Department of Health
An Roinn Sláinte
Männystrie O Poustie
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Reporting of Quarterly Outpatient Waiting Time Information (DOH Outpatient Waiting Time Dataset and CH3 Return)

Data Definitions and Guidance Document

Version 3.0 (May 2021)

DRAFT

Contents

1 BACKGROUND

The DOH Outpatient Waiting Time Dataset and the Departmental Return CH3 provide official monitoring of the Health and Social Care (Commissioning Plan) Direction target set by the DOH Minister in relation to waiting times for a first outpatient appointment.

Information is collected on the number of people, and the length of time currently waiting, for a first outpatient appointment, by specialty, at the end of each quarter (including those who have previously either cancelled (CNA'd) or missed their scheduled appointment (DNA'd).

From the quarter ending June 2020, most of the outpatient waiting time data is extracted from the CH3 universe of the HSC Data Warehouse, using Business Objects queries. Any data that is not on the Patient Administration System (PAS) is submitted by HSC Trusts on a CH3 Return. These data report the number of patients waiting for a first outpatient appointment at the end of each quarter by individual weeks waiting up until 26 weeks, and then in aggregate time bands of >26-39 weeks, >39-52 weeks, >52-65 weeks, >65-78 weeks, >78-91 weeks, >91-104 weeks and >104 weeks. The extracts taken from the Data Warehouse replace the previous version of the CH3 return, which reported on all specialties.

The data relates to patients waiting for a first consultant-led outpatient appointment reported against the Trust that holds responsibility for the patient's waiting time.

2 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 APPOINTMENTS – 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.

An outpatient appointment may take place in either a face to face or virtual setting. Virtual activity is planned contact between a Healthcare Professional responsible for the care of a patient for the purpose of clinical consultation, advice and treatment planning. It may take the form of a telephone contact, video-link intervention, an e-mail or a letter. It can be recorded as an outpatient attendance as long as it replaces what would have been a face to face appointment at an outpatient clinic and that it directly supports the diagnosis and care planning of a patient.

FIRST OUTPATIENT APPOINTMENT - A first outpatient appointment is the first of a series, or the only attendance (face to face or virtual), at an outpatient service with a consultant or their representative following an outpatient referral. This also includes patients whose appointment takes place at a Day Case Procedure Centre (DPC) as an outpatient. 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 (see Section 3). 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.

WAITING TIME FOR A FIRST OUTPATIENT APPOINTMENT – Waiting times for a first outpatient appointment commences on the date a referral for a new appointment is received by the HSC Trust and ends on the date the patient attends their first appointment (face to face or virtual) at a consultant led outpatient service. Waiting times are adjusted in the event of a patient missing, or cancelling, their appointment. If a patient misses their appointment (a Did Not Attend - DNA), the waiting time is reset to commence on the date of the missed appointment. If the patient cancels their appointment (a Could Not Attend - CNA) the waiting time is reset to commence on the date on which the patient informed the HSC Trust that they could not attend their scheduled appointment.

3 REFERRAL SOURCES

While the majority of referrals for a first outpatient appointment will be made by a General Practitioner, referrals may also be received from a range of other sources. A full list of the sources from which a referral for a first outpatient appointment may be received is outlined below (with Patient Administration System internal codes in brackets):

- General Practitioner / General Dental Practitioner, including referrals submitted via the Clinical Communications Gateway (CCG) (3)
- ICATS following triage, i.e. where a patient is initially referred by their GP for an ICATS service, but at the paper triage stage it is decided that the patient is not suitable to be treated by ICATS and needs to be seen by a consultant. The patient will be referred as a GP referral (3).
- Accident and Emergency Department (not initiated by same consultant to whom the patient is being referred) (5)
- Other consultant (other than A & E Dept) (5)
- Self-referral (5)
- Prosthetist (5)
- Another Health Practitioner (5)
- Family Planning Service (5)
- Voluntary Agency (5)
- Criminal Justice Agency (5)
- Screening Service (5)
- ICATS following a diagnostic test or treatment (5)

These referrals should be mapped on PAS to either internal code ‘3’, for those received from GPs/GDPs, or ‘5’ for those received from the other sources listed above. Non PAS services should be coded in the same manner.

