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Dr Lesley-Ann Black

Cancelled outpatient appointments: follow-up

NIAR 145-13

This paper provides follow-up information to research paper NIAR 965-12 in relation to consultant-led outpatient appointments that are cancelled by hospital providers. It also considers Health and Social Care (HSC) performance in terms of outpatient waiting lists and waiting time targets.

Key Points

- In February 2013, the Committee for Health, Social Services and Public Safety (CHSSPS) was briefed by Chief Executives of three health and social care (HSC) Trusts and the Chief Executive of the Health and Social Care Board (HSCB) on cancelled outpatient appointments by hospital providers.

- At the meeting, it became evident that the Patient Administration System (PAS) used to record cancellation outpatient appointment data was not appropriate for the level of scrutiny required by the Committee.

- Since that meeting, and despite requests for information, gaps in the data still exist. The Department has been unable to provide data pertaining to the number of appointments that were actually cancelled, the number of patients adversely impacted and any estimates of lost productivity.

- The Department has however provided data on the reasons for cancelled appointments attributed to "consultants being unavailable". It has also cautioned that the information is "*not robust enough to inform the Committee's deliberations on the issue".*

- A *Working Group* to further assess if the outpatient cancellation data can be improved is being set up by the Department.

- Reconfiguring the system to a standardised format that separates data into categories such as "re-used appointment", "cancelled appointment – patient impacted" and so forth would be a first step towards achieving better quality cancelled outpatient appointment data.

Executive Summary

Current demand for outpatient appointments is high. In 2011/12 there were over 1.5 million patient attendances at outpatient clinics across Northern Ireland. More patient attendances were for 'review' rather than 'new' (first) outpatient appointments.

During 2011/12 **hospital providers** cancelled 182,813 consultant-led outpatient appointments. The majority of cancellations (83%) were for **review** patient appointments: (**151,767 'review'** compared to 31,046 'new' cancelled appointments).

The current system used to record cancelled outpatient appointment data is not fit for scrutiny purposes. During the HSSPS evidence session with Trust and Board Officials on 6 February 2013, it became evident that cancelled appointments that were "re-used" by another patient, those covered by stand-in medical professionals, those where the patient was never informed of the appointment, and those that were "truly cancelled" for appropriate reasons could all be recorded as "cancelled appointments" on the patient administration system.

Likewise, some circumstances - such as appointments being brought forward, whist being reported as "cancelled" on the administration system, may not negatively impact on the patient. Although the DHSSPS was unable to provide any figures for cancellations that might have negatively impacted on patients for this paper, written evidence submitted by the Southern Trust for the February evidence session, estimated that 67% (9,739) of its patients whose appointments were cancelled by hospitals - may have been negatively affected. We have not extrapolated this data across other HSC Trusts because of the different ways cancellation data is reported.

The crux of the matter is that we still do not know how many patient appointments are "hard" cancelled in the sense that the patient was not seen on the date intended, and/or there was a loss of productivity. As hospital cancellations can impact on healthcare productivity and exacerbate patient waiting times for treatment, this information is crucial. Whilst there are perfectly legitimate and unavoidable situations which may result in an outpatient appointment being cancelled, gaps in the data make it difficult to draw conclusions.

Cancellations by *consultants* accounted for at least 40% of all cancellations by hospital providers. The greatest number of consultant cancellations occurred within specific clinical specialties including pediatrics, general surgery, general medicine, ENT (ear, nose and throat) and ophthalmology. At least 60% of the reasons given for "consultant being unavailable" was due to "leave" or "annual leave". However, detailed reasons why a "consultant cancelled the appointment" is not collected. Given the limited way that the consultant cancellation data is recorded, the DHSSPS has cautioned any further interpretation of the figures. Nevertheless, information on why appointments are cancelled is a managerial issue which needs to be fully understood, especially to give assurances that those cancellations are appropriate and in line with guidelines.

There is also a clear trend in the cancellation data: clinical specialties with the highest volume of patient attendances - such as Trauma & Orthopedic (T&O) Surgery, General Surgery, Ophthalmology, Gynecology, and ENT - also experienced high numbers of cancellations by hospital providers. Moreover, these specialties had substantial numbers of patients waiting for 'first' outpatient appointments. Further "demand and capacity" work, which takes account of cancellations within certain specialties, should be explored.

At the evidence session in February 2013, witnesses also focused on performance against the 9 week waiting time target for a 'first' (new) outpatient appointment, rather than the level of outpatient cancellations by hospital providers. However, in recent years, outpatient waiting time targets for a first appointment have become substantially less stringent, most probably because they were not being achieved. Whilst progress has been made "*that 50% of patients waiting for a first outpatient appointment are seen within 9 weeks*", this somewhat deflects from the real issue about cancelled appointments, the lost resource and patient impact. This is because a far greater percentage of outpatient appointments are for 'review patients' and more outpatient cancellations occur for 'review' (83%) rather than 'first' (17%) outpatient appointments.

In addition, witnesses did not discuss the latter part of the 9 week waiting time target which states that 'no patient should wait longer than 21 weeks' (for a first outpatient appointment). Latest figures show that over 7,000 patients have been waiting at least 21 weeks (5 months) for their first outpatient appointment, which clearly, has not been met. Unlike the rest of the UK, the "complete patient journey time" from GP referral to treatment is not measured in Northern Ireland, therefore it is impossible to accurately assess whether overall, outpatients are being seen and treated in a timely manner.

Also of interest to the Committee is the use of private sector which the HSC Board can commission to provide outpatient appointments. This can help Trusts to meet their targets and to reduce waiting lists. In 2011/12, 48,762 outpatient appointments were completed by the private sector (only 3% of all appointments). However, it has not been possible to put a cost on private sector outpatient appointments because the DHSSPS does not separate 'inpatient', 'day case' and 'outpatient' private sector costs.

As a result of the evidence session, the DHSSPS has advised that a "Cancelled Appointments Short Life" Working Group will be established to examine the administration system and the *feasibility of providing data in a robust and standardised manner*.

In sum, many pieces of the 'outpatient appointment puzzle' are missing and the problem cannot be resolved without a more complete picture. System reconfiguration which provides accurate, patient focused cancellation data, alongside productivity estimates would be more meaningful. So too, would more complete patient journey time information. As demand continues to rise, it is difficult to understand why the DHSSPS has not collected such information. These actions would help identify where issues actually exist and ultimately, could help to reduce inefficiencies and patient waiting times for treatment.

Contents

1. Introduction

This paper provides additional information in relation to outpatient appointments that are cancelled by hospital providers. It also considers outpatient appointment data in light of DHSSPS reports and written evidence submitted to the Committee in February 2013 by three health and social care (HSC) Trusts and the Health and Social Care Board (HSCB). As cancellations by hospital providers can lead to inefficiencies in the healthcare system, the final section of the paper examines how Trusts have performed against the Ministerial target for outpatient waiting times.

2. Demand for Outpatient Appointments

In Northern Ireland, 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. Patients are not admitted into hospital for this assessment*".[1] These services are usually provided during a clinic session and enable an opportunity for consultation, investigation and minor treatment. Around 40 hospital sites across NI facilitate these consultations to take place.

Current demand for outpatient appointments is high. Data on consultant-led outpatient activity is published by the DHSSPS *Outpatient Activity Statistics*[2] and the most recent publication showed that:

In 2011/12, there were **1,513,998** attendances at HSC outpatient clinics. Of these:

- ***475,235 (31%)** were "new" appointments (i.e. a first appointment) and*
- ***1,038,763 (69%)** were "review" (follow-up) appointments.*

Whilst demand is high, there are also potential inefficiences. In particular, the DHSSPS *Outpatient Activity Statistics* publication states that patients who do not attend consultant-led outpatient appointments (DNAs) and appointments that are cancelled by hosptial providers *indicate a potential loss of productivity within the healthcare system*.[3] To remind readers, the number of DNAs and hospital cancelled appointments in 2011/12 were as follows:

- ***Patients** did not attend (DNA) **157,781** consultant-led outpatient appointments.*

- ***Hospital providers** cancelled **182,813** consultant-led outpatient appointments.*[4]

According to the NI Audit Report (2007), both patient DNAs and cancelled appointments by hosptial providers are persistent causes of inefficiency which can also **exacerbate outpatient waiting times for treatment, and have an adverse impact on patients**.[5] Inefficiency is also a concern if demand rises: As noted in *Transforming*

[1] DHSSPS (2012) Northern Ireland Hospital Statistics: Outpatient Activity 2011/12 p10
[2] DHSSPS (2012) Northern Ireland Hospital Statistics: Outpatient Activity 2011/12 p1.
[3] DHSSPS (2012) Northern Ireland Hospital Statistics: Outpatient Activity 2011/12 p12-13
[4] This includes new and review appointments.
[5] NI Audit Report (2007) Outpatients: Missed Appointments and Cancelled Clinics, p8.

Your Care, it estimated that an extra 48,000 outpatient appointments will be required by 2015.[6] Thus, having the most efficient outpatient appointment system - which minimizes inefficiencies, makes good sense.

