INFORMATION
ANALYSIS
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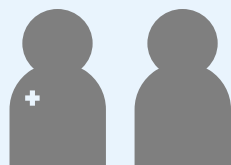
Hospital Statistics:

Outpatient Activity
Statistics 2020/21

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 2021. Information is provided on New and Review Attendances, Missed Appointments (DNAs), Patient Cancellations (CNAs) and Hospital Cancellations. All data are presented by HSC Trust 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-202021
Statistical Quality:	Information in this release has been quality assured with HSC Trusts prior to release.
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Outpatient Activity in Northern Ireland 2020/21

702,691
face to face

449,828
virtual

Appointments at consultant led outpatient services

54,952
face to face

34,197
virtual

Appointments missed by patients

64,167
face to face

8,169
virtual

Appointments cancelled by patients

180,471
face to face

52,146
virtual

Appointments cancelled by hospitals

Key Points

- There were 221,533 new and 481,158 review attendances at consultant led outpatient services within HSC hospitals in Northern Ireland.

- There were 449,828 virtual outpatient attendances in Northern Ireland in 2020/21, 864.3% higher than in 2019/20.

- Patients missed 54,952 face to face and 34,197 virtual appointments, giving Did Not Attend (DNA) rates of 7.3 and 7.1 respectively.

- Patients cancelled 64,167 face to face and 8,169 virtual appointments, giving Could Not Attend (CNA) rates of 8.4 and 1.8 respectively.

- Hospitals cancelled 180,471 face to face and 52,146 virtual appointments, giving hospital cancellation rates of 20.4 and 10.4 respectively.

- An additional 1,747 patients were seen at a Day Case Procedure Centre.

- There were 13,727 attendances at appointments with Independent Sector Providers which were commissioned by the Health Service.

- There were 58,812 patients seen at Integrated Clinical Assessment and Treatment Services (ICATS) in Northern Ireland, 38.1% lower than the number seen in the previous year.

Contents

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

Impact of Coronavirus (COVID-19) on Outpatient Activity

When interpreting the statistics presented in this report, consideration should be given to the impact of the coronavirus (COVID-19) pandemic on hospital services. Users should be aware that the pandemic drastically altered the functions of hospitals during the reporting period, including the availability and location of services. This has had a direct impact on the outpatient activity observed.

2020/21 data can be compared with previous years but users should bear in mind that many of the changes observed will be influenced by and attributable to the impact of COVID-19.

This release does not include any specific COVID-19 data.

Technical Notes

This statistical release is the eleventh 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.

In February 2019 a Day Case Procedure Centre (DPC) for Ophthalmology (cataract treatment) became operational in Mid-Ulster Hospital. This service is managed by the Western HSC Trust. Additional DPCs are now operational for Ophthalmology in Downe and South Tyrone Hospitals and for General Surgery

(varicose vein treatment) in Downe Hospital. As DPCs are a new service, comparisons cannot be made with previous years. Further information can be found within the DPC section of this publication. DPC 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

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, 2019/20 and 2020/21 publications. All other data on outpatient attendances in this publication should therefore be taken to refer to face to face outpatient activity only.

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. Designation was awarded in June 2013.

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-2020-21

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

https://digital.nhs.uk/data-and-information/publications/statistical/hospital-outpatient-activity

Scotland
https://publichealthscotland.scot/publications/show-all-releases?id=32200

Wales
https://gov.wales/outpatient-activity

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 2020/21. 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 Hospitals

There were

702,691

outpatient attendances in Northern Ireland in 2020/21

A decrease of

50.0%

(703,685)

from 2019/120
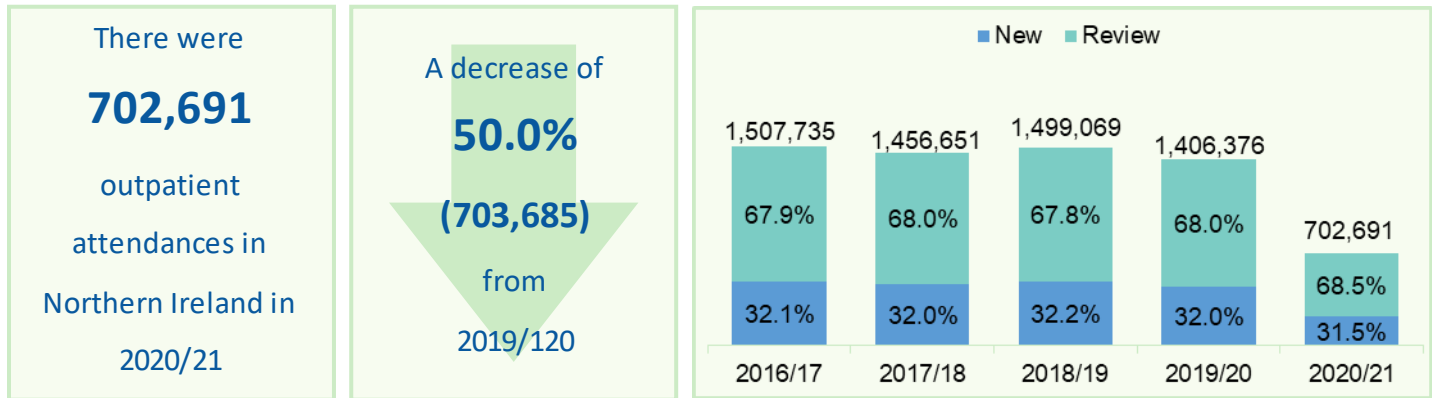
Financial Year 2020/21

The number of attendances that took place at consultant led outpatient services within HSC hospitals in Northern Ireland in 2020/21 (702,691) was 50.0% fewer than in 2019/20 (1,406,376) and 53.4% (805,044) fewer than the 1,507,725 seen in 2016/17. Almost one third of appointments (31.5%, 221,533) were new attendances, with the remaining 68.5% (481,158) being review attendances. This is a similar breakdown to previous years.
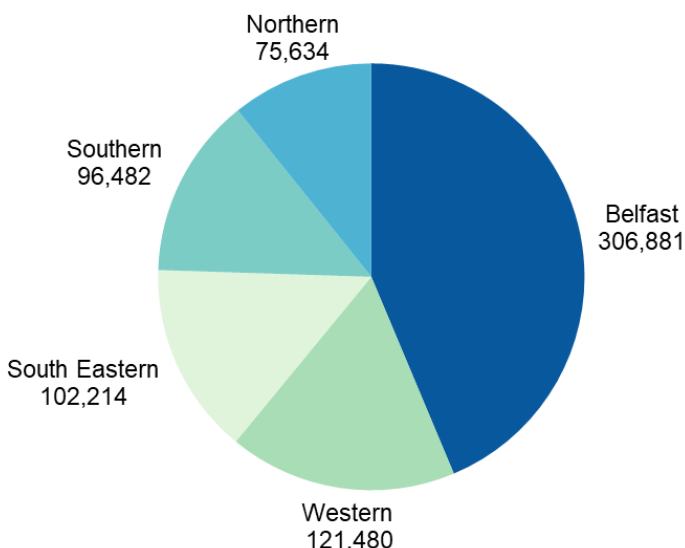
Attendances in HSC Hospitals by HSC Trust

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 Trust is available in Appendix 1.

Figure 1: Total number of attendances at consultant led outpatient services in Northern Ireland, by HSC Trust (2020/21)

Over two fifths (43.7%) of the attendances were in the Belfast HSC Trust, 17.3% in the Western Trust, 14.5% in the South Eastern Trust, 13.7% in the South Eastern Trust and 10.8% in the Northern HSC Trust (Figure 1).

Attendances in HSC Hospitals by Programme of Care and Specialty

The Acute Services Programme of Care accounted for 8 out of 10 attendances (83.4%, 586,345), followed by the Maternity and Child Health (12.4%, 87,310), Mental Health, (2.4%, 16,707), Elderly Care (1.5%, 10,235) and Learning Disability (0.3%, 2,094) Programmes of Care.

Just under half (49.7%, 349,279) of attendances were within five specialties: T & O Surgery, Obstetrics, Paediatrics, Gynaecology and General Surgery.

Missed Appointments / Did Not Attends (DNA)

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 2020/21

A total of 54,952 outpatient appointments were missed during 2020/21, (16,116 new appointments and 38,836 review appointments), which was 56.9% less than the number of DNAs in 2019/20 (127,423).

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

The South Eastern HSC Trust had the highest DNA rate (8.4), whilst Southern HSC Trust had the lowest rate (5.5) in 2020/21 (Figure 2).

Figure 2: Total DNA rates at consultant led outpatient services in Northern Ireland, by HSC Trust (2020/21)
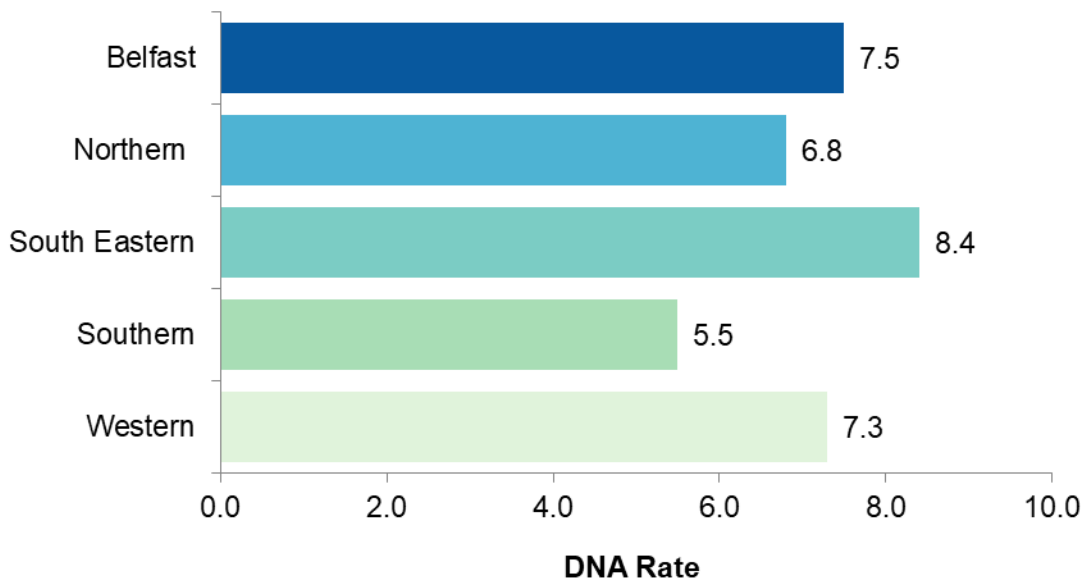
NI DNA rate 2020/21

7.3

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

The Programme of Care with the highest DNA rate in 2020/21 was Learning Disability (15.0). Maternity and Child Health had the lowest rate (4.2) (Figure 3).