4 COLLECTION OF DATA

Outpatients Waiting – CH3 universe

During 2008/09, the HSC Business Services Organisation (BSO) developed a specific universe on the HSC Data Warehouse entitled 'Outpatients Waiting – CH3'. This universe is populated with data on patients waiting for a first outpatient appointment at the end of each month, which is extracted directly from the Patient Administration System (PAS). The universe is designed to ensure that only patients waiting, that have an internal PAS referral code of '3' or '5', are included (see Section 3). Those waiting to be seen at a Day Case Procedure Centre (DPC) are included in this universe. From June 2020 the majority of data is extracted from the Data Warehouse at patient level via five BOXI queries – one for each HSC Trust. Data on patients waiting for a first outpatient appointment with services that are not recorded on PAS will not be included in this universe.

The 'Outpatients Waiting – CH3' universe, which is updated weekly, includes the number of patients recorded on PAS that were still waiting for a first outpatient appointment at the end of the month. The weekly update ensures that ongoing changes to PAS are reflected in the data contained in the universe. The universe is also refreshed at the end of each month. For example, data on the number of patients waiting at the end of June will be available for extraction during the month of July. At the beginning of August, the universe will be refreshed to include patients waiting at the end of July, with the June data no longer being available.

The necessary waiting time adjustments are factored into the waiting time calculated on PAS. This ensures that the waiting time commences on the date the referral is received by the HSC Trust and ends on the date of the end of the quarter. The date a waiting time commences is reset in the event of a patient cancellation or missed appointment (DNA).

Non PAS Data

A number of patients will be waiting for services that are not included on PAS. HSC Trusts ensure that these patients are recorded in a format comparable to that on PAS. From June 2020 HSC Trusts submit any non PAS data on a CH3 Return, with aggregate time bands up to '> 104 weeks'. HSC Trusts are able to produce data on the number of patients waiting for a first outpatient appointment by specialty and single week time band up to 26 weeks, and then >26-39 weeks, >39-52 weeks, >52-65 weeks, >65-78 weeks, >78-91 weeks, >91-104 weeks and >104 weeks. The CH3 return is now only used for non-PAS data.

Inclusions

- All patients waiting for a first outpatient appointment at a consultant led outpatient service (either face to face or virtual), at the end of each quarter, should be included on the return.

  In practice, this relates to patients referred from the sources outlined in Section 3 (i.e. those assigned a PAS internal code of either '3' or '5').

  Appointment types on PAS have an appointment classification of 'First' or 'Re-attendance'. Only those referrals with no appointment booked, or whose first appointment has a classification of 'First' should be included in the download or return. If the first appointment associated with a referral has a classification of 'Re-attendance', which in practice is a review appointment, for example after an emergency inpatient admission, the referral should be excluded.

  Care should be taken when an appointment is booked for a patient following the cancellation or DNA of a first outpatient appointment. In such circumstances, the new appointment should still be classified as a 'First' appointment on PAS, not a 'Re-attendance'. The incorrect classification of such appointments would result in first outpatient appointments being excluded. Non PAS services should ensure that these appointments are coded in the same manner.

- Patients waiting for a first outpatient appointment that has been commissioned by the HSC, irrespective of the service provider, should be included on the return. For example, patients waiting, who have been referred by HSC Trusts to receive their first outpatient appointment at a Day Case Procedure Centre (DPC) or within the Independent Sector, should be included. The HSC Trust responsible for the patient's wait should report this waiting time.

- Patients waiting for a first outpatient appointment that is provided as part of an in-house waiting list initiative should be included.

Exclusions

- Patients who have attended a first outpatient appointment and are subsequently awaiting a review appointment (also known as a re-attendance, follow up or consultant initiated appointment), should not be included.

  Review, or consultant initiated outpatient appointments, relates to appointments initiated by the consultant responsible for the outpatient episode i.e. the same consultant has already seen the patient and is initiating this outpatient referral. These referrals should be mapped on PAS to internal code '2'. Non PAS services should be coded in a

similar manner. All patients referred for a review outpatient appointment from this source should not be included.