3. Appointments cancelled by hospital providers in 2011/12

As this paper focuses specifically on appointments cancelled by **hospital providers**, Table 1 shows the number of such cancellations in 2011/12 as well as the categories why these appointments may be cancelled. In 2011/12 182,813 appointments (31,046 new and **151,767 review** appointments) were cancelled[7]; an overall rate of one in every ten appointments. An important note is that **83% of hospital cancellations were for review appointments.**

Reason for cancellation	Belfast Trust	Northern Trust	South Eastern HSCT	Southern Trust	Western Trust	NI total	NI (%)
Consultant unavailable	17,686	5,976	10,179	4,834	9,258	47,933	26.2
Medical staff / nurse not available	1,040	0	1,551	366	1,249	4,206	2.3
Patient treated elsewhere	537	917	2,086	840	537	4,917	2.7
Consultant cancelled appointment	1,575	17,113	522	461	8,333	28,004	15.3
Appointment brought forward	1,618	0	2,718	2,151	1,744	8,231	4.5
Appointment put back	15,188	1,424	5,812	3,188	3,087	28,699	15.7
Cancelled following validation / audit	444	31	122	5	4	606	0.3
Administrative error by hospital / GP	572	1,799	2,606	1,291	2,240	8,508	4.7
Hospital transport not available	81	30	169	19	27	326	0.2
Cancelled by hospital - to rebook as alternative booking method	4,153	0	3,427	0	111	7,691	4.2
No reason or incorrect reason recorded	38,717	1,061	709	1,229	1,976	43,692	23.9
Total	**81,611**	**28,351**	**29,901**	**14,384**	**28,566**	**182,813**	**100%**

See p10 for a breakdown of reasons

No further reasons are reported

Table 1. Number of "cancellations" by hospital providers by Trust area 2011/12[8]

3.1 How is a cancelled appointment defined?

There has been some confusion as to what constitutes a hospital provider cancelled appointment. Written correspondence from the Health Minister to the Chair of the Health, Social Services and Public Safety Committee (November 2012) states:

> *"A cancelled appointment is defined as one that was intended to be held **but which did not occur"**.*[9]

[6] DHSSPS (2012) Transforming Your Care, p23.
[7] DHSSPS (2012) Northern Ireland Hospital Statistics: Outpatient Activity (2011/12) p22.
[8] DHSSPS (2012) Northern Ireland Hospital Statistics: Outpatient Activity (2011/12) p20.

In DHSSPS guidance, an outpatient appointment cancelled by a hospital provider is defined as:[10]

> *"The number of outpatient appointments that have **been cancelled by the provider HSC Trust**. Such cancellations do not include those cancelled by the patient, appointments the patient did not attend (DNA) without giving prior notice, and new appointments cancelled by the hospital as a result of the patient's death."*

The DHSSPS O*utpatient Activity Report* also provides guidance about using outpatient appointment data involving cancellations by hospital providers:

> *"These data relate to the number of scheduled appointments cancelled by hospitals. This may be for a variety of reasons **and <u>in most cases</u> the patient still requires assessment and will be re-booked into another appointment**. These data are an indication of the **loss of potential productivity** within the Health and Social Care system".*[11]

Given the perceived high level of cancelled appointments from the DHSSPS data, this issue was discussed further at a meeting of the Health, Social Services and Public Safety (HSSPS) Committee on 6 February 2013 with three Trust Chief Executives and the Chief Executive of the HSC Board. In the evidence session, witnesses explained that a cancelled appointment by a hospital provider did not always mean that an appointment was actually "cancelled":

> "*Although we report clinics and collect data on them as being cancelled, it does not always mean, for the individual patient, that the clinic [appointment] is actually cancelled. For example, if a consultant is unavailable at short notice to hold his or her clinic and a colleague holds it for him, that will be recorded as cancelled by that individual, but the clinic will go ahead as normal, and the patient will not suffer any detriment...."*[12]

The witnesses also stated:

> "*This is a gross statement of all cancellations, not netted off for those appointments that were re-used or cancelled for appropriate clinical reasons.*"[13]

Furthermore, witnesses described a number of caveats regarding the hospital cancellation data produced by the patient administration system (Table 1), namely[14]:

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[9] Correspondence from Minister for Health Social Services and Public Safety to Sue Ramsey, Chair of HSSPS Committee. Response dated 26 November 2012.
[10] DHSSPS Reporting of Quarterly Outpatient data. Data definitions and guidance document, p5.
[11] DHSSPS (2012) Northern Ireland Hospital Statistics: Outpatient Activity (2011/12) p110.
[12] NI Assembly Hansard Official Report. Appointments cancelled by hospitals: HSC Board and HSC Trusts Briefing http://www.niassembly.gov.uk/Documents/Official-Reports/Health/2012-2013/130206_AppointmentsCancelledbyHospitalsHealthandSocialCareBoardHealthandSocialCareTrustsBriefing.pdf 6.2.2013, p2.
[13] NI Assembly Hansard Official Report. Appointments cancelled by hospitals briefing on 6.2.2013, p4.
[14] NI Assembly Hansard Official Report. Appointments cancelled by hospitals briefing on 6.2.2013.

- The administration system uses data definitions that are *many years old and are probably, no longer fit for purpose with regard to the scrutiny needed*. For example, appointment slots may be cancelled, but the patient was never informed of the appointment.
- The data does not give a true picture of the number of cancellations by hospital providers that actually impact on patients, as in some cases, appointments could still be held with a "stand-in" member of staff. In others, appointments may have been cancelled because the patient was seen at an earlier date.
- The data does not accurately indicate to what extent there may be a loss of resource / productivity in the healthcare system.

Since the meeting, it has become evident that cancelled appointments that were "re-used" by another patient, those covered by stand-in medical professionals, those where the patient was never informed of the appointment, and those that were "truly cancelled" for appropriate reasons could be counted in the system as "cancelled appointments". This generated much debate within the Committee. As the Committee's Chairperson stated:

> *"If a percentage of the cancelled appointments were not necessarily cancelled because somebody stepped in and did them, they should not be recorded as cancelled appointments. If there is a problem with the system, then change the system".*[15]

Given that we do not know how many appointments were "actually cancelled" (or as witnesses also termed it, "hard cancelled") – in the sense that the patient was notified of their appointment but it did not occur on the date intended, **any interpretation of the data presented in this paper should be treated with caution**.

4 "Cancelled" appointments associated with Consultants

Following on from the evidence session, the Committee was particularly interested in obtaining further information about appointments "cancelled" for which the 'reasons' recorded related to **consultants**. There are around 1,230 full time and 209 part time consultants (a total of 1439) working in the public HSC sector in Northern Ireland.[16] A number of these consultants also work in the private healthcare sector - outside of their contracted NHS commitments. The extent of this private work is not known.

Two categories in the patient administration system specifically record information relating to consultants cancelling appointments. One category is "Consultant Unavailable" and the other category is the "Consultant Cancelled Appointment". When added together, these two categories resulted in over **75,000** (41%) appointments being recorded as "cancelled" in 2011/12. The next section considers each of these categories in turn. However, readers should be mindful that this may not be a true representation, given the caveats listed above.

[15] NI Assembly Hansard Official Report. Appointments cancelled by hospitals briefing on 6.2.2013, p10.
[16] DHSSPS correspondence to author, consultant figures for March 2012. Response dated 21.3.13. DHSSPS source: Human Resource Management System

4.1 Reasons for "Consultant Unavailable"

DHSSPS figures in Table 2 below provide reasons for **47,889** outpatient appointments recorded as "cancelled" under the "consultant unavailable" category.[17] This data includes new and review "cancelled" appointments.

	CONSULTANT UNAVAILABLE reasons:	Belfast Trust	Northern Trust[1]	South E Trust	Southern Trust	Western Trust	Total
Original reasons in DHSSPS guidance Appendix 1.	At Court – Medical/Legal	20	0	43	35	-	98
	At Meeting / Conference	955	389	837	241	866	**3,288**
	Consultant At Other Hospital	23	0	34	9	-	66
	Consultant Holding Lecture	41	0	106	-	-	147
	In Theatre/Other Hospital	-	0	203	14	-	217
	Consultant Absent – Other	975	0	293	1182	-	**2,450**
	Annual leave		3218	5331	1238		**9,787**
	Consultant Absent – Audit	126	0	581	216	194	1,117
	Study Leave	463	437	544	69	-	1,513
	Consultant Has Retired[18]		421	163	183	851	1,618
	Consultant Ill	389	1240	821	384	405	**3,239**
	Consultant In Theatre	171	0	1	23	450	645
	Consultant Unavailable	-	0	0	81	-	81
	Physician Of The Week	-	60	65	-	-	125
	Wards On Take	187	0	0	-	-	187
	Post Take Ward Round		0	1157	-	-	1,157
	Consultant On Leave	13371	0	0	61	4361	**17,793**
Additional categories that some Trusts are using.	Bereavement	9	-	-	75	-	84
	At Conference/course	262	-	-	-	-	262
	Consultant at Other Meeting	83	-	-	-	-	83
	Consultant Attending Court	16	-	-	-	-	16
	Consultant Interviewing	17	-	-	-	-	17
	Consultant on Call	372	-	-	-	-	372
	Directorate meeting	38	-	-	-	-	38
	Dr/Consultant – Exam	67	-	-	-	-	67
	Professional Leave	101	-	-	-	-	101
	Surgeon of Week on Take[19]	-	213	-	-	-	213
	Consultant Cancelled Appt.	-	-	-	465	-	465
	Consultant Has Left Trust	-	-	-	228	-	228
	Consultant of The Week	-	-	--	269	1135	**1,404**
	Consultant's Ward Take In[20]	-	-	-	1	-	1
	Change of Consultant	-	-	-	-	530	530
	Consultant Study Leave/Lecture	-	-	-	-	480	480
	Total	**17,686**	**5,978**	**10,179**	**4,774**	**9,272**	**47,889**

Table 2. List of reasons on PAS system why "consultant unavailable" for an outpatient appointment, and number of times this was recorded by Trusts[21]

[17] This figure of 47,889 differs slightly from the 47,933 figure originally provided by the DHSSPS in Table 1.
[18] This figure is not the number of consultants who retire; it can be counted multiple times for the same consultant.
[19] "Surgeon Of The Week" has responsibility for all emergency admissions during their on call week.
[20] The consultant has a clinic booked and then needs to cancel as they are on rota as "Consultant of the Week".
[21] Source - QOAR BOXI Query obtained from DHSSPS. Data obtained 7.3.13.

