



# **Hospital Statistics:**

Outpatient Activity Statistics 2013/14





### **Reader Information**

Purpose This publication presents information on activity at consultant led and ICATS

outpatient services in Northern Ireland during the year ending 31 March 2014. It details information on New and Review Attendances, Missed Appointments (DNAs), Patient Cancellations (CNAs) and Hospital Cancellations. All data are presented by HSC Trust, hospital and specialty. Alternatively, data detailed in this publication are available in spreadsheet format (Microsoft Excel) to aid

secondary analysis, at the link below:

http://www.dhsspsni.gov.uk/index/stats research/hospital-stats/outpatients.htm

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Statistical Quality Information detailed in this release has been quality assured with

HSC Trusts prior to release.

Target audience DHSSPS, Chief Executives of HSC Board and Trusts in Northern

Ireland, health care professionals, academics, general public, media and Health

& Social Care stakeholders.

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### **Key Points**

- During 2013/14, 1,560,375 patients were seen at consultant led services within HSC Hospitals in Northern Ireland, 1.9% (29,140) more than the previous year and 3.8% (56,846) more than the number seen in 2009/10 (Figure 1 and Tables 1a & 1b).
- Some 31.1% (485,939) of patients seen during 2013/14 were new attendances, the other 68.9% (1,074,436) being reviews, resulting in a new to review ratio of 1:2.2 (Figure 2 and Tables 1b & 2b).
- Compared to 2012/13, new attendances increased by 4,880 (1.0%), whereas review attendances increased by 24,260 (2.3%) (Figure 1 and Tables 1a & 1b).
- Patients missed a total of 155,760 appointments during 2013/14, giving a DNA rate of 9.1, down 0.3 points than the rate of 9.4 reported for 2012/13 (Figure 5 and Tables 1a & 1b).
- Patients cancelled 196,558 appointments during 2013/14, a CNA rate 11.2, compared with a rate of 11.4 reported for 2012/13 (Figure 9 and Tables 1a & 1b).
- Hospitals cancelled 167,230 appointments, a hospital cancellation rate of 9.7, which was lower than the comparable rate of 9.8 reported for 2012/13 (Figure 13 and Tables 1a & 1b).
- During 2013/14, 91,397 patients attended an appointment with an Independent Sector Provider, which was commissioned by the Health Service (Figure 17 and Tables 1a & 1b).
- When attendances at HSC Trusts and Health Service commissioned Independent Sector activity are combined, it is shown that there were 1,651,772 consultant led attendances in Northern Ireland during 2013/14 (Figure 19 and Tables 1a & 1b).
- During 2013/14 there were 111,906 patients seen at ICATS in Northern Ireland, with 41.9% (46,883) of attendances being new and the other 58.1% (65,023) being review (Figure 21 and Table 60).
- The DNA rate for ICATS was 8.1, compared to a CNA rate of 11.8 and a Hospital Cancellation rate of 7.4 (Figures 25, 28 & 31 and Tables 61a).

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### **About the Hospital Information Branch (HIB)**

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

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

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

Website: http://www.dhsspsni.gov.uk/index/stats\_research/hospital-stats.htm

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### **Technical Notes**

This statistics release is the fifth 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 and Hospitals and the HSC Board.

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

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

http://www.dhsspsni.gov.uk/index/stats research/hospital-stats/hib guidance manuals.htm

### Rounding

Percentages have been rounded to whole numbers and as a consequence some percentages may not sum to 100.

### **Data Quality**

All information presented in this publication 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 resubmitted.

Finally, prior to the publication of this information, the data is presented to HSC Trusts for final sign—off.

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.

### Main Uses of Data

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

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

#### **A National Statistics Publication**

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

Designation can be broadly interpreted to mean that the statistics:

- Meet identified user needs;
- Are well explained and readily accessible;
- Are produced according to sound methods; and

 Are managed impartially and objectively in the public interest.

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

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

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

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

http://www.dhsspsni.gov.uk/index/stats research/hospital-stats/outpatients.htm

# **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 information in other administrations are not always measured in a comparable manner to those in 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

Where data is comparable it is made available to the general public. Details of the UK Health Statistics 4 can be found as detailed below. http://www.ons.gov.uk/ons/rel/ukhs/united-kingdom-health-statistics/2010/index.html

# **Contextual Information for Using Hospital Statistics**

Readers should 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:

http://www.dhsspsni.gov.uk/index/stats\_research/hospital-

stats/contextual information hospital statistics.ht

### **Additional Activity Information**

Outpatient services is only one part of a patient pathway. For further information on inpatient activity please see:

http://www.dhsspsni.gov.uk/index/stats research/ hospital-stats/inpatients.htm

For further information in relation to Mental Health and Learning Disability services please see:

http://www.dhsspsni.gov.uk/index/stats\_research/hospital-

stats/mental health learning disability.htm

### **Feedback**

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

### Kerry McColgan

Email: kerry.mccolgan@dhsspsni.gov.uk

Tel: (028) 90 522506

### Introduction

Information on outpatient activity can be impacted upon by various policies and directions set within government. Examples of such initiatives include "Transforming Your Care" and the Commissioning Plan Direction. During 2011, a Review of the Provision of Health and Social Care Services in Northern Ireland, "Transforming Your Care" was undertaken. One of the main drivers for the Review was the significant and growing pressures facing the Health and Social care system, including a growing and ageing population. A full report and summary of the Review can be accessed at the following link: <a href="http://www.dhsspsni.gov.uk/index/tyc/tyc-guide.htm">http://www.dhsspsni.gov.uk/index/tyc/tyc-guide.htm</a>

The Commissioning Plan Direction is a strategic plan set by the Minister for Health, Social Services and Public Safety and revised on an annual basis. This defines key government priorities, which outline the vision for delivering improved health and social care outcomes and services to the people of Northern Ireland. The DHSSPS sets a number of its own targets. Details of the associated targets for 2013/14 can be found via the following link:

http://www.dhsspsni.gov.uk/hsc-commissioning-plan-2013.pdf

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 2013/14.

# **Consultant Led Outpatient Services**

A consultant led outpatient service is provided by Health and Social Care Trusts to allow patients to see a consultant, or a member of their team, for assessment in relation to a specific condition. Outpatient services are usually provided during a clinic session providing an opportunity for consultation, investigation and minor treatment. Patients are not admitted into hospital for this assessment.

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

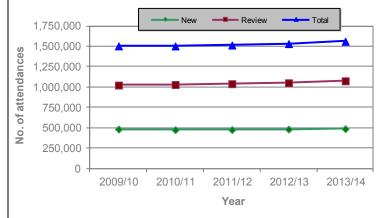
### **Activity in HSC Hospitals**

### Attendances in HSC Hospitals<sup>1</sup>

### **5 Year Trend**

During 2013/14, a total of 1,560,375 patients were seen at consultant led outpatient services within HSC hospitals in Northern Ireland. This was an increase of 56,846 (3.8%) on the number seen in 2009/10 (1,503,529) (Figure 1 & Tables 1a & 1b).

Figure 1: Total attendances at consultant led outpatient services in Northern Ireland (2009/10 - 2013/14)



Over the five year period, 2009/10 to 2013/14, there has been an overall increase (3.8%) in the total number of attendances at consultant led outpatient services. Whilst overall increases have been observed across both new and review attendances, the greatest proportional increase has been within review attendances (Figure 1 & Tables 1a & 1b).

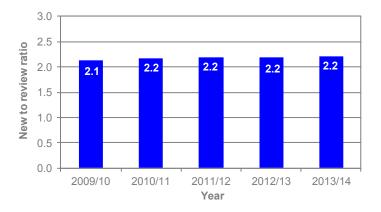
Compared to 2009/10, new attendances increased by 4,594 (1.0%), whereas review attendances increased by 52,252 (5.1%).

 $<sup>^{1}</sup>$  Refer to Appendix 5: Definitions and Appendix 7: Explanatory Notes 1 - 5 & 9 - 10

<sup>(</sup>Specifically Explanatory Notes 4 & 5 for information on ward attendances.)

Some 31.1% (485,939) of patients seen during 2013/14 were new attendances, with the other 68.9% (1,074,436) being review attendances. This equated to a new to review ratio of 1:2.2, meaning that for every patient attending a new appointment, there were 2.2 that attended a review appointment. This was the same as the new to review ratio reported for the previous three years, but higher than the ratio of 1:2.1 reported for 2009/10 (Figure 2 & Tables 1a & 1b).

Figure 2: New to review attendance ratio at consultant led outpatient services in Northern Ireland (2009/10 - 2013/14)



The majority of attendances during 2013/14, some 1,410,848 (90.4%), were within the Acute Services Programme of Care, followed by the Maternity and Child Health, 98,048 (6.3%), Elderly Care, 33,445 (2.1%), Mental Health, 11,338 (0.7%) and Learning Disability, 6,696 (0.4%) Programmes of Care (Table 1a)<sup>2</sup>.

Comparing 2013/14 with 2009/10, attendances increased in three of the five Programmes of Care: Elderly Care (25.4%), Learning Disability (22.8%) and Acute Services (4.8%), while decreases were reported in the Mental Health (44.2%) and Maternity and Child Health Programmes of Care (6.5%) (Table 1a).

The main reason for the large decrease reported in the Mental Health Programme of Care, over the five year period, was the reclassification of a number of consultant led outpatient services to a Multi-Disciplinary Team model of service delivery during 2008/09. Attendances at Multi-Disciplinary Teams are not included within the consultant led outpatient figures.

In addition to this, the increase observed in the Learning Disability Programme of Care from 2009/10 to 2013/14, could be linked to the implementation of the Bamford Review (link below). This review focused on the recognition that the majority of mental health and learning disability services should be provided in primary and community care settings rather than in a hospital setting.

### http://www.dhsspsni.gov.uk/bamford.htm/

There was an increase in attendances, from 2012/13 to 2013/14, within four of the five Programmes of Care: Mental Health (5.9%), Acute Services (1.9%), Maternity and Child Health (1.8%) and Elderly Care (1.7%), while a decrease was reported in the Learning Disability (10.2%) Programme of Care (Table 1a).

#### Financial Year 2013/14

Compared to 2012/13, there were an additional 29,140 (1.9%) patients seen at consultant led outpatient services during 2013/14 (Figure 1 & Tables 1a & 1b).

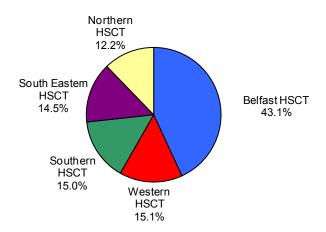
Similarly between 2012/13 and 2013/14, the number of new attendances increased by 4,880 (1.0%), whereas review attendances increased by 24,260 (2.3%) (Figure 1 & Tables 1a & 1b).

Belfast HSC Trust accounted for 672,795 (43.1%) of the total attendances in HSC hospitals in Northern Ireland during 2013/14. This was followed by the Western HSC Trust with 236,060 (15.1%), Southern HSC Trust with 234,459 (15.0%), South Eastern HSC Trust with 226,125 (14.5%) and the Northern HSC Trust with 190,936 (12.2%) (Figure 3 & Tables 1b & 2a).

<sup>&</sup>lt;sup>2</sup> Programme of Care is a classification that aggregates specialties on the basis of the type of health care they provide, into a higher level classification.

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

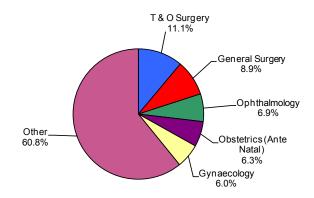
Figure 3: Total number of attendances at consultant led outpatient services in Northern Ireland, by HSC Trust (2013/14)



Data users should be aware 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. For example, the specialty Cardiac Surgery is only provided at the Belfast HSC Trust and so all patients from across Northern Ireland requiring services in this specialty will attend the Belfast HSC Trust, regardless of their Trust of residence. 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 13.

In 2013/14, the five specialties with the highest number of attendances were T & O Surgery (11.1%), General Surgery (8.9%), Ophthalmology (6.9%), Obstetrics (Ante Natal) (6.3%) and Gynaecology (6.0%) (Figure 4 & Table 3a).

Figure 4: Total number of attendances at consultant led outpatient services in Northern Ireland, by specialty (2013/14)



# Missed Appointments / Did Not Attends (DNA) <sup>4</sup>

### **5 Year Trend**

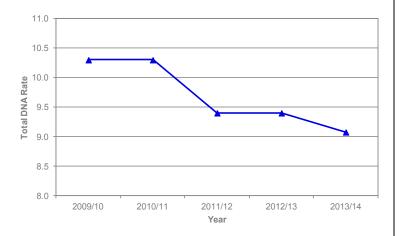
Patients missed a total of 155,760 outpatient appointments during 2013/14. This equated to a DNA rate of 9.1, which was lower than the rate of 10.3 for 2009/10 (Figure 5 & Tables 1a & 1b).

<sup>&</sup>lt;sup>3</sup> Refer to Appendix 1: Specialties of consultant led outpatient services provided in each hospital during 2013/14.

<sup>&</sup>lt;sup>4</sup> A Did Not Attend (DNA) is where the patient missed their appointment and did not inform the hospital, or informed them on the day the appointment was scheduled.

Refer to Appendix 5: Definitions and Appendix 7: Explanatory Notes  $1-5\ \&\ 7-10$ .

Figure 5: Total DNA rates at consultant led outpatient services in Northern Ireland (2009/10 - 2013/14)



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.

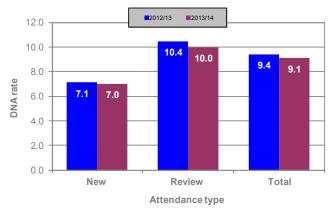
There has been a general decrease in DNA rates across the years from 2009/10 to 2013/14. This may reflect the success of initiatives introduced to reduce the number of missed appointments such as partial booking, which allows patients to select a chosen time and date for an appointment at their own convenience, and text reminder services, where patients are sent text messages in advance of their appointment.

### Financial Year 2013/14

During 2013/14 the DNA rate of 9.1 was lower than the comparable rate of 9.4 for 2012/13 (Figure 6 & Tables 1a & 1b).

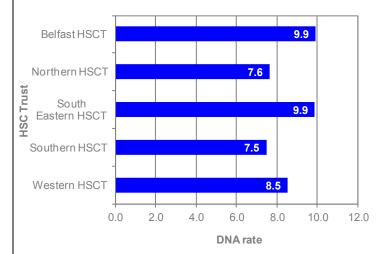
The DNA rate of 10.0 for review appointments was higher than the rate of 7.0 for new appointments during 2013/14. This compared to respective rates of 10.4 and 7.1 during 2012/13 (Figure 6 & Table 2b).

Figure 6: New, review and total DNA rates at consultant led outpatient services in Northern Ireland (2012/13 and 2013/14)



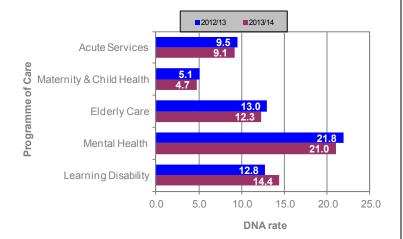
During 2013/14, the Belfast and South Eastern HSC Trusts had the highest DNA rate, both at a rate of 9.9, followed by the Western, Northern and Southern HSC Trusts with rates of 8.5, 7.6 and 7.5 respectively (Figure 7 & Table 1b).

Figure 7: Total DNA rates at consultant led outpatient services in Northern Ireland, by HSC Trust (2013/14)



The Programme of Care with the highest DNA rate during 2013/14 was Mental Health (21.0), followed by Learning Disability with a rate of 14.4, Elderly Care (12.3), Acute Services (9.1) and Maternity and Child Health (4.7) (Figure 7 & Table 1a).

Figure 8: Total DNA rates at consultant led outpatient services in Northern Ireland, by programme of care (2012/13 and 2013/14)



During 2013/14, the highest DNA rate was in the Mental Illness specialty, with a rate of 27.7 (Table 3a). Mental Illness has historically been the specialty with the highest DNA rate.

### **Appointment Cancellations**

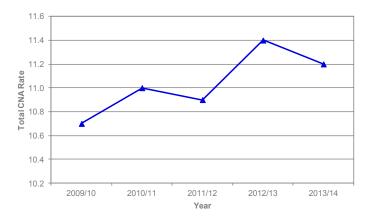
# Patient Cancellations / Could Not Attends (CNA) <sup>5</sup>

### **5 Year Trend**

Patients cancelled a total of 196,558 outpatient appointments during 2013/14. This equated to a CNA rate of 11.2, compared with the comparable rate of 10.7 reported for 2009/10 (Figures 9 & Tables 1a & 1b).

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.

Figure 9: Total CNA rates at consultant led outpatient services in Northern Ireland (2009/10 - 2013/14)



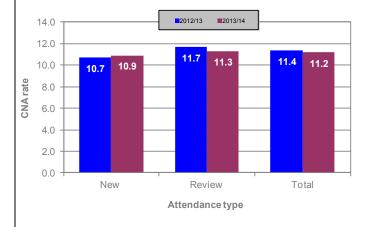
There has been a small overall increase in CNA rates between 2009/10 and 2013/14. This increase may be partly due to the corresponding decrease in DNA rates, with patients cancelling within a reasonable time instead of not turning up to their appointments.

#### Financial Year 2013/14

The CNA rate of 11.2 for 2013/14 was lower compared with the comparable rate of 11.4 reported for 2012/13 (Figures 10 & Tables 1a & 1b).

During 2013/14, the review CNA rate of 11.3 was higher than the CNA rate of 10.9 for new attendances. This is compared to respective rates of 11.7 and 10.7 during 2012/13 (Figure 10 & Table 2b).

Figure 10: New, review and total CNA rates at consultant led outpatient services in Northern Ireland (2012/13 and 2013/14)

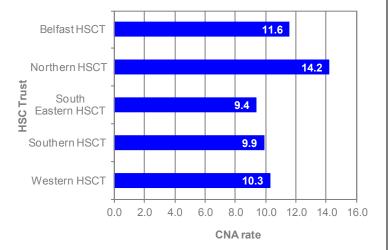


<sup>&</sup>lt;sup>5</sup> A Could Not Attend (CNA) is where the patient informed the hospital at least the day before the appointment was scheduled that they would not be attending.

Refer to Appendix 5: Definitions and Appendix 7: Explanatory Notes  $1-5\ \&\ 7-10$ .

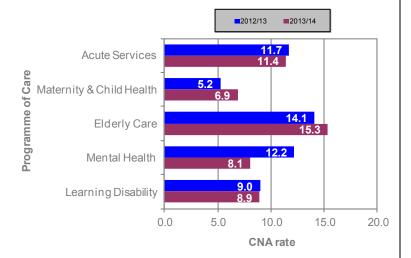
The Northern HSC Trust had the highest CNA rate during 2013/14, with a rate of 14.2, followed by the Belfast, Western, Southern and South Eastern HSC Trusts, with comparable rates of 11.6, 10.3, 9.9 and 9.4 respectively (Figure 11 & Table 1b).

Figure 11: Total CNA rates at consultant led outpatient services in Northern Ireland, by HSC Trust (2013/14)



The Programme of Care with the highest CNA rate during 2013/14 was Elderly Care with a rate of 15.3, followed by a rate of 11.4 in the Acute Services Programme of Care, Learning Disability (8.9), Mental Health (8.1) and Maternity and Child Health (6.9) (Figure 12 & Table 1a).

Figure 12: Total CNA rates at consultant led outpatient services in Northern Ireland, by programme of care (2012/13 and 2013/14)



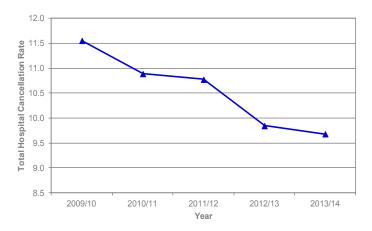
The specialty with the highest CNA rate during 2013/14 was Chemical Pathology with a rate of 22.5, followed by Dental Medicine Specialties and Paediatric Dentistry, with rates of 20.0 and 17.6 respectively (Table 3a).

### Hospital Cancellations<sup>6</sup>

### **5 Year Trend**

Hospitals cancelled a total of 167,230 outpatient appointments during 2013/14. This equated to a Hospital Cancellation rate of 9.7, compared with a rate of 11.6 reported in 2009/10 (Figure 13 & Tables 1a & 1b).

Figure 13: Total hospital cancellation rates at consultant led outpatient services in Northern Ireland (2009/10 - 2013/14)



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.

Hospital cancellation rates have fallen consistently between the years 2009/10 and 2013/14. The greatest decrease was between 2011/12 and 2012/13, when the Hospital Cancellation rate fell 1.0 point from a rate of 10.8 to 9.8 (Figure 13 & Tables 1a & 1b). There has been increasing Departmental attention in recent years on the impact of hospital cancellations in delivering efficient outpatient services.

<sup>&</sup>lt;sup>6</sup> A hospital cancellation is an appointment which was cancelled by the provider Health and Social Care Trust, and did not take place as originally intended.

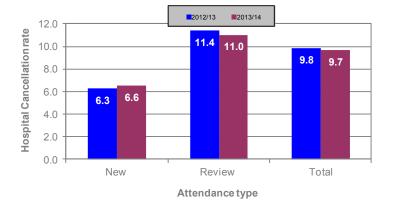
Refer to Appendix 5: Definitions and Appendix 7: Explanatory Notes  $1-5\ \&\ 7-10$ .

### Financial Year 2013/14

Compared to 2012/13, the Hospital Cancellation rate has fallen from a rate of 9.8 to a rate of 9.7 in 2013/14 (Figure 14 & Tables 1a & 1b).

The Hospital Cancellation rate of 11.0 for review attendances was considerably higher than the comparable rate of 6.6 for new attendances. This compared to respective rates of 11.4 and 6.3 during 2012/13 (Figure 14 & Table 2b).

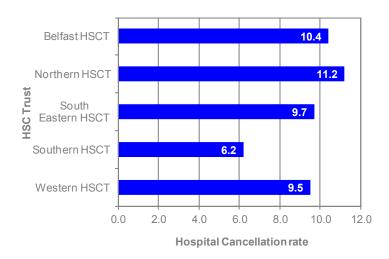
Figure 14: New, review and total hospital cancellation rates at consultant led outpatient services in Northern Ireland (2012/13 and 2013/14)



The Northern HSC Trust had the highest Hospital Cancellation rate during 2013/14, with a rate of 11.2, followed by the Belfast, South Eastern, Western and Southern HSC Trusts with rates of 10.4, 9.7, 9.5 and 6.2 respectively (Figure 15 & Table 1b). The Southern HSC Trust has consistently had the lowest Hospital Cancellation rates over the last five years (Table 1b).

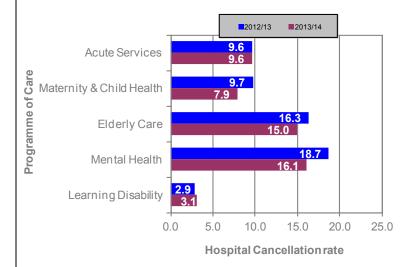
The Programme of Care with the highest Hospital Cancellation rate in 2013/14 was Mental Health (16.1), followed by Elderly Care (15.0), Acute Services (9.6), Maternity and Child Health (7.9), and Learning Disability (3.1) (Figure 16 & Table 1a).

Figure 15: Total hospital cancellation rates at consultant led outpatient services in Northern Ireland, by HSC Trust (2013/14)



The specialty with the highest Hospital Cancellation rate during 2013/14 was Chemical Pathology with a rate of 33.6, followed by Obstetrics (Post Natal) and Mental Illness, with rates of 29.7 and 29.2 respectively (Table 3a).

Figure 16: Total hospital cancellation rates at consultant led outpatient services in Northern Ireland, by programme of care (2012/13 and 2013/14)



### Reason for Cancellation<sup>7</sup>

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 1<sup>st</sup> July 2013. All HSC Trusts implemented this methodology from 1st July 2013.

The following analysis and commentary within this section is therefore only based on 9 months of data: 1<sup>st</sup> July 2013 – 31<sup>st</sup> March 2014.

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

http://www.dhsspsni.gov.uk/use of variable on reason for cancellation.pdf

Of the 273,998 appointments cancelled by the patient or hospital during the 9 month period, 6.3% had no reason recorded or were incorrectly recorded. This is a considerable improvement from 2012/13 when 21.0% of cancelled appointments were either not recorded or incorrectly recorded (Tables 2c & 3c).

The majority of patients with no reason recorded (88.2%) 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 (Table 2c).

There were 114,992 hospital cancellations with a reason for cancellation provided. Of these, 34.8% were because of the reason 'Consultant Unavailable'. This was the most frequent reason in all of the Trusts, except the Belfast Trust where it was the reason 'Appointment put back'.

Consultant unavailable was the most frequent reason in 32 of the 48 specialties that had activity recorded during the 9 month period (Table 3c).

There were 141,681 patient cancellations with a reason provided. Of these, the majority 88.1% were still required, resulting in HSC Trusts rebooking these appointments for an alternative date (Tables 2c & 3c).

<sup>7</sup> Refer to Appendix 5: Definitions and Appendix 7: Explanatory Notes 1, 3, 7 – 8, & 13.

This was the most frequent reason across all HSC Trusts and specialties (Tables 2c & 3c).