- Patients waiting for a first outpatient appointment at an outpatient service that is not led by a consultant, i.e. a service led by either a nurse, Allied Health Professional, Technician or GP with special interest, as well as Multi Disciplinary Teams and Integrated Clinical Assessment and Treatment Services (ICATS), should not be included. The number of patients waiting for a first ICATS appointment is collected on the IWT return.

- Patients waiting for an appointment in the maternity specialties (501 (Obstetrics), 510 (Obstetrics (Ante Natal)), 520 (Obstetrics (Post Natal)), 540 (Well Babies – Obs), 550 (Well Babies – Paed) or 610 (General Practice Maternity) or the mental health specialties (710 (Mental Illness), 711 (Child & Adolescent Psychiatry), 712 (Forensic Psychiatry) and 713 (Psychotherapy) should not be included.

PERIPHERAL SERVICES

In general, a patient's waiting time is reported against the HSC Trust to which they have been referred, which is usually the Trust in which they are waiting to be seen and who is responsible for their waiting time. However, not all outpatient services are provided at each of the five HSC Trusts in Northern Ireland. In such circumstances patients from one HSC Trust may attend an appointment for a service provided at another HSC Trust, or, in other cases, a consultant, or a member of their team, from one HSC Trust may provide a visiting 'outreach' service at another HSC Trust.

These 'peripheral' outpatient services can therefore be:

- regional specialties which are organised centrally but hold outpatient appointments throughout the five Trusts; or
- consultants from any specialty from one HSC Trust that provide a 'visiting' outreach service at another HSC Trust.

These peripheral services have an impact on how waiting times are attributed. With regional specialties these are reported against the organising HSC Trust, for example, the South Eastern HSC Trust would report the waiting times for all Plastic Surgery patients referred to their HSC Trust.

The reporting of waiting times for visiting outreach services depends on whether the service has been centralised or not. A centralised service is considered one in which the details of patients waiting for that service are held on the Patient Administration System (PAS) of the HSC Trust whose consultant provides the service, regardless of the HSC Trust where the patient is waiting. The waiting times of these patients are reported by the HSC Trust whose consultant provides the service.

For example, the Oral Surgery outreach service, provided by the South Eastern HSC Trust to the Northern and Southern HSC Trusts, is considered to be centralised; patients on this waiting list will therefore be recorded against South Eastern even if they are waiting in the Northern or Southern HSC Trusts.

It is also recognised that, for some outreach services, a patient may be referred to a particular HSC Trust and their details recorded on that Trust's PAS box. Whilst these services are not centralised, there is an agreement in place between the Trusts and HSCB,that the responsibility for that patient's waiting time is attributed to the HSC Trust that holds the consultant's contract.

Pooled Waiting List

A pooled waiting list is where there is one common waiting list for the HSC Trust's own patients and those to be seen by a visiting consultant. A patient could therefore be seen by a consultant from their own HSC Trust or a visiting consultant, but that is not decided when they are placed on the waiting list. All patients on a pooled waiting list will be recorded on the PAS box where the patient is waiting for that service. A pooled waiting list may also refer to patients placed on a general/generic waiting list i.e. unnamed consultant waiting list

Day Case Procedure Centres

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

As part of this strategy, the Elective Care Plan was published in February 2017 which stated that 'Regional Elective Care Assessment and Treatment Centres will be established to deliver large volumes of assessments and non-complex routine surgery across a broad range of specialties.' In December 2018, prototype 'Day Case Procedure Centres' (DPCs) became operational for the surgical treatment of Cataracts and Varicose Veins for outpatients and day cases. Patients waiting for either of these procedures can now be referred to a DPC for treatment rather than attend the hospital site they may have been referred to previously.