Interestingly, the information supplied in Table 2 shows several **additional** categories that some HSC Trusts are using where others are not, which was not contained in the Departments' original breakdown of reasons (see Appendix 1). At the HSSPS Committee meeting in February, when asked if the PAS system recorded information in the same way, the Chief Executive of the HSC Board stated:

> *"My understanding is that, yes, we are recording information in a similar way. I cannot give a guarantee that it is absolutely the same. However, the expectation is that it is recorded similarly across all of the organisations."*

Considering the variation in the data collection, the DHSSPS was asked to provide an explanation for why Trusts were not all collecting information in an entirely uniform way:

> *"Trusts use the system to manage patient care pathways. Statisticians and information colleagues are secondary users of these systems with the responsibility to limit the burden on suppliers. While the 'Quarterly Activity Outpatient Return' guidance provides a detailed breakdown of each sub-category for the variable 'reason for cancellation', on occasions, this breakdown does not always meet the detailed administrative requirements of the Trusts, and as such, extra reasons are added at a local level (managed by Trusts) which are then included in the total count for the sub-category.*"[22]

4.2 Problems with interpreting "consultant unavailable" data

In the DHSSPS response that accompanied the figures in Table 2, the Department re-iterated limitations to the information supplied. Firstly, it recommends that the data in Table 2 should not be used in isolation of other categories presented in Table 1. As one example, a consultant cancelled appointment might be recorded under another category listed in Table 1, such as the "no reason" variable, (used particularly frequently in the Belfast Trust). This variable does not give a reason for the cancellation and does not help the Committee in its scrutiny, making any interpretation of the data even more complex.

Another issue is the partial booking system which plans appointment slots six weeks in advance. According to the DHSSPS 'Integrated Elective Access Protocol', consultants intending to take leave need to give *'a minimum of six weeks' notification of intended leave, in line with locally agreed Human Resources policies'*.[23] At the evidence session with witnesses, one HSC Trust Chief Executive stated that '*if a consultant requests an intention to take leave 6 or 7 weeks before their clinic is intended to run, this does not produce an administrative overhead…. The consultant takes their leave and the patients are re-appointed in due course at the appropriate time*.[24] The Chief Executive of the HSC Board also stated *'the six-week notification generally takes account of both annual leave and study leave'.* However, a possible system issue arises when circumstances occur when leave is required at short notice - these appointments can be counted as cancelled

[22] DHSSPS correspondence to author, response dated 13.3.2013
[23] DHSSPS (2008) Integrated Elective Access Protocol, obtained from DHSSPS on 24 January 2013.
[24] NI Assembly Hansard Official Report. Appointments cancelled by hospitals briefing on 6.2.2013. p14.

even when a colleague stands in. ***"If a hospital/consultant cancelled an outpatient appointment <u>within</u> the six week period referenced,*** *[yet other staff fill in and the appointment goes ahead]* ***it is still counted as a cancelled appointment****."*[25] This means that some appointments recorded as "cancelled" may not actually be "cancelled" in the sense that there is no patient/resource impact. It is not possible to tell how many times this occurred within the 6 week timeframe from the DHSSPS data.

As we do not know how many were actual cancellations and almost 60% of cancellations under the "consultant unavailable" category come under "consultant on leave" / "annual leave" (as highlighted in orange in Table 2), this makes any proper scrutiny of the data impossible.

Although the figures do provide an indication, no meaningful conclusions can be made. The DHSSPS also suggests that the information supplied "*is not robust enough to inform the Committee's deliberations on the issue and would be misleading"* and that "*the use of this information in a public forum may have the effect of eroding public confidence and trust in official statistics"*.[26]

4.3 No breakdown of reasons given for "Consultant Cancelled Appointment"

Another difficulty in interpreting consultant related cancellations is that, unlike the "consultant unavailable" category, interestingly the PAS system <u>does not</u> provide a further breakdown of reasons for "consultant cancelled appointment". The only reason given for a cancellation by a consultant in this category in the DHSSPS guidance is "At consultant request" (see Appendix 1). In 2011/12**, 28,004** appointments were "cancelled" within this category. Use of this variable was particularly high in the Northern Trust. Departmental Officials have indicated that system administrators may have used this variable inappropriately as a "catch all" for other eventualities,[27] perhaps those that are (or are not) listed under the "Consultant Unavailable" category. As there is no further breakdown of reasons given, this again limits how much the data can inform the Committee and no conclusions have been made.

4.4 Consultant "cancelled" appointments by specialty

The Committee was also interested in the clinical specialties in which consultants may "cancel" appointments. There are almost **50** clinical specialties in which an outpatient appointment can occur.[28] For brevity, ten specialties which reported the highest instances of "Consultant Unavailable" and "Consultant Cancelled Appointment" from the patient administration system are shown in Figures 1 and 2. Each clinical specialty is represented by a different colour. A list of ten clinical specialties with the highest instances of *consultant unavailable* "cancellations" for 2011/12 is as follows:

[25] DHSSPS correspondence to author, response dated 7.3.2013
[26] DHSSPS correspondence to author, response dated 7.3.2013
[27] DHSSPS response to author , response dated 16.1.2013
[28] DHSSPS (2012) Northern Ireland Hospital Statistics: Outpatient Activity 2011/12 p24-25.

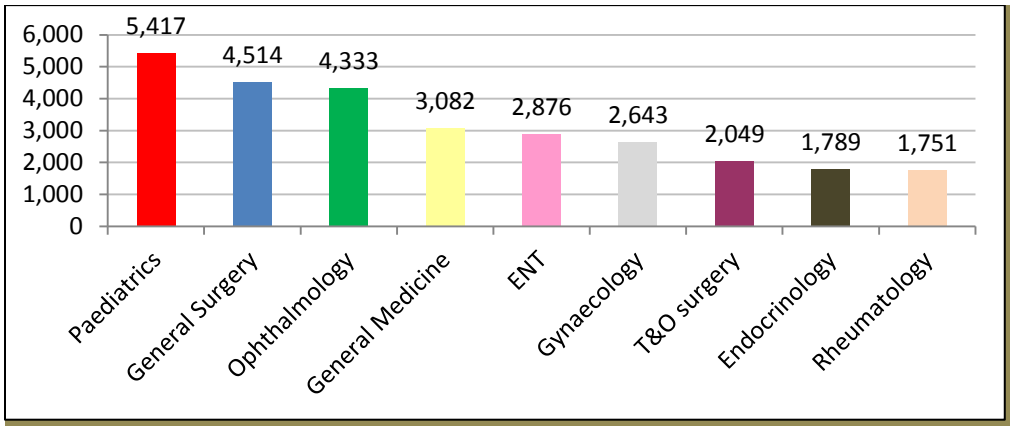

Figure 1.Specialties with highest use of *Consultant Unavailable* cancelled appointments[29]

As can be seen, **Pediatrics, General Surgery** and then **Ophthalmology** had the highest number of instances where consultants "cancelled" appointments recorded by "consultant unavailable". Pediatrics "cancelled" 5,417 appointments.

The ten clinical specialties with the highest instances of *Consultant cancelled appointment* in 2011/12 is provided in Figure 2.

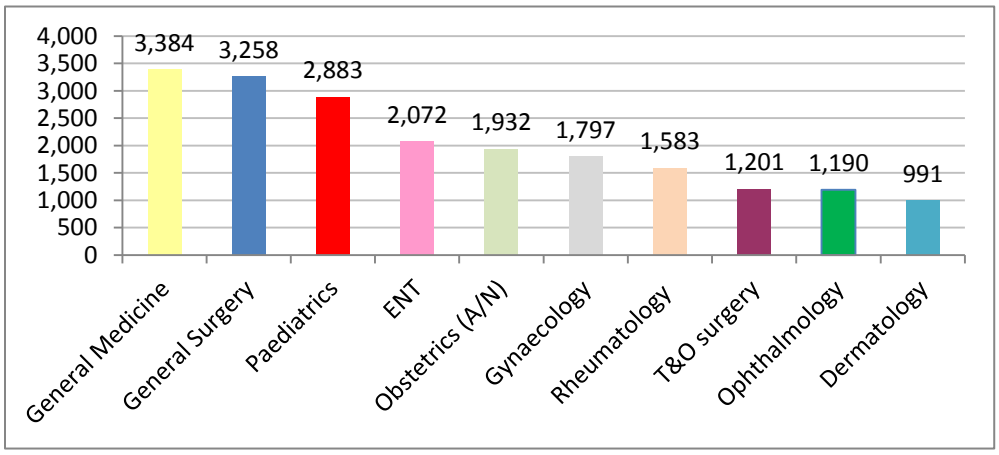

Figure 2. Specialties with highest use of *Consultant Cancelled Appointment* (2011/12)[30]

General Medicine, General Surgery and **Paediatrics** had the highest number of instances of "consultant cancelled the appointment" in 2011/12. General Medicine "cancelled" 3,384 appointments.

Interestingly, consultants "cancelling" or being "unavailable" for appointments has occurred in broadly the **same clinical specialties** in Figures 1 and 2. Without accurate cancellation data, it is impossible to determine whether these are actual cancellations and if so, whether they could be mitigated or planned for in any way.