Figure 3: Total DNA rates at consultant led outpatient services in Northern Ireland, by Programme of Care (2019/20 and 2020/21)
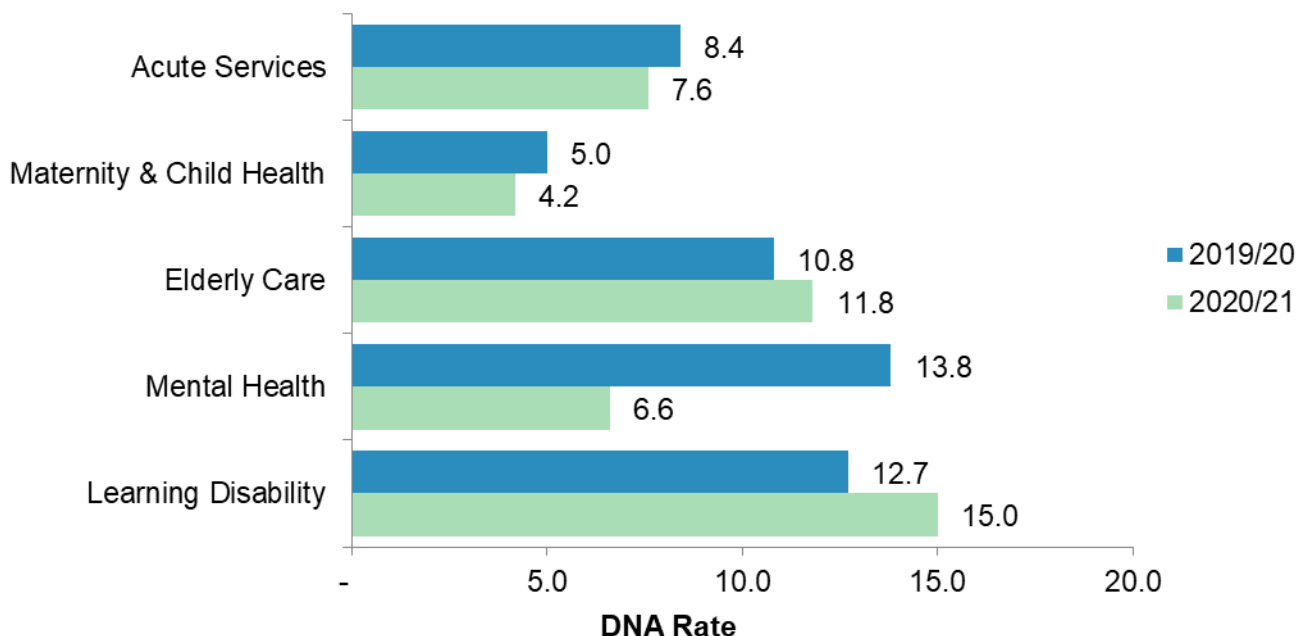
The five specialties with the highest DNA rates were Accident and Emergency specialty (19.8), followed by Learning Disability (15.0), Obstetrics (Post Natal) (14.7), Old Age Psychiatry (13.0) and Clinical Neuro-physiology (13.0).

Patient Cancellations / Could Not Attends (CNA)

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 2020/21

A total of 64,167 outpatient appointments were cancelled by the patient during 2020/21, (22,769 new appointments and 41,398 review appointments), which was 64.9% less than the number of CNAs in 2019/20 (182,600).

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

The Northern HSC Trust had the highest CNA rate (11.5), whilst the Western HSC Trust had the lowest rate (6.7) in 2020/21 (Figure 4).

Figure 4: Total CNA rates at consultant led outpatient services in Northern Ireland, by HSC Trust (2020/21)


NI CNA rate 2020/21

8.4

Trust	CNA Rate
Belfast	8.8
Northern	11.5
South Eastern	6.8
Southern	8.3
Western	6.7
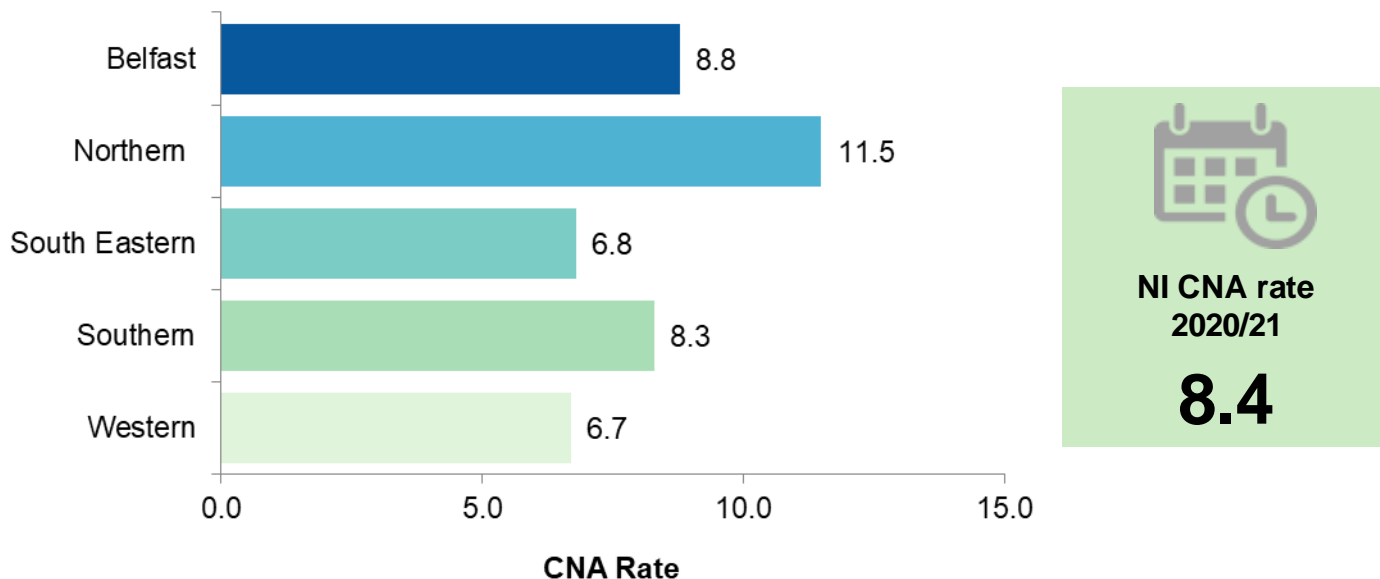
Patient Cancellations / Could Not Attends (CNA) by Programme of Care and Specialty

The Programme of Care with the highest CNA rate in 2020/21 was Elderly Care (12.5). Mental Health had the lowest rate (0.4) (Figure 5).

Figure 5: Total CNA rates at consultant led outpatient services in Northern Ireland, by Programme of Care (2019/20 and 2020/21)

Programme of Care	2019/20	2020/21
Acute Services	11.8	8.8
Maternity & Child Health	6.8	6.3
Elderly Care	15.5	12.5
Mental Health	4.0	0.4
Learning Disability	12.0	5.1
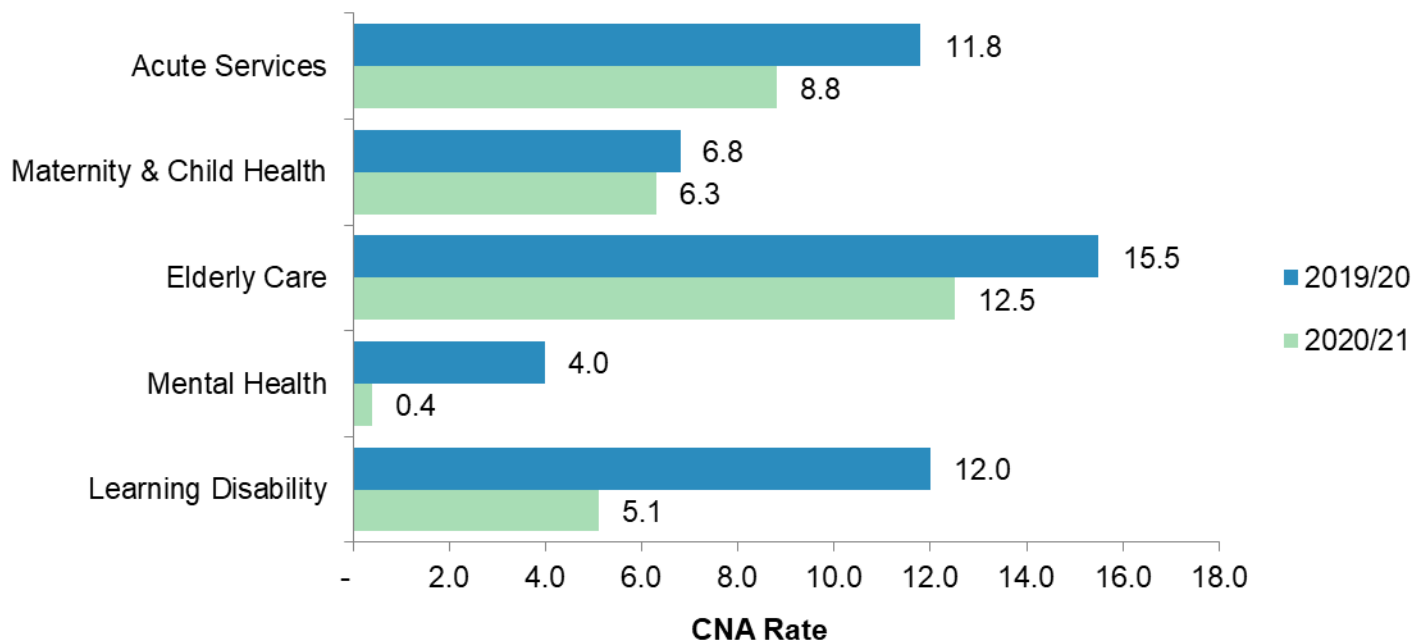
The five specialties with the highest CNA rates were Clinical Neuro-physiology (25.5), followed by Chemical Pathology (24.2), Dental Medicine Specialties (22.8), Clinical Genetics (20.0) and Endocrinology (17.4).