DPCs have been set up in the following locations:

DPC	Location(s) of Centre
Cataracts	Mid Ulster Hospital (Northern HSC Trust) Downe Hospital (South Eastern HSC Trust) South Tyrone Hospital (Southern HSC Trust)
Varicose Veins	Lagan Valley Hospital (South Eastern HSC Trust) Omagh Hospital and Primary Care Complex (Western HSC Trust)

Data for patients waiting at DPCs is extracted from the CH3 universe of the HSC Data Warehouse, using Business Objects as with the majority of the outpatient waiting time data. The data is reported against the Trust that holds responsibility for the patient's waiting time.

5 REPORTING OF DATA

Patients will be referred to a specific HSC Trust for outpatient assessment. For the majority of specialties a patent's waiting time will be reported by the HSC Trust to which the patient was referred, and will reflect the nearest HSC Trust to the patient's residence. However, there are exceptions as described in Section 4.

Collection of Data

The CH3 data downloaded from the data warehouse and the non-PAS return submitted by the reporting HSC Trust should allow the number of patients waiting for a first outpatient appointment at the end of each quarter, split by specialty and time band to be recorded.

For an outreach service provided by a visiting consultant or where an agreement has been made that responsibility for the waiting time's is to the HSC Trust that holds the consultant's contract, the HSC Trust who provides the service needs to ensure that this information is recorded on their CH3 non-PAS return or available when validating the data. This is especially the case where that HSC Trust may not hold the details of those patients on their own PAS box. The HSC Trust where the outreach service is carried out should not report these waiting times.

In some cases a HSC Trust may have an outpatient service that is partly provided by a visiting consultant and partly provided by a consultant contracted to them. In this case, Trusts must report the waiting times of their own consultant. The waiting times for the 'centralised' service will be reported by the HSC Trust who manages this service.

The waiting times for patients who are waiting for services not recorded on PAS should be sent to Hospital Information Branch on a CH3 Return and they will then be added to the data extracted from the 'Outpatients Waiting – CH3' universe (see Appendix 2).

Schedule

The monthly refresh of the data on the 'Outpatients Waiting – CH3 universe' presents a challenge for data providers as to when to extract the information. It is important to leave sufficient time at the end of each quarter for necessary updates on waiting times to be recorded on PAS, but CH3 data must also be extracted before the end of month refresh.

For this reason, HIB issue a timetable each quarter with the date on which the Business Objects query should be run. This is usually on the Monday after the 2nd Friday following the end of each quarter, allowing HSC Trust administrative staff sufficient time to ensure their outpatient waiting time data are recorded correctly on PAS. The timetable also includes the date by which HSC Trusts must submit their CH3 non PAS return (where applicable) to HIB

each quarter. Sufficient time is given to allow HSC Trusts to collect data not recorded on PAS, and then populate the CH3 return, while also allowing HIB adequate time to process and validate data ahead of publication.

6 DATA VALIDATION

Following download of the data and receipt of the CH3 non-PAS return (where applicable) from each HSC Trust, HIB validate the figures. This is done by comparing figures at HSC Trust and at specialty level for the current quarter against the previous quarter, and against the same quarter in the previous year, and identifying duplicates or other irregularities. These are queried with HSC Trusts.

The validation queries are compiled at Trust level for each of the five HSC Trusts. Trusts are required to provide an explanation for all queries within two weeks, as well as to confirm correct figures or provide amendments where necessary.

7 DATA USE

CH3 data are National Statistics. National Statistics are produced to high professional standards set out in the UK Statistics Authority Code of Practice for Official Statistics. They are produced free from political interference. They are required to comply with the Code's eight Principles and three supporting Protocols including the Protocol on Release Practices.

These data are published on a quarterly basis in the Northern Ireland Waiting Time Statistics: Outpatient Waiting Times. The most recent publication, together with previous editions, can be found at the following link:

https://www.health-ni.gov.uk/articles/outpatient-waiting-times

Outpatient waiting time data split by quarter, HSC Trust, specialty and waiting time (in time bands) are also published in Microsoft Excel format at the above link.