## Activity in the Independent Sector<sup>8</sup>

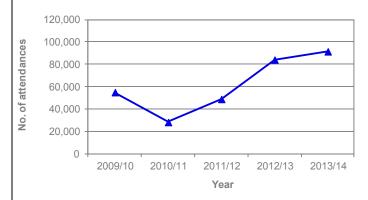
The number of patients attending outpatient appointments within the Independent Sector, commissioned by the Health Service, has been provided by the Health and Social Care Board, split by commissioning HSC Trust. These data are not National Statistics; however, they have been published to provide users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

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

### **5 Year Trend**

During 2013/14, a total of 91,397 patients were seen at Independent Sector providers in Northern Ireland. This was an increase of 36,524 (66.6%) on the number seen in 2009/10 (54,873) (Figure 17 & Tables 1a & 1b).

Figure 17: Total attendances at Independent Sector providers in Northern Ireland (2009/10 - 2013/14)



There have been increases in the number of attendances in the Independent Sector year on year since 2010/11. In particular, the period 2011/12 to 2012/13 saw attendances increase by nearly 75% from the previous year (Figure 17 & Tables 1a & 1b).

 $<sup>^{8}</sup>$  Refer to Appendix 5: Definitions and Appendix 7: Explanatory Notes 1 – 3 & 6

Use of Independent Sector providers is introduced when demand for certain types of outpatient services is greater than the capacity within HSC hospitals, and may be used as a strategy for reducing waiting times.

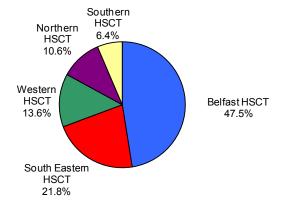
### Financial Year 2013/14

The number of patients seen at Independent Sector providers during 2013/14 was an increase of 7,363 (8.8%) on the number seen during the previous year (84,034) (Figure 17 & Tables 1a & 1b).

Belfast HSC Trust accounted for 43,398, or 47.5% of the total Independent Sector attendances in Northern Ireland during 2013/14. This was followed by the South Eastern HSC Trust with 19,963 (21.8%), Western HSC Trust with 12,454 (13.6%), Northern HSC Trust with 9,709 (10.6%) and the Southern HSC Trust with 5,873 (6.4%) (Figure 18 & Tables 1b & 59).

Data users should be aware 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.

Figure 18: Total number of attendances in the Independent Sector in Northern Ireland, by HSC Trust (2013/14)



In 2013/14, nearly two fifths (38.8%) of attendances in the Independent Sector were within the T & O Surgery specialty (Table 59).

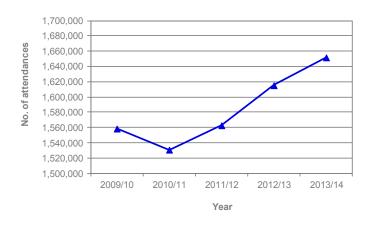
# Total Attendances Commissioned by the Health Service<sup>9</sup>

The total number of attendances commissioned by the Health Service are 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.

#### **5 Year Trend**

When the total number of attendances commissioned by the Health Service, within the Independent Sector in 2013/14 (91,397) is combined with that for outpatients attending an appointment in Health Service hospitals during the same period (1,560,375), it is shown that 1,651,772 patients were seen at consultant led services in Northern Ireland for an assessment commissioned by the Health Service. This was an increase of 93,370 (6.0%) on the number seen in 2009/10 (1,558,402) (Figure 19 & Tables 1a & 1b).

Figure 19: Total number of attendances commissioned by the Health Service in Northern Ireland (2009/10 - 2013/14)



 $<sup>^9</sup>$  Refer to Appendix 5: Definitions and Appendix 7: Explanatory Notes 1 - 6 & 9-10. (Specifically Explanatory Notes 4 & 5 for information on ward attendances.)

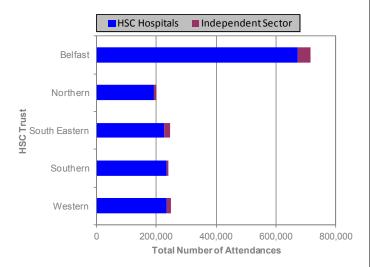
There has been an overall increase in the total number of attendances commissioned by the Health Service between the years 2010/11 and 2013/14. The fall in attendances between 2009/10 and 2010/11 can be largely accounted for by the decrease in Independent Sector attendances in the same period (Figure 19 & Tables 1a & 1b).

### Financial Year 2013/14

The number of patients seen at a consultant led service in Northern Ireland for an assessment commissioned by the Health Service has increased by 36,503 (2.3%) on the 1,615,269 patient seen in 2012/13 (Figure 19 & Tables 1a & 1b).

Over two fifths 43.4% (716,193) of all attendances commissioned by the Health Service for 2013/14 occurred in the Belfast HSC Trust. This was followed by the Western HSC Trust with 15.0% (248,514), South Eastern HSC Trust with 14.9% (246,088), Southern HSC Trust with 14.5% (240,332) and the Northern HSC Trust with 12.1% (200,645) (Figure 20 & Tables 1b).

Figure 20: Total number of attendances including Independent Sector activity, by HSC Trust (2013/14)



In 2013/14, the five specialties with the highest number of attendances were T & O Surgery (12.6%), General Surgery (8.7%), Ophthalmology (6.9%), ENT (6.0%) and Gynaecology (6.0%) (Tables 3a and 59).

# Integrated Clinical Assessment and Treatment Services (ICATS)<sup>10</sup>

### **ICATS Attendances**

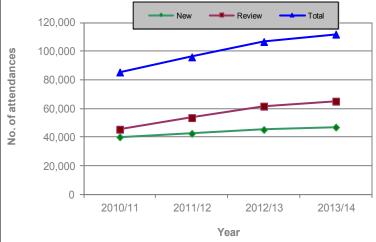
From 1<sup>st</sup> April 2010, a number of Integrated Clinical Assessment and Treatment Services (ICATS) were officially introduced within the Health Service. ICATS are provided by integrated multi-disciplinary teams of health service professionals, and provide assessment, treatment and advisory services.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

Reasons for cancellation of ICATS Tier 2 appointments are not currently collected by the Department.

#### 4 Year Trend

During 2013/14, a total of 111,906 patients were seen at ICATS in Northern Ireland. This was an increase of 26,474 (31.0%) on the 85,432 seen in 2010/11 (Figure 21 & Table 60).

Figure 21: Total attendances at ICATS in Northern Ireland (2010/11 - 2013/14)



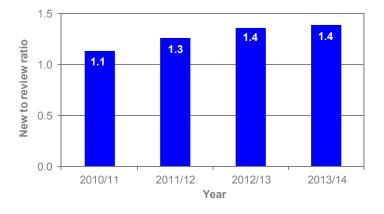
 $<sup>^{\</sup>rm 10}$  Refer to Appendix 5: Definitions and Explanatory Notes 1 – 3 & 17 – 18.

Total attendances at ICATS have increased consistently each year since 2010/11. This trend can be seen across both new and review attendances (Figure 21 & Table 60).

Compared to 2012/13, new attendances increased by 1,679 (3.7%), whereas review attendances increased by 3,484 (5.7%). Compared to 2010/11, new attendances increased by 6,847 (17.1%), whereas review attendances increased by 19,627 (43.2%) (Figure 21 & Table 60).

Some 41.9% (46,883) of patients seen during 2013/14 were new attendances, with the other 58.1% (65,023) being review attendances. This equated to a new to review ratio of 1:1.4, meaning that for every patient attending a new ICATS appointment, there were 1.4 that attended a review appointment (Figure 22 & Table 60).

Figure 22: New to review attendance ratio at ICATS in Northern Ireland (2009/10 - 2013/14)



The biggest increase in the new to review ratio was between the years 2010/11 and 2011/12 when the ratio went from 1:1.1 to 1:1.3. This likely reflects the development of ICATS provision following its official introduction at the start of 2010/11 (Figure 22 & Table 60).

### Financial Year 2013/14

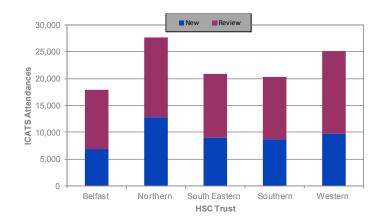
The number of patients seen at ICATS in 2013/14 was 5,163 (4.8%) more than the 106,743 seen than in 2012/13 (Figure 21 & Table 60).

Northern HSC Trust accounted for 27,617, or 24.7%, of the total ICATS attendances in Northern Ireland during 2013/14. This was followed by the

Western HSC Trust with 25,114 (22.4%), South Eastern HSC Trust with 20,927(18.7%), Southern HSC Trust with 20,279 (18.1%) and the Belfast HSC Trust with 17,969 (16.1%) (Figure 23 & Table 61a).

Data users should be aware that patients referred to an ICATS service can choose which HSC Trust to attend their appointment, if this service is offered in more than one Trust area. For example, a patient residing in the Northern HSC Trust may attend an ICATS service at the Belfast HSC Trust. Therefore, it is 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<sup>11</sup>.

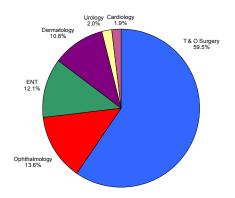
Figure 23: Total ICATS attendances in Northern Ireland, by HSC Trust (2013/14)



Nearly three fifths (59.5%) of ICATS attendances were within the Trauma and Orthopaedic Surgery specialty, followed by Ophthalmology (13.6%), ENT (12.1%), Dermatology (10.8%), Urology (2.0%) and Cardiology (1.9%) (Figure 24 & Table 62).

<sup>&</sup>lt;sup>111</sup>Refer to Appendix 2: Specialties of Integrated Clinical Assessment and Treatment Services (ICATS) provided in each HSC Trust during 2013/14.

Figure 24: Total ICATS attendances in Northern Ireland, by specialty (2013/14)

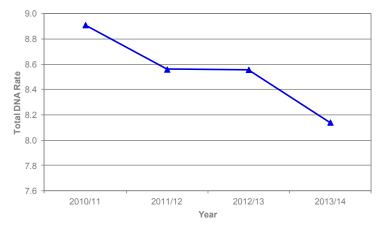


# Missed ICATS Appointments / Did Not Attends (DNA)

### 4 Year Trend

Patients missed a total of 9,918 ICATS appointments during 2013/14, which equated to a DNA rate of 8.1. This compares to a DNA rate of 8.9 reported for 2010/11. There has been a slight downward trend in the DNA rate at ICATS over the four years, with the greatest year on year decrease being between 2012/13 and 2013/14 (Figure 25 & Table 60).

Figure 25: Total DNA rates at ICATS services in Northern Ireland (2010/11 - 2013/14)

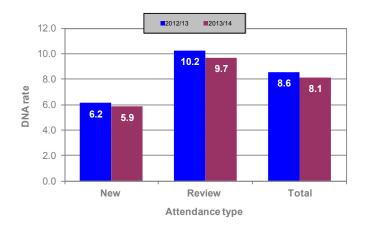


### Financial Year 2013/14

The DNA rate of 8.1 for 2013/14 is lower compared to the comparable rate of 8.6 in 2012/13 (Figure 26 & Table 60).

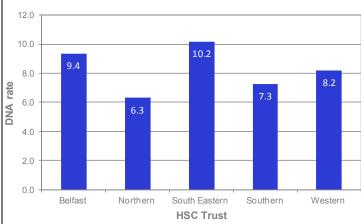
There were 2,932 new appointments missed, compared to 6,986 review appointments during 2013/14. This meant that the review DNA rate of 9.7 was higher than the comparable rate of 5.9 for new appointments. This is compared to respective rates of 10.2 and 6.2 during 2012/13 (Figure 26 & Table 61b).

Figure 26: New, review and total DNA rates at ICATS in Northern Ireland (2012/13 and 2013/14)



During 2013/14, the South Eastern HSC Trust had the highest DNA rate at 10.2, followed by the Belfast, Western, Southern and Northern HSC Trusts with rates of 9.4, 8.2, 7.3 and 6.3 respectively (Figure 27 & Table 60).

Figure 27: Total DNA rates at ICATS in Northern Ireland, by HSC Trust (2013/14)



The specialty with the highest DNA rate during 2013/14 was Dermatology with a rate of 10.6, followed by T & O Surgery and ENT with rates of 8.5 and 7.5 respectively (Table 62).

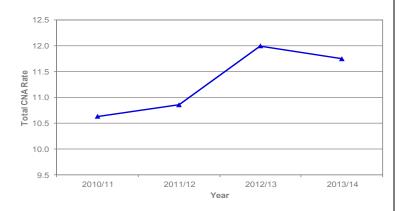
### **ICATS Appointment Cancellations**

# Patient Cancellations / Could Not Attends (CNA)

### 4 Year Trend

Patients cancelled a total of 14,900 ICATS appointments during 2013/14, which equated to a CNA rate of 11.8. This is compared to the CNA rates 10.6 reported for 2010/11 (Figure 28 & Table 60). There has previously been an upward trend in the CNA rate at ICATS between 2010/11 and 2012/13 with the greatest year on year increase, 1.3 percentage points, being between 2011/12 and 2012/13. The drop in the CNA rate in 2013/14 was the first year where CNA rates have not increased from the previous year.

Figure 28: Total CNA rates at ICATS in Northern Ireland (2010/11 - 2013/14)

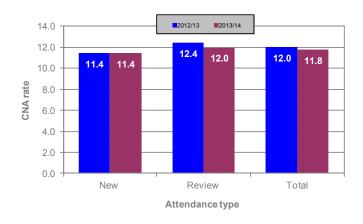


### Financial Year 2013/14

The CNA rate decreased from a rate of 12.0 in 2012/13 to a rate of 11.8 in 2013/14 (Figure 29 & Table 60).

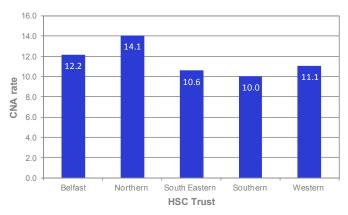
Patients cancelled a total of 6,051 new appointments and 8,849 review appointments during 2013/14, resulting in CNA rates of 11.4 and 12.0 respectively. This is compared to respective rates of 11.4 and 12.4 during 2012/13 (Figure 29 & Tables 61b).

Figure 29: New, review & total CNA rates at ICATS in Northern Ireland (2012/13 and 2013/14)



The Northern HSC Trust had the highest CNA rate during 2013/14 with a rate of 14.1, followed by the Belfast, Western, South Eastern and Southern HSC Trusts with rates of 12.2, 11.1, 10.6 and 10.0 respectively (Figure 30 & Table 60).

Figure 30: Total CNA rates at ICATS in Northern Ireland, by HSC Trust (2013/14)



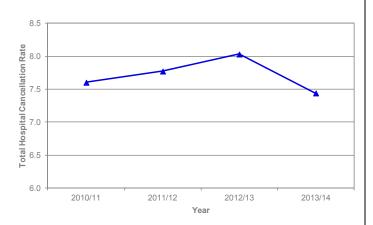
The specialty with the highest CNA rate during 2013/14 was Dermatology with a rate of 16.7, followed by ENT and Ophthalmology, with rates of 13.5 and 13.4 respectively (Table 62).

### **Hospital Cancellations**

#### 4 Year Trend

Hospitals cancelled a total of 8,995 ICATS appointments during 2013/14. This equated to a Hospital Cancellation rate of 7.4, compared with a rate of 7.6 reported for 2010/11 (Figure 31 & Table 60). Hospital cancellation rates at ICATS had increased steadily between the years 2010/11 to 2012/13, but decreased by 0.6 percentage points between 2012/13 and 2013/14 resulting in the lowest hospital cancellation rate during the four year period.

Figure 31: Total hospital cancellation rates at ICATS services in Northern Ireland (2010/11 - 2013/14)

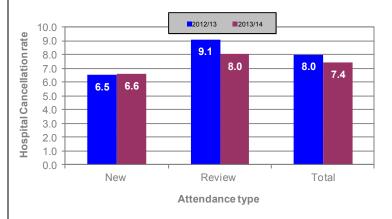


#### Financial Year 2013/14

The Hospital Cancellation rate decreased from a rate of 8.0 in 2012/13 to 7.4 in 2013/14 (Figure 32 & Table 60).

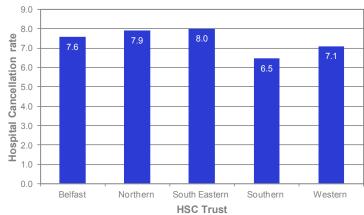
Hospitals cancelled 3,310 new appointments and 5,685 review appointments, meaning that during 2013/14, the review Hospital Cancellation rate of 8.0 was higher than the comparable rate of 6.6 for new attendances. This is compared to respective rates of 9.1 and 6.5 during 2012/13 (Figure 32 & Table 61b).

Figure 32: New, review & total hospital cancellation rates at ICATS in Northern Ireland (2012/13 and 2013/14)



The South Eastern HSC Trust had the highest Hospital Cancellation rate during 2013/14, with a rate of 8.0, followed by the Northern, Belfast, Western and Southern HSC Trusts, with rates of 7.9, 7.6, 7.1 and 6.5 respectively (Figure 33 & Table 60).

Figure 33: Total hospital cancellation rates at ICATS in Northern Ireland, by HSC Trust (2013/14)



The specialty with the highest Hospital Cancellation rate in 2013/14 was Dermatology with a rate of 11.7, followed by Urology and ENT, both with rates of 9.6 (Table 62).

Table 1a: Activity Trends by Programme of Care, 2009/10 to 2013/14<sup>12</sup>

Programme	Activity						Change	Change
of Care	Indicator	2009/10	2010/11	2011/12	2012/13	2013/14	12/13 - 13/14	09/10 - 13/14
All POCs	HSC Hospitals							
	New Attendances	481,345	473,793	475,235	481,059	485,939	1.0%	1.0%
	Review Attendances	1,022,184	1,028,818	1,038,763	1,050,176	1,074,436	2.3%	5.1%
	Total Attendances	1,503,529	1,502,611	1,513,998	1,531,235	1,560,375	1.9%	3.8%
	Total Did Not Attends (DNAs)	172,877	171,740	157,781	159,170	155,760	-2.1%	-9.9%
	Total Could Not Attends (CNAs)	180,067	186,260	184,718	196,633	196,558	0.0%	9.2%
	Total Hospital Cancellations	196,404	183,597	182,813	167,172	167,230	0.0%	-14.9%
	DNA Rate	10.3	10.3	9.4	9.4	9.1	-0.3	-1.2
	CNA Rate	10.7	11.0	10.9	11.4	11.2	-0.2	0.5
	Hospital Cancellation Rate	11.6	10.9	10.8	9.8	9.7	-0.1	-1.9
	Independent Sector*							
	Independent Sector Attendances	54,873	28,124	48,762	84,034	91,397	8.8%	66.6%
POC 1: Acute Services	HSC Hospitals							
	New Attendances	440,774	437,775	441,826	448,182	452,415	0.9%	2.6%
	Review Attendances	905,464	915,518	929,804	935,688	958,433	2.4%	5.8%
	Total Attendances	1,346,238	1,353,293	1,371,630	1,383,870	1,410,848	1.9%	4.8%
	Total Did Not Attends (DNAs)	156,246	156,376	144,325	145,015	142,044	-2.0%	-9.1%
	Total Could Not Attends (CNAs)	166,468	172,838	172,466	183,697	181,635	-1.1%	9.1%
	Total Hospital Cancellations	172,748	162,313	161,871	147,673	150,505	1.9%	-12.9%
	DNA Rate	10.4	10.4	9.5	9.5	9.1	-0.4	-1.3
	CNA Rate	11.0	11.3	11.2	11.7	11.4	-0.3	0.4
	Hospital Cancellation Rate Independent Sector*	11.4	10.7	10.6	9.6	9.6	0.0	-1.8
	Independent Sector Attendances	54,873	28,124	48,762	84,034	91,397	8.8%	66.6%

Table 1a: continued

Programme	Activity					_	Change	Change
of Care	Indicator	2009/10	2010/11	2011/12	2012/13	2013/14	12/13 - 13/14	09/10 - 13/14
POC 2: Maternity and	HSC Hospitals							
Child Health	New Attendances	28,761	25,194	23,336	21,497	21,599	0.5%	-24.9%
	Review Attendances	76,087	75,658	72,645	74,826	76,449	2.2%	0.5%
	Total Attendances	104,848	100,852	95,981	96,323	98,048	1.8%	-6.5%
	Total Did Not Attends (DNAs)	5,723	5,523	4,834	5,163	4,882	-5.4%	-14.7%
	Total Could Not Attends (CNAs)	6,622	6,105	5,300	5,327	7,218	35.5%	9.0%
	Total Hospital Cancellations	9,899	10,223	11,513	10,390	8,447	-18.7%	-14.7%
	DNA Rate	5.2	5.2	4.8	5.1	4.7	-0.4	-0.5
	CNA Rate	5.9	5.7	5.2	5.2	6.9	1.7	1.0
	Hospital Cancellation Rate	8.6	9.2	10.7	9.7	7.9	-1.8	-0.7
POC 4: Elderly Care	HSC Hospitals							
	New Attendances	9,876	8,977	8,637	10,143	10,717	5.7%	8.5%
	Review Attendances	16,794	20,533	20,370	22,738	22,728	0.0%	35.3%
	Total Attendances	26,670	29,510	29,007	32,881	33,445	1.7%	25.4%
	Total Did Not Attends (DNAs)	4,008	5,191	4,533	4,909	4,697	-4.3%	17.2%
	Total Could Not Attends (CNAs)	4,246	4,932	4,789	5,390	6,053	12.3%	42.6%
	Total Hospital Cancellations	7,295	7,663	6,419	6,421	5,886	-8.3%	-19.3%
	DNA Rate	13.1	15.0	13.5	13.0	12.3	-0.7	-0.8
	CNA Rate	13.7	14.3	14.2	14.1	15.3	1.2	1.6
	Hospital Cancellation Rate	21.5	20.6	18.1	16.3	15.0	-1.3	-6.5

Table 1a: continued

Programme	Activity						Change	Change
of Care	Indicator	2009/10	2010/11	2011/12	2012/13	2013/14	12/13 - 13/14	09/10 - 13/14
POC 5: Mental Health	HSC Hospitals							
FOC 5. Mental Health	•	4.504	4.000	004	700		4.00/	E4 E0/
	New Attendances	1,534	1,399	964	732	744	1.6%	-51.5%
	Review Attendances	18,788	11,442	9,294	9,971	10,594	6.2%	-43.6%
	Total Attendances	20,322	12,841	10,258	10,703	11,338	5.9%	-44.2%
	Total Did Not Attends (DNAs)	6,028	3,789	3,087	2,992	3,009	0.6%	-50.1%
	Total Could Not Attends (CNAs)	2,121	1,740	1,456	1,485	996	-32.9%	-53.0%
	Total Hospital Cancellations	6,321	3,209	2,795	2,468	2,177	-11.8%	-65.6%
	DNA Rate	22.9	22.8	23.1	21.8	21.0	-0.8	-1.9
	CNA Rate	9.5	11.9	12.4	12.2	8.1	-4.1	-1.4
	Hospital Cancellation Rate	23.7	20.0	21.4	18.7	16.1	-2.6	-7.6
POC 6: Learning Disability	HSC Hospitals							
3	New Attendances	400	448	472	505	464	-8.1%	16.0%
	Review Attendances	5,051	5,667	6,650	6,953	6,232	-10.4%	23.4%
	Total Attendances	5,451	6,115	7,122	7,458	6,696	-10.2%	22.8%
	Total Did Not Attends (DNAs)	872	861	1,002	1,091	1,128	3.4%	29.4%
	Total Could Not Attends (CNAs)	610	645	707	734	656	-10.6%	7.5%
	Total Hospital Cancellations	141	189	215	220	215	-2.3%	52.5%
	DNA Rate	13.8	12.3	12.3	12.8	14.4	1.6	0.6
	CNA Rate	10.1	9.5	9.0	9.0	8.9	-0.1	-1.2
	Hospital Cancellation Rate	2.5	3.0	2.9	2.9	3.1	0.2	0.6

Source: QOAR (Part 1) and IS1 Part 1

<sup>&</sup>lt;sup>12</sup> Refer to Appendix 7: Explanatory Notes Points 1-10

<sup>\*</sup> Not National Statistics

Table 1b: Activity Trends by HSC Trust, 2009/10 to 2013/14<sup>12</sup>

	Activity						Change	Change
HSC Trust	Indicator	2009/10	2010/11	2011/12	2012/13	2013/14	12/13 - 13/14	09/10 - 13/14
Belfast HSCT	HSC Hospitals							
	New Attendances	186,265	182,152	177,906	178,659	178,495	-0.1%	-4.2%
	Review Attendances	470,248	482,430	474,065	475,648	494,300	3.9%	5.1%
	Total Attendances	656,513	664,582	651,971	654,307	672,795	2.8%	2.5%
	Total Did Not Attends (DNAs)	84,565	82,315	73,540	76,207	74,172	-2.7%	-12.3%
	Total Could Not Attends (CNAs)	78,352	85,883	81,616	87,936	88,702	0.9%	13.2%
	Total Hospital Cancellations	74,479	73,676	81,611	76,429	78,495	2.7%	5.4%
	DNA Rate	11.4	11.0	10.1	10.4	9.9	-0.5	-1.5
	CNA Rate	10.7	11.4	11.1	11.8	11.6	-0.2	0.9
	Hospital Cancellation Rate	10.2	10.0	11.1	10.5	10.4	-0.1	0.2
	Independent Sector*							
	Independent Sector Attendances	9,901	17,787	27,796	39,394	43,398	10.2%	338.3%
Northern HSCT	HSC Hospitals							
	New Attendances	65,095	59,935	59,814	59,222	60,798	2.7%	-6.6%
	Review Attendances	131,127	125,381	122,477	128,440	130,138	1.3%	-0.8%
	Total Attendances	196,222	185,316	182,291	187,662	190,936	1.7%	-2.7%
	Total Did Not Attends (DNAs)	20,270	18,941	17,255	16,190	15,809	-2.4%	-22.0%
	Total Could Not Attends (CNAs)	28,312	26,374	28,442	30,349	31,582	4.1%	11.5%
	Total Hospital Cancellations	30,242	29,746	28,351	23,590	24,136	2.3%	-20.2%
	DNA Rate	9.4	9.3	8.6	7.9	7.6	-0.3	-1.8
	CNA Rate	12.6	12.5	13.5	13.9	14.2	0.3	1.6
	Hospital Cancellation Rate	13.4	13.8	13.5	11.2	11.2	0.0	-2.2
	Independent Sector*							
	Independent Sector Attendances	11,032	1,150	4,962	16,016	9,709	-39.4%	-12.0%