[29]Data derived from DHSSPS (2012) Northern Ireland Hospital Statistics: Outpatient Activity (2011/12) p23-24.
[30] DHSSPS (2012) Northern Ireland Hospital Statistics: Outpatient Activity (2011/12) p23-24.

4.5 Some observations about consultant cancellation data

There are perfectly legitimate and unavoidable situations which may result in an outpatient appointment being cancelled. It is also possible that some "consultant unavailable" and "consultant cancelled appointments" are filled by other medical staff with no detriment to the patient. However, there are appointments cancelled by consultants (the extent to which we cannot quantify), that do cause inconvenience to patients who are not seen, and which also indicates a loss of productivity to the healthcare service.

The extent to which medical staff are able to "stand in" for consultants who cancel appointments (e.g. for reasons associated with intended leave, sickness etc) is unknown but, given the specialist nature of consultant-led outpatient clinics (in that a clinic cannot operate if a consultant is not present)[31] require that only someone appropriately qualified could "stand-in", and this may not always be possible.[32]

Furthermore, accessing staff who can assist the running of clinics may not always be possible as they may not be based in the same location, nor available at short notice. This also begs the question that, if other staff members are "standing in" – are they being pulled away from their other work commitments?[33] Again, understanding the extent of these issues cannot be accurately gleaned from the data.

Despite these limitations, it would still be useful for the Committee to know:

- How many of the "consultant unavailable" and "consultant cancelled appointment" slots were given to patients but **did not** occur on the date intended and the patient had to be re-booked and given a new appointment date (i.e. possibly impacting on the patient and on waiting times)?
- How many times did a 'new' patient wait over 9 weeks because their original appointment was cancelled by a hospital provider?
- How many new and review appointments (where the patient was notified about the appointment) were cancelled - due to consultants taking 'intended leave' but the patient was **not** seen by a colleague on their appointment date? How many patients had their appointment on the date intended with a stand-in consultant/doctor?
- What estimated % of "consultant unavailable" and "consultant cancelled appointment" cancellations resulted in a loss of productivity in the healthcare system?

Unfortunately, the DHSSPS was not able to provide this information. Instead, it has advised that a "Cancelled Appointments Short Life" Working Group will be established

[31] According to evidence submitted by the Southern Trust, while a clinic can be held but reduced due to junior doctor availability, it cannot operate if the consultant is not present. Evidence submitted to Committee on 6.2.13.
[32] Witnessed highlighted this can be a particular problem in the Belfast Trust, given its specialist services.
[33] Evidence from the Southern Trust suggests that acute junior doctor's inpatient workload take precedence so they may not always be available for outpatient clinics, resulting in reduced capacity and possible cancellations Southern HSC Trust (31.1.13). Briefing paper: Outpatient cancelled appointments for the Health Committee, p.3.

to *'understand the impact of cancelled appointments on patients'* which will *'investigate the feasibility of providing data in a standardised and robust manner'*.[34] Further details on this group are provided in Appendix 2.

5. Patient attendances and hospital cancellations by specialty 2011/12

Turning now to a much broader aspect of the cancellation data, Table 3 ranks the number of patient attendances (including both new and review patients) from highest to lowest in each outpatient specialty.[35] It also provides the number of outpatient appointments cancelled by hospital providers in each clinical specialty and an overall cancellation rate per specialty.

[34] DHSSPS correspondence to author, response dated 13.3.2013
[35] Data derived from DHSSPS (2012) Northern Ireland Hospital Statistics: Outpatient Activity (2011/12).

- The top ten clinical specialties with the highest volume of patient attendances are shown in grey.
- The clinical specialties with the highest cancellation rates are shown in yellow.

Highest volume

Clinical Speciality	Patient attendances	Hospital Cancellations	Cancellation rate %
T & O (Trauma and Orthopaedic) Surgery	165,611	10,572	6.0
General Surgery	146,568	15,187	9.4
Ophthalmology	110,829	13,034	10.5
Gynaecology	96,817	9,164	8.6
Obstetrics (Ante Natal)	95,609	11,437	10.7
ENT	94,462	9,874	9.5
General Medicine	84,603	13,220	13.5
Dermatology	77,102	6,179	7.4
Paediatrics	63,589	12,175	16.1
Cardiology	53,444	12,778	19.3
Haematology (Clinical)	52,285	4,791	8.4
Rheumatology	41,893	5,945	12.4
Clinical Oncology	40,949	4,063	9.0
Urology	34,525	5,082	12.8
Neurology	34,021	3,887	10.3
Thoracic Medicine	26,454	3,911	12.9
Genito-Urinary Medicine	25,703	Not available	Not available
Oral Surgery	24,848	3,948	13.7
Gastroenterology	23,560	4,712	16.7
Nephrology	22,127	3,963	15.2
Geriatric Medicine	21,455	3,043	12.4
Endocrinology	21,150	3,898	15.6
Plastic Surgery	18,552	2,841	13.3
Orthodontics	13,978	1,359	8.9
Pain Management	13,541	1,067	7.3
Medical Oncology	12,526	1,127	8.3
Restorative Dentistry	10,382	877	7.8
Accident & Emergency	7,964	270	3.3
Old Age Psychiatry	7,552	3,376	30.9
Learning Disability	7,122	215	2.9
Haematology	5,918	163	2.7
Paediatric Surgery	5,373	1,476	21.6
Mental Illness	5,329	2,591	32.7
Rehabilitation	5,085	1,044	17.0
Joint Consultant Clinic	4,966	456	8.4
Child/Adolescent Psychiatry	4,929	204	4.0
Neurosurgery	4,761	1,208	20.2
Dental Medicine Specialties	4,702	700	13.0
Palliative Medicine	4,621	257	5.3
Chemical Pathology	3,214	665	17.1
Clinical Genetics	2,803	373	11.7
Anaesthetics	2,601	78	2.9
Thoracic Surgery	2,409	394	14.1
Paediatric Dentistry	2,364	192	7.5
Cardiac Surgery	2,291	339	12.9
Paediatric Neurology	1,625	327	16.8
Clinical Neuro-Physiology	1,218	235	16.2
Obstetrics (Post Natal)	372	76	17.0
GP Other	196	40	16.9

Table 3. Cancelled appointments by clinical specialty attendances and cancellation rate

Together, the ten clinical specialties with the highest patient attendances –shown in grey in Table 3 - also had high numbers of cancellations which totaled over **113,000** (nearly two thirds) of all appointment "cancellations" by hospital providers. Even though these ten specialties had a high number of cancellations, the majority of them (with the exception of Cardiology) did not have the highest cancellation 'rates'. In fact, Trauma and Orthopedic (T&O) Surgery had one of the lowest cancellation rates in comparison to the volume of patients seen and the number of cancellations recorded. The formula for calculating the rate is provided below.[36] The **cancellation rate** is the proportion of all appointments which were made which have been cancelled. As the rate focuses on 'appointments' rather than 'patients', the figures do not take into account the number of cancellations any one patient may have had, or any possible negative impact.

The clinical specialties with the highest volume of patient attendances include T & O Surgery, General Surgery, Ophthalmology and Gynecology. For illustrative purposes, Figure 3 maps out the six specialties where the **most patients** attended in 2011/12 and the number of appointments that were "cancelled" by hospital providers in those same specialities.

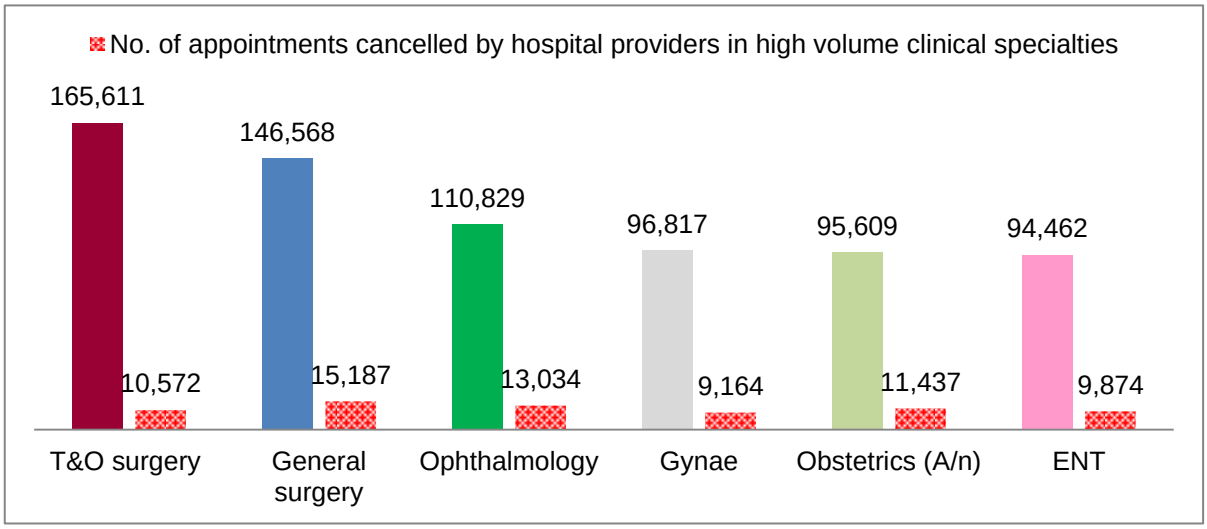

Figure 3.Clinical specialties with the highest number of patients seen and the number of appointments "cancelled" by hospital providers in those specialties (2011/12).[37]

As the cumulative number of appointments "cancelled" in these specialties is large, a key question remains; what is, or can, be done to help reduce the number of cancelled appointments that result in delays in patients being seen?