Outpatient waiting time data are also used in:

- Ministerial answers to both Written and Oral Assembly questions;
- Departmental responses to correspondence received from the NI Assembly Health Committee, Public Accounts Committee, Northern Ireland Audit Office and other stakeholder bodies such as the Patient Client Council;
- Ministerial briefing material;
- Health compendium publications, and
- Responses to data requests from the HSC, politicians, journalists, voluntary / charitable organisations and members of the general public.

8 CONTACT DETAILS

This document will be reviewed and updated periodically.

If you have any issues relating to the contents of the document or the collection of outpatient waiting time information in general please contact:

Hospital Information Branch
Information and Analysis Directorate
Department of Health
Annex 2, Castle Buildings
Stormont

Tel: 028 90522521

E-mail: statistics@health-ni.gov.uk

APPENDIX 1: FREQUENTLY ASKED QUESTIONS

Q – What is a consultant's team?

A – Given the range of service models being delivered, it would be extremely difficult to have definitive guidance as to what constitutes a consultant's team. The makeup of a consultant's team can differ depending upon the service model by which the outpatient service is delivered. Trusts should instead be assured at a local level that they have interpreted and understood the various service models they are delivering and make an informed decision as to when a patient has attended their first outpatient appointment and subsequently ended their wait.

Q - Does the patient have to see the consultant in charge of the service in order for the attendance to be recorded as a first outpatient appointment?

A - In some service delivery models the patient's wait may end whenever they are seen by a member of the consultant's team, other than the consultant themselves. In other models the patient's wait will not end until they see the consultant. The understanding of the model will then determine what kind of attendance constitutes a first outpatient appointment.

Q – If a patient awaiting a first outpatient appointment attends the hospital/clinic for a diagnostic test in relation to their referral, does this mark the end of their outpatient wait?

A - No. Typically these tests are carried out at the request of the consultant in order to inform the diagnosis of the patient and their subsequent treatment. Attendance for a diagnostic test in these circumstances does not mean the end of the patient's wait. That only occurs when they attend a consultant led clinic and are seen by either the consultant, a member of their team or locum for such a member.

Q – Should a patient who has been referred by an allied health professional be included?

A – Assuming that the referral relates to a first appointment and is to a consultant led clinic, then, yes, the patient should be included.

Q – Should referrals to an allied health professional be included?

A – This depends upon whether or not the referral is to an AHP that is part of a consultant led service i.e. a consultant led firm or consultant led multi-disciplinary team. Such referrals should be included. If the referral is to an AHP that is not a member of a consultant led firm or consultant led multi-disciplinary team then the referral relates to a non consultant led service and should not be included.

Q – What is the difference between a 'consultant initiated' referral and a referral from 'another consultant'?

A – A consultant initiated outpatient appointment relates to an appointment initiated by the consultant responsible for the outpatient episode i.e. the same consultant has already seen the patient and is initiating this outpatient referral, or following a domiciliary visit, a consultant wishes to review the patient in their outpatient clinic. These referrals are review appointments (not first appointments) and should not be included.

On occasions, a consultant may assess a patient at a first outpatient appointment and refer the patient to another consultant for a review of the initial assessment. In such circumstances, these referrals constitute a review appointment (not a first appointment) and should not be included.

A referral from another consultant relates to referrals whereby a patient has been seen by a consultant in respect to a particular referral. During this consultation it may become apparent that the patient requires to be seen by another consultant for an assessment that does not constitute a review of the initial assessment. In such circumstances the consultant who initially treated the patient may refer the patient to another consultant for assessment. Such referrals are first appointments and should be included.

Q – If a patient is referred for an outpatient appointment after an inpatient or daycase procedure, should they be included?

A – If the patient is referred by the consultant under whom the inpatient/daycase procedure was performed for subsequent outpatient assessment, then this would be a review appointment and should therefore not be included.

Q - If a patient is referred from an Accident and Emergency Department, should they be included?

A – This very much depends upon the nature of the patient's attendance at the A&E Dept. If a consultant attends to a patient at A&E and subsequently refers the patient to their own clinic for further treatment, this should be coded as a consultant initiated referral (PAS internal code '2') and should not be included.