Table 1b: continued

	Activity						Change	Change
HSC Trust	Indicator	2009/10	2010/11	2011/12	2012/13	2013/14	12/13 - 13/14	09/10 - 13/14
South Eastern HSCT	HSC Hospitals							
	New Attendances	77,086	80,054	79,380	80,623	83,286	3.3%	8.0%
	Review Attendances	130,044	131,382	130,488	138,244	142,839	3.3%	9.8%
	Total Attendances	207,130	211,436	209,868	218,867	226,125	3.3%	9.2%
	Total Did Not Attends (DNAs)	26,376	27,158	23,824	24,090	24,809	3.0%	-5.9%
	Total Could Not Attends (CNAs)	22,615	22,988	22,551	22,594	23,406	3.6%	3.5%
	Total Hospital Cancellations	31,681	35,002	29,901	23,093	24,278	5.1%	-23.4%
	DNA Rate	11.3	11.4	10.2	9.9	9.9	0.0	-1.4
	CNA Rate	9.8	9.8	9.7	9.4	9.4	0.0	-0.4
	Hospital Cancellation Rate	13.3	14.2	12.5	9.5	9.7	0.2	-3.6
	Independent Sector*							
	Independent Sector Attendances	19,315	3,949	4,730	14,013	19,963	42.5%	3.4%
Southern HSCT	HSC Hospitals							
	New Attendances	71,685	73,890	76,785	81,728	83,067	1.6%	15.9%
	Review Attendances	139,281	139,980	148,425	146,974	151,392	3.0%	8.7%
	Total Attendances	210,966	213,870	225,210	228,702	234,459	2.5%	11.1%
	Total Did Not Attends (DNAs)	18,273	20,328	19,333	19,613	18,933	-3.5%	3.6%
	Total Could Not Attends (CNAs)	21,203	22,424	22,273	24,200	25,830	6.7%	21.8%
	Total Hospital Cancellations	17,045	15,601	14,384	15,235	15,452	1.4%	-9.3%
	DNA Rate	8.0	8.7	7.9	7.9	7.5	-0.4	-0.5
	CNA Rate	9.1	9.5	9.0	9.6	9.9	0.3	8.0
	Hospital Cancellation Rate	7.5	6.8	6.0	6.2	6.2	0.0	-1.3
	Independent Sector*							
	Independent Sector Attendances	5,250	1,799	4,982	6,645	5,873	-11.6%	11.9%

Table 1b: continued

	Activity						Change	Change
HSC Trust	Indicator	2009/10	2010/11	2011/12	2012/13	2013/14	12/13 - 13/14	09/10 - 13/14
Western HSCT	HSC Hospitals							
	New Attendances	81,214	77,762	81,350	80,827	80,293	-0.7%	-1.1%
	Review Attendances	151,484	149,645	163,308	160,870	155,767	-3.2%	2.8%
	Total Attendances	232,698	227,407	244,658	241,697	236,060	-2.3%	1.4%
	Total Did Not Attends (DNAs)	23,393	22,998	23,829	23,070	22,037	-4.5%	-5.8%
	Total Could Not Attends (CNAs)	29,585	28,591	29,836	31,554	27,038	-14.3%	-8.6%
	Total Hospital Cancellations	42,957	29,572	28,566	28,825	24,869	-13.7%	-42.1%
	DNA Rate	9.1	9.2	8.9	8.7	8.5	-0.2	-0.6
	CNA Rate	11.3	11.2	10.9	11.5	10.3	-1.2	-1.0
	Hospital Cancellation Rate	15.6	11.5	10.5	10.7	9.5	-1.2	-6.1
	Independent Sector*							
	Independent Sector Attendances	9,375	3,439	6,292	7,966	12,454	56.3%	32.8%
NI Total	HSC Hospitals							
	New Attendances	481,345	473,793	475,235	481,059	485,939	1.0%	1.0%
	Review Attendances	1,022,184	1,028,818	1,038,763	1,050,176	1,074,436	2.3%	5.1%
	Total Attendances	1,503,529	1,502,611	1,513,998	1,531,235	1,560,375	1.9%	3.8%
	Total Did Not Attends (DNAs)	172,877	171,740	157,781	159,170	155,760	-2.1%	-9.9%
	Total Could Not Attends (CNAs)	180,067	186,260	184,718	196,633	196,558	0.0%	9.2%
	Total Hospital Cancellations	196,404	183,597	182,813	167,172	167,230	0.0%	-14.9%
	DNA Rate	10.3	10.3	9.4	9.4	9.1	-0.3	-1.2
	CNA Rate	10.7	11.0	10.9	11.4	11.2	-0.2	0.5
	Hospital Cancellation Rate	11.6	10.9	10.8	9.8	9.7	-0.1	-1.9
	Independent Sector*							
	Independent Sector Attendances	54,873	28,124	48,762	84,034	91,397	8.8%	66.6%

Source: QOAR (Part 1) and IS1 Part 1

<sup>&</sup>lt;sup>12</sup> Refer to Appendix 7: Explanatory Notes Points 1-10

<sup>\*</sup> Not National Statistics

Table 2a: Activity and Rates by Hospital/HSC Trust, 2013/14<sup>13</sup>

				Total			Hospital		Private
	Total	Total	Total	Hospital	DNA	CNA	Cancellation	Patient	Patient
Hospital/HSC Trust	Attendances	DNA	CNA	Cancellations	Rate	Rate	Rate	Died	Attendances
Beechcroft	6,464	1,142	590	169	15.0	8.4	2.5	0	0
Belfast City	129,850	13,144	19,875	16,324	9.2	13.3	11.2	435	22
NI Cancer Centre	57,045	3,286	3,601	5,812	5.4	5.9	9.2	668	50
Mater Infirmorum	59,715	9,311	8,375	8,310	13.5	12.3	12.2	325	4
Muckamore Abbey	3,373	541	504	200	13.8	13.0	5.6	5	0
Musgrave Park	62,889	6,664	6,708	5,295	9.6	9.6	7.8	28	6
RBHSC	73,693	9,605	8,454	11,312	11.5	10.3	13.3	35	15
Royal Maternity	28,633	1,731	2,446	1,718	5.7	7.9	5.7	0	0
Royal Victoria	250,864	28,748	38,149	29,355	10.3	13.2	10.5	718	157
Windsor House	269	0	0	0	0.0	0.0	0.0	0	0
Belfast HSCT	672,795	74,172	88,702	78,495	9.9	11.6	10.4	2,214	254
Antrim	77,048	5,763	11,658	8,979	7.0	13.1	10.4	224	835
Causeway	57,464	4,101	8,025	7,185	6.7	12.3	11.1	113	62
Mid Ulster	14,075	1,324	2,882	2,175	8.6	17.0	13.4	42	5
Moyle	5,851	603	1,324	1,026	9.3	18.5	14.9	7	7
Waveney	18,823	1,775	3,819	2,308	8.6	16.9	10.9	47	29
Whiteabbey	17,675	2,243	3,874	2,463	11.3	18.0	12.2	72	35
Northern HSCT	190,936	15,809	31,582	24,136	7.6	14.2	11.2	505	973
Ards	21,463	2,098	2,374	2,703	8.9	10.0	11.2	93	1
Bangor	12,356	958	1,289	1,082	7.2	9.4	8.1	26	0
Downe	19,847	2,100	2,328	1,818	9.6	10.5	8.4	32	0
Lagan Valley	30,731	3,108	3,343	2,730	9.2	9.8	8.2	67	0
Ulster	141,728	16,545	14,072	15,945	10.5	9.0	10.1	255	13
South Eastern HSCT	226,125	24,809	23,406	24,278	9.9	9.4	9.7	473	14

Table 2a: continued

			Total				Hospital	Private	
	Total	Total	Total	Hospital	DNA	CNA	Cancellation	<b>Patient</b>	Patient
Hospital/HSC Trust	Attendances	DNA	CNA	Cancellations	Rate	Rate	Rate	Died	Attendances
Armagh Community	9,785	881	1,068	487	8.3	9.8	4.7	7	0
Banbridge	6,386	417	741	280	6.1	10.4	4.2	0	0
Bluestone	2,887	602	506	529	17.3	14.9	15.5	15	0
Craigavon Area	128,744	8,831	13,027	7,725	6.4	9.2	5.7	128	13
Daisy Hill	59,068	5,763	7,221	4,632	8.9	10.9	7.3	81	109
Kilkeel Primary Care Centre	665	58	102	15	8.0	13.3	2.2	1	0
Longstone	1,626	433	0	15	21.0	0.0	0.9	0	0
Lurgan	2,132	69	528	102	3.1	19.8	4.6	19	0
Mullinure	726	23	308	168	3.1	29.8	18.8	10	0
St Luke's	1,247	436	184	179	25.9	12.9	12.6	9	0
South Tyrone	21,193	1,420	2,145	1,320	6.3	9.2	5.9	37	0
Southern HSCT	234,459	18,933	25,830	15,452	7.5	9.9	6.2	307	122
Altnagelvin Area	157,490	16,099	18,710	18,713	9.3	10.6	10.6	260	64
Grangewood	798	122	132	0	13.3	14.2	0.0	0	0
Lakeview	1,697	154	152	0	8.3	8.2	0.0	0	0
Roe Valley	6,866	692	904	680	9.2	11.6	9.0	7	0
South West Acute	41,190	2,528	4,311	3,161	5.8	9.5	7.1	47	811
Tyrone County	28,019	2,442	2,829	2,315	8.0	9.2	7.6	52	9
Western HSCT	236,060	22,037	27,038	24,869	8.5	10.3	9.5	366	884
NI Total	1,560,375	155,760	196,558	167,230	9.1	11.2	9.7	3,865	2,247

Source: QOAR (Part 1)

<sup>&</sup>lt;sup>13</sup> Refer to Appendix 7: Explanatory Notes Points 1-5, 7-8, 10-12 & 14

Table 2b: Activity for New and Review by Hospital/HSC Trust, 2013/14<sup>13</sup>

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		CNA		<b>Hospital Cancellations</b>	
	New	Review	New	Review	New	Review	New	Review
Beechcroft	298	6,166	51	1,091	44	546	49	120
Belfast City	34,702	95,148	2,725	10,419	5,444	14,431	3,613	12,711
NI Cancer Centre	4,892	52,153	255	3,031	282	3,319	430	5,382
Mater Infirmorum	12,827	46,888	1,814	7,497	1,737	6,638	1,099	7,211
Muckamore Abbey	274	3,099	75	466	57	447	10	190
Musgrave Park	16,661	46,228	1,149	5,515	1,627	5,081	873	4,422
RBHSC	20,030	53,663	1,663	7,942	1,668	6,786	1,041	10,271
Royal Maternity	7,015	21,618	508	1,223	688	1,758	586	1,132
Royal Victoria	81,796	169,068	6,118	22,630	9,971	28,178	5,730	23,625
Windsor House	0	269	0	0	0	0	0	0
Belfast HSCT	178,495	494,300	14,358	59,814	21,518	67,184	13,431	65,064
Antrim	23,867	53,181	1,670	4,093	4,053	7,605	2,363	6,616
Causeway	18,252	39,212	1,100	3,001	2,556	5,469	1,667	5,518
Mid Ulster	4,554	9,521	259	1,065	1,063	1,819	488	1,687
Moyle	2,140	3,711	136	467	541	783	209	817
Waveney	5,926	12,897	352	1,423	1,185	2,634	440	1,868
Whiteabbey	6,059	11,616	503	1,740	1,424	2,450	637	1,826
Northern HSCT	60,798	130,138	4,020	11,789	10,822	20,760	5,804	18,332
Ards	7,490	13,973	582	1,516	819	1,555	726	1,977
Bangor	6,244	6,112	389	569	695	594	372	710
Downe	7,332	12,515	568	1,532	904	1,424	455	1,363
Lagan Valley	11,483	19,248	838	2,270	1,078	2,265	728	2,002
Ulster	50,737	90,991	3,774	12,771	4,332	9,740	3,108	12,837
South Eastern HSCT	83,286	142,839	6,151	18,658	7,828	15,578	5,389	18,889

Table 2b: continued

	<u>Attendances</u>		DNA		CNA		<b>Hospital Cancellations</b>	
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review
Armagh Community	3,729	6,056	259	622	490	578	170	317
Banbridge	2,161	4,225	162	255	298	443	104	176
Bluestone	878	2,009	126	476	82	424	101	428
Craigavon Area	48,555	80,189	2,924	5,907	5,857	7,170	1,955	5,770
Daisy Hill	19,883	39,185	1,426	4,337	2,509	4,712	994	3,638
Kilkeel Primary Care Centre	19,863	39, 183 401	1,420	4,337	2,509	4,712 57	3	3,030
_	127	1,499	40	393		_	0	15
Lurgan	767	•	13	აყა 56	0 139	0 389	19	83
Lurgan		1,365						
Mullinure	256	470	11	12	42	266	19	149
St Luke's	312	935	124	312	40	144	45	134
South Tyrone	6,135	15,058	409	1,011	804	1,341	329	991
Southern HSCT	83,067	151,392	5,518	13,415	10,306	15,524	3,739	11,713
Altnagelvin Area	53,665	103,825	4,817	11,282	6,359	12,351	4,126	14,587
Grangewood	183	615	35	87	31	101	0	0
Lakeview	63	1,634	11	143	4	148	0	0
Roe Valley	2,556	4,310	217	475	332	572	256	424
South West Acute	14,513	26,677	780	1,748	1,394	2,917	725	2,436
Tyrone County	9,313	18,706	691	1,751	1,014	1,815	622	1,693
Western HSCT	80,293	155,767	6,551	15,486	9,134	17,904	5,729	19,140
NI Total	485,939	1,074,436	36,598	119,162	59,608	136,950	34,092	133,138

Source: QOAR (Part 1)

<sup>&</sup>lt;sup>13</sup> Refer to Appendix 7: Explanatory Notes Points 1-5, 7-8, 10-12 & 14

Table 2c: Reason for Appointment Cancellation by HSC Trust: 1st July 2013 - 31st March 2014<sup>14</sup>

		Reason for cancellation												
HSC Trust	Consultant unavailable	Medical staff / nurse not available	Patient treated elsewhere	Consultant cancelled appointment	Appointment brought forward	Appointment put back	Cancelled following validation / audit	Administrative error by hospital / GP						
Belfast HSCT	15,704	1,067	1,835	3,693	2,910	16,099	954	2,373						
Northern HSCT	7,009	95	881	676	3,025	3,363	841	1,775						
South Eastern HSCT	6,340	835	1,399	583	2,096	4,222	75	1,975						
Southern HSCT	4,449	877	190	368	1,505	1,850	0	2,332						
Western HSCT	6,482	1,056	346	1,747	2,565	2,888	366	2,388						
NI Total	39,984	3,930	4,651	7,067	12,101	28,422	2,236	10,843						

				Reason for car	<u>icellation</u>			
HSC Trust	Hospital transport not available	Cancelled by hospital in order to rebook as alternative booking method	Patient cancelled appointment as no longer needed	Patient cancelled appointment but it is still required	GP cancelled appointment on patient's behalf	Reason not recorded	Reason incorrectly recorded	Total appointments cancelled by either patient or hospital
Belfast HSCT	159	5,222	5,323	58,241	129	9,259	2,817	125,785
Northern HSCT	25	0	5,559	17,705	7	0	1,812	42,773
South Eastern HSCT	100	2	1,759	14,327	10	863	1,012	35,598
Southern HSCT	22	0	2,205	17,501	31	0	3	31,333
Western HSCT	18	210	1,821	17,050	13	375	1,184	38,509
NI Total	324	5,434	16,667	124,824	190	10,497	6,828	273,998

<sup>&</sup>lt;sup>14</sup> Refer to Appendix 7: Explanatory Notes Points 1, 3, 7-8 & 13

Table 3a: Activity and Rates by Specialty, 2013/14<sup>15</sup>

					Total			Hospital		Private
	Spec	Total	Total	Total	Hospital	DNA	CNA	Cancellation	<b>Patient</b>	Patient
Specialty	Code	Attendances	DNA	CNA	Cancellations	Rate	Rate	Rate	Died	Attendances
General Surgery	100	139,123	11,837	19,800	14,895	7.8	12.5	9.7	331	243
Urology	101	34,414	3,041	4,598	4,830	8.1	11.8	12.3	81	50
T & O Surgery	110	173,045	21,729	16,778	11,289	11.2	8.8	6.1	144	6
ENT	120	92,574	8,048	12,328	7,661	8.0	11.8	7.6	78	76
Ophthalmology	130	107,222	8,703	15,785	11,958	7.5	12.8	10.0	308	27
Oral Surgery	140	23,980	3,131	3,471	3,428	11.5	12.6	12.5	44	65
Restorative Dentistry	141	10,013	1,331	1,840	988	11.7	15.5	9.0	11	4
Paediatric Dentistry	142	2,730	711	585	466	20.7	17.6	14.6	3	C
Orthodontics	143	14,224	1,536	2,361	1,113	9.7	14.2	7.3	0	C
Neurosurgery	150	4,627	462	777	1,102	9.1	14.4	19.2	19	C
Plastic Surgery	160	19,567	2,760	2,945	2,260	12.4	13.1	10.4	67	1
Cardiac Surgery	170	2,511	138	278	414	5.2	10.0	14.2	6	10
Paediatric Surgery	171	5,142	549	759	1,242	9.6	12.9	19.5	0	C
Thoracic Surgery	172	2,288	243	371	481	9.6	14.0	17.4	12	C
Accident & Emergency	180	8,897	2,644	867	397	22.9	8.9	4.3	4	C
Anaesthetics	190	3,668	158	128	147	4.1	3.4	3.9	4	C
Pain Management	191	13,806	1,402	2,312	1,207	9.2	14.3	8.0	20	C
General Medicine	300	65,163	7,829	9,051	8,738	10.7	12.2	11.8	213	5
Gastroenterology	301	29,224	3,799	5,617	4,572	11.5	16.1	13.5	122	62
Endocrinology	302	28,464	4,519	5,482	6,957	13.7	16.1	19.6	137	7
Haematology (Clinical)	303	54,023	4,741	3,988	4,615	8.1	6.9	7.9	183	13
Audiological Medicine	310	1,293	264	154	136	17.0	10.6	9.5	0	1
Clinical Genetics	311	3,005	262	466	397	8.0	13.4	11.7	3	C
Rehabilitation	314	7,312	850	892	1,376	10.4	10.9	15.8	13	C
Palliative Medicine	315	3,885	198	302	177	4.8	7.2	4.4	27	C
Cardiology	320	56,669	5,288	6,953	6,366	8.5	10.9	10.1	257	439
Dermatology	330	75,648	6,470	11,603	6,573	7.9	13.3	8.0	100	838
Thoracic Medicine	340	36,116	4,017	5,527	4,590	10.0	13.3	11.3	306	1
Genito-Urinary Medicine	360	22,763	628	0	0	2.7	0.0	0.0	0	C

Table 3a: continued

					Total			Hospital		Private
	Spec	Total	Total	Total	Hospital	DNA	CNA	Cancellation	Patient	Patient
Specialty	Code	Attendances	DNA	CNA	Cancellations	Rate	Rate	Rate	Died	Attendances
Nephrology	361	24,459	2,358	2,810	3,696	8.8	10.3	13.1	135	2
Medical Oncology	370	14,235	758	923	1,342	5.1	6.1	8.6	158	2
Neurology	400	34,057	2,847	4,673	2,409	7.7	12.1	6.6	69	1
Clinical Neuro-Physiology	401	1,028	82	166	173	7.4	13.9	14.4	2	0
Rheumatology	410	49,397	3,649	7,165	5,967	6.9	12.7	10.8	72	41
Paediatrics	420	88,642	12,186	9,682	13,190	12.1	9.8	13.0	18	25
Paediatric Neurology	421	1,953	223	302	442	10.2	13.4	18.5	8	0
Geriatric Medicine	430	22,931	2,793	3,951	3,208	10.9	14.7	12.3	195	5
Dental Medicine Specialties	450	4,712	768	1,177	391	14.0	20.0	7.7	3	1
Gynaecology	502	93,788	7,965	14,520	8,025	7.8	13.4	7.9	31	179
Obstetrics (Ante Natal)	510	97,827	4,824	7,184	8,354	4.7	6.8	7.9	0	95
Obstetrics (Post Natal)	520	220	58	34	93	20.9	13.4	29.7	0	0
Well Babies (Obstetrics)	540	1	0	0	0	0.0	0.0	0.0	0	0
Learning Disability	700	6,696	1,128	656	215	14.4	8.9	3.1	5	0
Mental Illness	710	4,874	1,867	406	2,008	27.7	7.7	29.2	17	0
Child & Adolescent Psychiatry	711	6,464	1,142	590	169	15.0	8.4	2.5	0	0
Old Age Psychiatry	715	10,514	1,904	2,102	2,678	15.3	16.7	20.3	136	0
Clinical Oncology	800	43,707	2,603	2,687	4,474	5.6	5.8	9.3	506	48
Chemical Pathology	822	3,056	522	886	1,547	14.6	22.5	33.6	17	0
Haematology	823	3,316	375	87	91	10.2	2.6	2.7	0	0
Joint Consultant Clinic	990	7,102	420	539	383	5.6	7.1	5.1	0	0
NI Total		1,560,375	155,760	196,558	167,230	9.1	11.2	9.7	3,865	2,247

<sup>&</sup>lt;sup>15</sup> Refer to Appendix 7: Explanatory Notes Points 1-5, 7-8, 10 & 15-16

Table 3b: Activity for New and Review by Specialty, 2013/14<sup>15</sup>

	Spec	<u>Attend</u>	<u>dances</u>	D	<u>NA</u>	<u>CN</u>	<u>IA</u>	<b>Hospital Cance</b>	ellations
Specialty	Code	New	Review	New	Review	New	Review	New	Review
General Surgery	100	65,408	73,715	4,347	7,490	9,240	10,560	4,818	10,077
Urology	101	12,813	21,601	977	2,064	1,801	2,797	1,585	3,245
T & O Surgery	110	53,976	119,069	5,353	16,376	4,730	12,048	2,455	8,834
ENT	120	42,383	50,191	3,032	5,016	5,417	6,911	1,888	5,773
Ophthalmology	130	25,973	81,249	2,110	6,593	3,667	12,118	1,973	9,985
Oral Surgery	140	10,621	13,359	804	2,327	1,255	2,216	994	2,434
Restorative Dentistry	141	3,287	6,726	404	927	588	1,252	179	809
Paediatric Dentistry	142	552	2,178	102	609	98	487	39	427
Orthodontics	143	1,550	12,674	148	1,388	223	2,138	79	1,034
Neurosurgery	150	1,467	3,160	77	385	206	571	250	852
Plastic Surgery	160	5,830	13,737	261	2,499	487	2,458	493	1,767
Cardiac Surgery	170	694	1,817	32	106	66	212	129	285
Paediatric Surgery	171	2,597	2,545	140	409	281	478	126	1,116
Thoracic Surgery	172	583	1,705	40	203	89	282	127	354
Accident & Emergency	180	161	8,736	14	2,630	17	850	20	377
Anaesthetics	190	359	3,309	94	64	27	101	40	107
Pain Management	191	5,431	8,375	512	890	920	1,392	393	814
General Medicine	300	16,725	48,438	1,562	6,267	2,060	6,991	1,796	6,942
Gastroenterology	301	8,863	20,361	852	2,947	1,698	3,919	1,183	3,389
Endocrinology	302	3,784	24,680	357	4,162	620	4,862	310	6,647
Haematology (Clinical)	303	4,335	49,688	462	4,279	508	3,480	357	4,258
Audiological Medicine	310	400	893	30	234	32	122	32	104
Clinical Genetics	311	2,227	778	137	125	314	152	192	205
Rehabilitation	314	1,047	6,265	76	774	201	691	188	1,188
Palliative Medicine	315	771	3,114	37	161	49	253	34	143
Cardiology	320	22,756	33,913	1,641	3,647	2,401	4,552	1,621	4,745
Dermatology	330	31,585	44,063	2,130	4,340	4,603	7,000	1,744	4,829
Thoracic Medicine	340	8,827	27,289	709	3,308	1,276	4,251	881	3,709
Genito-Urinary Medicine	360	14,066	8,697	156	472	. 0	. 0	0	Ć