Hospital Cancellations

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 2020/21

Hospitals cancelled a total of 180,471 outpatient appointments during 2020/21, (38,619 new appointments and 141,852 review appointments), which was 14.4% less than the number of hospital cancellations in 2019/20 (210,930).

Hospital Cancellations by HSC Trust

The Belfast HSC Trust had the highest Hospital Cancellation rate (22.2), whilst the Southern HSC Trust had the lowest rate (16.7) in 2020/21 (Figure 6).

Figure 6: Total Hospital Cancellation rates at consultant led outpatient services in Northern Ireland, by HSC Trust (2020/21)

Trust	Hospital Cancellation Rate
Belfast	22.2
Northern	20.8
South Eastern	21.1
Southern	16.7
Western	17.8

Total Hospital Cancellation rate 2020/21

20.4
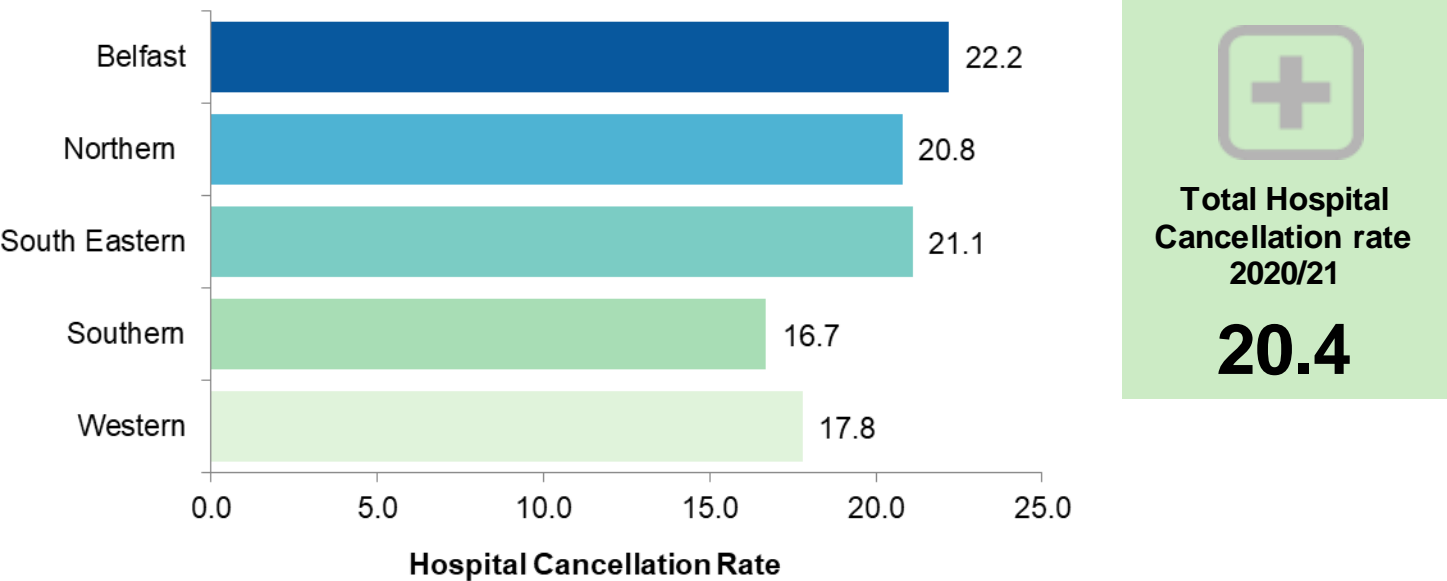
Hospital Cancellations by Programme of Care and Specialty

The Programme of Care with the highest hospital cancellation rate in 2020/21 was Elderly Care (23.6). Mental Health had the lowest rate (0.1) (Figure 7).

Figure 7: Total hospital cancellation rates at consultant led outpatient services in Northern Ireland, by Programme of Care (2019/20 and 2020/21)
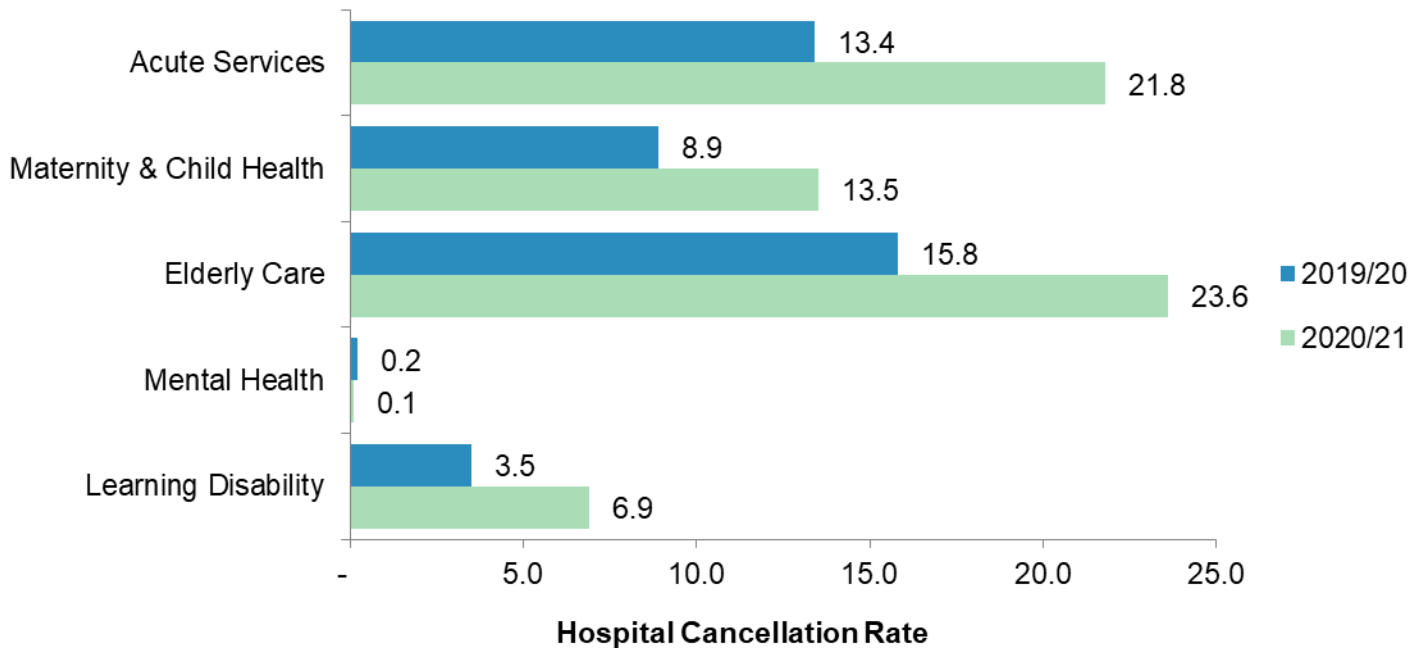
The five specialties with the highest Hospital Cancellation rates were Neurosurgery (52.6), followed by Chemical Pathology (47.2), Paediatric Neurology (44.3), Clinical Genetics (41.6) and Cardiac Surgery (40.3).

Reason for Cancellation

Of the 244,638 appointments cancelled by the patient or hospital during 2020/21, 8.7% had no reason recorded or were incorrectly recorded.

Almost all of the patients with no reason recorded (99%) were in the Belfast HSC Trust. This may be due to Belfast HSC Trust holding the highest proportion of manual records, which typically do not have a reason provided.

There were 171,145 appointments cancelled by the hospital with a reason for cancellation provided. Of these, 60.9% (104,268) were because of the reason 'Appointment Put Back. This was the most frequent reason in all Trusts. The reason 'Appointment Put Back' was the most frequent reason in 39 of the 46 specialties that had reasons for hospital cancellations recorded during 2020/21. For Child and Adolescent Psychiatry, no hospital cancellations were recorded. Readers should note that not all hospital cancellations will necessarily result in a negative impact for the patient.

There were 52,234 appointments cancelled by the patient with a reason provided. Of these, the majority (86.0%, (44,915) 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.

Ward Attendances

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 2020/21

During 2020/21, there were 50,664 ward attendances seen by a consultant, compared with 56,049 during 2019/20.

Ward Attendances by HSC Trust

Belfast HSC Trust accounted for 47.7% of ward attendances, followed by the Southern HSC Trust with 22.9%, Northern HSC Trust with 18.3%, Western HSC Trust with 7.2% and the South Eastern HSC Trust with 3.9% (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 (2020/21)
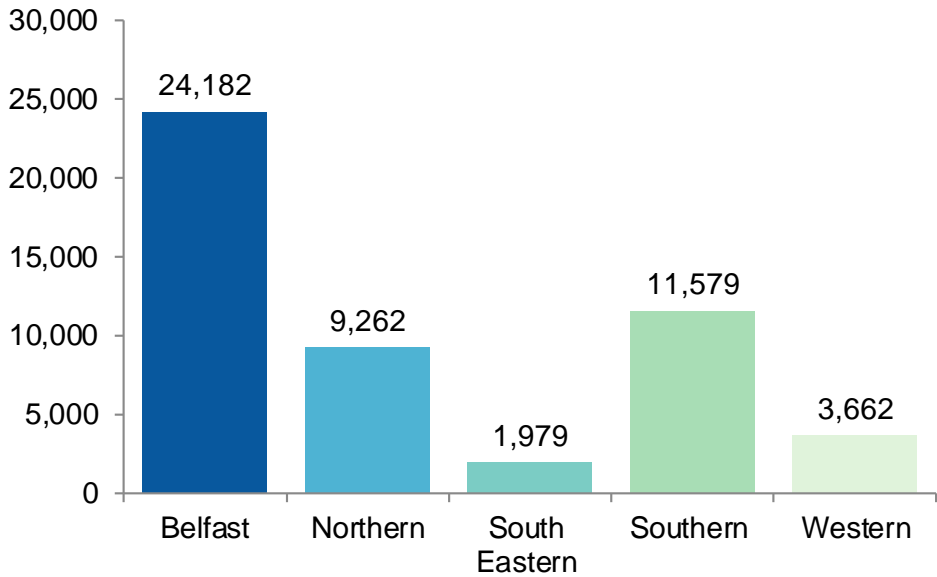
Ward Attendances by Programme of Care

Over four fifths of ward attendances (82.9%, 42,006) were in the Acute Services Programme of Care, followed by Maternity and Child Health (14.5%, 7,353) and Elderly Care (2.6%, 1,304). There was only one ward attendance with a consultant in the Mental Health Programme of Care and none for Learning Disability.

