

INFORMATION
ANALYSIS
DIRECTORATE



Northern Ireland

Waiting Time Statistics:

Diagnostic Waiting Times

Quarter Ending March 2018



Department of
Health

An Roinn Sláinte

Máinnystrie O Poustie

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Reader Information

Purpose: This statistical release presents information on waiting times and reporting times for diagnostic services in Northern Ireland and reports on the performance of the Health and Social Care (HSC) Trusts against the draft 2017/18 Ministerial waiting time target and the draft 2017/18 Ministerial diagnostic reporting turnaround target:

“By March 2018, 75% of patients should wait no longer than 9 weeks for a diagnostic test, with no patient waiting longer than 26 weeks”.

“From April 2017, all urgent diagnostic tests should be reported on within two days of the test being undertaken”.

This statistical release details information on waiting times and reporting times for diagnostic services in HSC Trusts at 31st March 2018. Data are presented by HSC Trust, diagnostic category, diagnostic test, and time band. Further information on routine diagnostic reporting times are available in the accompanying CSV file.

Statistical Quality: The ‘*Diagnostic Waiting Times Publication – Supporting Documentation*’ booklet details the technical guidance and definitions used, as well as notes on how to use the data contained within this statistical release. This booklet is available to view or download from:

<https://www.health-ni.gov.uk/publications/northern-ireland-waiting-time-statistics-diagnostic-waiting-times-march-2018>

Internet: <https://www.health-ni.gov.uk/articles/diagnostic-waiting-times>

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Publication Date: Thursday 31st May 2018

Reporting Period: 1st January 2018 – 31st March 2018

Issued by: Hospital Information Branch
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Target audience: Department of Health (DoH), Chief Executives of the HSC Board and Trusts in Northern Ireland, health care professionals, academics, and Health & Social Care stakeholders, the media and general public.

Price: Free

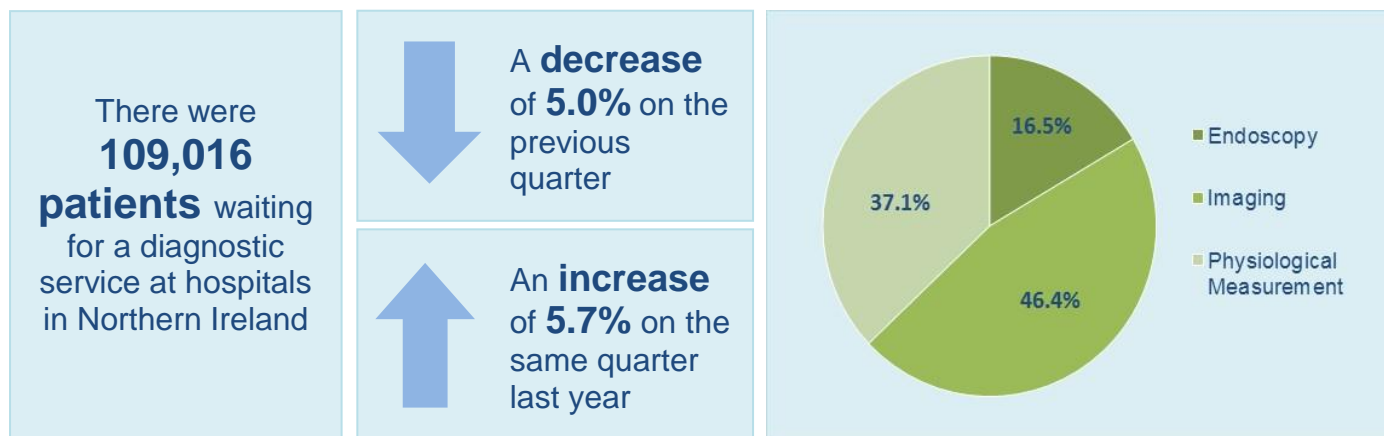
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By March 2018, 75% of patients should wait no longer than 9 weeks for a diagnostic test, with no patient waiting longer than 26 weeks.

Total number of patients waiting at 31st March 2018



Source: SDR1 Part 1&2

At 31st March 2018, a total of 109,016 patients were waiting for a diagnostic test, 5% (5,711) less than at 31st December 2017 (114,727), and 5.7% (5,886) more than at 31st March 2017 (103,130) (Table 1).