If the consultant or other health professional who attends to the patient at A&E is not the consultant to whom the patient is then referred, this should be coded as a referral from an A&E Dept (PAS internal code '5') and should be included.

Q – If a consultant retires or moves employment, how should the transfer of caseload to another consultant be coded?

A – The status of the appointment with the original consultant should be retained.

If a patient was still waiting for a first outpatient appointment with the previous consultant, following a GP referral (PAS internal code '3'), this code should be retained when the caseload is transferred. These appointments are still first appointments and should be included.

If a patient has already attended their first outpatient appointment and was waiting for a review appointment with the original consultant, this should continue to be coded as a review appointment and should not be included.

Q – Should referrals to an ICATS service be included on the CH3?

A – Referrals to an official ICATS Tier 2 service should not be included on the CH3. Such referrals are not for an appointment with a consultant led service. Statutory reporting of waiting times for ICATS Tier 2 appointments was introduced from 1st April 2010 with relevant data being extracted from PAS. These waiting times are reported separately from the CH3, on the IWT return.

However, if a patient is referred by their GP to an ICATS service, but at the paper triage stage it is decided that the patient is not suitable to be treated by ICATS and needs to be seen at a consultant-led service, then this patient should be referred to the consultant as a GP referral. In this scenario, this referral should be included in the CH3. It should be noted that these referrals should be coded on PAS as a GP referral and mapped to PAS internal code '5'.

Q – Should referrals from an ICATS service be included in the CH3?

A – If a referral for a first outpatient appointment is made from an ICATS service, waiting times for these referrals should be reported on the CH3. These referrals may be received from an ICATS service at various stages in the patient pathway. For example, the referral for a first outpatient appointment from ICATS may be made following a diagnostic test or following ICATS Tier 2 treatment. All such referrals should be reported on the CH3.

Q – How should referrals from an ICATS service be coded?

A – It is recommended that referrals for a first outpatient appointment, received from ICATS following a diagnostic test or treatment, should be locally coded as 'ICATS', and mapped to PAS internal code '5'. This will ensure that such referrals are reported in the CH3. Referrals recorded on non PAS systems, such as BOIS, should be managed in a similar manner.

Q – HIB undertakes a substantial amount of validation on these data before they are published. Is this necessary?

A - CH3 Data are classified as National Statistics. National Statistics are produced to high professional standards set out in the UK Statistics Authority Code of Practice for Official Statistics. They are produced free from political interference and are required to comply with the Code's eight Principles and three supporting Protocols including the Protocol on Release Practices.

The code of practice states that while organisations such as the DOH "should employ the skills of professional statisticians to improve the information derived from administrative systems and should also encourage them to exploit such information for statistical purposes in order to achieve value for money and reduce the potential burden on data suppliers", they must also "apply appropriate quality assurance procedures to administrative/management systems – thereby informing, supplementing and reinforcing …. (the quality of) any derived statistics" (National Statistics Guidance: Use of Administrative or Management Information).

During a National Statistics Assessment of the Northern Ireland Waiting Times: Outpatient Waiting Times bulletin, of which the CH3 is a main source of data, a cost benefit / analysis was undertaken to ensure that the validation process for the return fulfilled the requirements of the Code of Practice, in terms of data quality, with due consideration given to the administrative burden placed upon HSC Trust Information staff in the validation of data. The validation process employed meets both of these objectives.

Q – Should patients who have CNA'd or DNA'd their scheduled appointment be included?

A – The current version of the CH3 query collects information on all patients waiting for a first consultant led outpatient appointment, regardless of whether or not they have missed or cancelled their scheduled appointment. Between the QE June 2008 and June 2011, the CH3 return was divided into Parts 1 and 2, with Part 1 of the return relating to patients who had not previously cancelled (CNA'd) or missed (DNA'd) their scheduled appointment, and Part 2 relating to patients who had either CNA'd or DNA'd their scheduled appointments. However, when a new version of the CH3 was introduced in the QE June 2011, a Business Objects query was developed to allow all patients to be monitored together and the two parts of the return were then combined, and this has remained the case since then.

Q – Does a virtual attendance stop a wait for a new appointment?