Table 3b: continued

	Spec	<u>Atten</u>	<u>dances</u>	<u>D</u>	NA	<u>C1</u>	<u>IA</u>	<b>Hospital Cance</b>	ellations
Specialty	Code	New	Review	New	Review	New	Review	New	Review
Nephrology	361	2,795	21,664	247	2,111	366	2,444	405	3,291
Medical Oncology	370	1,032	13,203	41	717	46	877	69	1,273
Neurology	400	10,477	23,580	696	2,151	1,179	3,494	471	1,938
Clinical Neuro-Physiology	401	952	76	81	1	164	2	172	1
Rheumatology	410	9,134	40,263	583	3,066	1,161	6,004	808	5,159
Paediatrics	420	24,184	64,458	2,186	10,000	2,071	7,611	1,628	11,562
Paediatric Neurology	421	230	1,723	7	216	22	280	31	411
Geriatric Medicine	430	8,252	14,679	585	2,208	1,100	2,851	690	2,518
Dental Medicine Specialties	450	1,526	3,186	133	635	229	948	106	285
Gynaecology	502	47,074	46,714	3,217	4,748	7,078	7,442	2,962	5,063
Obstetrics (Ante Natal)	510	21,578	76,249	969	3,855	2,148	5,036	1,546	6,808
Obstetrics (Post Natal)	520	21	199	6	52	1	33	4	89
Well Babies (Obstetrics)	540	0	1	0	0	0	0	0	0
Learning Disability	700	464	6,232	126	1,002	61	595	10	205
Mental Illness	710	446	4,428	208	1,659	35	371	121	1,887
Child & Adolescent Psychiatry	711	298	6,166	51	1,091	44	546	49	120
Old Age Psychiatry	715	2,465	8,049	493	1,411	544	1,558	515	2,163
Clinical Oncology	800	3,854	39,853	202	2,401	227	2,460	354	4,120
Chemical Pathology	822	599	2,457	90	432	120	766	79	1,468
Haematology	823	22	3,294	2	373	0	87	1	90
Joint Consultant Clinic	990	1,465	5,637	79	341	138	401	145	238
Total		485,939	1,074,436	36,598	119,162	59,608	136,950	34,092	133,138

 $<sup>^{\</sup>rm 15}$  Refer to Appendix 7: Explanatory Notes Points 1-5, 7-8, 10 & 15-16

Table 3c: Reason for Appointment Cancellation by Specialty: 1st July 2013 - 31st March 2014<sup>14</sup>

							Cancelled	
	М	edical staff /	Patient	Consultant	<b>Appointment</b>		following	<b>Administrative</b>
	Consultant	nurse not	treated	cancelled	brought	<b>Appointment</b>	validation /	error by hospital
Specialty	unavailable	available	elsewhere	appointment	forward	put back	audit	/ GP
General Surgery	4,171	251	462	764	1,654	1,987	270	951
Urology	1,068	206	105	214	514	1,244	39	268
T & O Surgery	2,674	269	151	1,329	554	978	139	1,165
ENT	2,160	142	66	204	481	1,613	68	574
Ophthalmology	3,047	70	84	541	627	1,138	482	959
Oral Surgery	1,093	48	20	92	260	582	52	411
Restorative Dentistry	283	3	0	11	7	153	23	78
Paediatric Dentistry	94	0	1	3	0	84	14	14
Orthodontics	307	31	3	43	111	193	4	103
Neurosurgery	421	1	5	25	7	244	15	12
Plastic Surgery	768	10	53	58	316	190	12	262
Cardiac Surgery	106	1	1	25	5	74	0	20
Paediatric Surgery	443	0	8	39	20	34	7	26
Thoracic Surgery	84	0	21	50	21	74	3	37
Accident & Emergency	10	0	1	17	58	50	0	62
Anaesthetics	48	0	7	3	13	11	18	10
Pain Management	442	22	32	77	72	146	1	77
General Medicine	2,167	291	228	288	621	1,692	95	643
Gastroenterology	1,224	18	108	215	348	1,145	26	107
Endocrinology	1,341	91	60	69	172	907	15	185
Haematology (Clinical)	388	50	300	145	611	1,174	3	311
Audiological Medicine	76	0	0	1	0	33	0	5
Clinical Genetics	75	4	9	60	2	157	0	2
Rehabilitation	317	87	6	46	5	41	8	420
Palliative Medicine	31	1	15	8	28	42	0	14
Cardiology	1,559	260	191	183	302	918	86	319
Dermatology	1,495	765	97	302	592	1,117	45	399
Thoracic Medicine	1,015	79	265	113	546	956	128	349

Table 3c: continued

							Cancelled	
	M	edical staff /	Patient	Consultant	<b>Appointment</b>		following	Administrative
	Consultant	nurse not	treated	cancelled	brought	<b>Appointment</b>	validation /	error by hospital
Specialty	unavailable	available	elsewhere	appointment	forward	put back	audit	
Nephrology	633	42	169	131	276	1,293	17	151
Medical Oncology	76	10	54	27	194	668	0	22
Neurology	800	77	77	95	133	400	8	126
Clinical Neuro-Physiology	77	0	1	1	0	11	1	2
Rheumatology	1,693	301	168	238	409	842	71	528
Paediatrics	3,610	161	122	512	465	2,288	126	587
Paediatric Neurology	122	1	6	12	1	71	16	7
Geriatric Medicine	729	121	217	145	195	625	16	299
Dental Medicine Specialties	44	0	1	5	6	63	26	29
Gynaecology	2,729	130	120	331	573	1,088	144	441
Obstetrics (Ante Natal)	426	11	1,214	272	704	871	44	554
Obstetrics (Post Natal)	53	0	0	1	3	16	0	5
Learning Disability	39	12	12	6	41	1	0	3
Mental Illness	821	7	6	44	72	171	0	6
Child & Adolescent Psychiatry	0	0	0	0	0	0	0	0
Old Age Psychiatry	521	315	30	58	191	411	2	214
Clinical Oncology	282	42	101	247	729	1,980	3	45
Chemical Pathology	391	0	2	8	137	600	209	9
Haematology	0	0	2	4	13	9	0	6
Joint Consultant Clinics	31	0	50	5	12	37	0	26
Total	39,984	3,930	4,651	7,067	12,101	28,422	2,236	10,843

Table 3c: continued

	Hospital transport not	Cancelled by hospital in order to rebook as alternative booking	Patient cancelled appointment as no longer	Patient cancelled appointment but it is still	GP cancelled appointment on patient's	Reason not	Reason incorrectly	Total appointments cancelled by either patient or
Specialty	available	method	needed	required	behalf	recorded	recorded	hospital
General Surgery	20	19	1,893	12,456	19	564	317	25,798
Urology	6	0	439	2,811	6	5	91	7,016
T & O Surgery	67	14	1,585	9,586	24	1,388	1,194	21,117
ENT	4	204	877	7,922	6	467	187	14,975
Ophthalmology	44	54	825	10,958	23	1,064	165	20,081
Oral Surgery	3	44	364	2,208	1	45	91	5,314
Restorative Dentistry	3	12	56	1,290	1	163	21	2,104
Paediatric Dentistry	0	62	22	399	1	28	6	728
Orthodontics	0	9	75	1,688	0	22	102	2,691
Neurosurgery	3	8	35	542	3	122	10	1,453
Plastic Surgery	8	0	296	1,818	1	102	91	3,985
Cardiac Surgery	2	0	20	180	0	51	7	492
Paediatric Surgery	0	174	66	476	0	66	22	1,381
Thoracic Surgery	0	13	28	248	2	57	6	644
Accident & Emergency	0	0	196	345	0	110	0	849
Anaesthetics	2	0	30	69	0	0	21	232
Pain Management	5	0	199	1,497	0	16	39	2,625
General Medicine	16	198	442	6,139	7	174	174	13,175
Gastroenterology	9	1	470	3,846	7	315	85	7,924
Endocrinology	6	3,078	316	3,836	5	275	105	10,461
Haematology (Clinical)	3	2	282	2,586	3	90	314	6,262
Audiological Medicine	0	1	14	139	0	19	2	290
Clinical Genetics	0	0	4	336	0	0	3	652
Rehabilitation	29	0	0	516	0	159	28	1,662
Palliative Medicine	0	0	32	201	0	0	13	385
Cardiology	10	364	570	4,570	8	364	180	9,884
Dermatology	9	27	939	7,930	7	244	248	14,216
Thoracic Medicine	16	0	458	3,679	1	79	138	7,822

Table 3c: continued

	1	Cancelled by						
		hospital in						
		order to	Patient	Patient				Total
	Hospital	rebook as	cancelled	cancelled	GP cancelled			appointments
	transport	alternative	appointment	appointment	appointment		Reason	cancelled by
	not	booking	as no longer	but it is still	on patient's	Reason not	incorrectly	•
Specialty	available	method	needed	required	behalf	recorded	recorded	hospital
Nephrology	6	27	120	1,920	2	85	121	4,993
Medical Oncology	1	1	22	663	0	12	56	1,806
Neurology	6	5	202	3,176	9	108	54	5,276
Clinical Neuro-Physiology	0	0	14	100	1	9	0	217
Rheumatology	7	23	382	4,886	6	170	277	10,001
Paediatrics	0	891	721	5,380	2	2,267	315	17,447
Paediatric Neurology	1	3	5	233	0	59	10	547
Geriatric Medicine	22	0	540	2,236	8	65	186	5,404
Dental Medicine Specialties	0	3	72	847	1	58	7	1,162
Gynaecology	3	9	1,322	9,486	16	148	195	16,735
Obstetrics (Ante Natal)	0	29	2,314	3,133	18	135	1,572	11,297
Obstetrics (Post Natal)	0	0	3	19	0	0	2	102
Learning Disability	0	0	14	327	0	126	11	592
Mental Illness	0	150	6	274	0	181	0	1,738
Child & Adolescent Psychiatry	0	0	0	0	0	579	0	579
Old Age Psychiatry	2	6	108	1,167	2	445	58	3,530
Clinical Oncology	11	0	75	1,842	0	0	176	5,533
Chemical Pathology	0	1	89	563	0	1	22	2,032
Haematology	0	0	8	59	0	37	0	138
Joint Consultant Clinics	0	2	117	242	0	23	106	651
Total	324	5,434	16,667	124,824	190	10,497	6,828	273,998

<sup>&</sup>lt;sup>14</sup> Refer to Appendix 7: Explanatory Notes Points 1, 3, 7-8 & 13

Table 4: Acute Services (POC 1) - Activity by Hospital/HSC Trust, 2013/14<sup>16</sup>

										Private
	<u>Attend</u>	ances_	<u>D</u> 1	<u>1A</u>	<u>CN</u>	<u>A</u>	<b>Hospital Cance</b>	ellations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Belfast City	33,751	92,312	2,616	10,027	5,224	13,996	3,468	12,135	400	22
NI Cancer Centre	4,892	52,153	255	3,031	282	3,319	430	5,382	668	50
Mater Infirmorum	11,758	40,764	1,488	5,390	1,604	5,868	797	4,453	252	2
Musgrave Park	16,220	44,490	1,122	5,106	1,581	4,858	859	4,386	26	6
RBHSC	20,030	53,663	1,663	7,942	1,668	6,786	1,041	10,271	35	15
Royal Maternity	1,481	4,101	159	288	126	306	164	109	0	(
Royal Victoria	81,779	168,822	6,118	22,597	9,970	28,145	5,715	23,557	716	157
Belfast HSCT	169,911	456,305	13,421	54,381	20,455	63,278	12,474	60,293	2,097	254
Antrim	22,514	49,564	1,643	4,015	3,935	7,440	2,260	6,252	221	743
Causeway	16,875	30,916	1,070	2,815	2,383	5,198	1,525	4,637	110	61
Mid Ulster	3,838	7,690	245	963	947	1,675	406	1,295	38	5
Moyle	1,823	2,769	129	412	508	713	150	567	7	7
Waveney	5,179	10,717	330	1,295	1,097	2,460	354	1,584	42	29
Whiteabbey	5,307	9,960	430	1,453	1,308	2,241	498	1,644	49	32
Northern HSCT	55,536	111,616	3,847	10,953	10,178	19,727	5,193	15,979	467	877
Ards	6,747	12,170	453	1,241	640	1,175	506	970	35	1
Bangor	6,244	6,112	389	569	695	594	372	710	26	(
Downe	7,157	11,242	548	1,431	859	1,318	446	1,249	32	(
Lagan Valley	10,125	16,232	721	1,917	929	1,868	656	1,812	61	(
Ulster	44,753	77,363	3,445	12,104	3,779	8,666	2,750	10,966	224	10
South Eastern HSCT	75,026	123,119	5,556	17,262	6,902	13,621	4,730	15,707	378	11

**Table 4: continued** 

										Private
	<u>Attend</u>	ances	DI	<u>NA</u>	CN	<u>A</u>	<b>Hospital Cance</b>	<u>ellations</u>	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Armagh Community	3,374	4,662	252	537	432	469	122	274	7	0
Banbridge	2,161	4,225	162	255	298	443	104	176	0	0
Bluestone	564	874	93	306	36	179	26	66	0	0
Craigavon Area	46,515	72,092	2,846	5,597	5,619	6,444	1,859	5,278	121	13
Daisy Hill	18,131	32,579	1,302	4,017	2,200	3,721	888	3,275	76	109
Kilkeel Primary Care Centre	264	401	24	34	45	57	3	12	1	0
Lurgan	0	101	0	8	0	4	0	1	0	0
South Tyrone	5,840	11,770	377	875	768	965	303	719	34	0
Southern HSCT	76,849	126,704	5,056	11,629	9,398	12,282	3,305	9,801	239	122
Altnagelvin Area	51,056	96,855	4,676	10,220	6,190	12,066	4,017	13,860	243	63
Grangewood	183	615	35	87	31	101	0	0	0	0
Roe Valley	2,192	3,648	210	347	323	534	216	347	6	0
South West Acute	13,051	22,178	718	1,455	1,242	2,609	626	1,792	33	811
Tyrone County	8,611	17,393	641	1,550	956	1,742	596	1,569	49	9
Western HSCT	75,093	140,689	6,280	13,659	8,742	17,052	5,455	17,568	331	883
NI Total	452,415	958,433	34,160	107,884	55,675	125,960	31,157	119,348	3,512	2,147

<sup>&</sup>lt;sup>16</sup> Refer to Appendix 7: Explanatory Notes Points 1-5, 7-8, 10, 12 & 14

Table 5: Maternity and Child Health (POC 2) - Activity by Hospital/HSC Trust, 2013/14<sup>17</sup>

										Private
	Attend	dances	<u>D</u> 1	<u>IA</u>	CN	<u>IA</u>	<b>Hospital Canc</b>	ellations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Mater Infirmorum	58	323	1	26	0	4	83	247	0	0
Royal Maternity	5,534	17,517	349	935	562	1,452	422	1,023	0	0
Belfast HSCT	5,592	17,840	350	961	562	1,456	505	1,270	0	0
Antrim	1,077	3,490	25	71	94	133	90	335	0	92
Causeway	1,244	7,981	23	150	152	200	134	828	0	1
Mid Ulster	687	1,635	12	79	97	85	64	273	0	0
Moyle	317	905	7	35	33	22	59	250	0	0
Waveney	626	2,019	18	91	65	129	77	257	0	0
Whiteabbey	219	523	11	56	30	29	78	65	0	1
Northern HSCT	4,170	16,553	96	482	471	598	502	2,008	0	94
Downe	1	959	0	65	0	55	0	109	0	0
Lagan Valley	459	1,374	20	97	4	94	3	91	0	0
Ulster	3,983	11,491	193	455	326	756	182	1,469	0	0
South Eastern HSCT	4,443	13,824	213	617	330	905	185	1,669	0	0
Armagh Community	355	1,394	7	85	58	109	48	43	0	0
Craigavon Area	1,337	7,439	44	199	214	640	60	416	0	0
Daisy Hill	1,443	5,855	87	209	233	795	32	249	0	0
South Tyrone	40	2,834	1	73	2	260	2	143	0	0
Southern HSCT	3,175	17,522	139	566	507	1,804	142	851	0	0

**Table 5: continued** 

										Private
	<u>Attend</u>	<u>lances</u>	DN	<u>IA</u>	<u>CN</u>	<u>IA</u>	<b>Hospital Cano</b>	ellations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Altnagelvin Area	2,370	5,820	109	795	163	159	102	484	0	1
Roe Valley	351	519	5	101	8	12	37	44	0	0
South West Acute	1,059	3,398	38	215	93	111	61	515	0	0
Tyrone County	439	973	25	170	15	24	16	56	0	0
Western HSCT	4,219	10,710	177	1,281	279	306	216	1,099	0	1
NI Total	21,599	76,449	975	3,907	2,149	5,069	1,550	6,897	0	95

<sup>&</sup>lt;sup>17</sup> Refer to Appendix 7: Explanatory Notes Points 1-5 & 10

Table 6: Elderly Care (POC 4) - Activity by Hospital/HSC Trust, 2013/14<sup>18</sup>

										Private
	<u>Attend</u>	ances	DN	<u>A</u>	CN	<u>A</u>	<b>Hospital Cance</b>	ellations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Belfast City	951	2,256	109	392	220	435	145	576	35	0
Mater Infirmorum	565	2,111	117	422	98	395	98	624	56	0
Musgrave Park	441	1,738	27	409	46	223	14	36	2	0
Royal Victoria	17	246	0	33	1	33	15	68	2	0
Windsor House	0	111	0	0	0	0	0	0	0	0
Belfast HSCT	1,974	6,462	253	1,256	365	1,086	272	1,304	95	0
Antrim	276	127	2	7	24	32	13	29	3	0
Causeway	133	315	7	36	21	71	8	53	3	0
Mid Ulster	29	196	2	23	19	59	18	119	4	0
Moyle	0	37	0	20	0	48	0	0	0	0
Waveney	121	161	4	37	23	45	9	27	5	0
Whiteabbey	533	1,133	62	231	86	180	61	117	23	2
Northern HSCT	1,092	1,969	77	354	173	435	109	345	38	2
Ards	743	1,803	129	275	179	380	220	1,007	58	0
Downe	174	314	20	36	45	51	9	5	0	0
Lagan Valley	899	1,642	97	256	145	303	69	99	6	0
Ulster	2,001	2,137	136	212	227	318	176	402	31	3
South Eastern HSCT	3,817	5,896	382	779	596	1,052	474	1,513	95	3

**Table 6: continued** 

										Private
	<u>Attend</u>	ances	DN	<u> A</u>	CN	<u>IA</u>	<b>Hospital Cance</b>	<u>ellations</u>	<b>Patient</b>	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Bluestone	314	1,135	33	170	46	245	75	362	15	0
Craigavon Area	703	658	34	111	24	86	36	76	7	0
Daisy Hill	309	751	37	111	76	196	74	114	5	0
Lurgan	767	1,264	13	48	139	385	19	82	19	0
Mullinure	256	470	11	12	42	266	19	149	10	0
St Luke's	312	935	124	312	40	144	45	134	9	0
South Tyrone	255	454	31	63	34	116	24	129	3	0
Southern HSCT	2,916	5,667	283	827	401	1,438	292	1,046	68	0
Altnagelvin	239	1,150	32	267	6	126	7	243	17	0
Roe Valley	13	143	2	27	1	26	3	33	1	0
South West Acute	403	1,101	24	78	59	197	38	129	14	0
Tyrone County	263	340	25	31	43	49	10	68	3	0
Western HSCT	918	2,734	83	403	109	398	58	473	35	0
NI Total	10,717	22,728	1,078	3,619	1,644	4,409	1,205	4,681	331	5

<sup>&</sup>lt;sup>18</sup> Refer to Appendix 7: Explanatory Notes Points 1-5 & 10-11

Table 7: Mental Health (POC 5) - Activity by Hospital/HSC Trust, 2013/14<sup>19</sup>

										Private
	<u>Attend</u>	ances	DN	<u>IA</u>	CN	<u>IA</u>	<b>Hospital Cance</b>	ellations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Beechcroft	298	6,166	51	1,091	44	546	49	120	0	0
Belfast City	0	580	0	0	0	0	0	0	0	0
Mater Infirmorum	446	3,690	208	1,659	35	371	121	1,887	17	0
Windsor House	0	158	0	0	0	0	0	0	0	0
Belfast HSCT	744	10,594	259	2,750	79	917	170	2,007	17	0
NI Total	744	10,594	259	2,750	79	917	170	2,007	17	0

<sup>&</sup>lt;sup>19</sup> Refer to Appendix 7: Explanatory Notes Points 1-5 & 9-11

Table 8: Learning Disability (POC 6) - Activity by Hospital/HSC Trust, 2013/14<sup>17</sup>

	Attono	lanasa	DI	1 A	CN	1.0	Hoonital Canad	llations	Detient	Private
Hospital/HSC Trust	New	lances Review	<u>DN</u> New	<u>IA</u> Review	<u>CN</u> New	<u>IA</u> Review	Hospital Cance New	Review	Patient Died	Patient Attendances
•										
Muckamore Abbey	274	3,099	75	466	57	447	10	190	5	0
Belfast HSCT	274	3,099	75	466	57	447	10	190	5	0
Longstone	127	1,499	40	393	0	0	0	15	0	0
Southern HSCT	127	1,499	40	393	0	0	0	15	0	0
Lakeview	63	1,634	11	143	4	148	0	0	0	0
Western HSCT	63	1,634	11	143	4	148	0	0	0	0
NI Total	464	6,232	126	1,002	61	595	10	205	5	0

<sup>&</sup>lt;sup>17</sup> Refer to Appendix 7: Explanatory Notes Points 1-5 & 10

Table 9: Specialty 100 - Activity by Hospital/HSC Trust for General Surgery, 2013/14

										Private
	<u>Attenda</u>	ances	DN	<u>IA</u>	<u>CN</u>	<u>IA</u>	Hospital Cance	<u>ellations</u>	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Belfast City	8,538	12,147	489	1,166	1,167	1,944	774	1,645	39	5
Mater Infirmorum	2,675	4,532	281	861	354	656	224	1,037	62	0
Royal Victoria	5,126	12,252	438	1,554	783	2,024	785	1,510	92	16
Belfast HSCT	16,339	28,931	1,208	3,581	2,304	4,624	1,783	4,192	193	21
Antrim	5,996	5,799	299	494	947	1,015	673	1,140	30	116
Causeway	4,620	4,827	310	464	562	924	173	372	18	C
Mid Ulster	464	627	26	101	141	146	41	123	1	C
Moyle	173	182	16	46	57	72	19	19	0	7
Waveney	559	659	37	90	123	130	50	149	4	20
Whiteabbey	1,289	1,756	85	225	325	358	104	235	4	5
Northern HSCT	13,101	13,850	773	1,420	2,155	2,645	1,060	2,038	57	148
Ards	1,487	1,105	93	111	151	97	85	99	7	C
Bangor	1,088	635	88	56	141	62	92	84	1	C
Downe	1,215	829	83	91	144	95	42	53	2	C
Lagan Valley	1,799	349	116	36	170	44	53	48	1	C
Ulster	5,820	5,547	334	404	687	461	313	533	17	C
South Eastern HSCT	11,409	8,465	714	698	1,293	759	585	817	28	0
Armagh Community	251	264	11	11	29	39	10	22	0	C
Banbridge	300	332	12	18	32	20	10	11	0	0
Craigavon Area	9,400	7,397	497	487	1,493	722	258	539	15	0
Daisy Hill	4,168	4,046	270	378	573	400	233	293	4	C
Kilkeel Primary Care Centre	54	17	1	2	7	3	0	0	0	0
South Tyrone	496	153	30	9	43	12	31	17	2	0
Southern HSCT	14,669	12,209	821	905	2,177	1,196	542	882	21	0

Table 9: continued

										Private
	<u>Attenda</u>	nces	DN	<u>IA</u>	CN	<u>IA</u>	<b>Hospital Cance</b>	ellations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Altnagelvin Area	6,590	6,477	653	628	922	869	678	1,836	20	56
Roe Valley	167	127	30	19	21	26	18	11	0	0
South West Acute	2,127	2,379	97	121	268	292	115	180	6	18
Tyrone County	1,006	1,277	51	118	100	149	37	121	6	0
Western HSCT	9,890	10,260	831	886	1,311	1,336	848	2,148	32	74
NI Total	65,408	73,715	4,347	7,490	9,240	10,560	4,818	10,077	331	243

Table 10: Specialty 101 - Activity by Hospital/HSC Trust for Urology, 2013/14<sup>20</sup>

										Private
	<u> Attenda</u>	nces	DN	<u>IA</u>	CN	<u>IA</u>	<b>Hospital Cance</b>	ellations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Belfast City	3,223	8,217	289	1,004	529	1,091	457	1,555	40	2
Belfast HSCT	3,223	8,217	289	1,004	529	1,091	457	1,555	40	2
Causeway	2,232	2,772	125	233	380	500	591	636	10	46
Northern HSCT	2,232	2,772	125	233	380	500	591	636	10	46
Ards	904	1,047	58	62	108	76	60	39	2	0
Bangor	137	192	9	26	15	28	38	54	4	0
Downe	258	278	11	13	28	24	4	23	2	0
Lagan Valley	302	256	20	22	10	32	58	65	0	0
Ulster	696	1,219	56	103	59	133	127	210	6	0
South Eastern HSCT	2,297	2,992	154	226	220	293	287	391	14	0
Banbridge	90	104	7	9	5	11	2	9	0	0
Craigavon Area	2,692	3,589	166	227	307	267	97	307	7	2
Daisy Hill	67	4	10	0	9	0	2	0	0	0
South Tyrone	104	131	13	13	19	14	2	5	1	0
Southern HSCT	2,953	3,828	196	249	340	292	103	321	8	2
Altnagelvin Area	1,313	2,760	130	257	180	410	71	245	6	0
Roe Valley	693	833	71	83	130	178	76	96	3	0
Tyrone County	102	199	12	12	22	33	0	1	0	0
Western HSCT	2,108	3,792	213	352	332	621	147	342	9	0
NI Total	12,813	21,601	977	2,064	1,801	2,797	1,585	3,245	81	50

<sup>&</sup>lt;sup>20</sup> Refer to Appendix 7: Explanatory Notes Point 12

Table 11: Specialty 110 - Activity by Hospital/HSC Trust for Trauma and Orthopaedic (T&O) Surgery, 2013/14<sup>21</sup>