A number of diagnostic services may not be provided at all of the five HSC Trusts in Northern Ireland. In this situation, patients from one HSC Trust area will be waiting to be seen at a service provided at another HSC Trust. Data users should be cautious in how they use these data (see explanatory note 10).

Just over a third (34.0%) were waiting for diagnostic tests in the Belfast HSC Trust, with a further 21.9% in the Southern HSC Trust, 18.0% in the Northern HSC Trust, 15.8% in the South Eastern HSC Trust and 10.3% in the Western HSC Trust (Table 2).



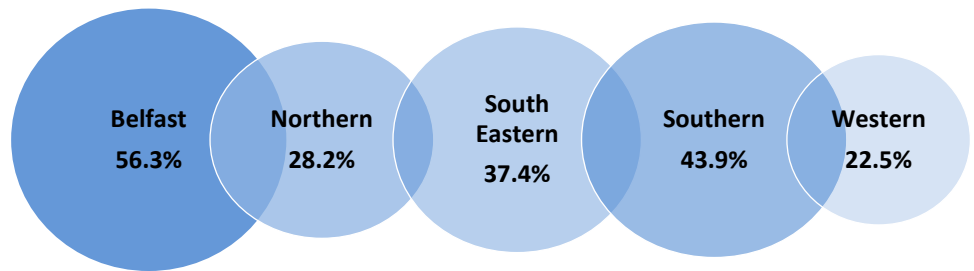
Almost two thirds (64.4%, 70,223) of the 109,016 patients were waiting for a diagnostic test within one of the following seven diagnostic services: Non-obstetric Ultrasound; Echocardiography; Magnetic Resonance Imaging; Computerised Tomography; Peripheral Neurophysiology; Gastroscopy; and DEXA scans (Table 3).

Source: SDR1 Part 1&2

Patients waiting more than 9 weeks at 31st March 2018

This element was **not achieved** by Northern Ireland as a whole

42.1%
of patients were waiting longer than 9 weeks



Patients waiting over 9 weeks

Source: SRD1 Part 1&2

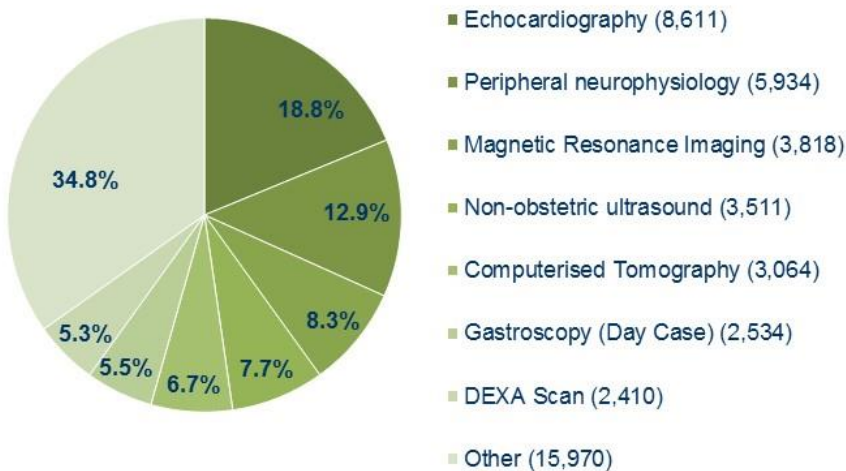
Achievement of the 9 week target requires that less than 25% of patients should be waiting over 9 weeks for a diagnostic test.

At 31st March 2018, 42.1% (45,852) of patients were waiting more than 9 weeks for a diagnostic test, compared with 50.2% (57,546) at 31st December 2017 and 36.5% (37,661) at 31st March 2017 (Table 1).

At 31st March 2018, the 9 week element of the target was not achieved by Northern Ireland as a whole; however it was achieved by Western HSC Trust (Table 2). Data users should be aware that many diagnostic services are not provided at every HSC Trust (see explanatory note 10).

Over half (56.3%, 20,868) of patients were waiting longer than 9 weeks in Belfast HSC Trust at 31st March 2018, 43.9% (10,485) in the Southern HSC Trust, 37.4% (6,437) in the South Eastern HSC Trust, 28.2% (5,530) in the Northern HSC Trust and 22.5% (2,532) in the Western HSC Trust (Table 2).