Activity in the Day Case Procedure Centres

In October 2016 the then Health Minister launched 'Health and Wellbeing 2026: Delivering Together. 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' (now known as Day Case Procedure Centres - DPC) became operational for the surgical treatment of Cataracts. Patients waiting for these procedures can now be referred to a DPC for treatment rather than attend the hospital site they may have been referred to previously.

Financial Year 2020/21

During 2020/21, a total of 1,747 attendances took place at consultant led regional centres within Northern Ireland (compared with 2,416 in 2019/20). These were patients treated for cataracts in Mid-Ulster, South Tyrone Hospital and Downe Hospitals and varicose veins in South Tyrone Hospital; 21.6% (377) were new attendances, with the remaining 78.4% (1,370) being review attendances.

Cancelled and Missed Appointments

A total of 142 outpatient appointments were missed by patients (DNA). Patients cancelled 260 outpatient appointments (CNA). Hospitals cancelled 285 outpatient appointments.

Reason for Cancellation

Of the 545 appointments cancelled by the patient or hospital, 8 had no reason recorded or the reason incorrectly recorded.

There were 284 appointments cancelled by the hospital with a reason for cancellation provided. Of these, 97 were because of the reason 'Appointment put back' and 42 'Consultant unavailable'. Readers should note that not all hospital cancellations will necessarily result in an impact for the patient.

There were 253 appointments cancelled by the patient with a reason provided, 126 of which were recorded under the reason 'Patient cancelled appointment as no longer needed' and 124 under 'Patient cancelled appointment but it is still required'.

Activity in the Independent Sector

The number of patients attending outpatient appointments within the Independent Sector (IS), commissioned by the Health Service, has been provided by the Health and Social Care Board, split by commissioning HSC Trust. These data are not National Statistics; however, they have been published to provide users with a comprehensive view of completed outpatient activity during each year.

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

Financial Year 2020/21

During 2020/21, 13,727 Health Service patients were seen at Independent Sector providers in Northern Ireland, with a similar number of new and review appointments.

Five Year Trend

The number of patients seen at Independent Sector providers in 2020/21 was 2.9% lower than that in 2019/20 (14,132), and 43.8% lower than that in 2016/17 (24,445) (Figure 9).

Figure 9: Total number of outpatient attendances in the Independent Sector in Northern Ireland (2016/17 - 2020/21)
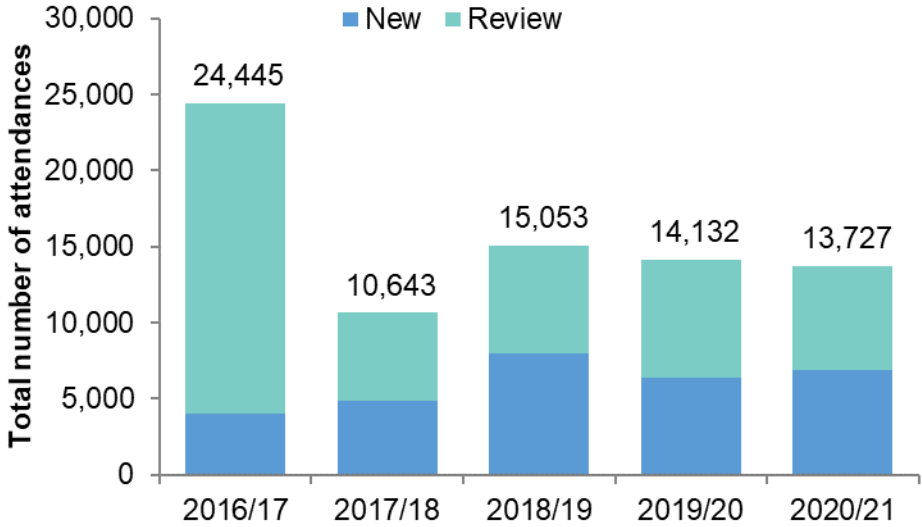
Activity in the Independent Sector by HSC Trust

Almost three fifths (59.6%) of all Independent Sector attendances were in the South Eastern HSC Trust, with a further quarter (25.1%) in the Belfast HSC Trust. There were no attendances in the Western HSC Trust (Figure 10).

Figure 10: Total number of outpatient attendances in the Independent Sector in Northern Ireland, by HSC Trust (2020/21)
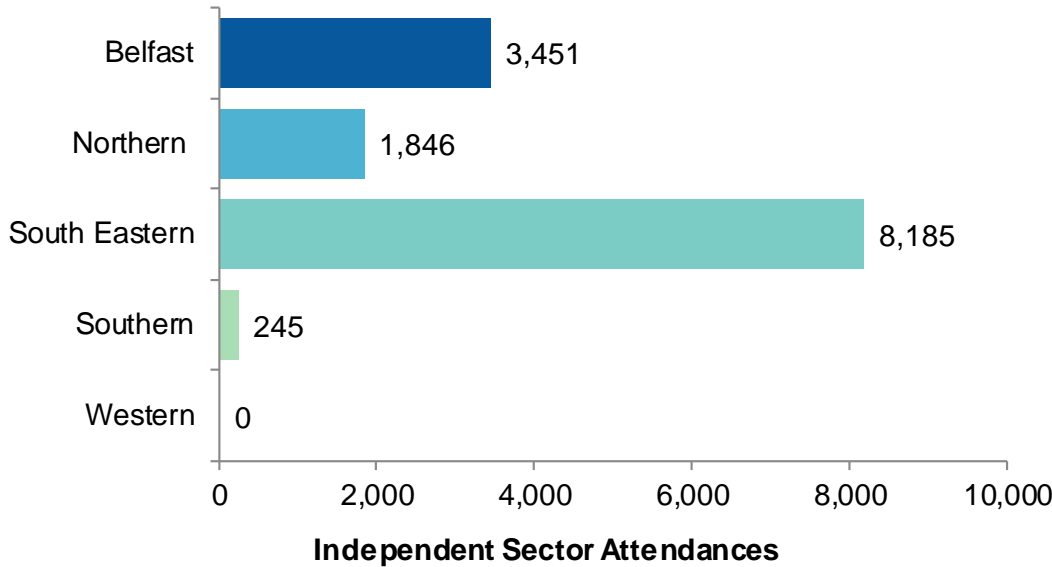
Readers should note that whilst Independent Sector attendances are reported by commissioning HSC Trust (the HSC Trust responsible for the patient's waiting time), this may not necessarily be the patient's Trust of Residence. It is therefore not possible to accurately calculate the number of patient attendances in the Independent Sector per head of the population in any specific HSC Trust area.

Activity in the Independent Sector by Specialty

Figure 11: Total number of outpatient attendances in the Independent Sector in Northern Ireland, by Specialty (2020/21)
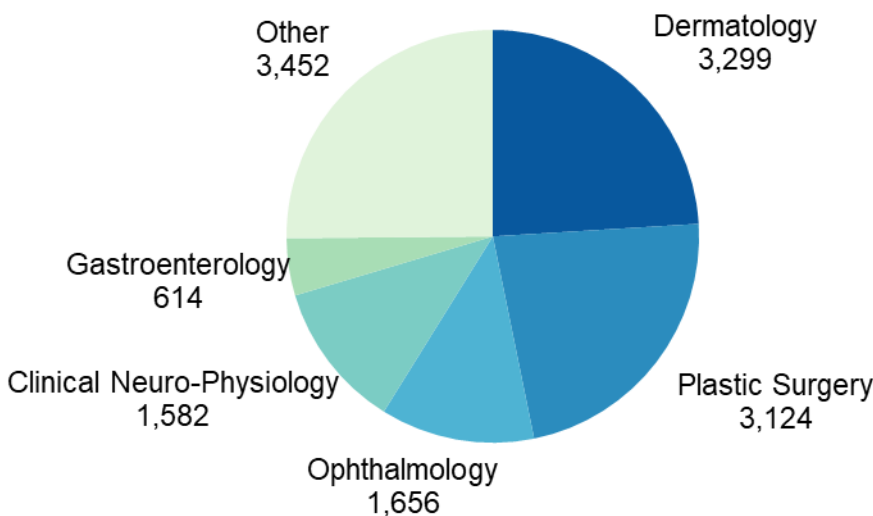
In 2020/21, three quarters (74.9%, 10,275) of the 13,727 independent sector attendances were within five specialties: Dermatology, Plastic Surgery, Ophthalmology, Clinical Neuro-Physiology and Gastroenterology (Figure 11).

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 DPC activity.

Financial Year 2020/21

A total of 718,165 patients were seen at consultant led outpatient services in Northern Ireland commissioned by the Health Service. This was a decrease of 704,759 (49.5%) on the number seen in 2019/20 (1,422,924).

Total Attendances Commissioned by the Health Service by HSC Trust

Over two fifths 43.2% (310,332) of all attendances occurred in the Belfast HSC Trust. This was followed by the Western HSC Trust with 16.9% (121,480), South Eastern HSC Trust with 15.4% (110,399), Southern HSC Trust with 13.5% (96,727) and the Northern HSC Trust with 10.8% (77,480). An additional 1,747 patients (0.2%) were seen in the DPCs.

Activity in Integrated Clinical Assessment and Treatment Services (ICATS)

From 1st April 2010, a number of Integrated Clinical Assessment and Treatment Services (ICATS) were officially introduced within the Health Service. ICATS are provided by integrated multi-disciplinary teams of health service professionals, and provide assessment, treatment and advisory services. These are provided in a variety of primary, community and secondary care settings.

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

Financial Year 2020/21

During 2020/21, 58,812 attendances took place at ICATS in Northern Ireland, 38.1% fewer than the 94,972 seen in 2019/20.

Of the 58,812 patients seen during 2020/21, 48.8% (28,721) were new attendances, with the remaining 51.2% (30,091) being review attendances.

5 Year Trend

The total number of patients seen at ICATS in 2020/21 was 49.4% lower than the 116,336 seen in 2016/17 (Figure 12). This consisted of a 55.7% decrease in review attendances and a 40.7% decrease in new attendances.