										Private
	<u> Attenda</u>	nces	<u>DN</u>	<u>IA</u>	CN	<u>IA</u>	<b>Hospital Cance</b>	ellations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Mater Infirmorum	1,078	989	195	349	76	96	48	50	1	0
Musgrave Park	15,041	31,222	1,056	3,801	1,370	2,907	672	1,744	0	6
RBHSC	2,311	6,074	182	779	191	768	90	690	2	0
Royal Victoria	11,536	25,844	1,040	4,504	888	2,826	328	1,677	73	0
Belfast HSCT	29,966	64,129	2,473	9,433	2,525	6,597	1,138	4,161	76	6
Downe	1,067	2,117	107	379	93	215	38	101	0	0
Lagan Valley	0	3,001	0	490	0	325	0	0	0	0
Ulster	4,683	12,569	664	1,826	200	1,100	91	859	16	0
South Eastern HSCT	5,750	17,687	771	2,695	293	1,640	129	960	16	0
Armagh Community	60	77	3	8	5	6	0	6	0	0
Craigavon Area	6,710	13,573	702	1,500	686	1,284	392	1,605	19	0
South Tyrone	230	254	9	9	33	27	25	16	0	0
Southern HSCT	7,000	13,904	714	1,517	724	1,317	417	1,627	19	0
Altnagelvin Area	8,721	19,248	1,155	2,340	974	2,101	586	1,636	22	0
Roe Valley	159	245	8	11	20	29	4	8	1	0
South West Acute	1,352	2,350	112	205	133	258	128	318	5	0
Tyrone County	1,028	1,506	120	175	61	106	53	124	5	0
Western HSCT	11,260	23,349	1,395	2,731	1,188	2,494	771	2,086	33	0
NI Total	53,976	119,069	5,353	16,376	4,730	12,048	2,455	8,834	144	6

<sup>&</sup>lt;sup>21</sup> Refer to Appendix 7: Explanatory Notes Points 7

Table 12: Specialty 120 - Activity by Hospital/HSC Trust for Ear, Nose and Throat (ENT), 2013/14

										Private
	<u>Attenda</u>	nces	DN	<u>IA</u>	<u>CN</u>	<u>IA</u>	<b>Hospital Cance</b>	ellations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Belfast City	96	62	2	4	21	22	2	8	0	C
RBHSC	800	1,976	61	410	78	417	57	1,372	1	11
Royal Victoria	9,004	13,657	737	1,472	1,054	1,819	421	1,398	38	C
Belfast HSCT	9,900	15,695	800	1,886	1,153	2,258	480	2,778	39	11
Antrim	2,125	2,826	191	309	378	499	119	211	4	4
Causeway	1,524	1,679	81	199	191	341	63	172	2	C
Mid Ulster	817	1,007	33	103	142	192	33	65	0	C
Moyle	724	770	40	103	198	169	19	57	1	C
Waveney	912	1,369	56	164	167	276	33	107	2	2
Whiteabbey	483	515	25	67	66	95	31	57	0	C
Northern HSCT	6,585	8,166	426	945	1,142	1,572	298	669	9	6
Ards	535	684	35	60	40	70	19	40	0	C
Bangor	2,319	877	128	73	220	73	33	40	2	C
Downe	1,466	997	96	107	167	105	29	42	1	C
Lagan Valley	1,126	1,471	86	128	99	154	100	200	3	C
Ulster	3,388	2,446	266	219	326	185	156	184	5	C
South Eastern HSCT	8,834	6,475	611	587	852	587	337	506	11	C
Armagh Community	361	373	17	25	34	29	12	21	0	C
Banbridge	234	249	24	14	38	36	14	18	0	C
Craigavon Area	4,866	6,292	242	416	656	655	157	363	5	1
Daisy Hill	1,771	2,068	125	200	201	233	53	136	0	44
South Tyrone	1,028	1,273	76	74	103	90	26	51	1	C
Southern HSCT	8,260	10,255	484	729	1,032	1,043	262	589	6	45

Table 12: continued

										Private
	<u> Attenda</u>	nces	<u>D</u> 1	NA	<u>C1</u>	<u>IA</u>	<b>Hospital Cance</b>	ellations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Altnagelvin Area	5,787	6,374	519	629	888	1,017	321	1,002	11	1
Roe Valley	278	293	17	30	31	47	31	28	0	0
South West Acute	1,064	896	83	81	120	104	37	61	1	5
Tyrone County	1,675	2,037	92	129	199	283	122	140	1	8
Western HSCT	8,804	9,600	711	869	1,238	1,451	511	1,231	13	14
NI Total	42,383	50,191	3,032	5,016	5,417	6,911	1,888	5,773	78	76

Table 13: Specialty 130 - Activity by Hospital/HSC Trust for Ophthalmology, 2013/14

										Private
	<u>Attenda</u>	ances	<u>DN</u>	<u>IA</u>	CN	<u>IA</u>	<b>Hospital Cance</b>	ellations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Belfast City	0	166	0	41	0	70	0	120	2	0
Mater Infirmorum	2,970	21,475	326	1,485	514	3,495	212	2,080	87	1
Royal Victoria	8,823	28,251	830	2,784	1,569	5,089	774	4,041	127	25
Belfast HSCT	11,793	49,892	1,156	4,310	2,083	8,654	986	6,241	216	26
Ards	1,293	1,619	88	120	120	102	55	73	8	0
Bangor	308	621	15	44	31	55	37	63	5	0
Downe	392	636	13	50	50	60	34	75	1	0
Lagan Valley	795	1,265	53	69	89	131	67	150	4	0
Ulster	877	1,371	99	127	83	135	61	112	1	0
South Eastern HSCT	3,665	5,512	268	410	373	483	254	473	19	0
Armagh Community	423	790	33	49	71	63	20	33	0	0
Craigavon Area	792	1,581	53	77	91	96	50	162	6	0
Daisy Hill	1,028	2,253	71	218	95	219	105	303	6	0
South Tyrone	921	1,913	64	114	152	170	33	80	5	0
Southern HSCT	3,164	6,537	221	458	409	548	208	578	17	0
Altnagelvin Area	5,930	14,516	390	1,181	634	1,949	465	2,378	46	1
Roe Valley	148	342	8	36	20	30	7	4	0	0
South West Acute	527	1,736	32	101	42	189	32	107	2	0
Tyrone County	746	2,714	35	97	106	265	21	204	8	0
Western HSCT	7,351	19,308	465	1,415	802	2,433	525	2,693	56	1
NI Total	25,973	81,249	2,110	6,593	3,667	12,118	1,973	9,985	308	27

Table 14: Specialty 140 - Activity by Hospital/HSC Trust for Oral Surgery, 2013/14<sup>22</sup>

										Private
	<u>Attend</u>	<u>ances</u>	<u>DN</u>	<u> A</u>	CN	<u>A</u>	<b>Hospital Cance</b>	ellations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Belfast City	69	66	7	9	17	32	3	16	0	0
Royal Victoria	3,659	2,485	149	554	244	501	142	239	11	0
Belfast HSCT	3,728	2,551	156	563	261	533	145	255	11	0
Antrim	238	432	25	81	60	124	71	144	3	0
Northern HSCT	238	432	25	81	60	124	71	144	3	0
Downe	370	248	33	42	60	41	9	6	0	0
Ulster	3,083	4,574	321	1,149	296	765	166	1,057	17	9
South Eastern HSCT	3,453	4,822	354	1,191	356	806	175	1,063	17	9
Craigavon Area	569	756	35	91	91	125	54	118	1	1
Daisy Hill	392	809	38	83	52	125	25	69	1	55
Southern HSCT	961	1,565	73	174	143	250	79	187	2	56
Altnagelvin Area	1,851	3,422	168	291	371	444	317	691	10	0
South West Acute	323	567	22	27	31	59	63	92	1	0
Tyrone County	67	0	6	0	33	0	144	2	0	0
Western HSCT	2,241	3,989	196	318	435	503	524	785	11	0
NI Total	10,621	13,359	804	2,327	1,255	2,216	994	2,434	44	65

<sup>&</sup>lt;sup>22</sup> Refer to Appendix 7: Explanatory Notes Point 14

Table 15: Specialty 141 - Activity by Hospital/HSC Trust for Restorative Dentistry, 2013/14

	<u>Attend</u>	ances_	DN	NA	<u>C1</u>	I <u>A</u>	Hospital Cance	ellations	Patient	Private Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Royal Victoria	3,287	6,726	404	927	588	1,252	179	809	11	4
Belfast HSCT	3,287	6,726	404	927	588	1,252	179	809	11	4
NI Total	3,287	6,726	404	927	588	1,252	179	809	11	4

Table 16: Specialty 142 - Activity by Hospital/HSC Trust for Paediatric Dentistry, 2013/14

										Private
	<u>Attenda</u>	ances	<u>D</u> 1	<u>IA</u>	<u>C1</u>	<u>AA</u>	<b>Hospital Cance</b>	ellations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
RBHSC	542	2,155	102	607	97	483	32	415	3	0
Belfast HSCT	542	2,155	102	607	97	483	32	415	3	0
Craigavon	10	23	0	2	1	4	7	12	0	0
Southern HSCT	10	23	0	2	1	4	7	12	0	0
NI Total	552	2,178	102	609	98	487	39	427	3	0

Table 17: Specialty 143 - Activity by Hospital/HSC Trust for Orthodontics, 2013/14

										Private
	<u>Attenda</u>	nces	<u>D</u> 1	<u>IA</u>	<u>C1</u>	<u>1A</u>	<b>Hospital Can</b> e	cellations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Royal Victoria	522	2,661	53	373	67	404	34	175	0	0
Belfast HSCT	522	2,661	53	373	67	404	34	175	0	0
Causeway	69	549	10	80	10	59	2	51	0	0
Mid Ulster	0	261	0	62	0	46	0	44	0	0
Waveney	220	2,061	35	183	57	466	10	301	0	0
Northern HSCT	289	2,871	45	325	67	571	12	396	0	0
Craigavon Area	355	2,827	16	348	22	546	1	81	0	0
Southern HSCT	355	2,827	16	348	22	546	1	81	0	0
Altnagelvin Area	276	2,792	21	206	35	382	21	256	0	0
South West Acute	108	1,523	13	136	32	235	11	126	0	0
Western HSCT	384	4,315	34	342	67	617	32	382	0	0
NI Total	1,550	12,674	148	1,388	223	2,138	79	1,034	0	0

Table 18: Specialty 150 - Activity by Hospital/HSC Trust for Neurosurgery, 2013/14

	A44 1 .		-		011		11 14. 1 0	11.42	<b>-</b>	Private
	<u>Attenda</u>	<u>ınces</u>	<u>D1</u>	<u>IA</u>	<u>CN</u>	<u>IA</u>	Hospital Cance	<u>ellations</u>	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
RBHSC	87	438	4	86	5	58	11	120	5	0
Royal Victoria	1,380	2,722	73	299	201	513	239	732	14	0
Belfast HSCT	1,467	3,160	77	385	206	571	250	852	19	0
NI Total	1,467	3,160	77	385	206	571	250	852	19	0

Table 19: Specialty 160 - Activity by Hospital/HSC Trust for Plastic Surgery, 2013/14<sup>23</sup>

	Attenda	ncoc	DN	ıΛ	CN	IΛ	Hospital Cance	Mations	Dationt	Private Patient
Hospital/HSC Trust	New	Review	New	Review	<u>CN</u> New	Review	New	Review	Patient Died	Attendances
RBHSC	534	1,688	27	262	72	293	43	436	1	1
Royal Victoria	18	555	2	139	2	80	4	70	1	0
Belfast HSCT	552	2,243	29	401	74	373	47	506	2	1
Ards	171	490	8	75	27	115	26	35	3	0
Lagan Valley	1	0	0	0	0	0	0	0	0	0
Ulster	5,106	11,004	224	2,023	386	1,970	420	1,226	62	0
South Eastern HSCT	5,278	11,494	232	2,098	413	2,085	446	1,261	65	0
NI Total	5,830	13,737	261	2,499	487	2,458	493	1,767	67	1

<sup>&</sup>lt;sup>23</sup> Refer to Appendix 7: Explanatory Notes Points 4

Table 20: Specialty 170 - Activity by Hospital/HSC Trust for Cardiac Surgery, 2013/14<sup>24</sup>

	<u> Attenda</u>	nces	DN	<u>IA</u>	CN	I <u>A</u>	Hospital Cance	ellations	Patient	Private Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
RBHSC	12	10	0	0	0	0	1	1	0	0
Royal Victoria	682	1,807	32	106	66	212	128	284	6	10
Belfast HSCT	694	1,817	32	106	66	212	129	285	6	10
NI Total	694	1,817	32	106	66	212	129	285	6	10

<sup>&</sup>lt;sup>24</sup> Refer to Appendix 7: Explanatory Notes Points 15

Table 21: Specialty 171 - Activity by Hospital/HSC Trust for Paediatric Surgery, 2013/14

										Private
	<u>Attenda</u>	nces	<u>D</u> 1	NA	<u>C1</u>	<u>1A</u>	<b>Hospital Cance</b>	ellations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
RBHSC	1,617	1,926	78	238	189	356	76	687	0	0
Belfast HSCT	1,617	1,926	78	238	189	356	76	687	0	0
Ulster	980	619	62	171	92	122	50	429	0	0
South Eastern HSCT	980	619	62	171	92	122	50	429	0	0
NI Total	2,597	2,545	140	409	281	478	126	1,116	0	0

Table 22: Specialty 172 - Activity by Hospital/HSC Trust for Thoracic Surgery, 2013/14

	• • •									Private
	<u>Attenda</u>	nces	<u>DN</u>	<u>IA</u>	<u>CN</u>	<u>IA</u>	Hospital Cance	<u>ellations</u>	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Belfast City	106	239	6	18	10	36	16	51	1	0
Royal Victoria	450	1,359	32	178	73	228	105	283	11	0
Belfast HSCT	556	1,598	38	196	83	264	121	334	12	0
Craigavon Area	7	20	1	2	3	2	4	2	0	0
Daisy Hill	9	35	1	3	2	9	2	16	0	0
Southern HSCT	16	55	2	5	5	11	6	18	0	0
Altnagelvin Area	11	52	0	2	1	7	0	2	0	0
Western HSCT	11	52	0	2	1	7	0	2	0	0
NI Total	583	1,705	40	203	89	282	127	354	12	0

Table 23: Specialty 180 - Activity by Hospital/HSC Trust for Accident & Emergency, 2013/14<sup>21</sup>

	Attenda	nces	DN	IA	<u>CN</u>	IA	Hospital Cance	ellations	Patient	Private Patient
Hospital/HSC Trust		Review				Review	New	Review	Died	Attendances
Antrim	0	249	0	0	0	0	0	0	0	0
Northern HSCT	0	249	0	0	0	0	0	0	0	0
Downe	0	432	0	95	0	62	0	0	0	0
Lagan Valley	0	579	0	171	0	102	0	0	0	0
Ulster	0	3,201	0	1,374	0	187	0	0	0	0
South Eastern HSCT	0	4,212	0	1,640	0	351	0	0	0	0
Daisy Hill	161	4,275	14	990	17	499	20	377	4	0
Southern HSCT	161	4,275	14	990	17	499	20	377	4	0
NI Total	161	8,736	14	2,630	17	850	20	377	4	0

<sup>&</sup>lt;sup>21</sup> Refer to Appendix 7: Explanatory Notes Points 7

Table 24: Specialty 190 - Activity by Hospital/HSC Trust for Anaesthetics, 2013/14

										Private
	<u>Attenda</u>	nces	<u>D</u> 1	<u>NA</u>	<u>C1</u>	<u>NA</u>	<b>Hospital Cance</b>	ellations	<b>Patient</b>	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Royal Maternity	355	8	94	1	27	0	39	0	0	0
Royal Victoria	0	22	0	4	0	4	0	1	0	0
Belfast HSCT	355	30	94	5	27	4	39	1	0	0
Antrim	3	1,575	0	39	0	53	1	68	0	0
Causeway	1	1,489	0	12	0	32	0	31	4	0
Whiteabbey	0	117	0	0	0	0	0	0	0	0
Northern HSCT	4	3,181	0	51	0	85	1	99	4	0
Craigavon	0	98	0	8	0	12	0	7	0	0
Southern HSCT	0	98	0	8	0	12	0	7	0	0
NI Total	359	3,309	94	64	27	101	40	107	4	0

Table 25: Specialty 191 - Activity by Hospital/HSC Trust for Pain Management, 2013/14<sup>20</sup>

										Private
Hospital/HSC Trust	<b>Attendances</b>		<u>DNA</u>		<u>CNA</u>		<b>Hospital Cancellations</b>		Patient	Patient
	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Belfast City	986	2,068	94	254	221	526	128	232	7	0
Mater Infirmorum	261	277	37	38	49	45	5	115	1	0
Royal Victoria	0	8	0	11	0	0	0	0	0	0
Belfast HSCT	1,247	2,353	131	303	270	571	133	347	8	0
Antrim	73	332	10	34	18	89	14	40	2	0
Causeway	315	477	15	44	74	72	16	45	1	0
Mid Ulster	122	295	6	27	64	103	10	39	2	0
Waveney	31	83	2	5	6	25	3	1	0	0
Northern HSCT	541	1,187	33	110	162	289	43	125	5	0
Ulster	1,480	2,304	158	176	171	252	73	89	3	0
South Eastern HSCT	1,480	2,304	158	176	171	252	73	89	3	0
Armagh Community	253	188	15	18	42	21	21	34	1	0
Craigavon Area	506	348	47	16	60	41	25	27	0	0
Daisy Hill	301	271	24	16	46	22	13	42	0	0
South Tyrone	363	251	23	9	61	25	37	27	0	0
Southern HSCT	1,423	1,058	109	59	209	109	96	130	1	0
Altnagelvin Area	395	916	49	79	74	168	44	111	2	0
Tyrone County	345	557	32	163	34	3	4	12	1	0
Western HSCT	740	1,473	81	242	108	171	48	123	3	0
NI Total	5,431	8,375	512	890	920	1,392	393	814	20	0

<sup>&</sup>lt;sup>20</sup> Refer to Appendix 7: Explanatory Notes Point 12

Table 26: Specialty 300 - Activity by Hospital/HSC Trust for General Medicine, 2013/14<sup>25</sup>

										Private
	<u>Attenda</u>	ances	<u>DN</u>	<u>IA</u>	CN	<u>IA</u>	<b>Hospital Cance</b>	ellations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Belfast City	604	2,511	52	345	113	498	106	443	18	1
Mater Infirmorum	739	1,876	66	535	50	269	62	208	10	C
Royal Victoria	1,721	4,240	191	886	345	1,285	240	1,114	13	(
Belfast HSCT	3,064	8,627	309	1,766	508	2,052	408	1,765	41	1
Antrim	823	1,696	39	35	45	53	47	89	2	1
Causeway	309	798	14	80	25	168	12	76	7	(
Mid Ulster	121	706	13	92	29	165	38	132	5	(
Waveney	152	90	4	9	26	14	12	12	0	(
Whiteabbey	76	152	2	31	19	43	17	51	5	(
Northern HSCT	1,481	3,442	72	247	144	443	126	360	19	1
Ards	525	2,816	61	256	45	294	49	194	3	(
Bangor	117	351	27	39	12	48	16	24	1	(
Downe	803	2,657	67	382	100	389	127	596	15	(
Lagan Valley	1,911	3,504	132	362	155	419	95	617	25	(
Ulster	2,104	8,865	243	1,094	207	811	281	720	15	(
South Eastern HSCT	5,460	18,193	530	2,133	519	1,961	568	2,151	59	C
Craigavon Area	815	1,481	47	101	114	167	68	139	7	(
Daisy Hill	479	1,517	41	188	80	192	30	149	3	C
Kilkeel Primary Care Centre	11	56	0	5	0	8	0	4	0	C
South Tyrone	326	260	29	23	36	14	49	38	1	C
Southern HSCT	1,631	3,314	117	317	230	381	147	330	11	C

Table 26: continued

										Private
	<u> Attenda</u>	nces	<u>DN</u>	<u>IA</u>	<u>C1</u>	<u>IA</u>	<b>Hospital Cance</b>	ellations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Altnagelvin Area	3,325	9,986	411	1,348	468	1,358	407	1,713	53	3
Roe Valley	142	635	20	77	17	98	19	41	0	0
South West Acute	1,166	2,996	62	239	109	515	69	231	15	0
Tyrone County	456	1,245	41	140	65	183	52	351	15	0
Western HSCT	5,089	14,862	534	1,804	659	2,154	547	2,336	83	3
NI Total	16,725	48,438	1,562	6,267	2,060	6,991	1,796	6,942	213	5

<sup>&</sup>lt;sup>25</sup> Refer to Appendix 7: Explanatory Notes Points 16

Table 27: Specialty 301 - Activity by Hospital/HSC Trust for Gastroenterology, 2013/14<sup>25</sup>

										Private
	<u> Attenda</u>	nces	DN	<u>IA</u>	<u>CN</u>	<u>IA</u>	<b>Hospital Cance</b>	ellations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Belfast City	1,132	3,037	125	473	205	661	196	431	21	0
Mater Infirmorum	727	2,022	117	435	100	326	45	205	11	0
Royal Victoria	2,946	7,442	299	1,212	449	1,550	347	1,396	54	0
Belfast HSCT	4,805	12,501	541	2,120	754	2,537	588	2,032	86	0
Antrim	1,013	2,793	97	289	264	572	193	441	14	54
Causeway	828	1,777	57	170	147	273	128	270	3	0
Mid Ulster	150	315	10	19	61	59	70	197	2	0
Whiteabbey	677	1,172	55	152	244	295	94	289	8	8
Northern HSCT	2,668	6,057	219	630	716	1,199	485	1,197	27	62
Downe	177	279	22	36	33	38	33	21	1	0
South Eastern HSCT	177	279	22	36	33	38	33	21	1	0
Armagh Community	196	136	12	14	39	8	2	4	1	0
Banbridge	216	139	20	21	57	20	11	10	0	0
Craigavon Area	184	155	7	17	18	15	28	31	0	0
Daisy Hill	578	1,015	30	104	76	98	28	94	7	0
South Tyrone	39	79	1	5	5	4	8	0	0	0
Southern HSCT	1,213	1,524	70	161	195	145	77	139	8	0
NI Total	8,863	20,361	852	2,947	1,698	3,919	1,183	3,389	122	62

<sup>&</sup>lt;sup>25</sup> Refer to Appendix 7: Explanatory Notes Points 16

Table 28: Specialty 302 - Activity by Hospital/HSC Trust for Endocrinology, 2013/14<sup>26</sup>

										Private
	<u>Attenda</u>	nces	DN	<u>IA</u>	<u>CN</u>	<u>IA</u>	<b>Hospital Cance</b>	llations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Belfast City	212	2,614	42	342	55	547	59	267	12	0
Mater Infirmorum	168	826	29	244	25	132	10	69	7	0
RBHSC	48	323	7	58	3	68	8	45	1	0
Royal Victoria	1,512	10,045	114	2,110	209	2,004	87	4,890	76	2
Belfast HSCT	1,940	13,808	192	2,754	292	2,751	164	5,271	96	2
Antrim	283	1,449	32	226	46	402	58	338	8	0
Causeway	279	431	13	44	39	88	17	56	2	0
Mid Ulster	108	916	6	127	16	258	11	205	7	0
Moyle	42	405	7	60	12	99	8	105	2	0
Waveney	75	725	5	151	16	266	10	187	2	0
Whiteabbey	325	1,433	38	293	102	359	26	205	6	5
Northern HSCT	1,112	5,359	101	901	231	1,472	130	1,096	27	5
Lagan Valley	105	539	5	58	13	46	3	71	3	0
South Eastern HSCT	105	539	5	58	13	46	3	71	3	0
Armagh Community	32	347	1	31	7	34	0	8	2	0
Banbridge	18	291	0	22	0	33	0	6	0	0
Craigavon Area	163	1,658	24	121	19	211	7	28	2	0
Daisy Hill	317	1,664	16	155	37	227	6	145	4	0
Kilkeel Primary Care Centre	13	167	5	22	4	26	0	3	1	0
South Tyrone	84	847	13	98	17	62	0	19	2	0
Southern HSCT	627	4,974	59	449	84	593	13	209	11	0
NI Total	3,784	24,680	357	4,162	620	4,862	310	6,647	137	7

<sup>&</sup>lt;sup>26</sup> Refer to Appendix 7: Explanatory Notes Point 15 & 16

Table 29: Specialty 303 - Activity by Hospital/HSC Trust for Haematology (Clinical), 2013/14<sup>20</sup>

	• • •		-		01					Private
	<u>Attenda</u>	<u>inces</u>	<u>DN</u>		<u>C1</u>		Hospital Cance	<u>ellations</u>	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Belfast City	1,841	17,914	199	1,847	228	1,777	141	1,464	62	11
RBHSC	78	2,319	12	181	7	93	3	135	0	0
Royal Victoria	0	238	0	28	0	36	15	7	1	C
Belfast HSCT	1,919	20,471	211	2,056	235	1,906	159	1,606	63	11
Antrim	430	8,275	69	449	41	335	13	454	27	C
Causeway	123	1,071	12	57	19	89	5	114	5	0
Mid Ulster	80	284	9	36	7	6	8	17	5	0
Whiteabbey	72	336	14	32	15	42	5	40	3	0
Northern HSCT	705	9,966	104	574	82	472	31	625	40	0
Ards	121	941	11	86	10	82	6	95	2	1
Bangor	97	290	7	16	11	23	12	13	2	0
Ulster	449	2,623	66	211	51	146	47	209	15	1
South Eastern HSCT	667	3,854	84	313	72	251	65	317	19	2
Craigavon Area	675	8,578	35	746	73	317	35	557	20	0
Daisy Hill	71	323	10	29	10	24	4	8	3	0
South Tyrone	38	2,568	2	187	4	134	1	112	6	0
Southern HSCT	784	11,469	47	962	87	475	40	677	29	0
Altnagelvin Area	195	3,252	14	334	24	302	48	876	30	0
South West Acute	0	197	0	15	0	18	0	20	0	0
Tyrone County	65	479	2	25	8	56	14	137	2	0
Western HSCT	260	3,928	16	374	32	376	62	1,033	32	0
NI Total	4,335	49,688	462	4,279	508	3,480	357	4,258	183	13