Patients waiting over 9 weeks by diagnostic service



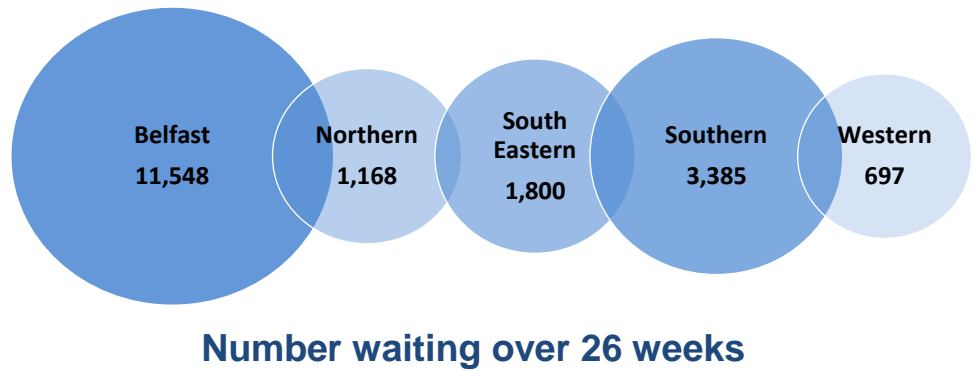
Almost two thirds (65.2%, 29,882) of the 45,852 patients waiting more than 9 weeks were waiting for one of the following diagnostic tests: Echocardiography; Peripheral Neurophysiology; Magnetic Resonance Imaging; Non-Obstetric Ultrasound; Computerised Tomography; Gastroscopy and DEXA Scan (Table 3).

Source: SDR1 Part1&2

Patients waiting more than 26 weeks at 31st March 2018

This element was **not achieved** by Northern Ireland as a whole

18,598
patients
were waiting longer
than 26 weeks



Number waiting over 26 weeks

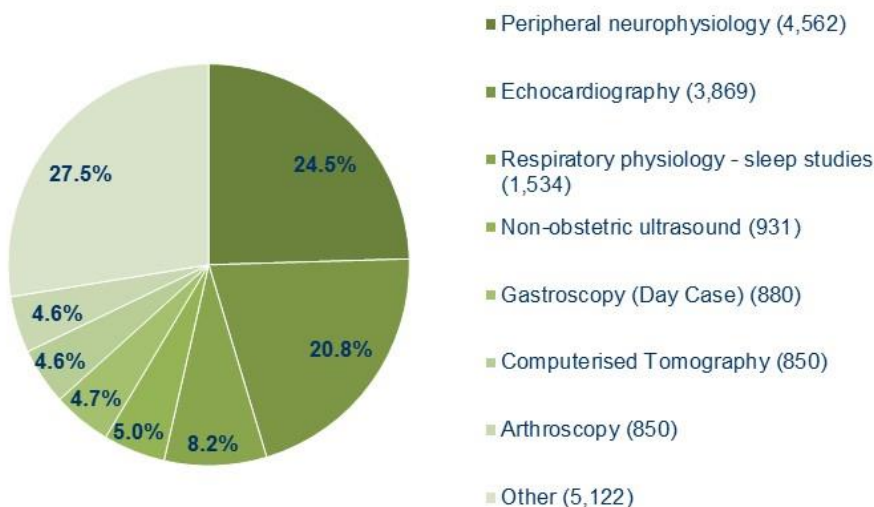
Source: SDR1 Part1&2

At 31st March 2018, 17.1% (18,598) of patients were waiting more than 26 weeks for a diagnostic test compared with 19.8% (22,768) at 31st December 2017 and 9.4% (9,675) at 31st March 2017 (Table 1).

At 31st March 2018, the 26 week element of the target was not achieved by Northern Ireland as a whole or by any individual HSC Trust (Table 2). Data users should be aware that many diagnostic services are not provided at every HSC Trust (see explanatory note 10).

Three out of ten (31.2%, 11,548) patients in the Belfast HSC Trust were waiting longer than 26 weeks at 31st March 2018, 14.2% (3,385) in the Southern HSC Trust, 10.4% (1,800) in the South Eastern HSC Trust, 6.2% (697) in the Western HSC Trust and 6.0% (1,168) in the Northern HSC Trust (Table 2).