A - A virtual new attendance will be counted as ending a patient's outpatient wait. However, the virtual activity that took place must be the equivalent of any face to face appointment that would have taken place. The impact of virtual activity on the outpatient waiting list will be monitored by the Department.

Q – Should a patient who has attended a virtual new appointment but then subsequently receives an appointment for a face to face appointment be included?

A - Provided the appointment is with the same consultant (or a member of their team) that the initial virtual appointment was with, this will be treated as a review appointment and should therefore not be included. However, if the consultant with whom the virtual appointment was with subsequently refers the patient for a face to face appointment with another consultant, then this will follow the same guidelines as referrals from 'another consultant' and so should be included.

For further information on the reporting of virtual activity, please see the V-QOAR guidance.

APPENDIX 2: DEPARTMENTAL RETURN CH3 FOR NON PAS DATA

CH3

Main Specialty Function	(weeks) Code	Waiting times in weeks: 1 week or less	>1 - 2	>2 - 3	>3 - 4	>4 - 5	>5 - 6	>6 - 7	>7 - 8	>8 - 9	>9 - 10	>10 - 11	>11 - 12	>12 - 13	>13-14	>14-15	>15-16	>16-17	Main Specialty Function	(weeks) Code	>17-18	>18-19	>19-20	>20-21	>21-22	>22-23
General Surgery	100																		General Surgery	100						
Urology	101																		Urology	101						
Trauma & Orthopaedics	110																		Trauma & Orthopaedics	110						
ENT	120																		ENT	120						
Ophthalmology	130																		Ophthalmology	130						
Oral Surgery	140																		Oral Surgery	140						
Restorative Dentistry	141																		Restorative Dentistry	141						
Paediatric Dentistry	142																		Paediatric Dentistry	142						
Orthodontics	143																		Orthodontics	143						
Neurosurgery	150																		Neurosurgery	150						
Plastic Surgery	160																		Plastic Surgery	160						
Cardiac Surgery	170																		Cardiac Surgery	170						
Paediatric Surgery	171																		Paediatric Surgery	171						
Thoracic Surgery	172																		Thoracic Surgery	172						
Accident & Emergency	180																		Accident & Emergency	180						
Anaesthetics	190																		Anaesthetics	190						
Pain Management	191																		Pain Management	191						
General Medicine	300																		General Medicine	300						
Gastroenterology	301																		Gastroenterology	301						
Endocrinology	302																		Endocrinology	302						
Haematology (clinical)	303																		Haematology (clinical)	303						
Clinical Physiology	304																		Clinical Physiology	304						
Clinical Pharmacology	305																		Clinical Pharmacology	305						
Audiological Medicine	310																		Audiological Medicine	310						
Clinical Genetics	311																		Clinical Genetics	311						
Clinical Cytogenetics & Molecular Genetics	312																		Clinical Cytogenetics & Molecular Genetics	312						
Clinical Immunology and	313																		Clinical Immunology and	313						
Rehabilitation	314																		Rehabilitation	314						
Palliative Medicine	315																		Palliative Medicine	315						
Cardiology	320																		Cardiology	320						
Dermatology	330																		Dermatology	330						
Thoracic Medicine	340																		Thoracic Medicine	340						
Infectious Diseases	350																		Infectious Diseases	350						
Genito-Urinary Medicine	360																		Genito-Urinary Medicine	360						
Nephrology	361																		Nephrology	361						
Medical Oncology	370																		Medical Oncology	370						
Nuclear Medicine	371																		Nuclear Medicine	371						
Neurology	400																		Neurology	400						
Clinical Neuro-Physiology	401																		Clinical Neuro-Physiology	401						
Rheumatology	410																		Rheumatology	410						