<sup>&</sup>lt;sup>20</sup> Refer to Appendix 7: Explanatory Notes Point 12

Table 30: Specialty 310 - Activity by Hospital/HSC Trust for Audiological Medicine, 2013/14<sup>24</sup>

	<u> Attenda</u>	inces	DN	IA	<u>C1</u>	<b>NA</b>	Hospital Cance	ellations	Patient	Private Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
RBHSC	400	893	30	234	32	122	32	104	0	1
Belfast HSCT	400	893	30	234	32	122	32	104	0	1
NI Total	400	893	30	234	32	122	32	104	0	1

<sup>&</sup>lt;sup>24</sup> Refer to Appendix 7: Explanatory Notes Points 15

Table 31: Specialty 311 - Activity by Hospital/HSC Trust for Clinical Genetics, 2013/14<sup>20</sup>

	<u> Attenda</u>	nces	DN	<u>IA</u>	<u>C1</u>	NA.	Hospital Cance	ellations	Patient	Private Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Belfast City	2,227	778	137	125	314	152	192	205	3	0
Belfast HSCT	2,227	778	137	125	314	152	192	205	3	0
NI Total	2,227	778	137	125	314	152	192	205	3	0

<sup>&</sup>lt;sup>20</sup> Refer to Appendix 7: Explanatory Notes Point 12

Table 32: Specialty 314 - Activity by Hospital/HSC Trust for Rehabilitation, 2013/14

	<u> Attenda</u>	ances	DN	<u>NA</u>	<u>C1</u>	<u>IA</u>	Hospital Cance	ellations	Patient	Private Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Musgrave Park	967	6,011	62	724	194	646	182	1,182	13	0
Royal Victoria	80	254	14	50	7	45	6	6	0	0
Belfast HSCT	1,047	6,265	76	774	201	691	188	1,188	13	0
NI Total	1,047	6,265	76	774	201	691	188	1,188	13	0

Table 33: Specialty 315 - Activity by Hospital/HSC Trust for Palliative Medicine, 2013/14

										Private
	<u> Attenda</u>	nces	DN	<u>IA</u>	<u>C1</u>	<u>IA</u>	<b>Hospital Cance</b>	ellations	<b>Patient</b>	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
NI Cancer Centre	83	1,068	15	87	10	94	13	79	10	0
Belfast HSCT	83	1,068	15	87	10	94	13	79	10	0
Antrim	0	195	0	0	0	0	0	0	0	0
Causeway	0	34	0	0	0	0	0	0	0	0
Northern HSCT	0	229	0	0	0	0	0	0	0	0
Ulster	44	31	3	1	2	1	0	1	0	0
South Eastern HSCT	44	31	3	1	2	1	0	1	0	0
Craigavon Area	46	183	7	14	13	56	8	23	8	0
Daisy Hill	8	39	1	5	2	5	3	5	1	0
South Tyrone	25	116	2	12	14	50	2	13	8	0
Southern HSCT	79	338	10	31	29	111	13	41	17	0
Altnagelvin Area	61	131	6	38	5	35	8	18	0	0
South West Acute	430	400	3	2	3	12	0	4	0	0
Tyrone County	74	917	0	2	0	0	0	0	0	0
Western HSCT	565	1,448	9	42	8	47	8	22	0	0
NI Total	771	3,114	37	161	49	253	34	143	27	0

Table 34: Specialty 320 - Activity by Hospital/HSC Trust for Cardiology, 2013/14<sup>20</sup>

	A 44			1.4			Haarital Oanaa		D.C.	Private
Hospital/HSC Trust	<u>Attend</u> New	<u>Review</u>	<u>DN</u> New	<u>IA</u> Review	<u>CN</u> New	<u>A</u> Review	Hospital Cance New	Review	Patient Died	Patient Attendances
Belfast City	2,026	4,088	117	380	234	687	240	479	30	0
Mater Infirmorum	1,250	1,978	186	360	104	227	38	178	39	3
RBHSC	1,063	2,720	69	358	107	295	80	565	1	1
Royal Victoria	4,012	8,606	306	1,305	384	1,540	332	1,550	91	45
Belfast HSCT	8,351	17,392	678	2,403	829	2,749	690	2,772	161	49
Antrim	2,889	3,406	262	269	504	481	180	283	27	389
Causeway	1,264	1,313	73	98	167	195	120	202	14	0
Waveney	190	272	11	26	25	47	22	18	2	0
Whiteabbey	313	480	24	47	40	86	35	91	3	0
Northern HSCT	4,656	5,471	370	440	736	809	357	594	46	389
Ards	160	430	9	32	5	43	19	46	5	0
Bangor	164	53	6	5	11	1	25	18	0	0
Ulster	3,471	2,403	195	191	212	229	123	347	11	0
South Eastern HSCT	3,795	2,886	210	228	228	273	167	411	16	0
Armagh Community	121	83	5	3	8	7	8	10	2	0
Banbridge	65	80	8	2	3	6	3	0	0	0
Craigavon Area	3,036	1,497	160	89	257	100	146	126	4	0
Daisy Hill	749	880	72	52	103	64	61	80	1	0
South Tyrone	112	77	7	5	13	3	5	4	0	0
Southern HSCT	4,083	2,617	252	151	384	180	223	220	7	0

Table 34: continued

	Attend	lances	DN	IA	CN	IA	Hospital Cance	ellations	Patient	Private Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Altnagelvin Area	937	3,076	80	285	121	306	134	519	22	1
Roe Valley	177	463	17	41	23	43	19	62	2	0
South West Acute	483	1,282	27	68	59	151	19	116	1	0
Tyrone County	274	726	7	31	21	41	12	51	2	0
Western HSCT	1,871	5,547	131	425	224	541	184	748	27	1
NI Total	22,756	33,913	1,641	3,647	2,401	4,552	1,621	4,745	257	439

<sup>&</sup>lt;sup>20</sup> Refer to Appendix 7: Explanatory Notes Point 12

Table 35: Specialty 330 - Activity by Hospital/HSC Trust for Dermatology, 2013/14

										Private
	<u>Attend</u>	lances	<u>D</u> 1	<u>IA</u>	<u>C1</u>	<u>IA</u>	<b>Hospital Cance</b>	ellations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Belfast City	3,415	7,470	253	576	510	1,152	127	818	22	2
RBHSC	713	1,485	51	241	75	312	27	277	0	0
Royal Victoria	4,981	8,669	303	1,017	737	1,447	250	656	15	52
Belfast HSCT	9,109	17,624	607	1,834	1,322	2,911	404	1,751	37	54
Antrim	945	1,502	76	154	191	402	120	256	4	1
Causeway	1,154	998	52	81	146	180	34	57	6	5
Mid Ulster	121	278	16	35	10	38	16	50	2	0
Moyle	236	317	16	41	59	83	16	74	2	0
Waveney	1,294	1,062	70	96	325	259	64	135	4	0
Whiteabbey	875	1,587	58	197	188	504	52	219	7	0
Northern HSCT	4,625	5,744	288	604	919	1,466	302	791	25	6
Ards	344	289	31	49	44	33	87	63	1	0
Bangor	588	1,445	33	138	67	161	61	338	6	0
Downe	382	1,037	39	91	69	111	48	115	2	0
Lagan Valley	922	1,545	73	194	110	194	50	252	9	0
Ulster	2,714	3,652	218	364	346	445	260	512	8	0
South Eastern HSCT	4,950	7,968	394	836	636	944	506	1,280	26	0
Armagh Community	720	634	47	70	119	84	25	73	0	0
Craigavon Area	3,919	4,328	219	268	572	610	119	331	5	9
Daisy Hill	1,562	1,806	95	183	187	245	47	161	1	0
South Tyrone	597	882	37	71	76	117	27	116	1	0
Southern HSCT	6,798	7,650	398	592	954	1,056	218	681	7	9

Table 35: continued

										Private
	<u>Attend</u>	ances	DN	<u>IA</u>	<u>C1</u>	NA.	<b>Hospital Cance</b>	<u>ellations</u>	<b>Patient</b>	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Altnagelvin Area	3,315	3,604	254	368	502	450	257	264	0	0
South West Acute	1,913	547	135	29	190	50	44	35	0	769
Tyrone County	875	926	54	77	80	123	13	27	5	0
Western HSCT	6,103	5,077	443	474	772	623	314	326	5	769
NI Total	31,585	44,063	2,130	4,340	4,603	7,000	1,744	4,829	100	838

Table 36: Specialty 340 - Activity by Hospital/HSC Trust for Thoracic Medicine, 2013/14

										Private
	<u>Attend</u>	dances	DN	<u>IA</u>	<u>CN</u>	<u>IA</u>	<b>Hospital Cance</b>	ellations	<b>Patient</b>	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Belfast City	1,808	7,934	176	1,002	232	1,432	218	1,199	73	1
Mater Infirmorum	551	2,030	75	410	79	232	33	160	32	0
Royal Victoria	697	2,280	57	338	89	441	122	266	31	0
Belfast HSCT	3,056	12,244	308	1,750	400	2,105	373	1,625	136	1
Antrim	923	2,383	59	259	174	480	166	468	42	0
Causeway	357	2,675	21	245	32	508	29	537	19	0
Mid Ulster	99	351	10	36	15	51	26	90	10	0
Moyle	157	236	9	29	78	62	15	32	1	0
Waveney	441	1,358	39	200	96	303	69	256	22	0
Whiteabbey	293	666	24	102	121	146	41	117	9	0
Northern HSCT	2,270	7,669	162	871	516	1,550	346	1,500	103	0
Ards	294	362	19	41	27	26	21	35	3	0
Bangor	323	682	17	72	36	47	9	16	3	0
Downe	234	283	24	30	23	26	25	49	5	0
Lagan Valley	323	707	31	93	21	47	15	61	11	0
Ulster	654	1,036	34	96	52	82	32	56	6	0
South Eastern HSCT	1,828	3,070	125	332	159	228	102	217	28	0
Craigavon Area	886	2,305	71	201	100	207	29	117	12	0
Daisy Hill	593	1,431	36	116	77	127	29	204	22	0
South Tyrone	194	570	7	38	24	34	2	46	5	0
Southern HSCT	1,673	4,306	114	355	201	368	60	367	39	0
NI Total	8,827	27,289	709	3,308	1,276	4,251	881	3,709	306	1

Table 37: Specialty 360 - Activity by Hospital/HSC Trust for Genito-Urinary Medicine, 2013/14<sup>27</sup>

	Attend	lances	DI	JΔ	CI	NA	Hospital Cance	ellations	Patient	Private Patient
Hospital/HSC Trust	New	Review	New	Review	New		New	Review	Died	Attendances
Royal Victoria	9,221	6,958	0	0	0	0	0	0	0	0
Belfast HSCT	9,221	6,958	0	0	0	0	0	0	0	0
Daisy Hill	1,250	397	0	0	0	0	0	0	0	0
Southern HSCT	1,250	397	0	0	0	0	0	0	0	0
Altnagelvin Area	3,595	1,342	156	472	0	0	0	0	0	0
Western HSCT	3,595	1,342	156	472	0	0	0	0	0	0
NI Total	14,066	8,697	156	472	0	0	0	0	0	0

<sup>&</sup>lt;sup>27</sup> Refer to Appendix 7: Explanatory Notes Point 8

Table 38: Specialty 361 - Activity by Hospital/HSC Trust for Nephrology, 2013/14

										Private
	<u>Attend</u>	<u>dances</u>	<u>DN</u>	<u>IA</u>	CN	<u>IA</u>	<b>Hospital Cance</b>	ellations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Belfast City	965	8,355	85	1,116	112	861	222	1,433	47	0
RBHSC	221	1,990	17	169	39	261	10	436	0	0
Royal Victoria	20	145	0	32	3	28	7	10	1	0
Belfast HSCT	1,206	10,490	102	1,317	154	1,150	239	1,879	48	0
Antrim	540	4,173	34	245	105	631	44	506	33	2
Causeway	44	86	3	4	5	13	6	17	0	0
Northern HSCT	584	4,259	37	249	110	644	50	523	33	2
Ulster	389	1,696	59	216	41	140	83	311	25	0
South Eastern HSCT	389	1,696	59	216	41	140	83	311	25	0
Daisy Hill	244	2,015	14	65	20	180	17	295	14	0
Southern HSCT	244	2,015	14	65	20	180	17	295	14	0
Altnagelvin Area	184	1,500	19	136	19	128	7	175	11	0
Roe Valley	16	84	0	8	0	6	0	6	0	0
South West Acute	52	398	6	31	8	70	4	44	1	0
Tyrone County	120	1,222	10	89	14	126	5	58	3	0
Western HSCT	372	3,204	35	264	41	330	16	283	15	0
NI Total	2,795	21,664	247	2,111	366	2,444	405	3,291	135	2

Table 39: Specialty 370 - Activity by Hospital/HSC Trust for Medical Oncology, 2013/14

										Private
	<u>Attend</u>	<u>lances</u>	<u>D</u> 1	IA	<u>C1</u>	<u>NA</u>	<b>Hospital Cance</b>	ellations	<b>Patient</b>	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
NI Cancer Centre	955	11,232	38	543	45	765	63	1,183	152	2
RBHSC	12	1,613	0	144	1	97	1	63	1	0
Belfast HSCT	967	12,845	38	687	46	862	64	1,246	153	2
Craigavon	65	358	3	30	0	15	5	27	5	0
Southern HSCT	65	358	3	30	0	15	5	27	5	0
NI Total	1,032	13,203	41	717	46	877	69	1,273	158	2

Table 40: Specialty 400 - Activity by Hospital/HSC Trust for Neurology, 2013/14

										Private
	Attend	<u>lances</u>	<u>DN</u>	<u>IA</u>	CN	<u>IA</u>	<b>Hospital Cance</b>	ellations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Belfast City	1,566	7,009	122	546	284	1,105	108	656	17	0
Royal Victoria	3,092	6,744	262	715	455	1,220	187	743	26	1
Belfast HSCT	4,658	13,753	384	1,261	739	2,325	295	1,399	43	1
Antrim	378	538	20	84	60	147	15	22	8	0
Mid Ulster	198	553	6	61	59	109	4	48	2	0
Northern HSCT	576	1,091	26	145	119	256	19	70	10	0
Ards	90	265	6	15	12	29	7	14	0	0
Lagan Valley	122	288	12	34	5	31	3	17	2	0
Ulster	1,071	1,102	57	133	51	108	30	105	7	0
South Eastern HSCT	1,283	1,655	75	182	68	168	40	136	9	0
Banbridge	69	498	15	23	14	49	0	1	0	0
Craigavon Area	2,982	2,809	107	153	140	185	44	31	2	0
Daisy Hill	29	539	3	38	1	63	1	26	2	0
South Tyrone	1	286	0	24	0	19	0	3	2	0
Southern HSCT	3,081	4,132	125	238	155	316	45	61	6	0
Altnagelvin Area	642	2,182	59	242	62	266	62	216	0	0
South West Acute	124	395	9	47	11	82	2	15	0	0
Tyrone County	113	372	18	36	25	81	8	41	1	0
Western HSCT	879	2,949	86	325	98	429	72	272	1	0
NI Total	10,477	23,580	696	2,151	1,179	3,494	471	1,938	69	1

Table 41: Specialty 401 - Activity by Hospital/HSC Trust for Clinical Neuro-Physiology, 2013/14

	Attend	lances	DN	NA	<u>C1</u>	NA	Hospital Cance	ellations	Patient	Private Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Royal Victoria	952	76	81	1	164	2	172	1	2	0
Belfast HSCT	952	76	81	1	164	2	172	1	2	0
NI Total	952	76	81	1	164	2	172	1	2	0

Table 42: Specialty 410 - Activity by Hospital/HSC Trust for Rheumatology, 2013/14

										Private
	<u>Attend</u>	ances	<u>DN</u>	<u>IA</u>	<u>CN</u>	<u> A</u>	<b>Hospital Cance</b>	<u>ellations</u>	<b>Patient</b>	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Belfast City	874	3,347	90	380	159	629	146	502	1	0
Musgrave Park	212	7,257	4	581	17	1,305	5	1,460	13	0
Royal Victoria	1,127	5,905	64	524	161	1,311	105	800	19	0
Belfast HSCT	2,213	16,509	158	1,485	337	3,245	256	2,762	33	0
Antrim	1,171	4,262	76	240	201	693	124	507	12	35
Causeway	309	1,634	16	103	32	197	25	175	1	0
Mid Ulster	77	152	2	21	3	23	22	61	0	0
Moyle	78	214	6	17	15	35	18	66	1	0
Waveney	190	1,038	9	73	40	173	10	107	5	1
Whiteabbey	109	419	12	51	16	44	5	52	1	0
Northern HSCT	1,934	7,719	121	505	307	1,165	204	968	20	36
Bangor	43	282	1	23	1	23	3	25	2	0
Downe	136	837	5	57	11	70	19	108	3	0
Lagan Valley	273	849	13	63	12	90	10	109	2	0
Ulster	1,179	4,541	89	403	144	458	124	669	4	0
South Eastern HSCT	1,631	6,509	108	546	168	641	156	911	11	0
Armagh Community	147	250	10	8	20	28	9	5	0	0
Banbridge	524	1,773	28	90	60	168	14	77	0	0
Craigavon Area	901	1,799	51	90	81	136	65	137	1	0
South Tyrone	182	310	3	10	24	32	7	61	0	0
Southern HSCT	1,754	4,132	92	198	185	364	95	280	1	0
Altnagelvin Area	971	3,863	77	271	124	468	78	157	7	0
South West Acute	359	1,001	14	33	20	69	1	41	0	5
Tyrone County	272	530	13	28	20	52	18	40	0	0
Western HSCT	1,602	5,394	104	332	164	589	97	238	7	5
NI Total	9,134	40,263	583	3,066	1,161	6,004	808	5,159	72	41

Table 43: Specialty 420 - Activity by Hospital/HSC Trust for Paediatrics, 2013/14<sup>28</sup>

										Private
	<u>Attend</u>	<u>lances</u>	DN	<u>IA</u>	<u>C1</u>	<u>IA</u>	<b>Hospital Cance</b>	ellations	<b>Patient</b>	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
RBHSC	11,363	26,490	1,016	3,976	750	2,893	539	4,541	12	1
Belfast HSCT	11,363	26,490	1,016	3,976	750	2,893	539	4,541	12	1
Antrim	1,070	3,282	99	430	159	646	123	837	0	13
Causeway	916	3,901	39	481	89	587	32	241	1	2
Mid Ulster	616	1,003	60	142	179	271	89	156	0	5
Moyle	85	232	11	69	18	100	47	192	0	C
Waveney	459	1,079	32	202	96	287	24	209	0	4
Whiteabbey	18	491	5	129	2	77	2	142	1	O
Northern HSCT	3,164	9,988	246	1,453	543	1,968	317	1,777	2	24
Ards	389	1,790	9	298	8	177	16	160	1	C
Downe	192	194	7	23	27	30	25	40	0	C
Lagan Valley	117	114	13	14	4	9	18	15	0	C
Ulster	1,815	4,171	158	1,307	163	547	143	2,681	1	C
South Eastern HSCT	2,513	6,269	187	1,642	202	763	202	2,896	2	0
Armagh Community	484	1,108	82	269	18	92	13	40	1	C
Banbridge	298	413	18	32	40	48	39	29	0	C
Bluestone	564	874	93	306	36	179	26	66	0	C
Craigavon Area	1,265	3,022	69	265	93	267	64	184	1	0
Daisy Hill	1,079	3,746	167	724	86	325	82	466	0	O
South Tyrone	529	1,129	30	110	43	83	8	30	0	O
Southern HSCT	4,219	10,292	459	1,706	316	994	232	815	2	0

Table 43: continued

	Attend	lances	DN	NA CNA			Hospital Cance	ellations	Patient	Private Patient	
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances	
Altnagelvin Area	1,702	6,516	163	705	161	610	252	1,112	0	0	
Grangewood	183	615	35	87	31	101	0	0	0	0	
Roe Valley	32	58	4	7	3	10	13	48	0	0	
South West Acute	536	2,775	29	149	43	193	38	206	0	0	
Tyrone County	472	1,455	47	275	22	79	35	167	0	0	
Western HSCT	2,925	11,419	278	1,223	260	993	338	1,533	0	0	
NI Total	24,184	64,458	2,186	10,000	2,071	7,611	1,628	11,562	18	25	

<sup>&</sup>lt;sup>28</sup> Refer to Appendix 7: Explanatory Notes Points 12 & 15

Table 44: Specialty 421 - Activity by Hospital/HSC Trust for Paediatric Neurology, 2013/14

										Private
	<u>Atten</u>	<u>dances</u>	<u>D</u> 1	<u>NA</u>	<u>C1</u>	<u>NA</u>	<b>Hospital Cance</b>	ellations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
RBHSC	229	1,563	7	199	22	270	31	384	8	0
Belfast HSCT	229	1,563	7	199	22	270	31	384	8	0
Lurgan	0	101	0	8	0	4	0	1	0	0
Southern HSCT	0	101	0	8	0	4	0	1	0	0
Altnagelvin Area	1	59	0	9	0	6	0	26	0	0
Western HSCT	1	59	0	9	0	6	0	26	0	0
NI Total	230	1,723	7	216	22	280	31	411	8	0

Table 45: Specialty 430 - Activity by Hospital/HSC Trust for Geriatric Medicine, 2013/14<sup>25</sup>

										Private
	<u>Attend</u>	dances	<u>D</u> 1	<u>IA</u>	<u>CN</u>	<u>IA</u>	<b>Hospital Cance</b>	ellations	<b>Patient</b>	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Belfast City	951	1,916	109	392	220	435	145	576	35	(
Mater Infirmorum	118	419	12	83	13	67	3	85	7	C
Musgrave Park	441	1,738	27	409	46	223	14	36	2	C
Royal Victoria	17	246	0	33	1	33	15	68	2	C
Belfast HSCT	1,527	4,319	148	917	280	758	177	765	46	C
Antrim	276	127	2	7	24	32	13	29	3	(
Causeway	133	315	7	36	21	71	8	53	3	(
Mid Ulster	29	196	2	23	19	59	18	119	4	(
Moyle	0	37	0	20	0	48	0	0	0	C
Waveney	121	161	4	37	23	45	9	27	5	(
Whiteabbey	533	1,133	62	231	86	180	61	117	23	2
Northern HSCT	1,092	1,969	77	354	173	435	109	345	38	2
Lagan Valley	635	670	50	88	67	89	69	97	6	(
Ulster	2,001	2,137	136	212	227	318	176	402	31	3
South Eastern HSCT	2,636	2,807	186	300	294	407	245	499	37	3
Craigavon Area	703	658	34	111	24	86	36	76	7	(
Daisy Hill	98	4	2	0	5	0	3	0	0	(
Lurgan	767	1,264	13	48	139	385	19	82	19	C
Mullinure	256	470	11	12	42	266	19	149	10	C
South Tyrone	255	454	31	63	34	116	24	129	3	C
Southern HSCT	2,079	2,850	91	234	244	853	101	436	39	C

Table 45: continued

										Private
	<u>Attend</u>	dances	DN	<u>IA</u>	<u>C1</u>	<u>IA</u>	<b>Hospital Cance</b>	ellations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Altnagelvin Area	239	1,150	32	267	6	126	7	243	17	0
Roe Valley	13	143	2	27	1	26	3	33	1	0
South West Acute	403	1,101	24	78	59	197	38	129	14	0
Tyrone County	263	340	25	31	43	49	10	68	3	0
Western HSCT	918	2,734	83	403	109	398	58	473	35	0
NI Total	8,252	14,679	585	2,208	1,100	2,851	690	2,518	195	5

<sup>&</sup>lt;sup>25</sup> Refer to Appendix 7: Explanatory Notes Points 16

Table 46: Specialty 450 - Activity by Hospital/HSC Trust for Dental Medicine Specialties, 2013/14

	Attend	ances	DN	<b>IA</b>	CN	NA.	Hospital Cance	ellations	Patient	Private Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Royal Victoria	1,526	3,186	133	635	229	948	106	285	3	1
Belfast HSCT	1,526	3,186	133	635	229	948	106	285	3	1
NI Total	1,526	3,186	133	635	229	948	106	285	3	1

Table 47: Specialty 502 - Activity by Hospital/HSC Trust for Gynaecology, 2013/14