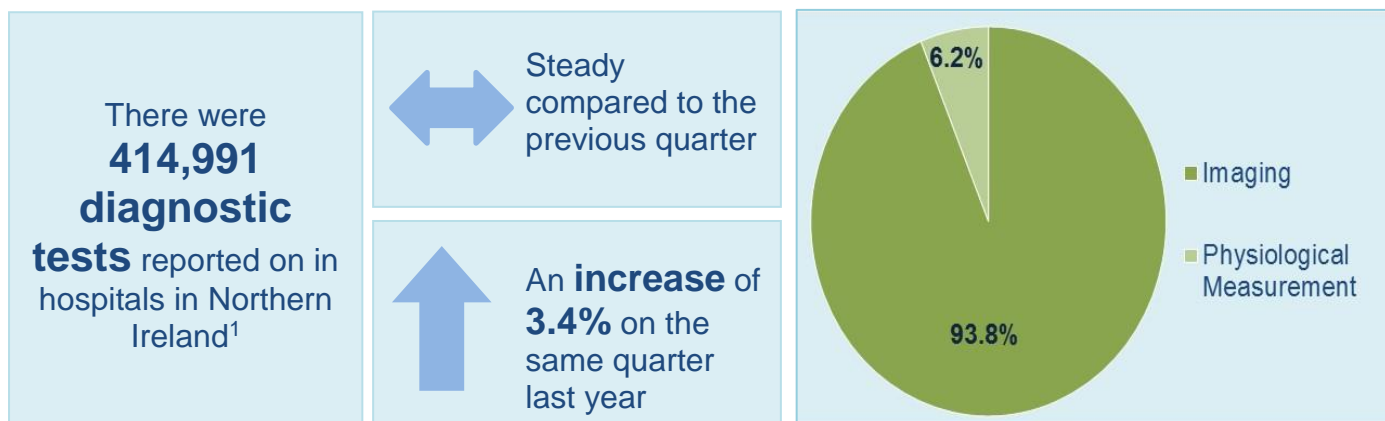
Patients waiting over 26 weeks by diagnostic service



Source: SDR1 Part1&2

Just under three quarters (72.5%, 13,476) of the 18,598 patients waiting more than 26 weeks were waiting for one of the following diagnostic tests: Peripheral Neurophysiology; Echocardiology; Respiratory physiology sleep studies; Non-obstetric Ultrasound; Gastroscopy; Computerised Tomography and Arthroscopy (Table 3).

Total number of diagnostic tests reported on during quarter ending March 2018



Source: DRTT Return

A total of 414,991 diagnostic tests¹ were reported on and dispatched to the referring clinician at hospitals in Northern Ireland during the quarter ending March 2018, 0.2% (707) more than the quarter ending December 2017 (414,284), and 3.4% (13,465) more than the quarter ending March 2017 (401,526) (Table 4).

Of the 414,991 reported diagnostic tests, 93.8% (389,186) were reporting on an Imaging test and 6.2% (25,805) were reporting on a Physiological Measurement test² (Table 4).

Approximately one out of eight (12.5%, 52,008) of the diagnostic tests reported on during quarter ending March 2018 were urgent diagnostic tests, with the remaining 87.5% (362,983) being routine diagnostic tests³ (Table 4).



Over one quarter (28.4%) of diagnostic tests were reported and dispatched in the Belfast HSC Trust¹, with a further 21.0% in the Northern HSC Trust, 17.9% in the Southern HSC Trust, 16.6% in the South Eastern HSC Trust and 16.2% in the Western HSC Trust.

Source: DRTT Return

¹ Due to ongoing mapping issues following the installation of a new information system within the Royal Victoria hospital in Belfast HSC Trust, it is not currently possible to report on the total number of urgent Computerised Tomography diagnostic reporting turnaround times.

² Diagnostic reporting turnaround times relate only to a selected subset of Imaging and Physiological Measurement tests. Day case endoscopies are reported on the day of the test and as such are not included.

³ Reporting times of routine diagnostic tests are available in the accompanying CSV file.

From April 2017, all urgent diagnostic tests should be reported on within 2 days of the test being undertaken.