Figure 12: Total attendances at ICATS in Northern Ireland (2016/17 - 2020/21)
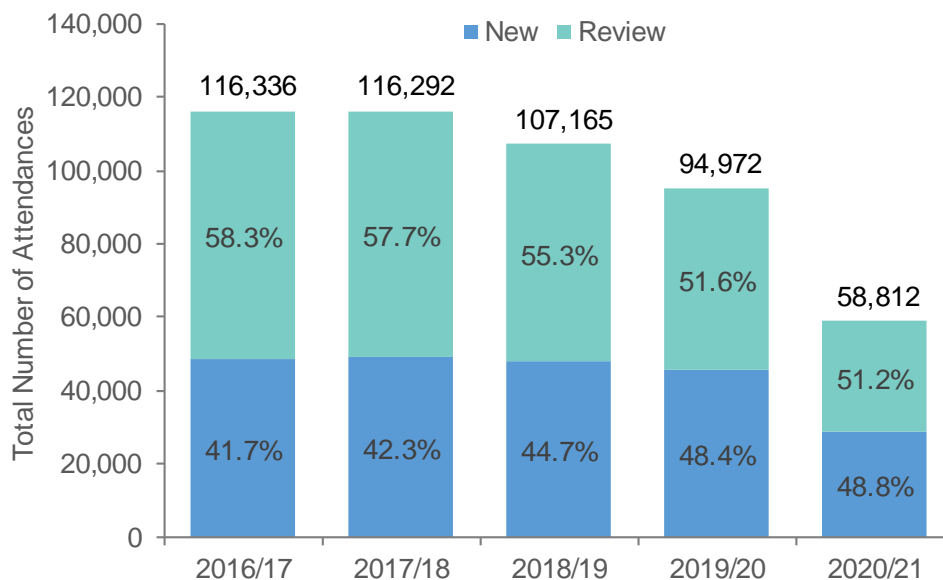
ICATS Attendances by Trust and Specialty

Over one quarter (26.8%, 15,740) of the total ICATS attendances in Northern Ireland during 2020/21 occurred in the Belfast HSC Trust. This was followed by the Western HSC Trust with 19.4% (11,414), South Eastern HSC Trust with 19.0% (11,197), Northern HSC Trust with 18.1% (10,640) and Southern HSC Trust with 16.7% (9,821) (Figure 13).

Figure 13: Total ICATS attendances in Northern Ireland, by HSC Trust (2020/21)
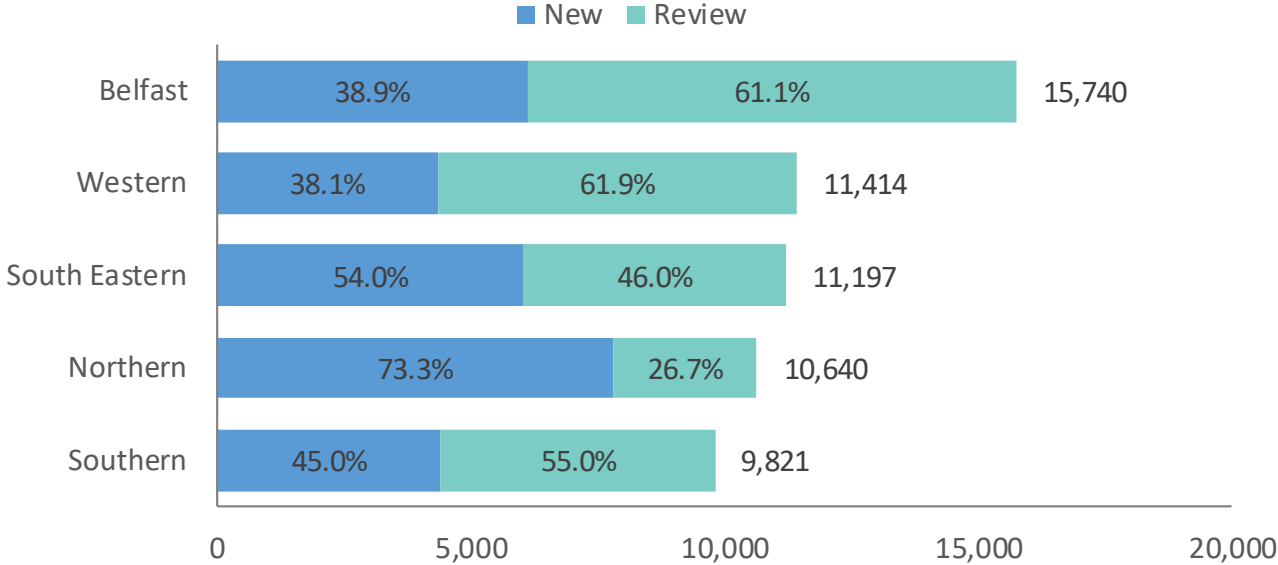
Readers should note that patients referred to an ICATS service can choose which HSC Trust they attend their appointment at, if this service is offered in more than one Trust area. It is therefore not possible to accurately calculate the number of ICATS attendances per head of the population in any specific 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 2.

Almost four-fifths (83.6%) of ICATS attendances were within the T & O Surgery specialty, followed by Ophthalmology (9.0%), Dermatology (5.6%), Cardiology (1.7%) and Urology (0.1%).

Missed ICATS Appointments / Did Not Attends (DNA)

Financial Year 2020/21

Patients missed a total of 5,213 ICATS appointments during 2020/21, a 41.0% (3,624) decrease since 2019/20. Of these, 2,555 (49.0%) were new appointments and 2,658 (51.0%) were review appointments. The DNA rate of 8.1 in 2020/21 was lower than that in 2019/20 (8.5) indicating that the number of attendances would have been 8.1% higher had no appointments been missed.

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

There were 1,222 appointments missed in the South Eastern HSCT, which had the highest DNA rate at 9.8. The lowest DNA rate was found in the Northern HSCT, with 638 missed appointments (Figure 14).

Figure 14: Total DNA rates at ICATS services in Northern Ireland, by HSC Trust (2020/21)
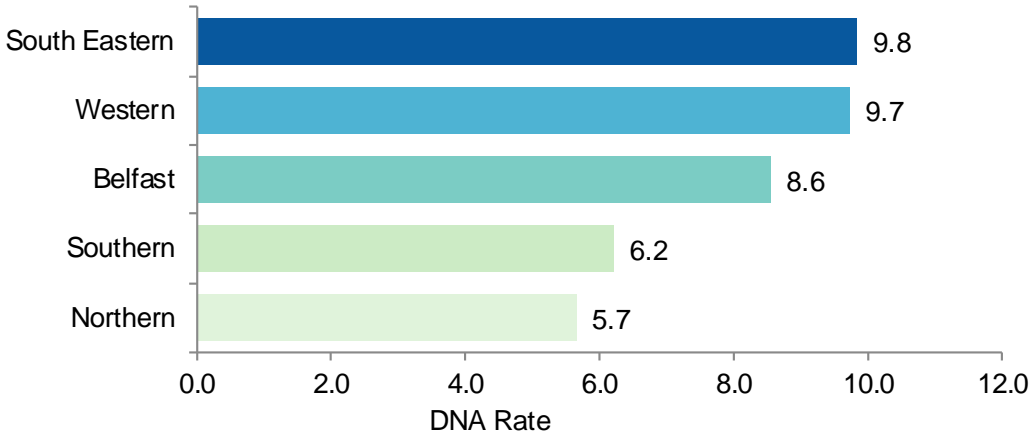
The specialty with the highest DNA rate during 2020/21 was Dermatology with a rate of 11.9, followed by Urology (10.1), Trauma & Orthopaedics Surgery (8.0), Ophthalmology (7.8) and Cardiology (6.3).

ICATS Patient Cancellations / Could Not Attends (CNA)

Financial Year 2020/21

Patients cancelled a total of 4,399 ICATS appointments during 2020/21, of which 2,312 (52.6%) were new appointments and 2,087 (47.4%) were review appointments. This equated to a CNA rate of 7.0, around two-fifths lower than the rate of 11.9 reported for 2019/20.

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

The Northern and Western HSC Trusts had CNA rates above the NI average, with rates of 14.4 and 8.2 respectively. The Belfast HSC Trust had a CNA rate of 2.5, the lowest of the Trusts (Figure 15).

Figure 15: Total CNA rates at ICATS services in Northern Ireland, by HSC Trust (2020/21)
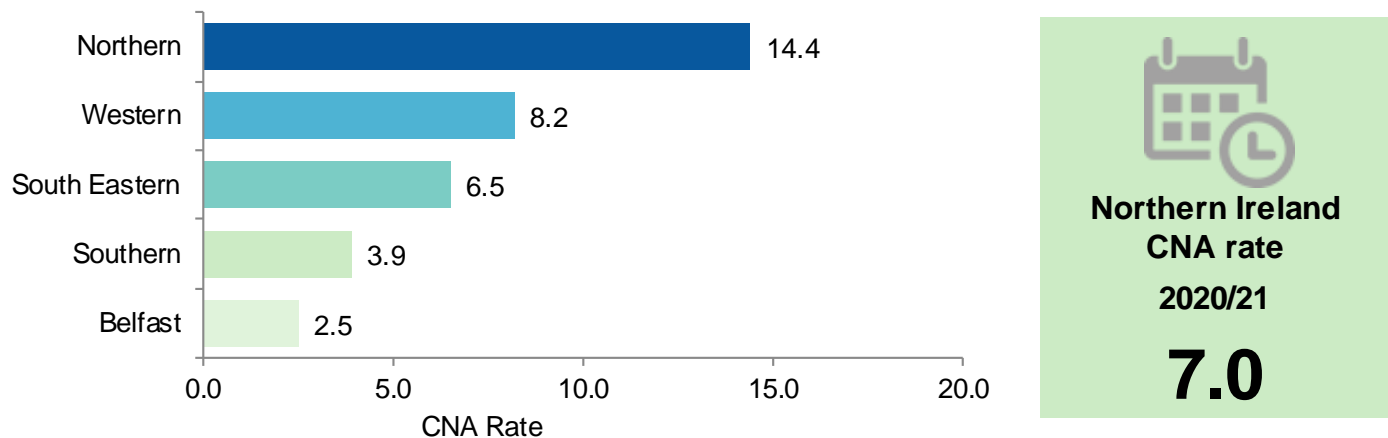
There were 8 Ear, Nose and Throat appointments cancelled by patients with no patients seen giving a CNA rate of 100.0. After this, the specialty with the highest CNA rate during 2020/21 was Ophthalmology with a rate of 14.7, followed by Dermatology (10.4), Trauma & Orthopaedics (5.8) and Cardiology (5.3). There were no patient cancellations in the Urology specialty.

ICATS Hospital Cancellations

Financial Year 2020/21

Hospitals cancelled a total of 8,366 ICATS appointments during 2020/21, of which 3,667 (43.8%) were new appointments and 4,699 (56.2%) were review appointments. This equated to a Hospital Cancellation rate of 12.5, a higher rate than that in 2019/20 (9.6).