										Private
	<u>Attenc</u>	<u>lances</u>	<u>D</u> 1	<u>IA</u>	<u>C1</u>	<u>IA</u>	<b>Hospital Cance</b>	ellations	<b>Patient</b>	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Belfast City	4,063	4,290	331	399	813	774	333	611	5	C
Mater Infirmorum	1,317	1,465	174	300	253	303	119	261	2	O
Royal Victoria	5,405	5,685	504	839	1,203	1,336	600	614	0	1
Belfast HSCT	10,785	11,440	1,009	1,538	2,269	2,413	1,052	1,486	7	1
Antrim	3,147	2,492	229	250	676	600	274	283	3	128
Causeway	2,310	2,850	186	207	410	456	218	216	2	8
Mid Ulster	865	942	48	101	221	208	38	68	2	0
Moyle	328	413	24	47	71	93	8	22	0	O
Waveney	656	921	30	96	120	214	47	102	1	2
Whiteabbey	777	836	88	127	170	192	86	146	2	14
Northern HSCT	8,083	8,454	605	828	1,668	1,763	671	837	10	152
Ards	434	332	25	36	43	31	56	77	0	C
Bangor	1,060	684	58	77	150	73	46	35	0	O
Downe	465	418	41	35	54	52	13	20	0	C
Lagan Valley	2,329	1,765	167	183	241	244	184	207	1	C
Ulster	4,750	2,389	139	516	210	389	170	656	5	C
South Eastern HSCT	9,038	5,588	430	847	698	789	469	995	6	0
Armagh Community	326	412	16	31	40	58	2	18	0	C
Banbridge	260	205	25	13	41	22	10	13	0	0
Craigavon Area	5,626	7,343	284	323	728	394	196	316	1	0
Daisy Hill	3,275	3,446	264	470	526	664	127	406	3	10
Kilkeel Primary Care Centre	186	161	18	5	34	20	3	5	0	O
South Tyrone	571	671	31	64	101	75	40	81	0	0
Southern HSCT	10,244	12,238	638	906	1,470	1,233	378	839	4	10

Table 47: continued

										Private
	<u>Attend</u>	ances	DN	<u>IA</u>	<u>C1</u>	<u>NA</u>	<b>Hospital Cance</b>	ellations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Altnagelvin Area	5,204	4,609	344	355	609	728	254	608	3	1
Roe Valley	380	568	35	35	58	67	29	43	0	0
South West Acute	2,474	2,709	71	154	170	305	61	186	1	14
Tyrone County	866	1,108	85	85	136	144	48	69	0	1
Western HSCT	8,924	8,994	535	629	973	1,244	392	906	4	16
NI Total	47,074	46,714	3,217	4,748	7,078	7,442	2,962	5,063	31	179

Table 48: Specialty 510 - Activity by Hospital/HSC Trust for Obstetrics (Ante Natal), 2013/14

										Private
	<u>Atten</u>	<u>dances</u>	<u>DN</u>	<u>IA</u>	CN	<u>IA</u>	<b>Hospital Cance</b>	llations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Mater Infirmorum	58	323	1	26	0	4	83	247	0	C
Royal Maternity	5,534	17,517	349	935	562	1,452	422	1,023	0	C
Belfast HSCT	5,592	17,840	350	961	562	1,456	505	1,270	0	0
Antrim	1,075	3,443	25	68	94	124	88	308	0	92
Causeway	1,244	7,981	23	150	152	200	134	828	0	1
Mid Ulster	687	1,635	12	79	97	85	64	273	0	0
Moyle	317	905	7	35	33	22	59	250	0	0
Waveney	626	2,019	18	91	65	129	77	257	0	C
Whiteabbey	219	523	11	56	30	29	78	65	0	1
Northern HSCT	4,168	16,506	96	479	471	589	500	1,981	0	94
Downe	1	959	0	65	0	55	0	109	0	C
Lagan Valley	459	1,374	20	97	4	94	3	91	0	O
Ulster	3,983	11,491	193	455	326	756	182	1,469	0	O
South Eastern HSCT	4,443	13,824	213	617	330	905	185	1,669	0	0
Armagh Community	355	1,394	7	85	58	109	48	43	0	C
Craigavon Area	1,337	7,439	44	199	214	640	60	416	0	C
Daisy Hill	1,424	5,702	81	160	232	771	30	187	0	O
South Tyrone	40	2,834	1	73	2	260	2	143	0	O
Southern HSCT	3,156	17,369	133	517	506	1,780	140	789	0	0

Table 48: continued

										Private
	<u>Atten</u>	<u>dances</u>	DN	<u>IA</u>	<u>CN</u>	<u> </u>	<b>Hospital Cance</b>	ellations	<b>Patient</b>	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Altnagelvin Area	2,370	5,820	109	795	163	159	102	484	0	1
Roe Valley	351	519	5	101	8	12	37	44	0	0
South West Acute	1,059	3,398	38	215	93	111	61	515	0	0
Tyrone County	439	973	25	170	15	24	16	56	0	0
Western HSCT	4,219	10,710	177	1,281	279	306	216	1,099	0	1
NI Total	21,578	76,249	969	3,855	2,148	5,036	1,546	6,808	0	95

Table 49: Specialty 520 - Activity by Hospital/HSC Trust for Obstetrics (Post Natal), 2013/14

										Private
	<u>Atten</u>	<u>dances</u>	<u>Di</u>	NA AV	<u>CI</u>	<u>A/</u>	<b>Hospital Cance</b>	ellations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Antrim	2	. 46	0	3	0	9	2	27	0	0
Northern HSCT	2	46	0	3	0	9	2	27	0	0
Daisy Hill	19	153	6	49	1	24	2	62	0	0
Southern HSCT	19	153	6	49	1	24	2	62	0	0
NI Total	21	199	6	52	1	33	4	89	0	0

Table 50: Specialty 540 - Activity by Hospital/HSC Trust for Well Babies (Obstetrics), 2013/14<sup>23</sup>

	Attend	lances	DNA	<u>\</u>	CN	<u>A</u>	Hospital Cance	ellations	Patient	Private Patient
Hospital/HSC Trust	New	Review	New F	Review	New	Review	New	Review	Died	Attendances
Antrim	0	1	0	0	0	0	0	0	0	0
Northern HSCT	0	1	0	0	0	0	0	0	0	0
NI Total	0	1	0	0	0	0	0	0	0	0

<sup>&</sup>lt;sup>23</sup> Refer to Appendix 7: Explanatory Notes Points 4

Table 51: Specialty 700 - Activity by Hospital/HSC Trust for Learning Disability, 2013/14

										Private
	<u>Atten</u>	<u>dances</u>	<u>DN</u>	<u>IA</u>	<u>C1</u>	<u>NA</u>	<b>Hospital Cance</b>	<u>ellations</u>	<b>Patient</b>	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Muckamore Abbey	274	3,099	75	466	57	447	10	190	5	0
Belfast HSCT	274	3,099	75	466	57	447	10	190	5	0
Longstone	127	1,499	40	393	0	0	0	15	0	0
Southern HSCT	127	1,499	40	393	0	0	0	15	0	0
Lakeview	63	1,634	11	143	4	148	0	0	0	0
Western HSCT	63	1,634	11	143	4	148	0	0	0	0
NI Total	464	6,232	126	1,002	61	595	10	205	5	0

Table 52: Specialty 710 - Activity by Hospital/HSC Trust for Mental Illness, 2013/14<sup>29</sup>

										Private
	<u>Attend</u>	dances	<u>DN</u>	<u>IA</u>	<u>C1</u>	<u>IA</u>	<b>Hospital Cance</b>	ellations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Belfast City	0	580	0	0	0	0	0	0	0	0
Mater Infirmorum	446	3,690	208	1,659	35	371	121	1,887	17	0
Windsor House	0	158	0	0	0	0	0	0	0	0
Belfast HSCT	446	4,428	208	1,659	35	371	121	1,887	17	0
NI Total	446	4,428	208	1,659	35	371	121	1,887	17	0

<sup>&</sup>lt;sup>29</sup> Refer to Appendix 7: Explanatory Notes 4 & 11

Table 53: Specialty 711 - Activity by Hospital/HSC Trust for Child & Adolescent Psychiatry, 2013/14

	<u>Atten</u>	<u>dances</u>	DN	<u>NA</u>	CI	NA	Hospital Cance	ellations	Patient	Private Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Beechcroft	298	6,166	51	1,091	44	546	49	120	0	0
Belfast HSCT	298	6,166	51	1,091	44	546	49	120	0	0
NI Total	298	6,166	51	1,091	44	546	49	120	0	0

Table 54: Specialty 715 - Activity by Hospital/HSC Trust for Old Age Psychiatry, 2013/14<sup>29</sup>

										Private
	<u>Attenda</u>	ances	<u>DN</u>	<u>IA</u>	<u>CN</u>	<u>IA</u>	<b>Hospital Cance</b>	ellations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Belfast City	0	340	0	0	0	0	0	0	0	0
Mater Infirmorum	447	1,692	105	339	85	328	95	539	49	0
Windsor House	0	111	0	0	0	0	0	0	0	0
Belfast HSCT	447	2,143	105	339	85	328	95	539	49	0
Ards	743	1,803	129	275	179	380	220	1,007	58	0
Downe	174	314	20	36	45	51	9	5	0	0
Lagan Valley	264	972	47	168	78	214	0	2	0	0
South Eastern HSCT	1,181	3,089	196	479	302	645	229	1,014	58	0
Bluestone	314	1,135	33	170	46	245	75	362	15	0
Daisy Hill	211	747	35	111	71	196	71	114	5	0
St Luke's	312	935	124	312	40	144	45	134	9	0
Southern HSCT	837	2,817	192	593	157	585	191	610	29	0
NI Total	2,465	8,049	493	1,411	544	1,558	515	2,163	136	0

<sup>&</sup>lt;sup>29</sup> Refer to Appendix 7: Explanatory Notes 4 & 11

Table 55: Specialty 800 - Activity by Hospital/HSC Trust for Clinical Oncology, 2013/14

	Attend	lances	<u>DNA</u> <u>CNA</u>			IA.	Hospital Cance	Patient	Private Patient	
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
NI Cancer Centre	3,854	39,853	202	2,401	227	2,460	354	4,120	506	48
Belfast HSCT	3,854	39,853	202	2,401	227	2,460	354	4,120	506	48
NI Total	3,854	39,853	202	2,401	227	2,460	354	4,120	506	48

Table 56: Specialty 822 - Activity by Hospital/HSC Trust for Chemical Pathology, 2013/14

										Private
	<u>Attend</u>	<u>ances</u>	DN	<u>IA</u>	CN	<u>IA</u>	<b>Hospital Cance</b>	ellations	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Antrim	128	361	12	74	27	123	5	36	2	0
Causeway	221	1,555	43	213	55	516	54	1,369	15	0
Northern HSCT	349	1,916	55	287	82	639	59	1,405	17	0
Banbridge	87	141	5	11	8	30	1	2	0	0
Craigavon Area	45	72	3	5	1	10	0	8	0	0
Southern HSCT	132	213	8	16	9	40	1	10	0	0
Altnagelvin Area	50	178	8	44	16	62	7	19	0	0
South West Acute	13	27	3	17	3	7	2	10	0	0
Tyrone County	55	123	16	68	10	18	10	24	0	0
Western HSCT	118	328	27	129	29	87	19	53	0	0
NI Total	599	2,457	90	432	120	766	79	1,468	17	0

Table 57: Specialty 823 - Activity by Hospital/HSC Trust for Haematology, 2013/14

	Attend	lances	DN	DNA		<u>IA</u>	Hospital Cance	ellations	Patient	Private Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Mater Infirmorum	22	3,294	2	373	0	87	1	90	0	0
Belfast HSCT	22	3,294	2	373	0	87	1	90	0	0
NI Total	22	3,294	2	373	0	87	1	90	0	0

Table 58: Specialty 990 - Activity by Hospital/HSC Trust for Joint Consultant Clinics, 2013/14

										Private	
	<u>Attendances</u>		DNA		<u>CNA</u>		<b>Hospital Cance</b>	ellations	Patient	Patient	
Hospital/HSC Trust	New	Review	New	Review	New	Review	New Review	Died	Attendances		
Royal Maternity	1,126	4,093	65	287	99	306	125	109	0	0	
Belfast HSCT	1,126	4,093	65	287	99	306	125	109	0	0	
Antrim	339	1,544	14	54	39	95	20	129	0	0	
Northern HSCT	339	1,544	14	54	39	95	20	129	0	0	
NI Total	1,465	5,637	79	341	138	401	145	238	0	0	

Table 59: Independent Sector Activity by Specialty/HSC Trust, 2013/14<sup>30</sup>

	Spec	Δ	attendances	
Specialty/HSC Trust	Code	New <u>-</u>	Review	Total
General Surgery	100	23	205	228
Urology	101	389	69	458
T & O Surgery	110	11,653	17,148	28,801
ENT	120	2,089	1,061	3,150
Ophthalmology	130	1,871	1,944	3,815
Restorative Dentistry	141	252	479	731
Neurosurgery	150	220	146	366
Plastic Surgery	160	14	6	20
Paediatric Surgery	171	1	75	76
Pain Management	191	253	744	997
Cardiology	320	230	15	245
Dermatology	330	426	440	866
Neurology	400	0	6	6
Clinical Neuro-Physiology	401	2,900	0	2,900
Rheumatology	410	406	180	586
Paediatrics	420	18	88	106
Paediatric Neurology	421	1	22	23
Gynaecology	502	0	24	24
Belfast HSCT		20,746	22,652	43,398
General Surgery	100	772	868	1,640
Urology	101	0	2	2
ENT	120	879	700	1,579
Pain Management	191	736	585	1,321
Gastroenterology	301	1,049	286	1,335
Dermatology	330	1,381	396	1,777
Neurology	400	393	183	576
Rheumatology	410	273	69	342
Gynaecology	502	509	628	1,137
Northern HSCT		5,992	3,717	9,709

Table 59: continued

	Spec	Attenda	ances	
Specialty/HSC Trust	Code	New	Review	Total
General Surgery	100	0	2	2
Urology	101	0	157	157
ENT	120	985	374	1,359
Oral Surgery	140	947	536	1,483
Plastic Surgery	160	1,732	3,535	5,267
Thoracic Surgery	172	18	79	97
Pain Management	191	2	88	90
General Medicine	300	1,479	1,397	2,876
Dermatology	330	1,799	1,001	2,800
Thoracic Medicine	340	161	86	247
Neurology	400	842	353	1,195
Rheumatology	410	811	660	1,471
Paediatrics	420	162	148	310
Gynaecology	502	1,721	888	2,609
South Eastern HSCT		10,659	9,304	19,963
General Surgery	100	866	516	1,382
Urology	101	0	17	17
T & O Surgery	110	173	1,043	1,216
ENT	120	276	86	362
Ophthalmology	130	1,534	1,204	2,738
Oral Surgery	140	0	4	4
Pain Management	191	3	103	106
Paediatrics	420	24	0	24
Gynaecology	502	0	24	24
Southern HSCT		2,876	2,997	5,873

Table 59: continued

	Spec	Attenda	ances	
Specialty/HSC Trust	Code	New	Review	Total
General Surgery	100	695	427	1,122
Urology	101	0	2	2
T & O Surgery	110	2,123	3,319	5,442
ENT	120	28	444	472
Ophthalmology	130	491	389	880
Oral Surgery	140	708	153	861
General Medicine	300	823	132	955
Neurology	400	942	373	1,315
Rheumatology	410	295	33	328
Gynaecology	502	740	337	1,077
Western HSCT		6,845	5,609	12,454
NI Total		47,118	44,279	91,397

Source: IS1 Part 1

<sup>&</sup>lt;sup>30</sup> Refer to Appendix 7: Explanatory Notes Point 6

<sup>\*</sup> Not National Statistics

Table 60: ICATS Activity Trends by HSC Trust, 2010/11 to 2013/14<sup>31</sup>

	Activity					Change	Change
HSC Trust	Indicator	2010/11	2011/12	2012/13	2013/14	12/13 - 13/14	10/11- 13/14
Belfast HSCT	Outpatients						
	New Attendances	5,170	5,490	5,573	6,814	22.3%	31.8%
	Review Attendances	10,071	11,099	11,179	11,155	-0.2%	10.8%
	Total Attendances	15,241	16,589	16,752	17,969	7.3%	17.9%
	Total Did Not Attends (DNAs)	1,895	1,762	1,956	1,855	-5.2%	-2.1%
	Total Could Not Attends (CNAs)	1,867	1,968	2,124	2,496	17.5%	33.7%
	Total Hospital Cancellations	1,211	1,229	1,510	1,475	-2.3%	21.8%
	DNA Rate	11.1	9.6	10.5	9.4	-1.1	-1.7
	CNA Rate	10.9	10.6	11.3	12.2	0.9	1.3
	Hospital Cancellation Rate	7.4	6.9	8.3	7.6	-0.7	0.2
Northern HSCT	Outpatients						
	New Attendances	12,022	13,051	13,590	12,755	-6.1%	6.1%
	Review Attendances	11,187	12,201	13,870	14,862	7.2%	32.9%
	Total Attendances	23,209	25,252	27,460	27,617	0.6%	19.0%
	Total Did Not Attends (DNAs)	1,850	2,019	1,860	1,862	0.1%	0.6%
	Total Could Not Attends (CNAs)	3,573	3,295	4,402	4,525	2.8%	26.6%
	Total Hospital Cancellations	3,035	1,971	2,769	2,371	-14.4%	-21.9%
	DNA Rate	7.4	7.4	6.3	6.3	0.0	-1.1
	CNA Rate	13.3	11.5	13.8	14.1	0.3	0.8
	Hospital Cancellation Rate	11.6	7.2	9.2	7.9	-1.3	-3.7
South Eastern HSCT	Outpatients						
	New Attendances	9,241	9,503	8,851	8,961	1.2%	-3.0%
	Review Attendances	7,877	9,048	11,654	11,966	2.7%	51.9%
	Total Attendances	17,118	18,551	20,505	20,927	2.1%	22.3%
	Total Did Not Attends (DNAs)	1,507	1,620	2,070	2,372	14.6%	57.4%
	Total Could Not Attends (CNAs)	1,499	2,082	2,644	2,488	-5.9%	66.0%
	<b>Total Hospital Cancellations</b>	1,106	2,092	1,863	1,824	-2.1%	64.9%
	DNA Rate	8.1	8.0	9.2	10.2	1.0	2.1
	CNA Rate	8.1	10.1	11.4	10.6	-0.8	2.5
	Hospital Cancellation Rate	6.1	10.1	8.3	8.0	-0.3	1.9

Table 60: continued

Specialty	Activity					Change	Change
	Indicator	2010/11	2011/12	2012/13	2013/14	12/13 - 13/14	10/11- 13/14
Southern HSCT	Outpatients						
	New Attendances	5,619	5,927	8,243	8,648	4.9%	53.9%
	Review Attendances	3,536	7,176	10,200	11,631	14.0%	228.9%
	Total Attendances	9,155	13,103	18,443	20,279	10.0%	121.5%
	Total Did Not Attends (DNAs)	672	1,041	1,682	1,587	-5.6%	136.2%
	Total Could Not Attends (CNAs)	1,220	1,578	2,434	2,262	-7.1%	85.4%
	Total Hospital Cancellations	460	818	1,210	1,403	16.0%	205.0%
	DNA Rate	6.8	7.4	8.4	7.3	-1.1	0.5
	CNA Rate	11.8	10.7	11.7	10.0	-1.7	-1.8
	Hospital Cancellation Rate	4.8	5.9	6.2	6.5	0.3	1.7
Western HSCT	Outpatients						
	New Attendances	7,984	8,529	8,947	9,705	8.5%	21.6%
	Review Attendances	12,725	13,987	14,636	15,409	5.3%	21.1%
	Total Attendances	20,709	22,516	23,583	25,114	6.5%	21.3%
	Total Did Not Attends (DNAs)	2,435	2,547	2,423	2,242	-7.5%	-7.9%
	Total Could Not Attends (CNAs)	2,007	2,771	2,953	3,129	6.0%	55.9%
	Total Hospital Cancellations	1,217	1,981	1,969	1,922	-2.4%	57.9%
	DNA Rate	10.5	10.2	9.3	8.2	-1.1	-2.3
	CNA Rate	8.8	11.0	11.1	11.1	0.0	2.3
	Hospital Cancellation Rate	5.6	8.1	7.7	7.1	-0.6	1.5
NI Total	Outpatients						
	New Attendances	40,036	42,500	45,204	46,883	3.7%	17.1%
	Review Attendances	45,396	53,511	61,539	65,023	5.7%	43.2%
	Total Attendances	85,432	96,011	106,743	111,906	4.8%	31.0%
	Total Did Not Attends (DNAs)	8,359	8,989	9,991	9,918	-0.7%	18.7%
	Total Could Not Attends (CNAs)	10,166	11,694	14,557	14,900	2.4%	46.6%
	Total Hospital Cancellations	7,029	8,091	9,321	8,995	-3.5%	28.0%
	DNA Rate	8.9	8.6	8.6	8.1	-0.5	-0.8
	CNA Rate	10.6	10.9	12.0	11.8	-0.2	1.2
	Hospital Cancellation Rate	7.6	7.8	8.0	7.4	-0.6	-0.2

<sup>&</sup>lt;sup>31</sup> Refer to Appendix 7: Explanatory Notes Points 1-3 and 17-18

Table 61a: ICATS Activity and Rates by Specialty/HSC Trust, 2013/14<sup>31</sup>

				Total			Hospital		Private
	Total	Total	Total	Hospital	DNA	CNA	Cancellation	<b>Patient</b>	Patient
Specialty/HSC Trust	Attendances	DNA	CNA	Cancellations	Rate	Rate	Rate	Died	Attendances
T & O Surgery	15,161	1,557	1,932	879	9.3	11.3	5.5	0	0
Ophthalmology	1,419	91	304	288	6.0	17.6	16.9	0	0
Dermatology	1,389	207	260	308	13.0	15.8	18.1	0	0
Belfast HSCT	17,969	1,855	2,496	1,475	9.4	12.2	7.6	0	0
T & O Surgery	14,382	724	1,795	860	4.8	11.1	5.6	0	0
ENT	3,790	307	846	434	7.5	18.2	10.3	0	0
Ophthalmology	5,126	312	777	331	5.7	13.2	6.1	0	0
Dermatology	4,319	519	1,107	746	10.7	20.4	14.7	0	0
Northern HSCT	27,617	1,862	4,525	2,371	6.3	14.1	7.9	0	0
T & O Surgery	11,907	1,490	1,141	784	11.1	8.7	6.2	0	0
ENT	1,924	195	252	288	9.2	11.6	13.0	0	0
Ophthalmology	2,902	168	340	305	5.5	10.5	9.5	0	0
Dermatology	4,194	519	755	447	11.0	15.3	9.6	0	0
South Eastern HSCT	20,927	2,372	2,488	1,824	10.2	10.6	8.0	0	0
Urology	1,181	59	173	165	4.8	12.8	12.3	0	0
T & O Surgery	12,253	916	1,247	843	7.0	9.2	6.4	0	0
ENT	4,218	391	521	289	8.5	11.0	6.4	0	0
Cardiology	458	36	18	10	7.3	3.8	2.1	0	0
Dermatology	2,169	185	303	96	7.9	12.3	4.2	0	0
Southern HSCT	20,279	1,587	2,262	1,403	7.3	10.0	6.5	0	0

Table 61a: continued

				Total			Hospital		Private
	Total	Total	Total	Hospital	DNA	CNA	Cancellation	Patient	Patient
Specialty/HSC Trust	Attendances	DNA	CNA	Cancellations	Rate	Rate	Rate	Died	Attendances
Urology	1,102	81	124	77	6.8	10.1	6.5	0	0
T & O Surgery	12,926	1,476	1,424	823	10.2	9.9	6.0	0	0
ENT	3,656	213	493	434	5.5	11.9	10.6	0	0
Ophthalmology	5,745	350	928	390	5.7	13.9	6.4	0	0
Cardiology	1,685	122	160	198	6.8	8.7	10.5	0	0
Western HSCT	25,114	2,242	3,129	1,922	8.2	11.1	7.1	0	0
NI Total	111,906	9,918	14,900	8,995	8.1	11.8	7.4	0	0

<sup>&</sup>lt;sup>31</sup> Refer to Appendix 7: Explanatory Notes Points 1-3 and 17-18

Table 61b : ICATS Activity for New and Review by Specialty/HSC Trust, 2013/14<sup>31</sup>

	Attend	ances	DN	IA	CN	<b>IA</b>	Hospital Cance	ellations
Specialty/HSC Trust	New	Review	New	Review	New	Review	New	Review
T & O Surgery	4,871	10,290	392	1,165	631	1,301	299	580
Ophthalmology	1,349	70	74	17	271	33	267	21
Dermatology	594	795	61	146	103	157	85	223
Belfast HSCT	6,814	11,155	527	1,328	1,005	1,491	651	824
T & O Surgery	7,422	6,960	296	428	724	1,071	404	456
ENT	1,881	1,909	77	230	330	516	101	333
Ophthalmology	2,030	3,096	74	238	242	535	74	257
Dermatology	1,422	2,897	121	398	398	709	199	547
Northern HSCT	12,755	14,862	568	1,294	1,694	2,831	778	1,593
T & O Surgery	4,498	7,409	320	1,170	507	634	294	490
ENT	1,038	886	64	131	116	136	31	257
Ophthalmology	1,504	1,398	87	81	180	160	168	137
Dermatology	1,921	2,273	141	378	304	451	174	273
South Eastern HSCT	8,961	11,966	612	1,760	1,107	1,381	667	1,157
Urology	340	841	27	32	135	38	127	38
T & O Surgery	5,356	6,897	326	590	505	742	312	531
ENT	1,361	2,857	115	276	187	334	85	204
Cardiology	345	113	29	7	15	3	7	3
Dermatology	1,246	923	85	100	164	139	31	65
Southern HSCT	8,648	11,631	582	1,005	1,006	1,256	562	841

Table 61b: continued

	<u>Attendances</u>		DNA		CNA		Hospital Cancellations	
Specialty/HSC Trust	New	Review	New	Review	New	Review	New	Review
Urology	187	915	18	63	23	101	6	71
T & O Surgery	6,007	6,919	416	1,060	692	732	347	476
ENT	1,859	1,797	114	99	228	265	163	271
Ophthalmology	1,652	4,093	95	255	296	632	136	254
Cardiology	0	1,685	0	122	0	160	0	198
Western HSCT	9,705	15,409	643	1,599	1,239	1,890	652	1,270
NI Total	46,883	65,023	2,932	6,986	6,051	8,849	3,310	5,685