Nevertheless, there are also unique circumstances that might help to explain why a high number of cancellations may occur in certain clinical specialties. For example,

[36] The rate (eg for T & O Surgery) is calculated by taking the no. of cancellations in T&O surgery: 10,572/ divided by the number of patients seen in T&O (165,611) plus the number of T&O cancellations: 176183 x100=rate
[37]This data was calculated using DHSSPS (2012) Northern Ireland Hospital Statistics: Outpatient Activity (2011/12) p21-22.

cancellations in 'Obstetrics (antenatal)' may sometimes occur because a baby has been delivered early and the appointment is no longer needed, and can be re-used.[38]

5.1 Cancellation "rates"

Figure 4 presents the clinical specialties with the **highest cancellation rates** in more detail. 'Mental Illness' had the highest hospital cancellation rate at 33%.[39] Of interest is that with the exception of Cardiology, the clinical specialties in Figure 4 are not what one would consider 'high volume' - in the sense that there are not tens of thousands of patients attending these specialties each year ('mental illness' had just over 5,000 patient attendances in 2011/12 and 2,591 "cancellations"). Understanding why these clinical domains have high cancellation rates, yet relatively lower volumes of attendances **cannot be ascertained from the data,** but may also warrant further investigation. This issue was raised at the meeting with the HSSPS Committee evidence session in February. The Chief Executive of the HSC Board indicated why some specialties might have higher cancellations rates:

> *"There are particular issues in one organisation with regard to mental health, and we are talking to it directly about that. That is a combination of workforce, its ability to recruit workforce and how that is organized. There are, from time to time, particular problems in each area [specialty]. Those are often related to long-term sickness and the ability to recruit, either temporarily or permanently, replacement individuals."*[40]

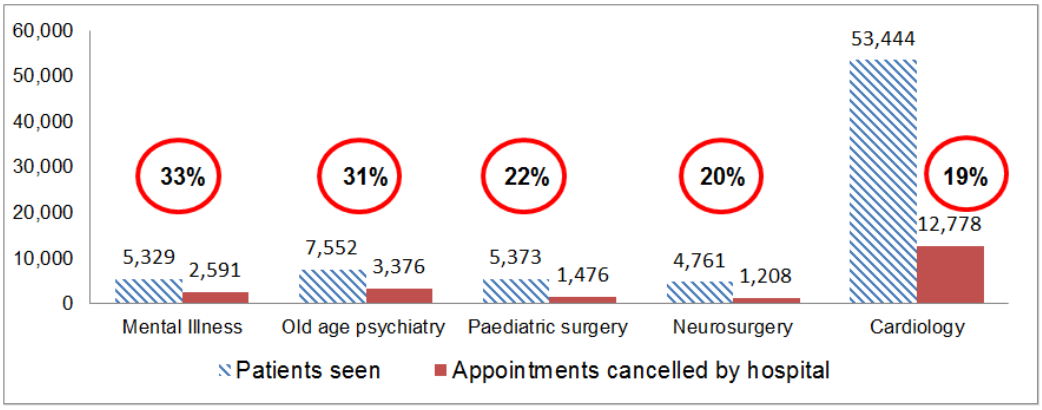

Figure 4. Clinical specialties with highest % cancellation **rates** in 2011/12[41]

6. All clinical specialties: level of cancelled appointments

Table 4 overleaf lists all clinical specialties ranked according to those with the highest to lowest **number** of "cancelled" appointments during 2011/12.[42] The top ten specialties with the highest number of cancellations are highlighted in yellow.

[38] Evidence submitted by the Southern Trust, submitted 6.2.13.
[39] Data derived from DHSSPS (2012) Northern Ireland Hospital Statistics: Outpatient Activity (2011/12) p23-24.
[40] NI Assembly Hansard Official Report. Appointments cancelled by hospitals briefing on 6.2.2013. p14.
[41] Data derived from DHSSPS (2012) Northern Ireland Hospital Statistics: Outpatient Activity (2011/12) p 21-22.
[42] Data derived from DHSSPS (2012) Northern Ireland Hospital Statistics: Outpatient Activity (2011/12) p 21-22.

Specialty	Cancellations	Total attendances
General Surgery	15,187	146,568
General Medicine	13,220	84,603
Ophthalmology	13,034	110,829
Cardiology	12,778	53,444
Paediatrics	12,175	63,589
Obstetrics (Ante Natal)	11,437	95,609
T & O Surgery	10,572	165,611
ENT	9,874	94,462
Gynaecology	9,164	96,817
Dermatology	6,179	77,102
Rheumatology	5,945	41,893
Urology	5,082	34,525
Haematology (Clinical)	4,791	52,285
Gastroenterology	4,712	23,560
Clinical Oncology	4,063	40,949
Nephrology	3,963	22,127
Oral Surgery	3,948	24,848
Thoracic Medicine	3,911	26,454
Endocrinology	3,898	21,150
Neurology	3,887	34,021
Old Age Psychiatry	3,376	7,552
Geriatric Medicine	3,043	21,455
Plastic Surgery	2,841	18,552
Mental Illness	2,591	5,329
Paediatric Surgery	1,476	5,373
Orthodontics	1,359	13,978
Neurosurgery	1,208	4,761
Medical Oncology	1,127	12,526
Pain Management	1,067	13,541
Rehabilitation	1,044	5,085
Restorative Dentistry	877	10,382
Dental Medicine Specialties	700	4,702
Chemical Pathology	665	3,214
Joint Consultant Clinic	456	4,966
Thoracic Surgery	394	2,409
Clinical Genetics	373	2,803
Cardiac Surgery	339	2,291
Paediatric Neurology	327	1,625
Accident & Emergency	270	7,964
Palliative Medicine	257	4,621
Clinical Neuro-Physiology	235	1,218
Learning Disability	215	7,122
Child & Adolescent Psychiatry	204	4,929
Paediatric Dentistry	192	2,364
Haematology	163	5,918
Anaesthetics	78	2,601
Obstetrics (Post Natal)	76	372
GP Other	40	196
Genito-Urinary Medicine	not available	25,703

Table 4. Clinical specialty: Number of cancelled appointments (highest to lowest) and number of attendances.

'General surgery' had the highest number of cancellations whereas 'GP other' had the least.

7. Outpatient cancellation data by individual hospitals /Trusts 2011/12

Belfast HSC Trust: cancellation rate - 11.1%

Hospital	New Cancellations	Review cancellations	Hospital Total
Beechcroft	8	196	204
Belfast City	3,175	11,782	14957
NI Cancer Centre	426	4,876	5302
Mater	1,583	8,645	10228
Muckamore Abbey	23	163	186
Musgrave Park	573	2,574	3147
RBHSC	697	12,039	12736
Royal Maternity	436	2,557	2993
Royal Victoria	**4,481**	**27,348**	31829
Windsor House	13	16	29
BELFAST TRUST TOTAL	**11,415**	**70,196**	**81,611**

Northern HSC Trust: cancellation rate - 13.5%

Hospital	New Cancellations	Review cancellations	Hospital Total
Antrim	**1,836**	**7,999**	9,835
Carrickfergus	0	0	0
Causeway	1,702	7,411	9,113
Mid Ulster	440	1,881	2,321
Moyle	149	717	866
Waveney	548	2,980	3,528
Whiteabbey	568	2,120	2,688
NORTHERN TRUST TOTAL	**5,243**	**23,108**	**28,351**

South Eastern HSC Trust: cancellation rate - 12.5%

Hospital	New Cancellations	Review cancellations	Hospital Total
Ards	573	3,194	3767
Bangor	370	1,382	1752
Downe	484	1,242	1726
Lagan Valley	805	1,849	2654
Ulster	**3,211**	**16,791**	20002
SOUTH EASTERN TRUST TOTAL	**5443**	**24,458**	**29,901**

Southern HSC Trust: cancellation rate - 6%

Hospital	New Cancellations	Review cancellations	Hospital Total
Armagh Community	122	313	435
Banbridge	68	171	239
Craigavon Area	**1,487**	**5,886**	7373
Bluestone	65	159	224
Daisy hill	752	3,458	4210
Kilkeel Primary Care Centre	60	67	127
Longstone	5	24	29
Lurgan	15	144	159
Mullinure	6	244	250
St Lukes	5	83	88
South Tyrone	199	1,051	1250
SOUTHERN TRUST TOTAL	**2,784**	**11,600**	**14,384**

Western HSC Trust (cancellation rate –10.5%)

Hospital	New Cancellations	Review cancellations	Hospital Total
Altnagelvin Area	**4,715**	**16,343**	21058
Erne	759	3,622	4381
Gransha	0	0	0
Lakeview	0	0	0
Roe Valley	290	585	875
Tyrone County	397	1,855	2252
WESTERN TRUST TOTAL	**6,161**	**22,405**	**28,566**

Table 5. Number of cancellations by hospital providers (Trust Areas) 2011-12 (source DHSSPS)

Table 5 shows the number of cancellations that occurred in various hospital sites across Northern Ireland. Perhaps not surprising is that, geographically, the greatest number of "cancellations" occur in the major acute hospital sites in each Trust.

In addition, more 'review' appointments were cancelled than 'new' appointments in **all** specialties. This is important, and part of this trend could be because there is no target for seeing review patients within certain timeframes in the way that there are with new appointments. Whether sanctions are imposed on Trusts for "cancellations" was not available from the DHSSPS in time for the writing of this paper.