Hospital Cancellations by HSC Trust and Specialty

The Northern HSC Trust had the highest cancellation rate in Northern Ireland (21.2). This was followed by the Western (12.7), South Eastern (10.3) and Southern (10.1) HSC Trusts. The lowest hospital cancellation rate was in the Belfast HSC Trust (8.4).

Figure 16: Total Hospital Cancellation rates at ICATS services in Northern Ireland, by HSC Trust (2020/21)
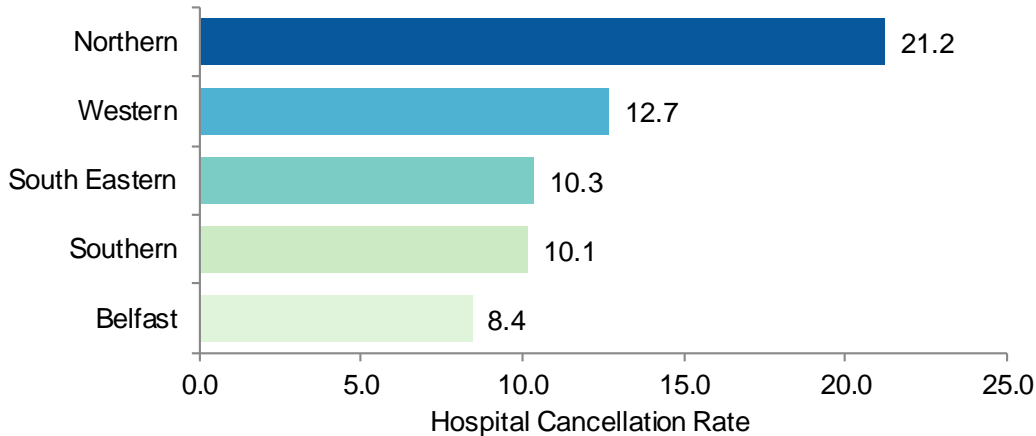
Northern Ireland Cancellation rate 2020/21

12.5

There were 234 Ear, Nose and Throat appointments cancelled by hospitals with no patients seen, giving a CNA rate of 100.0. After this, the specialty with the highest hospital cancellation rate was Dermatology with a rate of 27.1, followed by Ophthalmology (20.6), Cardiology (16.5), Trauma and Orthopaedics Surgery (9.8) and Urology (6.1).

Virtual Attendances in HSC Hospitals

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.

There were **449,828** virtual attendances in Northern Ireland in 2020/21	An increase of **864.3%** **(403,179)** from 2019/20	

449,828

Review

19,830 21,994 27,234 46,649

New

2016/17 2017/18 2018/19 2019/20 2020/21
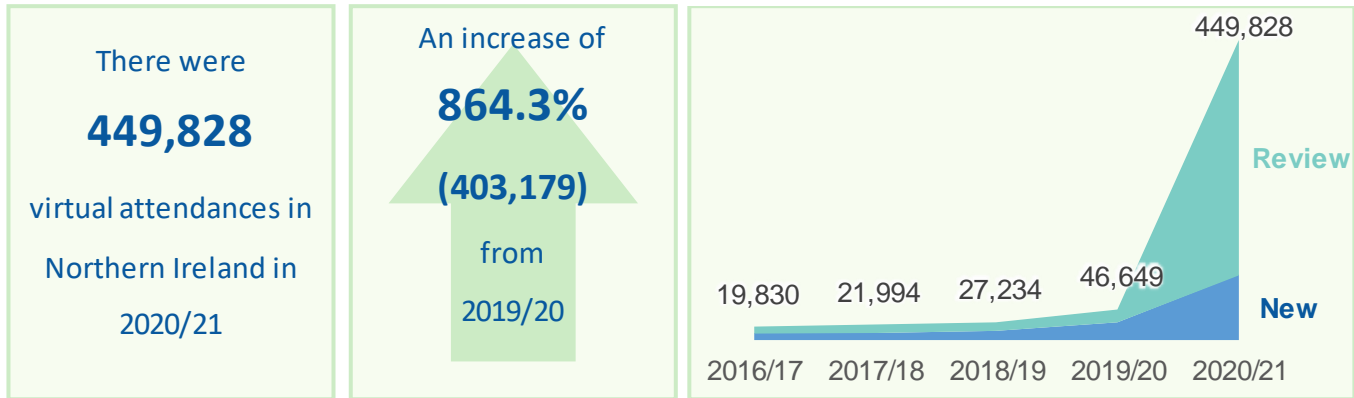
Financial Year 2020/21

During 2020/21 a total of 449,828 virtual attendances took place at consultant led outpatient services within HSC hospitals in Northern Ireland, an increase of 864.3% (403,179) from 2019/20. Of those who attended in 2020/21, 21.8% (98,260) were new attendances, with the remaining 78.2% (351,568) 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 3.

Figure 17: Total number of virtual attendances at outpatient services, by HSC Trust (2020/21)

Western 13.5%

Southern 13.9%

Northern 15.7%

South Eastern 15.9%

Belfast 41.0%
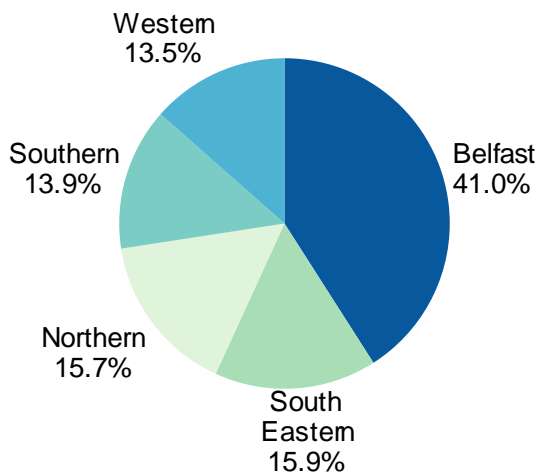
More than two-fifths (41.0%) of the virtual attendances in HSC hospitals were in the Belfast HSC Trust, 15.9% in the South Eastern HSC Trust, 15.7% in the Northern HSC Trust, 13.9% in the Southern HSC Trust and 13.5% in the Western HSC Trust (Figure 17).

Virtual Attendances in HSC Hospitals by Programme of Care and Specialty

In 2020/21, the majority of virtual attendances (96.2%, 432,868) were within the Acute Services Programme of Care, with a further 2.7% (12,206) within Elderly Care, 0.6% (2,735) in Learning Disability and 0.4% (2,019) in the Maternity and Child Health Programme of Care.

In 2020/21, around half (50.8%, 228,727) of the 449,828 virtual attendances were within the specialties of: Gastroenterology, General Surgery, ENT, Paediatrics, Cardiology, Rheumatology, Clinical Haematology and T & O Surgery (Figure 18).

Figure 18: Total number of attendances at consultant led virtual outpatient services in Northern Ireland, by specialty (2020/21)

Specialty	2020/21
Gastroenterology	33,033
General Surgery	32,655
ENT	29,404
Paediatrics	29,220
Cardiology	28,803
Rheumatology	26,097
Haematology (Clinical)	25,266
T & O Surgery	24,249
Dermatology	23,777
Endocrinology	23,385
Neurology	22,704
Urology	21,913
General Medicine	19,836
Gynaecology	15,893
Clinical Oncology	14,044
Thoracic Medicine	11,333
Nephrology	10,544
Geriatric Medicine	9,701
Ophthalmology	8,105
Plastic Surgery	5,024
Medical Oncology	4,879
Pain Management	4,067
Neurosurgery	3,648
Learning Disability	2,735
Old Age Psychiatry	2,505
Oral Surgery	2,424
Obstetrics	2,019
Clinical Genetics	1,905
Paediatric Neurology	1,815
Paediatric Surgery	1,315
Rehabilitation	1,315
Thoracic Surgery	1,065
Chemical Pathology	1,059
Palliative Medicine	761
Cardiac Surgery	746
Dental Medicine Specialties	734
Paediatric Dentistry	584
Restorative Dentistry	388
Joint Consultant Clinics	383
Orthodontics	271
Infectious Diseases	222
Radiology	2

Legend: ■ 2020/21 | 2019/20

Missed Virtual Appointments / Did Not Attends (DNA)

Financial Year 2020/21

A total of 34,197 virtual outpatient appointments were missed during 2020/21, equating to a DNA rate of 7.1, which was higher than the rate of 3.0 for 2019/20.

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

During 2020/21, the Northern HSC Trust had the highest DNA rate (8.3) of the HSC Trusts. Rates in the Belfast and South Eastern HSC Trusts were also higher than the average across NI, while the Southern and, Western Trusts had lower DNA rates.

Figure 19: Total DNA rates at consultant led virtual outpatient services in Northern Ireland, by HSC Trust (2020/21)

Trust	DNA Rate
Northern	8.3
Belfast	8.0
South Eastern	7.3
Western	6.8
Southern	2.9

Northern Ireland DNA rate 2020/21

7.1
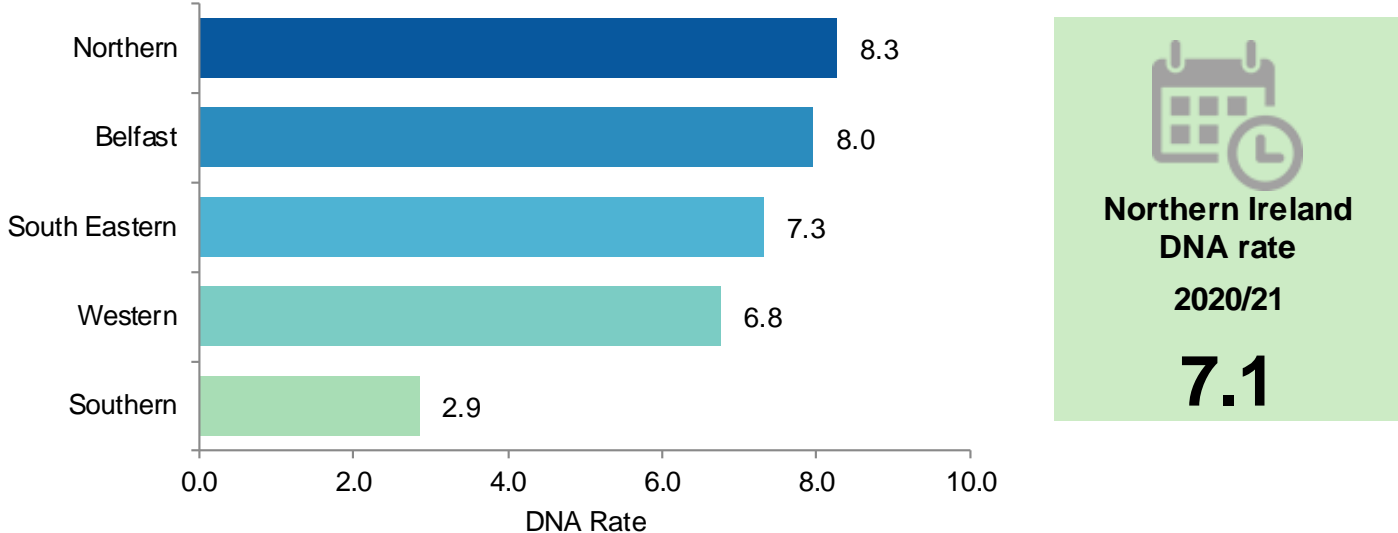
Missed Virtual Appointments / Did Not Attends (DNA) by Specialty

During 2020/21, the five specialties with the highest DNA rates were Oral Surgery, Plastic Surgery, Old Age Psychiatry, Paediatric Dentistry and Palliative Medicine. (Figure 20).