<sup>&</sup>lt;sup>31</sup> Refer to Appendix 7: Explanatory Notes Points 1-3 and 17-18

Table 62: ICATS Activity by Specialty, 2013/14<sup>31</sup>

										Private
	<u>Attend</u>	<u>ances</u>	<u>D</u> 1	<u> </u>	<u>CN</u>	<u> </u>	Hospital Cance	<u>ellations</u>	Patient	Patient
Specialty	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Urology	527	1,756	45	95	158	139	133	109	0	0
T & O Surgery	28,154	38,475	1,750	4,413	3,059	4,480	1,656	2,533	0	0
ENT	6,139	7,449	370	736	861	1,251	380	1,065	0	0
Ophthalmology	6,535	8,657	330	591	989	1,360	645	669	0	0
Cardiology	345	1,798	29	129	15	163	7	201	0	0
Dermatology	5,183	6,888	408	1,022	969	1,456	489	1,108	0	0
NI Total	46,883	65,023	2,932	6,986	6,051	8,849	3,310	5,685	0	0

<sup>&</sup>lt;sup>31</sup> Refer to Appendix 7: Explanatory Notes Points 1-3 and 17-18

# Appendix 1: Specialties of consultant led outpatient services provided in each hospital during 2013/14

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), Chemical Pathology
Antrim	General Surgery, Ear, Nose & Throat, Oral Surgery, Accident & Emergency, Anaesthetics, Pain Management, General Medicine, Gastroenterology, Endocrinology, Haematology (Clinical), Palliative Medicine, Cardiology, Dermatology, Thoracic Medicine, Nephrology, Neurology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Obstetrics (Post Natal), Well Babies (Obstetrics), Chemical Pathology, Joint Consultant Clinics
Ards	General Surgery, Urology, Ear, Nose & Throat, Ophthalmology, Plastic Surgery, General Medicine, Haematology (Clinical), Cardiology, Dermatology, Thoracic Medicine, Neurology, Paediatrics, Gynaecology, Old Age Psychiatry
Armagh Community	General Surgery, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Pain Management, Gastroenterology, Endocrinology, Cardiology, Dermatology, Rheumatology, Paediatrics, Gynaecology, Obstetrics (Ante Natal)
Banbridge	General Surgery, Urology, Ear, Nose & Throat, Gastroenterology, Endocrinology, Cardiology, Neurology, Rheumatology, Paediatrics, Gynaecology, Chemical Pathology
Bangor	General Surgery, Urology, Ear, Nose & Throat, Ophthalmology, General Medicine, Haematology (Clinical), Cardiology, Dermatology, Thoracic Medicine, Rheumatology, Gynaecology
Beechcroft	Child & Adolescent Psychiatry
Belfast City	General Surgery, Urology, Ear, Nose & Throat, Ophthalmology, Oral Surgery, Thoracic Surgery, Pain Management, General Medicine, Gastroenterology, Endocrinology, Haematology (Clinical), Clinical Genetics, Cardiology, Dermatology, Thoracic Medicine, Nephrology, Neurology, Rheumatology, Geriatric Medicine, Gynaecology, Mental Illness, Old Age Psychiatry
Bluestone	Paediatrics, Old Age Psychiatry

Causeway General Surgery, Urology, 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), Chemical

Pathology

Craigavon Area General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose

& Throat, Ophthalmology, Oral Surgery, Paediatric Dentistry,

Orthodontics, Thoracic Surgery, Anaesthetics, Pain Management, General Medicine, Gastroenterology,

Endocrinology, Haematology (Clinical), Palliative Medicine,

Cardiology, Dermatology, Thoracic Medicine, Medical Oncology, Neurology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Chemical

Pathology

Daisy Hill General Surgery, Urology, Ear, Nose & Throat, Ophthalmology,

Oral Surgery, Thoracic Surgery, Accident & Emergency, Pain

Management, General Medicine, Gastroenterology,

Endocrinology, Haematology (Clinical), Palliative Medicine, Cardiology, Dermatology, Thoracic Medicine, Genito-Urinary Medicine, Nephrology, Neurology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Obstetrics

(Post Natal), Old Age Psychiatry

Downe General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose

& Throat, Ophthalmology, Oral Surgery, Accident &

Emergency, General Medicine, Gastroenterology, Dermatology, Thoracic Medicine, Rheumatology, Paediatrics, Gynaecology,

Obstetrics (Ante Natal), Old Age Psychiatry

Grangewood Paediatrics

Kilkeel Primary Care Centre General Surgery, General Medicine, Endocrinology,

Gynaecology

Lagan Valley General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose

& Throat, Ophthalmology, Plastic Surgery, Accident &

Emergency, General Medicine, Endocrinology, Dermatology, Thoracic Medicine, Neurology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Old

Age Psychiatry

Lakeview Learning Disability

Longstone Learning Disability

Lurgan Paediatric Neurology, Geriatric Medicine

Mater General Surgery, Trauma & Orthopaedics, Ophthalmology,

Pain Management, General Medicine, Gastroenterology, Endocrinology, Cardiology, Thoracic Medicine, Geriatric

Medicine, Gynaecology, Obstetrics (Ante Natal), Mental Illness,

Old Age Psychiatry, Haematology

Mid-Ulster General Surgery, Ear, Nose & Throat, Orthodontics, Pain

Management, General Medicine, Gastroenterology,

Endocrinology, Haematology (Clinical), Dermatology, Thoracic Medicine, Neurology, Rheumatology, Paediatrics, Geriatric

Medicine, Gynaecology, Obstetrics (Ante Natal)

Moyle General Surgery, Ear, Nose &Throat, Endocrinology,

Dermatology, Thoracic Medicine, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal)

Muckamore Abbey Learning Disability

Mullinure Geriatric Medicine

Musgrave Park Trauma & Orthopaedics, Rehabilitation, Rheumatology,

Geriatric Medicine

NI Cancer Centre Palliative Medicine, Medical Oncology, Clinical Oncology

Roe Valley (Outpatients) General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose

& Throat, Ophthalmology, General Medicine, Cardiology, Nephrology, Paediatrics, Geriatric Medicine, Gynaecology,

Obstetrics (Ante Natal)

RBHSC Trauma & Orthopaedics, Ear, Nose & Throat, Paediatric

Dentistry, Neurosurgery, Plastic Surgery, Cardiac Surgery, Paediatric Surgery, Endocrinology, Hematology (Clinical), Audiological Medicine, Cardiology, Dermatology, Nephrology,

Medical Oncology, Paediatrics, Paediatric Neurology

Royal Jubilee Maternity Anaesthetics, Obstetrics (Ante 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, Pain Management, General Medicine, Gastroenterology, Endocrinology, Haematology (Clinical), Rehabilitation, Cardiology, Dermatology, Thoracic Medicine, Genito-Urinary Medicine, Nephrology, Neurology, Clinical Neuro-Physiology, Rheumatology, Geriatric Medicine, Dental Medicine Specialties, Gynaecology

South Tyrone

General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Pain Management, General Medicine, 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, Oral Surgery, Orthodontics, General Medicine, Haematology (Clinical), Palliative Medicine, Cardiology, Dermatology, Nephrology, Neurology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Chemical Pathology

St Luke's

Old Age Psychiatry

Tyrone County

General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Oral Surgery, Pain Management, General Medicine, Haematology (Clinical), Palliative Medicine, Cardiology, Dermatology, Nephrology, Neurology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Chemical Pathology

Ulster

General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Oral Surgery, Plastic Surgery, Paediatric Surgery, Accident & Emergency, Pain Management, General Medicine, Haematology (Clinical), Palliative Medicine, Cardiology, Dermatology, Thoracic Medicine, Nephrology, Neurology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal)

Waveney

General Surgery, Ear, Nose & Throat, Orthodontics, Pain Management, General Medicine, Endocrinology, Cardiology, Dermatology, Thoracic Medicine, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal)

Whiteabbey General Surgery, Ear, Nose & Throat, Anaesthetics, General

Medicine, Gastroenterology, Endocrinology, Haematology (Clinical), Cardiology, Dermatology, Thoracic Medicine, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology,

Obstetrics (Ante Natal)

Windsor House Mental Illness, Old Age Psychiatry

# Appendix 2: Specialties of Integrated Clinical Assessment and Treatment Services (ICATS) provided in each HSC Trust during 2013/14

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

# Appendix 3: Hospitals open within each HSC Trust that provided consultant led outpatient services for all, or part, of the Year Ending 31 March 2014

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, Windsor House
Northern Health and Social Care Trust	Antrim, Causeway, Mid Ulster, Moyle, Waveney, Whiteabbey
South Eastern Health and Social Care Trust	Ards, Bangor, Downe, Lagan Valley, Ulster
Southern Health and Social Care Trust	Armagh Community, Banbridge, Bluestone, Craigavon Area, Daisy Hill, Kilkeel Primary Care Centre, Longstone, Lurgan, Mullinure, South Tyrone, St Luke's
Western Health and Social Care Trust	Altnagelvin Area, Grangewood, Lakeview, Roe Valley Outpatients, South West Acute, Tyrone County

## **Appendix 4: Hospital Specialties by Programme of Care**

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

#### **POC 1 - Acute Services**

100 General Surgery

101 Urology

110 T & O Surgery

120 ENT

130 Ophthalmology

140 Oral Surgery

141 Restorative Dentistry

142 Paediatric Dentistry

143 Orthodontics

150 Neurosurgery

160 Plastic Surgery

170 Cardiac Surgery

171 Paediatric Surgery

172 Thoracic Surgery

180 Accident & Emergency

190 Anaesthetics

191 Pain Management

300 General Medicine

301 Gastroenterology

302 Endocrinology

303 Haematology (Clinical)

310 Audiological Medicine

311 Clinical Genetics

314 Rehabilitation

315 Palliative Medicine

320 Cardiology

330 Dermatology

340 Thoracic Medicine

360 Genito-Urinary Medicine

361 Nephrology

370 Medical Oncology

400 Neurology

401 Clinical Neuro-Physiology

410 Rheumatology

420 Paediatrics

421 Paediatric Neurology

450 Dental Medicine Specialties

502 Gynaecology

800 Clinical Oncology

822 Chemical Pathology

823 Haematology

990 Joint Consultant Clinics

#### POC 2 - Maternity and Child Health

501 Obstetrics

510 Obstetrics (Ante Natal)

520 Obstetrics (Post Natal)

540 Well Babies (Obstetrics)

#### 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 providing an opportunity for consultation, investigation and minor treatment. Patients normally attend by prior arrangement. Although a consultant is in overall charge, they may not be present on all occasions the clinic is held. They must, however, be represented by a member of their team.

#### **Outpatient Appointment**

An outpatient appointment is an administrative arrangement enabling patients to see a consultant, their staff and associated health professionals, following an outpatient referral. Outpatient appointments relate to all appointments with a consultant led service, irrespective of the location in which the service is performed.

#### **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'd) / Missed Appointment

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'd) / Patient Cancellation

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 (Could Not Attend), appointments the patient did not attend without giving prior notice (DNA) and appointments cancelled by the hospital as a result of the patient's death. Depending on the timing of the cancellation, these appointments may be rescheduled for attendance by another patient.

#### **Hospital Cancellation rate**

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

((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.

#### **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.

#### 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 Attendance seen by a consultant

An attendance at a ward by a patient for the purpose of examination or treatment by a consultant/doctor is an outpatient appointment/attendance. 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 factor affecting their health status.

#### **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.

#### **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 discharge, advice only or referral incomplete outcomes will proceed for either a (i) first outpatient appointment, (ii) a diagnostic test or (iii) an ICATS Tier 2 appointment. Following a first Tier 2 ICATS appointment there are a number of outcomes, including a review Tier 2 ICATS appointment or a referral for a first consultant led outpatient appointment. ICATS Tier 2 appointments attended, DNA'd, CNA'd or cancelled by the hospital (Hospital Cancellations) are defined similarly to those for consultant led outpatient services. Reasons for cancellation of ICATS Tier 2 appointments are not currently collected by the Department.

### **Appendix 6: Data in the publication**

#### General guidance on using the data

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

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

#### **Description of data**

Data on the number of health service patients who attended an appointment at a consultant led outpatient service. Data are presented by the HSC hospital of attendance, which are then aggregated up to HSC Trust, in Northern Ireland. Data are split by attendances for both new and review appointments. Attendances at outpatient services provided by the Independent Sector, but commissioned and financed by the HSC, are excluded from these figures as these figures relate to services provided within HSC hospitals (in-house activity).

#### Data provider

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

#### Data quality assessment

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

#### Guidance on using data

**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.

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

**HSC Trust** – this relates to appointments attended, by HSC Trust. As HSC Trust simply represents an aggregate of HSC hospitals, the same principle applies whereby the attendances will be recorded against

the HSC Trust / HSC hospital that employ the consultant responsible for the service, rather than the actual HSC Trust in which the attendance physically occurs.

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

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

#### **Description of data**

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

#### Data provider

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

#### Data quality assessment

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

#### Guidance on using data

These data relate to the number of patients who missed their appointment and did not inform the hospital, or informed them on the day the appointment the scheduled. These are used as an indicator of lost productivity in that the hospital is resourced at that point in time to assess a patient, but the appointment is wasted as the patient fails to attend, or fails to give appropriate notice they can't attend which prevents another patient from being seen in the scheduled appointment slot. When assessing missed appointments, users should calculate the rate of missed appointments, i.e. the DNA rate. This is calculated by: (the number of missed appointments) / (sum total of attendances and missed appointments) multiplied by one hundred. This is necessary because the number of appointments scheduled is likely to impact upon the number of missed appointments, i.e. the more appointments scheduled, the more likely it will be that the number of missed appointments will increase. Consequently, any comparative analysis of missed appointments, be that year on year or speciality with speciality etc., must be undertaken as a standardised rate.

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

#### **Description of data**

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

#### Data provider

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

#### Data quality assessment

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

#### Guidance on using data

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

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

#### **Description of data**

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

#### Data provider

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

#### Data quality assessment

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

#### Guidance on using data

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

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

#### **Description of data**

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

#### Data provider

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

#### Data quality assessment

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

#### Guidance on using data

Due to changes in coding coverage, care should be taken when comparing the number of appointments cancelled for a particular reason over time. Increasing levels of coverage over time also presents problems whereby trend analyses and the comparison of individual reasons for cancellation may be misleading. This is because a reported increase in the number of appointments cancelled due to, for example, the consultant being unavailable, may be a consequence of better levels of coding in latter quarters rather than an actual increase in the number of appointments cancelled for this reason. Data relating to the reasons for cancellation do provide a useful insight into the dynamics behind lost productivity due to the cancellation of appointments by hospitals allowing particular issues to be identified and addressed.

#### Private patient attendances

#### **Description of data**

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

#### Data provider

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

#### Data quality assessment

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

#### Guidance on using data

Users should not confuse these data with that for patients transferred by Health and Social Care providers to the Private or Independent Sector for treatment. Data on private patient attendances relate to patients who pay a fee and attend an assessment with a Health and Social Care consultant at a Health and Social Care facility. Consultants are permitted within their contracts to assess a set number of private patients each year.

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

#### **Description of data**

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

#### Data provider

Data on HSC patients treated by an Independent Sector provider are provided on the Departmental Return IS1 Part 1 by the HSC Board, which is responsible for the regional commissioning of independent sector provision.

#### Data quality assessment

HSC Trusts are provided with in-depth guidance, detailing how they should record details of patients transferred to the Independent Sector for assessment, on their Patient Administrative System. Following assessment, the Independent Sector provider informs the transferring HSC Trust who records the patient's outpatient wait as being complete. These records are then validated against financial invoices received by the HSC Trust from the Independent Sector provider for each transferred patient. HSC Trusts then submit these data to the HSC Board. These are not categorised as National Statistics.

#### Guidance on using data

Independent Sector provision is introduced when the demand for certain types of outpatient service is greater than the capacity within HSC hospitals. When this situation results in increases in both the number of patients waiting and the length of time waiting, patients may be assessed and treated by an Independent Sector provider. The cost of assessing these patients is met by the transferring HSC Trust.

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

**Specialty** – this is the number of appointments attended within each medical speciality. Medical specialty is determined by the consultant in charge of the service the patient attends. Each consultant employed by an Independent Sector provider will have an allocated 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 in the Independent Sector, by the commissioning HSC Trust.

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

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

#### **Description of data**

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

#### Data provider

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

#### Data quality assessment

Data are derived from a range of administrative systems. For data on outpatient attendances within HSC Trusts, data providers have been given in-depth guidance providing instructions for recording, collection and submission of data. In addition, variance checks are employed as an integral part of the production process, with large discrepancies between the current quarter and both the previous quarter, and the corresponding quarter in the previous year, being queried with the data provider. For data on outpatient attendance within the Independent Sector, HSC Trusts are provided with in-depth guidance, detailing how they should record details of patients transferred to the Independent Sector for assessment, on their Patient Administrative System. Following assessment, the Independent Sector provider informs the transferring HSC Trust who records the patient's inpatient wait as being complete. These records are then validated against financial invoices received by the HSC Trust from the Independent Sector provider for each transferred patient. HSC Trusts then submit these data to the HSC Board. Independent Sector figures are not categorised as National Statistics.

#### Guidance on using data

These data relate to the total number of HSC patients attending an outpatient appointment irrespective of the location or provider of the treatment. This provides users with an indication of the number of patients who would previously have been on the waiting list but had been treated during the last year. Data on the total number of outpatient attendances allow users to assess the impact that the number of attendances during the year have had upon the total number of patients waiting for an outpatient appointment.

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

**Specialty** – this is the number of appointments attended within each medical speciality. Medical specialty is determined by the consultant in charge of the service the patient attends. Each consultant employed by an Independent Sector provider will have an allocated 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 the commissioning HSC Trust.

**Programme of Care** – this relates to the number of appointments attended within each Programme of Care, which is a classification that aggregates specialties on the basis of the type of health care they provide, into a higher level classification. For example, the Acute Programme of Care relates to specialties in which

patients require medical care for an acquired physical condition; the Maternity and Child Health Programme of Care relates to specialties in which patients receive treatment associated with child birth and aftercare; the Elderly Care Programme of Care relates to treatments specifically required in later life, such as that provided in the Geriatric Medicine 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.

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

#### **Description of data**

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

#### Data provider

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

#### **Data quality assessment**

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

#### Guidance on using data

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

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

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

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

#### **Description of data**

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

#### Data provider

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

#### Data quality assessment

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

#### Guidance on using data

These data relate to the number of patients who missed their ICATS appointment and did not inform the hospital, or informed them on the day the appointment the scheduled. These are used as an indicator of lost productivity in that the hospital is resourced at that point in time to assess a patient, but the appointment is wasted as the patient fails to attend, or fails to give appropriate notice they can't attend which prevents another patient from being seen in the scheduled appointment slot. When assessing missed appointments, users should calculate the rate of missed appointments, i.e. the DNA rate. This is calculated by: (the number of missed appointments) / (sum total of attendances and missed appointments) multiplied by one hundred. This is necessary because the number of appointments scheduled is likely to impact upon the number of missed appointments i.e. the more appointments scheduled, the more likely it will be that the number of missed appointments will increase. Consequently, any comparative analysis of missed appointments, be that year on year or speciality with speciality etc, must be undertaken as a standardised rate.

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

#### **Description of data**

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

#### Data provider

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

#### Data quality assessment

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

#### Guidance on using data

This relates to the number of ICATS appointments cancelled by patients who informed the hospital at least the day before the appointment was scheduled that they would not be attending. By doing so, the patient allows the hospital sufficient time to utilise the scheduled appointment slot, by booking another patient into that appointment slot. Any comparison of patient cancellations must be undertaken as a standardised rate,

i.e. (number of appointments cancelled by patients / sum total of attendances and appointments cancelled by patients) multiplied by one hundred, as again, changes in the number of appointments scheduled will impact upon the number of appointments cancelled by patients.

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

#### **Description of data**

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

#### Data provider

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

#### Data quality assessment

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

#### Guidance on using data

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

## **Appendix 7: Explanatory Notes**

- 1. The data contained in this publication for consultant led outpatient activity in HSC hospitals have been compiled from the Quarterly Outpatient Activity Return (QOAR), which was introduced from 1<sup>st</sup> April 2008. They refer to all HSC hospitals in Northern Ireland that provide consultant led outpatient services. The Independent Sector activity data have been compiled from the Independent Sector Part 1 (IS1 Part 1) Return, which was introduced from 1<sup>st</sup> 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 1<sup>st</sup> April 2010. They refer to all HSC Trusts in Northern Ireland that provide ICATS activity.
- 2. All of the data contained in the tables are also available on a quarterly basis and can be supplied by individual specialty or hospital/HSC Trust if this level of detail is required (as in previous bulletins). In addition, annual data relating to outpatient activity during 2013/14 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 <a href="http://www.dhsspsni.gov.uk/index/stats-research/stats-pubs.htm.">http://www.dhsspsni.gov.uk/index/stats-research/stats-pubs.htm.</a>
- 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 the appointment cancelled by the hospital more than once during the year.
- 4. Figures for ward attendances seen by a consultant are included in the main outpatient activity figures, and have not been reported separately. 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. Notable specialties and hospitals affected in this publication include Plastic Surgery (Specialty 160) in Lagan Valley, Well Babies (Obstetrics) (Specialty 540) and Mental Illness (Specialty 710) and Old Age Psychiatry (Specialty 715) in the Belfast HSC Trust.
- 5. Since the introduction of the new methodology in 2008/09, Southern HSC Trust has not included ward attender figures in their returns. Data users should be aware of this when comparing data across HSC Trusts and years.
- 6. Independent sector figures have been included for the first time in this publication and are presented separately to outpatient attendances within HSC hospitals. All attendances within the Independent Sector in the last five years have been in the Acute Services Programme of Care.
- 7. For part of 2013/14, all review cancelations, both patients and hospitals, within the South Eastern HSC Trust, were recorded as review CNAs for Accident and Emergency (Specialty 180) in Downe and Lagan Valley Hospitals, and for T & O Surgery (Specialty 110) in Lagan Valley Hospital. Limitations of the Symphony system prevented the differentiation between patient and hospital cancellations. From mid November 2013, the recording system moved to eEms, and as a consequence information on the number of missed and cancelled hospital review appointments for these specialties and hospitals was not available.
- 8. For Genito-Urinary Medicine (Specialty 360), all information on missed and cancelled appointments was unavailable, except in the Western HSC Trust, which was able to report on the number of DNAs.

- 9. During 2008/09 Health and Social Care Trusts in Northern Ireland undertook a process of reclassifying a number of outpatient services in the Mental Health Programme of Care, from a consultant led to a non consultant led model of service delivery. As a consequence of these reclassifications, data relating to activity within these services are no longer included within the outpatient data contained in this publication. Data users should be aware of these developments when comparing data across the years.
- 10. Private patient attendances are included within the main outpatient activity figures and also listed separately. These columns therefore should not be added together.
- 11. Windsor House closed during March 2013. However, there were attendances in the day hospital for Mental Illness (Specialty 710) and Old Age Psychiatry (Specialty 715) until the quarter ending June 2013. This activity then moved to Belfast City Hospital for the remainder of 2013/14.
- 12. Relocation: During 2013/14, a number of services/elements of services were relocated between hospitals within the Belfast HSC Trust. The specialties affected include Urology (Specialty 101), Pain Management (Specialty 191), Haematology (Clinical) (Specialty 303), Clinical Genetics (Specialty 311), Cardiology (Specialty 320) and Paediatrics (Specialty 420).
- 13. 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 1<sup>st</sup> July 2013. All HSC Trusts implemented this methodology from 1st July 2013. All data and tables within this publication relating to reason for cancellation is therefore only based on 9 months of data: 1<sup>st</sup> July 2013 31<sup>st</sup> March 2014.
- 14. In preparation for the centralization of Oral Surgery services undertaken by consultants contracted to the South Eastern HSC Trust from 1<sup>st</sup> April 2014, records for patients attending this service in both the Northern and Southern HSC Trusts were transferred to the South Eastern HSC Trust during February 2014. However, to ensure the activity for these patients is consistent with the reporting of the rest of 2013/14, the activity for these patients has been reported against the Northern and Southern HSC Trusts. All activity in the Northern HSC Trust has been attributed to Antrim Hospital although some may have taken place at Mid-Ulster hospital. As a consequence, care should be taken when using the Oral Surgery data.
- 15. During 2013/14, some services previously recorded under Paediatrics (Specialty 420) have been reclassified and are now recorded under a number of different specialties. These include Cardiac Surgery (Specialty 170), Endocrinology (Specialty 302) and Audiological Medicine (Specialty 310).
- 16. During 2013/14, some services previously recorded under General Medicine (Specialty 300) have been reclassified and are now recorded under a number of different specialties. These include Gastroenterology (Specialty 301), Endocrinology (Specialty 302) and Geriatric Medicine (Specialty 430). This has contributed to a decrease in activity in the General Medicine specialty compared to previous years.
- 17. 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.

18. ICATS introduced from 1st April 2010 included services in the Belfast HSCT (Ophthalmology and Dermatology), the Northern HSCT (ENT, Ophthalmology and Dermatology), the South Eastern HSCT (ENT, Ophthalmology and Dermatology) and the Western HSCT (Urology, ENT, Ophthalmology and Cardiology). The Southern HSCT introduced ENT as an ICATS service during the quarter ending March 2012. ICATS in the Trauma and Orthopaedic specialty were introduced on 1st October 2007 and are provided in all five Health and Social Care Trusts. Information on activity at these services is contained in Tables 60 to 62.

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

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