8 Adverse patient impact?

In previous evidence submitted to the Committee, the HSC Board stated that it is not possible to determine the number of patients negatively affected by hospital provider cancellations:

> *"Currently it is difficult to provide a net figure of those affected negatively. The HSC Board recognizes the importance of not cancelling and works closely with Trusts to minimize the problem. There will occasions when short notice cancellations are unavoidable if the consultant becomes unavailable due to sickness, bereavement etc. In some circumstances it may be possible for other member to cover the clinic, however, in some instances, there will be no other option than to cancel the clinic"*[43]

Evidence submitted by the Belfast Trust states:

> *"Cancelling an outpatient appointment is not a course of action that we like to take. We fully accept that it can cause inconvenience and distress to our patients. However should an appointment have to be cancelled, strenuous efforts are made to re-book the patient at the earliest opportunity".*

Meanwhile, evidence from the Southern Trust did provide an estimate how many of its patients may be negatively affected:

> *"The actual number of appointments cancelled [by the Southern Trust] which may negatively have affected our patients is 9,739".*

Given that the Southern Trust had 14,384 outpatient hospital cancellations (as shown in Table 6) with an estimated 9,739 cancelled appointments affecting patients, this equates to 67% (almost two thirds) of cancelled appointments that may have negatively affected patients. In addition, the Southern Trust had the lowest cancellation rate out of all Trusts (at 6%). But we cannot extrapolate this data across Trusts because we do not know how many of the other Trusts had "true" ("hard") cancelled appointments. Again without accurate patient focussed data, it is impossible to tell the actual level of adverse patient impact.

[43] Evidence submitted by HSC Board to Committee for Health Social Services and Public Safety, briefing dated 6.2.13

2011/12	Belfast Trust	Northern Trust	South E. Trust	Southern Trust	Western Trust	NI Total
Outpatient appointment attendances	**651,971**	182,291	209,868	225,210	244,658	**1,513,998**
Appointments cancelled by hospital	**81,611**	28,351	29,901	14,384	28,566	**182,813**
Hospital cancellation rate	11.1%	**13.5%**	12.5%	6%	10.5%	**10.8%**
Possible negative patient impact	?	?	?	9,739 (67%)	?	?

Table 6. Number of patient attendances and cancellations by hospitals in each Trust[44]

9. Outpatient Waiting Time Targets: HSC Performance

Outpatient appointment data is closley linked to outpatient waiting lists. Patients who require an appointment in a certain outpatient speciality can wait several weeks or months to be seen. However, shorter waits can lead to better patient outcomes, reduce patient anxiety and help focus resources where they are needed most.[45] As previously shown, there is high demand for some outpatient specialties over others, yet capacity to deal with those demands can vary. In general, waiting lists increase because *demand for work sometimes exceeds the capacity available to do the work*.[46] The waiting list issue gets further compounded when patients do not attend appointments and when hospitals cancel appointments that delay patient from being seen when intended.

In Northern Ireland, waiting lists for 'new' (first) outpatient appointments are governed by Ministerial targets. Trusts work to reduce the length of waiting lists in line with the targets which are outlined in the Ministerial Commissioning Plan Direction.[47]

At the Committee evidence session, Board and Trust Officials repeatedly placed emphasis away from the level of cancelled appointments to the overall performance of HSC Trusts against the 9 week target:[48]

> *"We cannot say how many of the 180,000 [appointments] are, in fact, hard cancelled …We are working on that to make sure that we get that information better, but I think* ***the proof of the pudding is where we are with the targets.....****We have been looking at it the other way round: how long are people waiting; is the length of time they have to wait improving, and are we getting to the nine-week target? The evidence clearly suggests that we are improving as far as that is concerned."*
>
> *"It is also important to remind ourselves of the target:* ***50% of all people should be seen within nine weeks****. We are currently working at* ***67% of people being seen***

[44] DHSSPS (2012) Northern Ireland Hospital Statistics: Outpatient Activity (2011/12) pp24-25.
[45] NHS Scotland 18 week referral to Treatment Standard.
[46] NHS Institute for Innovation and Improvement Website, Demand and Capacity. Accessed 26.2.13
[47] DHSSPS The Health and Social Care Commissioning Plan Direction NI, 2012.
[48] NI Assembly Hansard Official Report. Appointments cancelled by hospitals: HSC Board and HSC Trusts Briefing

***within nine weeks**, a very marked improvement and about a 40% reduction in waiting times in the last 12 months for that. We expect, by the end of this year, to be at about **70% with regard to waiting for outpatient appointments**."*

However, these statements are only telling part of the story:

- The DHSSPS only reports outpatient waiting times in relation to the length of time that patients are currently waiting for a first appointment, not the complete length of time they waited before attending their first outpatient appointment.[49]
- The 9 week target is only applicable to patients who are waiting for a **first** outpatient appointment, and as readers will be aware, **more outpatient appointments and cancellations occur with review patients for which there are no ministerial targets in which patients must be seen.**
- Performance against the 9 week target somewhat deflects from the real issue about cancelled appointments, the lost resource and patient impact – which mostly concerns review patients.

In addition, the actual outpatient target is that "*at least **50**% of patients wait no longer than **9 weeks** for a 1st outpatient appointment, with no-one waiting longer than **21 weeks***".

- Interestingly in the evidence session, no reference was made by witnesses about the 21 week element of the target: *that **no patient** should wait longer than 21 weeks [for a first outpatient appointment].* Of note and concern is that the data shows that **7,405 were waiting over 21 weeks** (i.e. 5 months or more) **in December 2012.** In other words, this element of the target is not being met. [50]

For readers information, Table 7 shows the evolution of outpatient waiting time targets for a first outpatient appointment in Northern Ireland between 2009 and 2013.

	Target for a first outpatient appointment	**Has target been met?**
2013	From April 2013 at least **60%** of patients wait no longer than **9 weeks** for a 1st outpatient appointment - with no-one waiting longer than **18 weeks.**	Target not introduced at time of writing
2012	From April 2012: at least **50**% of patients wait no longer than **9 weeks** for a 1st outpatient appointment – with no-one waiting longer than **21 weeks.**	✓ ✗
2011	From April 2011, **no patient** should wait longer than **9 weeks** for a first outpatient appointment – with no-one waiting more than **21 weeks.**	✗ ✗
2010	From April 2010, **no patient** should wait longer than **9 weeks** for a first outpatient appointment.	✗
2009	From April 2009: **no patient** should wait longer than **9 weeks** for a first outpatient appointment.	✗

Table 7. Targets set for first outpatient appointment waiting times 2009-2013[51]

[49] DHSSPS correspondence to author, response dated 21.3.13.
[50] Further details on waiting times can be found in RaISe papers NIAR 820-11 and NIAR 369-12.
[51] Data obtained from DHSSPS NI Waiting Times Statistics and NI Programme for Government Delivery Reports http://www.northernireland.gov.uk/programme_for_government__pfg__delivery_report_as_at_30_september_2010_v1.01.pdf p39

It is evident from Table 7 that the targets for a patient to be seen at a first outpatient appointment have not been met, or have only partially been met. This may also explain why the targets have **become much less ambitious** in 2012/2013 compared to 2009 and 2010 when it was simply stated that "*no patient should wait longer than 9 weeks for a first outpatient appointment*". In fact, this target parameter was reduced **by around half** to "*from April 2012: at least **50**% of patients wait no longer than **9 weeks** for a 1st outpatient appointment – with no-one waiting longer than **21 weeks**.***"*** Whist only recently good progress has begun to be made on the less stringent 9 week target, much more needs to be done to reduce the length of time for those waiting over 21 weeks.

9.1 Patient waits and journey times

Also noteworthy is that in England, Scotland and Wales the **complete patient journey time** from GP Referral to Treatment (called the RTT pathway) is measured, and targets for this are set accordingly.[52] However, in Northern Ireland, the complete journey time is **not measured**. Instead, once a referral has been made for a first outpatient appointment, the waiting time 'clock' starts ticking. When a patient is seen at their first appointment, the clock stops. If the patient needs to return for a 'review' appointment, there are no waiting time targets for them to be seen within, and no 'ticking clock'.[53] In addition, a separate waiting time clock is started if a patient should require treatment as an inpatient, for a diagnostic test, or a day case admission.[54] This rather piecemeal approach makes it impossible to compare how Northern Ireland is doing against the complete journey time measured in the rest of the UK. **It also makes it difficult to accurately assess whether overall, patients are being seen and treated in a timely manner.**

Both the 2008 'Programme for Government' and DHSSPS 'Priorities for Action' publications had stated that "*Commissioners and providers should work towards a total patient journey time of 25 weeks or less by March 2011*".[55] The DHSSPS states that it was decided that this target should no longer be included "*due to the impact of the global financial crisis on government funding".* This, they claim, led to number of difficult decisions having to be made regarding priorities and available resources. The DHSSPS also suggests why the complete patient journey is not being measured:

[52] In **England**, patients have the right for any non-emergency treatment to start within a maximum of 18 weeks, or for the NHS to take all reasonable steps to offer a range of alternatives if this is not possible.
In **Scotland**, the target is 18 weeks from GP referral to treatment.
In **Wales**, all patients referred by primary care will receive their treatment within 26 weeks or less for the majority of patients. All patients in Wales whose care is too complex to be undertaken within 26 weeks or those who choose to wait longer receive their definitive treatment within maximum of 36 weeks.
[53] According to the HSC Board, there are no targets for 'review' appointments as these are clinically driven and can vary depending on the case
[54] See RAISE paper NIAR 820-11 By Dr J. Thompson. Northern Ireland Waiting Lists p 3.
[55] DHSSPS Priority for Action (2008) p9/10.

"At present there is no means of linking information on patients' waits as they progress through their treatment pathway, given the disparate HSC reporting administrative systems…To make the necessary changes would involve significant cost".[56]

It could be argued that making the investment to record the total patient journey (as well as a better cancellation data) would give a far more accurate picture of how long **all** patients are waiting. This would also help identify areas where improvements are needed, enable comparison of overall performance, not disparate parts of data, and may help save money in the medium to longer term.