Figure 20: Total DNA rates at consultant led virtual outpatient services in Northern Ireland, by specialty (2020/21)

Note: Specialties with fewer than 10 missed appointments have been excluded from the ranking above to reflect resultant impact on health services.

Virtual Patient and Hospital Cancellations

Virtual Patient Cancellations / Could Not Attends (CNA)

Financial Year 2020/21

Patients cancelled a total of 8,169 virtual outpatient appointments during 2020/21, equating to a CNA rate of 1.8, which was higher than the rate of 1.0 for 2019/20.

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

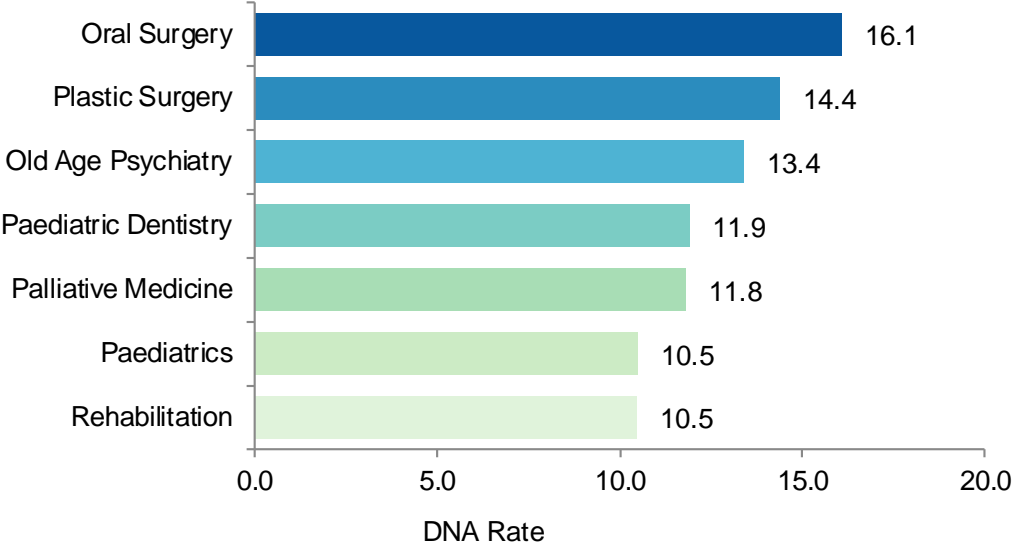The Northern HSC Trust had the highest CNA rate (2.4), whilst the lowest was in the Southern HSC Trust, with a rate of 0.5 (Figure 21).

Figure 21: Total CNA rates at consultant led virtual outpatient services in Northern Ireland, by HSC Trust (2020/21)

Northern Ireland
CNA rate
2020/21

1.8

Virtual Patient Cancellations / Could Not Attends (CNA) by Specialty

During 2020/21, the five specialties with the highest CNA rates were Dental Medicine, Plastic Surgery, Gynaecology, Obstetrics and Palliative Medicine (Figure 22).

Figure 22: Total CNA rates at consultant led virtual outpatient services in Northern Ireland, by specialty (2020/21)
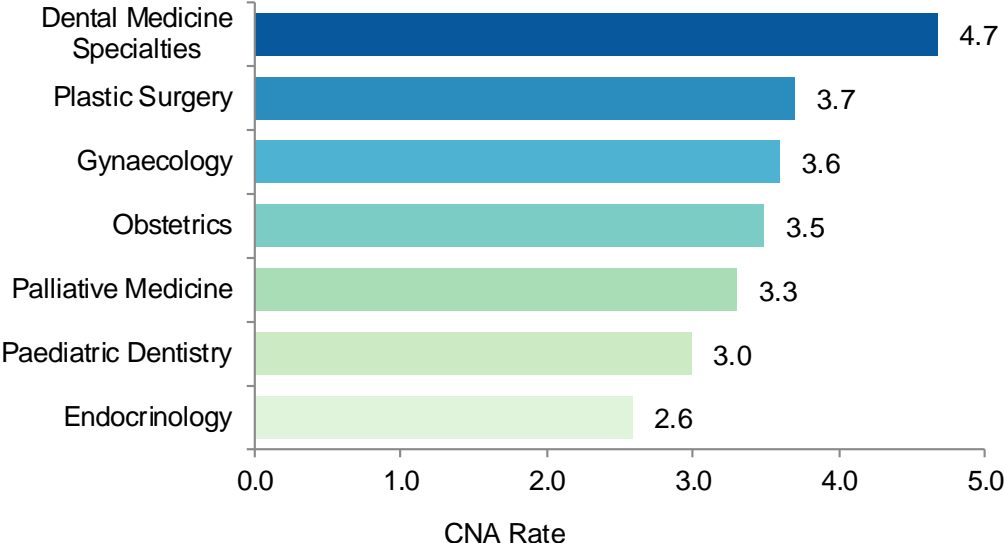
Note: Specialties with fewer than 10 cancelled appointments have been excluded from the ranking above to reflect resultant impact on health services.
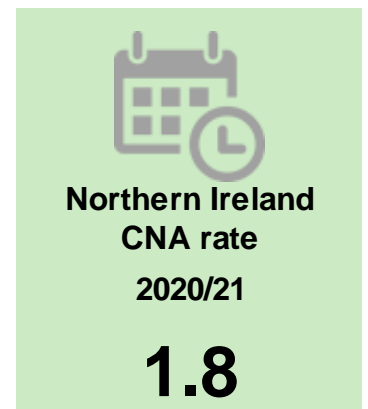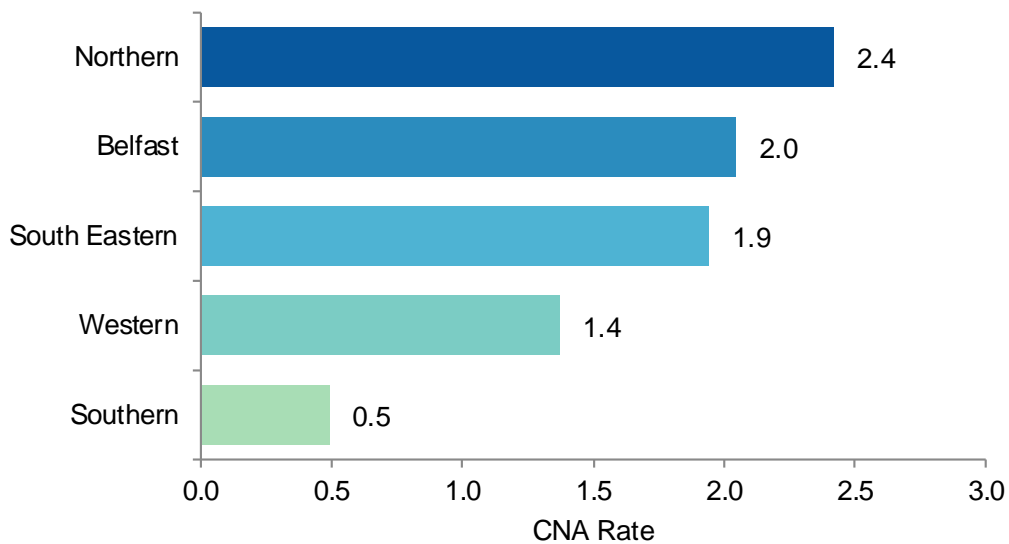
Virtual Hospital Cancellations

Financial Year 2020/21

Hospitals cancelled a total of 52,146 virtual outpatient appointments during 2020/21, equating to a Hospital Cancellation rate of 10.4, which was higher than the rate of 4.9 in 2019/20.

Virtual Hospital Cancellations by HSC Trust

The Belfast HSC Trust was the only HSC Trust with a higher Hospital Cancellation rate (13.8) than the Northern Ireland average in 2020/21 (10.4), whilst the Southern HSC Trust had the lowest rate (3.0). (Figure 23).

Figure 23: Total Hospital Cancellation rates at consultant led virtual outpatient services in Northern Ireland, by HSC Trust (2020/21)

Belfast	13.8
Northern	9.9
Western	9.0
South Eastern	8.9
Southern	3.0

Hospital Cancellation Rate

Northern Ireland Cancellation rate 2020/21

10.4

Virtual Hospital Cancellations by Specialty

The five specialties with the highest Hospital Cancellation rates during 2019/20 were Plastic Surgery, Thoracic Surgery, Neurosurgery and Cardiac Surgery (Figure 24).