CH3

Main Specialty Function	(weeks) Code	Waiting times in weeks: 1 week or less	>1 - 2	>2 - 3	>3 - 4	>4 - 5	>5 - 6	>6 - 7	>7 - 8	>8 - 9	>9 - 10	>10 - 11	>11 - 12	>12 - 13	>13-14	>14-15	>15-16	>16-17	Main Specialty Function	(weeks) Code	>17-18	>18-19	>19-20	>20-21	>21-22	>22-23
Paediatrics	420																		Paediatrics	420						
Paediatric Neurology	421																		Paediatric Neurology	421						
Geriatric Medicine	430																		Geriatric Medicine	430						
Dental Medicine Specialties	450																		Dental Medicine Specialties	450						
Medical Ophthalmology	460																		Medical Ophthalmology	460						
Obs & Gyn (Gynaecology)	502																		Obs & Gyn (Gynaecology)	502						
Well Babies (Obstetrics)	540																		Well Babies (Obstetrics)	540						
Well Babies (Paediatrics)	550																		Well Babies (Paediatrics)	550						
General Practice (Non	620																		General Practice (Non	620						
Learning Disability	700																		Learning Disability	700						
Mental Illness	710																		Mental Illness	710						
Child & Adolescent	711																		Child & Adolescent	711						
Forensic Psychiatry	712																		Forensic Psychiatry	712						
Psychotherapy	713																		Psychotherapy	713						
Old Age Psychiatry	715																		Old Age Psychiatry	715						
Clinical Oncology	800																		Clinical Oncology	800						
Radiology	810																		Radiology	810						
General Pathology	820																		General Pathology	820						
Blood Transfusion	821																		Blood Transfusion	821						
Chemical Pathology	822																		Chemical Pathology	822						
Haematology	823																		Haematology	823						
Histopathology	824																		Histopathology	824						
Immunopathology	830																		Immunopathology	830						
Medical Microbiology	831																		Medical Microbiology	831						
Neuropathology	832																		Neuropathology	832						
Community Medicine	900																		Community Medicine	900						
Occupational Medicine	901																		Occupational Medicine	901						
Joint Consultant Clinic	990																		Joint Consultant Clinic	990						
TOTAL		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	TOTAL		0	0	0	0	0	0

APPENDIX 3: LIST OF SPECIALTIES AND SPECIALTY CODES

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 three of these are relevant to hospital activity.

POC 1 - ACUTE SERVICES

100 GENERAL SURGERY
101 UROLOGY
110 TRAUMA & ORTHOPAEDICS
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)
304 CLINICAL PHYSIOLOGY
305 CLINICAL PHARMACOLOGY
310 AUDIOLOGICAL MEDICINE
311 CLINICAL GENETICS
312 CLINICAL GENETICS AND MOLECULAR GENETICS
313 CLINICAL IMMUNOLOGY AND ALLERGY
314 REHABILITATION
315 PALLIATIVE MEDICINE
320 CARDIOLOGY
330 DERMATOLOGY
340 THORACIC MEDICINE
350 INFECTIOUS DISEASES
360 GENITO-URINARY MEDICINE
361 NEPHROLOGY
370 MEDICAL ONCOLOGY
371 NUCLEAR MEDICINE
400 NEUROLOGY
401 CLINICAL NEURO-PHYSIOLOGY

410 RHEUMATOLOGY
420 PAEDIATRICS
421 PAEDIATRIC NEUROLOGY
450 DENTAL MEDICINE SPECIALTIES
460 MEDICAL OPHTHALMOLOGY
502 GYNAECOLOGY
620 GENERAL PRACTICE (OTHER)
800 CLINICAL ONCOLOGY (WAS RADIOTHERAPY)
810 RADIOLOGY
820 GENERAL PATHOLOGY
821 BLOOD TRANSFUSION
822 CHEMICAL PATHOLOGY
823 HAEMATOLOGY
824 HISTOPATHOLOGY
830 IMMUNOPATHOLOGY
831 MEDICAL MICROBIOLOGY
832 NEUROPATHOLOGY
900 COMMUNITY MEDICINE
901 OCCUPATIONAL MEDICINE
990 JOINT CONSULTANT CLINIC

POC 4 - ELDERLY CARE

430 GERIATRIC MEDICINE
715 OLD AGE PSYCHIATRY

POC 6 - LEARNING DISABILITY

700 LEARNING DISABILITY