10. Waiting list trends for a first outpatient appointment

Figure 5 also shows the number of patients **waiting** for a first consultant-led outpatient appointment at certain dates over the last 4 years in Northern Ireland.[57]

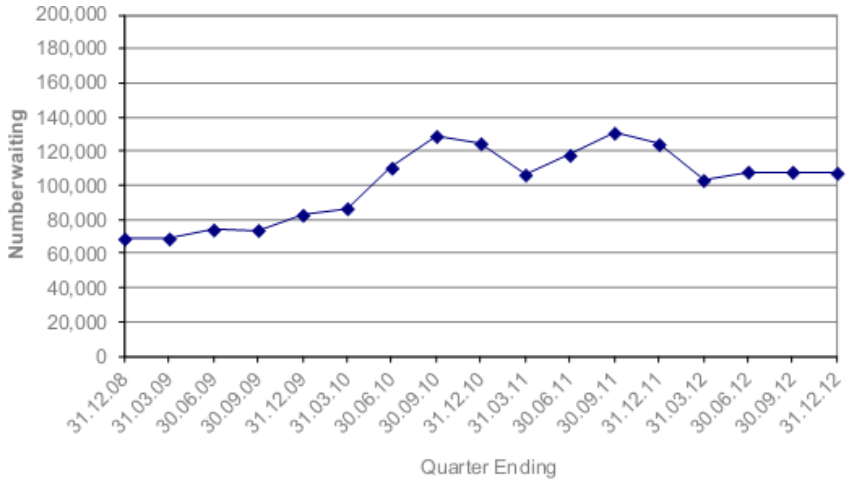

Figure 5. Number of patients waiting for 1st appointment in a certain time point (December 2008-2012)[58]

Figure 5 is useful in that we can see that there were fewer than **80,000** patients waiting for a **first outpatient appointment** during 2008/2009. This was followed by a **substantial increase** in the number of patients waiting - which peaked in September 2010 (128,835) and again in September 2011 (**130,783** patients waiting).

By December 2012, there was a reduction - with **107,216** patients waiting for a first outpatient appointment and this figure has remained fairly constant over 2012.[59] Of the **107,216** waiting, around **33%** (**35,333**) were waiting longer than 9 weeks.[60] Nearly two thirds of the 107,216 (62%; 66,647) patients waiting for a first outpatient appointment were within seven specialties: ENT; T&O Surgery; General Surgery; Ophthalmology; Gynaecology; Dermatology; and Paediatrics. Meanwhile over three

[56] DHSSPS correspondence to author, response dated 21.3.13.
[57] See DHSSPS (2012) NI Waiting Time Statistics: Outpatient Waiting Times Quarter Ending December 2012.
[58] DHSSPS (2012) NI Waiting Time Statistics: Outpatient Waiting Times Quarter Ending December 2012, p8.
[59] DHSSPS NI Waiting Time Statistics: Outpatient Waiting Times Quarter Ending December 2012 p8.
[60] DHSSPS (2012) NI Waiting Time Statistics: Outpatient Waiting Times Quarter Ending December 2012. p 10

quarters waiting more than 21 weeks for a first appointment were within seven specialties: ENT, Oral Surgery, T&O Surgery, Plastic Surgery, Urology, Ophthalmology, and Paediatrics.

We can begin to see a clear pattern. There are a number of clinical specialties with high patient attendances - which also have high number of patient cancellations, and substantial waiting lists.

The number of patients waiting for a first appointment (by weeks and by specialty) on 30th December 2012 is shown in Table 8.

Specialty	Patients Waiting for an Appointment by Weeks Waiting							Total Number of Patients Waiting
	0-6	>6-9	>9-13	>13-18	>18-21	>21-26	>26	
ENT	5,787	2,095	1,614	908	386	574	1,016	12,380
T & O Surgery	5,134	2,040	2,142	1,870	249	308	522	12,265
General Surgery	6,907	2,379	1,122	425	77	64	38	11,012
Ophthalmology	3,992	1,693	1,564	1,263	458	411	54	9,435
Gynaecology	4,930	2,009	1,075	790	215	146	11	9,176
Dermatology	3,750	1,337	1,191	819	163	151	25	7,436
Paediatrics	2,336	884	576	535	209	204	199	4,943
Other: -	19,844	6,766	5,611	3,461	1,205	1,456	2,226	40,569
General Medicine	2,548	849	685	425	154	81	59	4,801
Cardiology	2,294	683	559	358	76	73	232	4,275
Oral Surgery	1,238	542	601	521	188	326	655	4,071
Urology	1,778	592	399	279	195	258	369	3,870
Neurology	1,608	651	565	339	81	117	88	3,449
Gastroenterology	1,516	583	577	283	82	54	13	3,108
Rheumatology	1,471	630	436	257	83	60	150	3,087
Plastic Surgery	743	304	309	308	138	237	548	2,587
Restorative Dentistry	610	233	391	337	127	191	47	1,936
Thoracic Medicine	1,025	391	297	97	12	4	35	1,861
Pain Management	1,008	281	127	44	1	0	3	1,464
Geriatric Medicine	600	193	112	68	28	15	0	1,016
Endocrinology	416	139	81	17	0	0	3	656
Other	2,989	695	472	128	40	40	24	4,388
All Specialties	**52,680**	**19,203**	**14,895**	**10,071**	**2,962**	**3,314**	**4,091**	**107,216**

Table 8. Number of patients waiting for a **1st outpatient appointment** by weeks waiting and clinical specialty in December 2012 [61]

The data shows:

- The first seven specialties listed in Table 8 have high demand for services.
- These seven specialties also have high number of cancelled appointments (Table 4).

[61] Source: DHSSPS CH3. The Southern HSC Trust was unable to provide figures for the Genito-Urinary specialty and has instead provided estimates which have been included in this bulletin.

- ENT had the highest number of patients waiting over 21 weeks (574) and over 26 weeks (1,016) for a first appointment.
- T&O surgery also had several hundred people waiting over 21 or 26 weeks for a first outpatient appointment. Oral surgery, urology and plastic surgery also had several hundred patients waiting over 21 or over 26 weeks.
- Whilst the DHSSPS has completed demand and capacity work, further work of this nature - which takes account of cancelled appointments in high volume clinical specialties, could be explored.

Figure 6 shows the percentage of first appointment patients who were waiting over 9 weeks and over 21 weeks by Trust in the quarter ending December 2012.

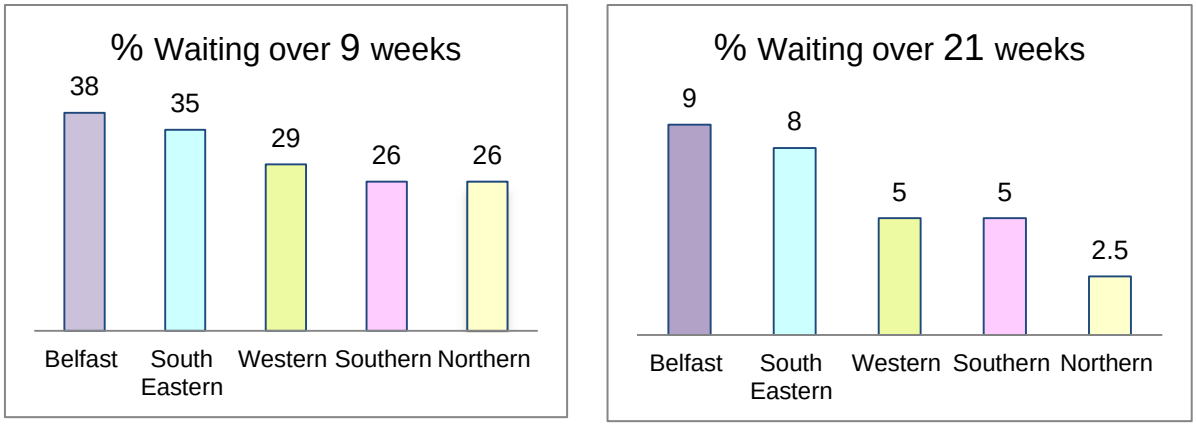

Figure 6. Percentage of patients waiting for a first outpatient appointment over 9 and 21 weeks by Trust area (December 2012)[62]

The **Belfast Trust** had the greatest percentage of patients waiting over 9 weeks (38%: 16,458 patients) and 21 week targets (9%: 3,850 patients). This Trust also had the greatest demand for outpatient services due to the specialist services it has available.

- A smaller percentage of patients were waiting over 21 weeks in all Trusts.
- The **Southern and Northern Trusts** performed best with the least number of patients waiting over 9 weeks (26%); the Northern Trust also the least number of patients waiting over 21 weeks (2.5%; 324 patients). Further figures relating to waiting times by individuals Trusts are provided in Appendix 3.

11. Funding to drive down waiting lists

Research paper NIAR 965-12 states that in 2011/12 the cost of delivering outpatient services in Northern Ireland was £423 million.[63] Further to this, the researcher is awaiting information from the DHSSPS on the average cost per HSC outpatient appointment.

[62] DHSSPS (2012) NI Waiting Time Statistics: Outpatient Waiting Times Quarter Ending December 2012 p18.
[63] NIAR 965-12 Consultant-led Outpatient Appointments. Sources: DHSSPS to author – cost of outpatient services 2011/12. Response dated 16.1.13.