Urgent diagnostic tests reported on within 2 days during quarter ending March 2018

This element was **not achieved** by Northern Ireland as a whole

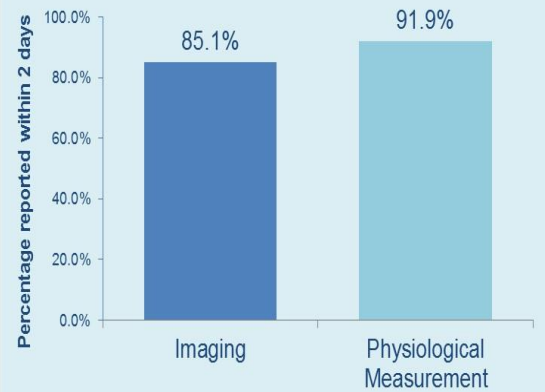
85.8% of urgent diagnostic tests reported on within 2 days



A decrease of **0.4 percentage points** on the previous quarter



An increase of **1.4 percentage points** on the same quarter last year



Source: DRTT Return

Achievement of the diagnostic reporting turnaround time target requires that all urgent diagnostic tests should be reported and dispatched within 2 days.

Of the 52,008 urgent diagnostic tests reported on during quarter ending March 2018, 85.8% (44,607) were reported on within 2 days, compared with 86.2% (44,855) during the quarter ending December 2017 and 84.4% (42,429) during the quarter ending March 2017 (Table 5).

Of the 52,008 urgent diagnostic tests reported on during the quarter ending March 2018, 47,146 were imaging reports and 4,862 were physiological measurement reports. A total of 85.1% of urgent imaging tests were reported on within 2 days compared with 91.9% of urgent physiological measurement tests (Table 6).



Source: DRTT Return

During quarter ending March 2018, the 2 day target was not achieved by any HSC Trust, although the Western Trust reported on 92.6% of urgent diagnostic tests (Table 7).

Appendix 1: Tables

Table 1: Number of patients waiting for a diagnostic service by diagnostic category – 31st March 2018¹

Diagnostic Category		Current Quarter (31st Mar 2018)	Current Quarter (31st Dec 2017) ^R	Same Quarter Last Year (31st Mar 2017)
Imaging	Total Patients Waiting	50,613	58,215	52,024
	Number waiting over 9 weeks	13,052	24,179	12,912
	<i>Percentage waiting over 9 weeks</i>	25.8%	41.5%	24.8%
	Number waiting over 26 weeks	3,259	7,958	1,643
Physiological Measurement	Total Patients Waiting	40,435	38,648	34,836
	Number waiting over 9 weeks	23,371	23,607	17,270
	<i>Percentage waiting over 9 weeks</i>	57.8%	61.1%	49.6%
	Number waiting over 26 weeks	11,598	10,877	5,423
Endoscopy	Total Patients Waiting	17,968	17,864	16,270
	Number waiting over 9 weeks	9,429	9,760	7,479
	<i>Percentage waiting over 9 weeks</i>	52.5%	54.6%	46.0%
	Number waiting over 26 weeks	3,741	3,933	2,609
Total	Total Patients Waiting	109,016	114,727	103,130
	Number waiting over 9 weeks	45,852	57,546	37,661
	<i>Percentage waiting over 9 weeks</i>	42.1%	50.2%	36.5%
	Number waiting over 26 weeks	18,598	22,768	9,675

Source: SDR1 Part 1 & 2 Returns

¹Refer to Explanatory Notes 1–16 & 23-27

^R Figures have been revised

Table 2: Number of patients waiting for a diagnostic service, by HSC Trust – 31st March 2018¹

HSC Trust	Patients Waiting for Diagnostic Service by Weeks Waiting						Total Waiting
	0 - 6	>6 - 9	>9 - 13	>13 - 21	>21-26	>26	
Belfast	12,665	3,506	2,543	4,285	2,492	11,548	37,039
Northern	11,904	2,186	1,892	1,894	576	1,168	19,620
South Eastern	8,541	2,251	1,745	2,028	864	1,800	17,229
Southern	10,377	3,033	2,232	3,272	1,596	3,385	23,895
Western	7,606	1,095	716	911	208	697	11,233
Total	51,093	12,071	9,128	12,390	5,736	18,598	109,016

Source: SDR1 Part 1 & 2 Returns

¹Refer to Explanatory Notes 1–16 & 23-27

Table 3: Number of patients waiting for a diagnostic service by type of service and weeks waiting – 31st March 2018¹