Figure 24: Total hospital cancellation rates at consultant led virtual outpatient services in Northern Ireland, by specialty (2020/21)

Note: Specialties with fewer than 10 cancelled appointments have been excluded from the ranking above to reflect resultant impact on health services.
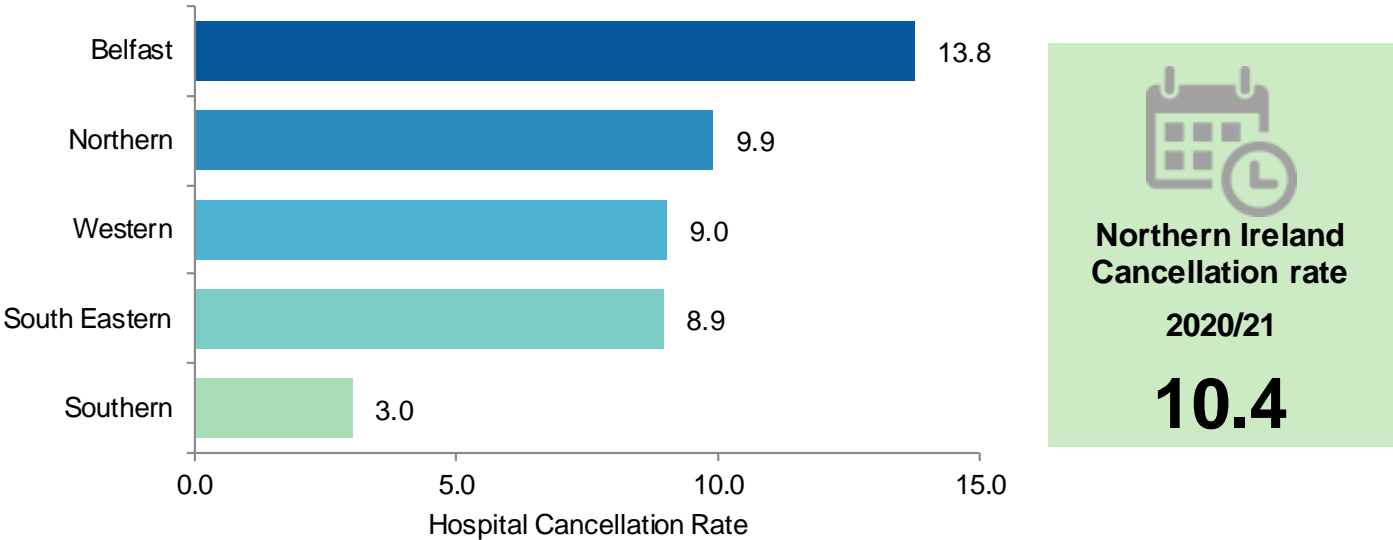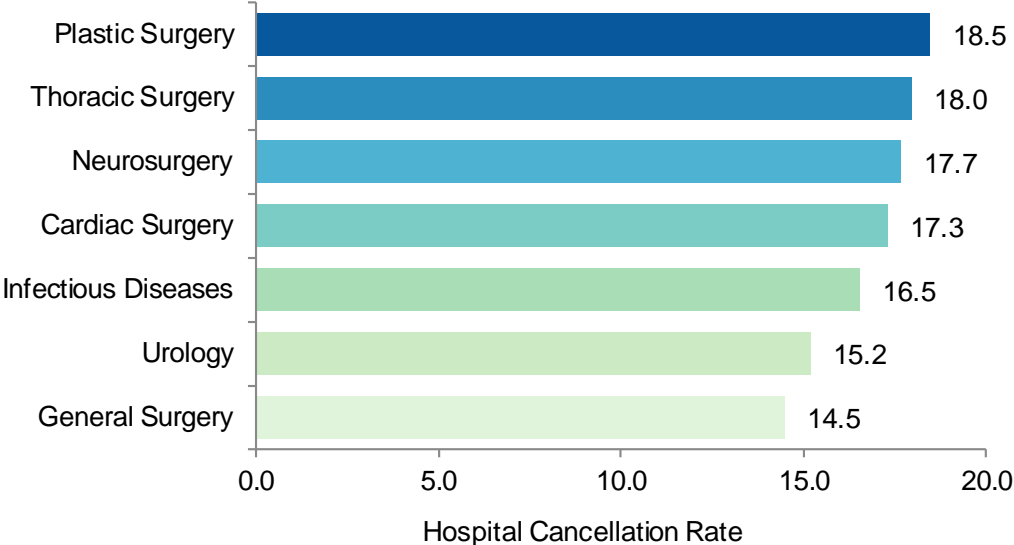
Appendix 1: Consultant Led Outpatient Specialties provided in each HSC Trust during 2020/21

Specialty	Belfast	Northern	South Eastern	Southern	Western	DPCs
Accident & Emergency		X	X			
Anaesthetics		X		X		
Cardiac Surgery	X					
Cardiology	X	X	X	X	X	
Chemical Pathology		X		X	X	
Child & Adolescent Psychiatry	X					
Clinical Genetics	X					
Clinical Neuro-physiology	X					
Clinical Oncology	X		X			
Dental Medicine	X					
Dermatology	X	X	X	X	X	
Endocrinology	X	X	X	X		
ENT	X	X	X	X	X	
Gastroenterology	X	X	X	X		
General Medicine	X	X	X	X	X	
General Surgery	X	X	X	X	X	X
Genito-Urinary Medicine	X			X	X	
Geriatric Medicine	X	X	X	X	X	
Gynaecology	X	X	X	X	X	
Haematology (Clinical)	X	X	X	X	X	
Infectious Diseases	X					
Joint Consultant Clinics	X	X				
Learning Disability	X			X	X	
Medical Oncology	X			X		
Nephrology	X	X	X	X	X	
Neurology	X	X	X	X	X	
Neurosurgery	X					
Obstetrics	X	X	X	X	X	
Obstetrics (Post Natal)	X					
Old Age Psychiatry	X		X	X	X	
Ophthalmology	X		X	X	X	X
Oral Surgery	X		X	X	X	
Orthodontics	X	X		X	X	
Paediatric Dentistry	X			X		
Paediatric Neurology	X				X	
Paediatric Surgery	X		X			
Paediatrics	X	X	X	X	X	
Pain Management	X	X	X	X	X	
Palliative Medicine	X	X		X	X	
Plastic Surgery	X		X			

Specialty	Belfast	Northern	South Eastern	Southern	Western	DPCs
Radiology	X					
Rehabilitation	X					
Restorative Dentistry	X					
Rheumatology	X	X	X	X	X	
T & O Surgery	X		X	X	X	
Thoracic Medicine	X	X	X	X		
Thoracic Surgery	X				X	
Urology	X		X	X	X	

Appendix 2: Integrated Clinical Assessment and Treatment Services (ICATS) Specialties provided in each HSC Trust during 2020/21

HSC Trust	Specialties
Belfast HSC Trust	Trauma & Orthopaedics, Ophthalmology, Dermatology
Northern HSC Trust	Trauma & Orthopaedics, 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 HSC Trust during 2020/21

Specialty	Belfast	Northern	South Eastern	Southern	Western
Cardiac Surgery	X				
Cardiology	X	X	X	X	X
Chemical Pathology		X		X	X
Clinical Genetics	X				
Clinical Oncology	X		X		X
Dental Medicine	X				
Dermatology	X	X	X	X	
Endocrinology	X	X	X	X	
ENT	X	X	X	X	X
Gastroenterology	X	X	X	X	
General Medicine	X	X	X	X	X
General Surgery	X	X	X	X	X
Genito-Urinary Medicine	X				
Geriatric Medicine	X	X	X	X	X
Gynaecology	X	X	X	X	X
Haematology (Clinical)	X	X	X	X	X
Infectious Diseases	X				
Joint Consultant Clinics		X			
Learning Disability	X			X	X
Medical Oncology	X			X	
Nephrology	X	X	X	X	X
Neurology	X	X	X	X	X
Neurosurgery	X				
Obstetrics	X	X	X	X	
Old Age Psychiatry			X	X	
Ophthalmology	X		X		X
Oral Surgery	X		X	X	X
Orthodontics	X	X			X
Paediatric Dentistry	X				
Paediatric Neurology	X				X
Paediatric Surgery	X		X		
Paediatrics	X	X	X	X	X
Pain Management	X	X	X	X	X
Palliative Medicine	X			X	X
Plastic Surgery	X		X		
Radiology	X				
Rehabilitation	X				
Restorative Dentistry	X				
Rheumatology	X	X	X	X	X
T & O Surgery	X		X	X	X
Thoracic Medicine	X	X	X	X	
Thoracic Surgery	X				
Urology	X		X	X	X

Appendix 4: Hospital Specialties by Programme of Care

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

POC 1 - Acute Services
100 General Surgery
101 Urology
110 T & O Surgery
120 ENT
130 Ophthalmology
140 Oral Surgery
141 Restorative Dentistry
142 Paediatric Dentistry
143 Orthodontics
150 Neurosurgery
160 Plastic Surgery
170 Cardiac Surgery
171 Paediatric Surgery
172 Thoracic Surgery
180 Accident & Emergency
190 Anaesthetics
191 Pain Management
300 General Medicine
301 Gastroenterology
302 Endocrinology
303 Haematology (Clinical)
310 Audiological Medicine
311 Clinical Genetics
314 Rehabilitation
315 Palliative Medicine
320 Cardiology
330 Dermatology
340 Thoracic Medicine
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
810 Radiology
822 Chemical Pathology
823 Haematology

990 Joint Consultant Clinics

POC 2 - Maternity and Child Health
501 Obstetrics
510 Ante Natal Obstetrics
520 Obstetrics (Post Natal)

POC 4 – Elderly Care
430 Geriatric Medicine
715 Old Age Psychiatry

POC 5 - Mental Health
710 Mental Illness
711 Child & Adolescent Psychiatry
712 Forensic Psychiatry
713 Psychotherapy

POC 6 - Learning Disability
700 Learning Disability

Appendix 5: Definitions

Outpatient Services

An outpatient service is a consultant led service provided by Health and Social Care Trusts to allow patients to see a consultant, their staff and associated health professionals for assessment in relation to a specific condition. Patients are not admitted into hospital for this assessment. Outpatient services are usually provided during a clinic session (though in some cases patients may be seen on a ward, 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 39).

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:

((Number of DNAs) / (Number of attendances + 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:

((Number of CNAs) / (Number of attendances + 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:

((Number of hospital cancellations) / (Number of attendances + 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 Day Case Procedure 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 6: Guidance on Using the Data

Outpatient and ICATS attendances

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

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.

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.

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

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.

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

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

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 7: Explanatory Notes

1. The data contained in this publication for consultant led outpatient activity in HSC hospitals (outpatient attendances and ward attendances) have been compiled from the Quarterly Outpatient Activity Return (QOAR) which was introduced from 1st April 2008 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 2020/21 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-2020/21

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. 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.

5. 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.

6. Private patient attendances are included within the main outpatient activity figures and also listed separately. These columns therefore should not be added together.

7. 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.

8. 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.

9. In February 2019, prototype Day Case Procedure Centres (DPC) became operational for the surgical treatment of Cataracts. Patients waiting for this procedure can now be referred to a DPC for treatment rather than attend the hospital site they may have been referred to previously.

10. 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:

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

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