Apart from the main DHSSPS budget and non-recurrent funding from the Board, the DHSSPS has also utilises money from the NI Executive's in-year monitoring rounds to help fund outpatient services and tackle waiting lists.[64] In the June 2012 monitoring round, £10 million was awarded for 'waiting lists'. However, these are not solely for outpatient waiting lists but include for example, inpatients and day cases.[65] In the October 2012 monitoring round, the DHSSPS was awarded £9 million towards waiting lists. Literature suggests that part of the money from the October 2012 bid was being used specifically to provide a number of additional treatments in a range of the 'high demand' outpatient specialisms as follows[66]:

Speciality	**Treatments**
Orthopaedics:	3,000;
General surgery:	2,600;
Ophthalmology:	2,700;
Dermatology:	1,200;
Gynaecology:	1,300.

11.1 Use of the Private Sector

The Committee is also interested in the possible relationship that might exist between cancelled appointments, waiting lists and the private sector. At present the HSC Board can commission the private sector (e.g. private hospitals) to treat HSC outpatients which can also help to drive down waiting lists. Table 9 shows the number of "completed waits" (i.e. completed outpatient attendances) for the last 2 years for HSC Trusts and the private sector. This includes new and review outpatient attendances.

	2010/11			**2011/12**		
	HSC Trusts	Private sector	Total patients seen	HSC Trusts	Private sector	Total patients seen
Belfast Trust	664,582	17,787	682,369	651,971	27,796	679,767
Northern Trust	185,316	1,150	186,466	182,291	4,962	187,253
South E. Trust	211,436	3,949	215,385	209,868	4,730	214,598
Southern Trust	213,870	1,799	215,669	225,210	4,982	230,192
Western Trust	227,407	3,439	230,846	244,658	6,292	250,950
N. Ireland Total	**1,502,611 (98.1%)**	**28,124 (1.8%)**	**1,530,735 (100%)**	**1,513,998 96.9%**	**48,762 (3.1%)**	**1,562,760 (100%)**

Table 9. Number of completed waits (new and review attendances seen) by HSC Trusts and the private sector 2010/11-2011/12[67]

[64] The in-year monitoring rounds currently take place three times in each financial year (June, October and January). This process is the vehicle for the Northern Ireland Executive to reallocate funding and address unforeseen financial pressures in year.
[65] NI Assembly Hansard, Committee for Health, Social Services and Public Safety January Monitoring Round: DHSSPS Briefing
[66] NI Direct Website (November 2012): Northern Ireland Executive Health Minister welcomes £33.3million in the October monitoring round.
[67] DHSSPS correspondence to author, response dated 7.3.2013

As can be seen, only a small percentage of "completed waits" (the number of outpatients seen) were carried out by the private sector compared to the HSC Trusts in both year groups (1.8% and 3.1% respectively). However, Table 9 also shows that more waits were completed by the private sector in 2011/12 compared to 2010/11. The Belfast Trust is using the private sector more often than other Trusts – again most likely because it has the highest demand for its services.

In terms of the cost for the private sector appointments, the DHSSPS has stated that it **is not possible to separate the cost of outpatient attendances from the total private sector costs** (such as inpatient and day case work). It also advised that private sector invoices are submitted into one account and that this would require analysis of each individual invoice at disproportionate cost.[68]

The HSC Board further advised how it determines when the private sector will be used:

> *"Any decision to utilise the private sector is based on a detailed examination of demand and capacity in a specialty and, where it is identified that there is a shortfall (including any short-term backlog reduction to reduce waiting times), the HSC Board will fund Trusts non-recurrently to undertake additional activity (in-house and, if appropriate, in the private sector) until such times as investments to increase local Trust capacity are in place in specialties where there is an ongoing gap between capacity and demand. It is the expectation that Trusts will utilise private sector providers only where in-house capacity is insufficient to meet patient demand for assessment or treatment".*[69]

12. Conclusion

Drawing meaningful conclusions from the DHSSPS cancelled outpatient appointment data is limited. Nevertheless, several clinical specialties have high numbers of patient attendances, high numbers of hospital cancellations and substantial waiting lists. These include for example, General Surgery, ENT, T&O Surgery, Ophthalmology, and Paediatrics. There are also a number of clinical specialties with far less patient attendances that have high cancellation rates by hospital providers – for example Mental Illness, Old Age Psychiatry and Paediatric Surgery.

The DHSSPS was unable to provide information on the number of cancellations that are "truly" cancelled and which impact on patients by delaying treatment. Such information is key in determining on how big an impact these cancellations are having on productivity and patients. In addition, the lack of patient journey information and actual costs for outpatient appointments make any sort of scrutiny even more challenging.

With current levels of outpatient demand, people will continue to wait - sometimes lengthy timeframes - for treatment. In addition, performance against the current outpatient waiting time target for first appointments is only one part of a much bigger outpatient care picture.

[68] DHSSPS correspondence to author, response dated 7.3.2013
[69] DHSSPS correspondence to author, response dated 7.3.2013

Appendix 1: Original reasons from DHSSPS for hospital provider cancellations

(Source DHSSPS)

CONSULTANT UNAVAILABLE
Consultant At Court – Med/Legal
Consultant At Meeting / Conference
Consultant At Other Hospital Today
Consultant Holding Lecture
Consultant In Theatre/Other Hospital
Consultant Absent – Other (Specify)
Consultant Absent Annual Leave
Consultant Absent – Audit
Consultant Absent – Study Leave
Consultant Has Retired
Consultant Ill
Consultant In Theatre
Consultant Unavailable
Physician Of The Week
Wards On Take
Post Take Ward Round
Consultant On Leave

MEDICAL STAFF / NURSE UNAVAILABLE
Medical Staff Exams
Medical Staff Ill
Medical Staff On Annual Leave
Medical Staff Study Leave
No Nurse Available
Nurse On Annual Leave
Staff Shortages
Senor House Officer On Call
Sen Reg / Senior House Officer On Leave

PATIENT TREATED ELSEWHERE
Added To Inpatient W/List
Added Outpatient W/List
Consultant's Ward Take In
Emergency Adm – Same Complaint
Has Seen Another Consultant
Patient Treated In Ward
Planned Adm – Same Complaint
Referred To Another Consultant
Referred To Day Hospital
Patient Treated Elsewhere
Currently An Inpatient

CONSULTANT CANCELLED APPOINTMENT
At Consultant Request

APPOINTMENT RESCHEDULED – BROUGHT FORWARD
Change In Clinic Code Forward
Change In Consultant Forward
Change Of Clinic Arrangements Forward
Earlier Appointment At Consultants Request
Earlier Appointment At GP Request
Timeslot Removed Per Consultant Request Forward

APPOINTMENT RESCHEDULED – PUT BACK
Change In Clinic Code Put Back
Change In Consultant Put Back
Change Of Clinic Arrangements Put Back
Later Appointment At Consultants Request
Appointment Cancelled Awaiting Tests
Appointment Cancelled Due To Equipment Failure
Timeslot Removed Per Consultants Request Put Back
Default Field: Timeslot Deleted

CANCELLED FOLLOWING VALIDATION / AUDIT
Cancelled After Validation
Medical Audit
Rolling Audit Date

ADMINISTRATIVE ERROR BY HOSPITAL / GP
Ambulance Not Booked
Appointment Made In Error
Clinic Overbooked
Incorrect Address – No Appointment Recorded
Insufficient Notice Of Appointment (Less Than 3 Weeks Notice Given)
Patient Not Notified By Other Hospital
Christmas Holiday Period
Easter Holiday Period
New Year Holiday Period
Public / Bank Holiday Period

HOSPITAL TRANSPORT NOT AVAILABLE
Ambulance Unavailable

CANCELLED BY HOSPITAL IN ORDER TO REBOOK AS ALTERNATIVE BOOKING METHOD
Rebooked To New Booking Method

Appendix 2: DHSSPS Cancelled Appointments Short Life Working Group[70]

The 'Short life' group are due to meet on 25th March 2013".

The role and responsibilities of that group will be;

- To identify how best to present the information which identifies an actual cancelled appointment that impacted on the patient.
- To explain where the definitions count an appointment as cancelled but in fact there has been no impact on individual patients.
- To explain where the definitions count an appointment as cancelled but where there has been no less of an appointment slot outside normal annual leave and study leave.
- Standardisation of regional cancellation codes for cancellations by Hospital with agreed definitions on the use of the codes.
- An agreed regional Business Objects request which would provide information on Cancellation by Hospital in a consistent way, so ensuring all information can be compared on a like for like basis.
- Share working practices which reduce the number of cancellations by hospital.
- To submit a paper to the Chief Executives for the Health Committee which sets out the actual position for each Trust.

[70] Source: DHSSPS correspondence to author, response dated February 2012.

Appendix 3: Number of patients waiting for a 1st outpatient appointment by the number of weeks and by Trust area

Provider Trust	Patients Waiting for an Appointment by Weeks Waiting							Total Number of Patients Waiting
	0-6	>6-9	>9-13	>13-18	>18-21	>21-26	>26	
Belfast	19,355	7,464	6,337	4,739	1,532	1,635	2,215	43,277
Northern	6,988	2,452	2,061	832	116	113	211	12,773
South Eastern	9,673	3,332	2,708	1,822	751	758	848	19,892
Southern	8,438	3,191	1,716	1,278	379	499	301	15,802
Western	8,226	2,764	2,073	1,400	184	309	516	15,472
Total	**52,680**	**19,203**	**14,895**	**10,071**	**2,962**	**3,314**	**4,091**	**107,216**

Source: Departmental Return CH3

Number of patients waiting for a first outpatient appointment by HSC Trust and weeks waiting at 31 December 2012 (Source DHSSPS).