery, Plastic Surgery, Paediatric Surgery, Accident & Emergency, Pain Management, General Medicine, Gastroenterology, 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, Haematology (Clinical), Dermatology, Thoracic Medicine, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal) |
| Whiteabbey | General Surgery, Ear, Nose & Throat, Pain Management, 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 2018/19

| 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 | Trauma & Orthopaedics, Ear, Nose & Throat, Cardiology |
| Western HSC Trust | Urology, Trauma & Orthopaedics, Ophthalmology, Cardiology |

Appendix 3: Virtual Consultant Led Outpatient Specialties provided in each Hospital during 2018/19

| Hospital | Specialties |
|------------------|--|
| Altnagelvin | Urology, Trauma & Orthopaedics, General Medicine, Neurology, Geriatric Medicine |
| Antrim | General Surgery, Pain Management, Endocrinology, Haematology (Clinical), Nephrology, Gynaecology, Joint Consultant Clinics |
| Ards | Old Age Psychiatry |
| Armagh Community | Paediatrics |
| Bangor | General Medicine |
| Belfast City | Urology, Pain Management, Gastroenterology, Cardiology, Thoracic Medicine, Geriatric Medicine, Gynaecology |
| Causeway | General Surgery, Pain Management, Gastroenterology, Dermatology, Paediatrics, Gynaecology |
| Craigavon | General Surgery, Urology, Trauma & Orthopaedics, Gastroenterology, Endocrinology, Haematology (Clinical), Dermatology, Medical Oncology, Neurology, Paediatrics, Gynaecology |
| Daisy Hill | Endocrinology, Nephrology, Paediatrics, Gynaecology |
| Downe | General Surgery, Urology, Old Age Psychiatry |
| Lagan Valley | General Surgery, Urology, Paediatrics, Gynaecology |
| Mater | Thoracic Medicine |
| Mid-Ulster | Pain Management |
| NI Cancer Centre | Palliative Medicine, Clinical Oncology |
| Omagh | Paediatrics |
| RBHSC | Neurosurgery, Paediatric Surgery, Cardiology, Paediatrics, Paediatric Neurology |
| Royal Victoria | Neurosurgery, Cardiac Surgery, General Medicine, Gastroenterology, Neurology |
| South Tyrone | Paediatrics |
| South West Acute | Paediatrics, Geriatric Medicine |
| Ulster | General Surgery, Urology, Trauma & Orthopaedics, Oral Surgery, Plastic Surgery, General Medicine |
| Whiteabbey | Pain Management, Gynaecology |

Appendix 4: Hospitals Open within each HSC Trust that provided Consultant Led Outpatient Services for All, or Part, of the Year Ending 31st March 2019

| 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, Omagh, Roe Valley Outpatients, South West Acute |

Appendix 5: 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
- 350 Infectious Diseases
- 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 6: 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, at a designated virtual clinic or at an existing core clinic) and provide an opportunity for consultation, investigation and minor treatment. Patients normally attend by prior arrangement. Consultant led outpatient attendances can take the form of a face to face appointment or a virtual appointment (telephone contact, video-link intervention, an email or a letter). 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 52).

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:

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

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 (CNA), 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

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

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 and virtual activity. It also includes patients seen at a Regional Assessment and Surgical Centre.

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.

Virtual Activity

A virtual outpatient appointment is a planned contact by a healthcare professional responsible for the care of a patient for the purposes of clinical consultation, advice and treatment planning. Virtual appointments may take the form of a telephone contact, video-link intervention, an email or a letter.

Appendix 7: Guidance on Using the Data

Outpatient and ICATS attendances

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.

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 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

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:

$$DNA\ Rate = \frac{Number\ of\ missed\ appointments}{Total\ attendances + number\ of\ missed\ appointments} \times 100$$

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 attenders 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

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 (using the equation below), as again, changes in the number of appointments scheduled will impact upon the number of appointments cancelled by patients.

$$CNA\ Rate = \frac{Number\ of\ cancelled\ appointments}{Total\ attendances + number\ of\ cancelled\ appointments} \times 100$$

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

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 (using the equation below), as again, changes in the number of appointments scheduled will impact upon the number of appointments cancelled by hospitals.

$$Hospital\ Cancellation\ Rate = \frac{Number\ of\ cancelled\ appointments}{Total\ attendances + number\ of\ cancelled\ appointments} \times 100$$

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

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.