Diagnostic Test	Patients Waiting for Diagnostic Service by Weeks Waiting						Total Waiting
	0 - 6	>6 - 9	>9 - 13	>13 - 21	>21-26	>26	
Non-obstetric ultrasound	12,965	2,589	1,224	1,014	342	931	19,065
Cardiology - echocardiography	3,492	1,051	1,188	2,153	1,401	3,869	13,154
Magnetic Resonance Imaging	6,109	1,525	1,194	1,580	445	599	11,452
Computerised Tomography	5,156	994	878	986	350	850	9,214
Neurophysiology - peripheral neurophysiology	525	341	283	664	425	4,562	6,800
Gastroscopy (Day Case)	2,322	707	590	768	296	880	5,563
DEXA Scan	1,889	676	565	679	342	824	4,975
Audiology - pure tone audiometry	2,279	572	393	643	282	243	4,412
Ambulatory ECG monitoring (24 hr holter)	1,916	675	401	511	329	377	4,209
Colonoscopy (Day Case)	1,873	474	437	564	190	568	4,106
Plain Film Xrays	3,858	115	6	4	0	0	3,983
Respiratory physiology - sleep studies	1,032	256	233	449	149	1,534	3,653
Flexi sigmoidoscopy (Day Case)	799	303	312	381	167	406	2,368
Cystoscopy (Day Case)	813	280	266	491	155	324	2,329
Arthroscopy	66	75	110	169	102	850	1,372
Cardiology - perfusion studies	217	141	160	161	238	329	1,246
Patient Activated Ambulatory Function	377	119	95	142	133	284	1,150
Ambulatory BP	580	134	69	117	31	11	942
Fluroscopy	638	132	84	17	5	5	881
Other	4,187	912	640	897	354	1,152	8,142
All diagnostic tests	51,093	12,071	9,128	12,390	5,736	18,598	109,016

Source: SDR1 Part 1 & 2 Returns

¹Refer to Explanatory Notes 1–16 & 23-27

Table 4: Number of diagnostic tests reported and dispatched by priority of report – QE March 2018²

Priority of Report	Diagnostic Category	QE Mar 2018	QE Dec 2017 ^R	QE Mar 2017
Urgent	Imaging	47,146	47,079	45,397
	Physiological Measurement	4,862	4,986	4,896
Routine	Imaging	342,040	341,428	330,824
	Physiological Measurement	20,943	20,791	20,409
Total	Imaging	389,186	388,507	376,221
	Physiological Measurement	25,805	25,777	25,305

Source: DRTT Return

²Refer to Explanatory Notes 1-2, 4-5 & 17–27

^R Figures have been revised

Table 5: Number of urgent diagnostic tests reported and dispatched – QE March 2018²

Urgent Diagnostic Tests	QE Mar 2018	QE Dec 2017 ^R	QE Mar 2017
Total reported	52,008	52,065	50,293
Number reported within 2 days	44,607	44,855	42,429
<i>% reported on within 2 days</i>	85.8%	86.2%	84.4%

Source: DRTT Return

²Refer to Explanatory Notes 1-2, 4-5 & 17–27

^R Figures have been revised

Table 6: Number of urgent diagnostic tests reported and dispatched by diagnostic category and time in days– QE March 2018²

Diagnostic Category	Length of time reporting in days				Total Reported
	0 - 2 days	>2 - 14 days	>14 - 28 days	>28 days	
Imaging	40,139	6,472	428	107	47,146
Physiological Measurement	4,468	376	13	5	4,862
Total	44,607	6,848	441	112	52,008

Source: DRTT Return

²Refer to Explanatory Notes 1-2, 4-5 & 17–27

Table 7: Number of urgent diagnostic tests reported and dispatched by HSC Trust and time in days – QE March 2018²

HSC Trust	Length of time reporting in days				Total Reported
	0 - 2 days	>2 - 14 days	>14 - 28 days	>28 days	
Belfast	9,455	1,990	265	80	11,790
Northern	12,027	1,807	25	12	13,871
South Eastern	4,170	372	22	1	4,565
Southern	10,954	2,062	112	15	13,143
Western	8,001	617	17	4	8,639
Total	44,607	6,848	441	112	52,008