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

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. As the ward attendances data is collected on the same return as the rest of the outpatient activity (QOAR), the data quality is comparable.

Private patient attendances

While data providers have been given in-depth guidance providing instructions for recording, collection and submission of data, the information undergoes limited validation. 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 attendances

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.

Integrated Clinical Assessment and Treatment Services (ICATS) attendances

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.

Appendix 8: 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 and the Regional Quarterly Activity Return (R-QOAR) which was only introduced from March 2019. 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. The virtual outpatient activity data has been compiled from the Virtual Outpatient Activity Return (V-QOAR) which was introduced at the beginning of 2015/16. They refer to all HSC hospitals in Northern Ireland that provide virtual consultant led outpatient services.
2. In addition, annual data relating to outpatient activity during 2018/19 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-2018/19>
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. 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. 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. 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.

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.

5. Due to the changes in the recording of ward attendances 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. HIB advise against making any comparisons across financial years.

6. 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.
7. Within the South Eastern HSC Trust, the number of missed and cancelled review appointments is not available for Accident and Emergency (Specialty 180) in Antrim, Downe and Lagan Valley and Ulster Hospitals, and for Child & Adolescent Psychiatry (Specialty 711) in Beechcroft Hospital. This is due to limitations of the eEms system.
8. Private patient attendances are included within the main outpatient activity figures and also listed separately. These columns therefore should not be added together.
9. Discontinued services during 2018/19: Oral Surgery services (Specialty 140) were discontinued in South West Acute Hospital.
10. Discontinued services during 2018/19: Endocrinology services (Specialty 302) were discontinued in Downe Hospital.
11. Discontinued services during 2018/19: Geriatric Medicine services (Specialty 430) were discontinued in Musgrave Hospital and moved to Belfast City Hospital.
12. Reclassification of services during 2018/19: Some General Medicine patients (Specialty 300) are now recorded under the Gastroenterology service (Specialty 301) in Ards Hospital, Downe Hospital, Lagan Valley Hospital and Ulster Hospital.
13. Reclassification of services during 2018/19: Infectious Diseases (Specialty 350) is now included in the Royal Victoria Hospital. Prior to 2018/19 these patients were seen under General Medicine (Specialty 300).
14. Reclassification of services during 2018/19: Chemical Pathology (Specialty 822) has been removed in Causeway Hospital and is now recorded under Endocrinology (Specialty 302).
15. Reclassification of services during 2018/19: Ophthalmology services (Specialty 130) in Craigavon Area Hospital, Daisy Hill Hospital and South Tyrone Hospital were transferred to the Belfast HSC Trust in October 2018.
16. Reclassification of services during 2018/19: Paediatric Neurology services (Specialty 421) in Lurgan Hospital were transferred to the Belfast HSC Trust in September 2018.
17. New clinics during 2018/19: Ophthalmology (Specialty 130) clinics commenced in Banbridge Hospital.
18. New clinics during 2018/19: Ophthalmology (Specialty 302) diabetology clinics commenced in Kilkeel Hospital.
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.

21. In February 2019, prototype 'Regional Assessment and Surgical Centres' (RASCs) became operational for the surgical treatment of Cataracts. Patients waiting for this procedure can now be referred to a RASC for treatment rather than attend the hospital site they may have been referred to previously.
22. Prior to 2015/16, virtual consultant led outpatient activity was included within the QOAR. At the beginning of 2015/16, HIB introduced a separate monitoring return to allow the monitoring of virtual outpatient activity following the HSCB developing regional guidance on the recording of virtual activity. Virtual activity was removed from the QOAR return at the beginning of 2015/16.
23. Western HSC Trust did not provide virtual consultant led outpatient services during 2015/16. Services began during 2016/17.
24. Readers should note that virtual outpatient services in some HSC Trusts may be provided at either a designated virtual clinic or at an existing core clinic. Depending on how the virtual outpatient service is delivered, patients may be allocated a designated appointment slot or allow patients to choose a convenient date and time for their appointment. Due to the differences in how virtual outpatient appointments are delivered across HSC Trusts, users should not compare data across HSC Trusts.

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

Jennifer Finlay

Hospital Information Branch

Information & Analysis Directorate

Department of Health

Stormont Estate

Belfast, BT4 3SQ

✉ Email: statistics@health-ni.gov.uk

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>