Source: DRTT Return

²Refer to Explanatory Notes 1-2, 4-5 & 17–27

Appendix 2: Explanatory Notes

1. The sources for the data contained in this release are the quarterly Departmental Returns SDR1 (Parts 1 & 2) and the DRTT Return. The source for the diagnostic waiting time data for 16 selected diagnostic services is the Departmental Return SDR1 Part 1 (See explanatory note 2). The waiting time information for all other diagnostic services is provided by the HSCB on the SDR1 Part 2 return. The diagnostic reporting turnaround time information is provided by the HSCB on the DRTT return.
2. The '*Diagnostic Waiting Times Publication – Supporting Documentation*' booklet details the technical guidance and definitions used, as well as notes on how to use the data contained within this statistical release. This booklet is available to view or download from: <https://www.health-ni.gov.uk/publications/northern-ireland-waiting-time-statistics-diagnostic-waiting-times-march-20178>
3. The 16 selected diagnostic services are: Magnetic Resonance Imaging; Computerised Tomography; Non-Obstetric Ultrasound; Barium Studies; DEXA Scan; Radio-Nuclide Imaging; Pure Tone Audiometry; Echocardiography; Perfusion Studies; Peripheral Neurophysiology; Sleep Studies; Urodynamics Pressures and Flows; Colonoscopy; Flexi Sigmoidoscopy; Cystoscopy and Gastroscopy.
4. All of the data contained in the tables can be supplied by individual diagnostic service or HSC Trust if this level of detail is required. In addition, quarterly data relating to diagnostic waiting times and diagnostic reporting turnaround times has also been published in spreadsheet format (CSV), split by HSC Trust and diagnostic service, in order to aid secondary analysis. These data are available at: <https://www.health-ni.gov.uk/articles/diagnostic-waiting-times>
5. The diagnostic waiting times and diagnostic reporting turnaround times returns (SDR1 Parts 1 and 2, DRTT) include patients living outside Northern Ireland and privately funded patients waiting for diagnostic services in Health Service hospitals in Northern Ireland.
6. HSC Trusts use the Northern Ireland Picture Archive and Communications System (NIPACS) as the mechanism for managing imaging services. The HSC Board has carried out a validation exercise with Trusts to address any data quality issues. The quality of imaging waiting times and reporting times has improved in recent years.

7. A **diagnostic service** provides an examination, test, or procedure used to identify a person's disease or condition and which allows a medical diagnosis to be made. There are three categories of diagnostic test: Imaging test; Physiological Measurement test; and Day Case Endoscopy.
8. The **diagnostic waiting time** relates to all tests with a diagnostic element. Included are tests that are part diagnostic and subsequently part therapeutic. A therapeutic procedure is defined as a procedure which involves actual treatment of a person's disease, condition or injury. Purely therapeutic procedures are excluded from the diagnostic waiting times target. Patients currently admitted to a hospital bed and waiting for an emergency procedure, patients waiting for a planned procedure and patients waiting for procedures as part of screening programmes are also excluded from the waiting times target.
9. The waiting time for a diagnostic service commences on the date on which the referral for the service is received by the Health Care provider and stops on the date on which the test is performed. Patients who cannot attend (CNA) have their waiting time adjusted to commence on the date they informed the HSC Trust that they could not attend, while patients who do not attend (DNA) have their waiting time adjusted to commence on the date of the DNA.
10. A number of diagnostic services may not be provided at all of the five HSC Trusts in Northern Ireland. In this situation, patients from one HSC Trust area will be waiting to be seen at a service provided at another HSC Trust. Users should therefore be cautious in how they use these data. For example, they should not be used to calculate the total number of patients waiting per head of the population residing within each HSC Trust area. Neither should the actual number of patients waiting longer than the recommended waiting time be used as indicator of poor performance within an individual HSC Trust. Users who require an indication of the latter are advised to refer to the commentary section of the publication which provides an indication of the percentage of total waiters that have been waiting over the maximum recommended waiting times, within each HSC Trust.
11. A number of the diagnostic services reported on the SDR 1 (Part 1 & 2) returns are managed as an admission: either an inpatient admission or a day case. As such, they will be included in both the inpatient and day case waiting time and diagnostic waiting time figures. Due to the risk of multiple counting, these two sets of data should not be combined to give an estimate of the total number of patients waiting for admission or a diagnostic service.

12. Waiting time statistics for day case endoscopies also include patients waiting for these services that are managed as inpatient admissions. As patients waiting for day case endoscopies are included within both inpatient and diagnostic waiting times figures should not be added together.
13. Some people will be waiting on more than one waiting list or be on the same waiting list for more than one outpatient appointment/admission/diagnostic test at the same time due to having more than one condition.
14. The draft 2017/18 Ministerial diagnostic waiting time target, states that, by March 2018, 75% of patients should wait no longer than 9 weeks for a diagnostic test, with no patient waiting longer than 26 weeks.
15. For Tables 2 and 3, each diagnostic waiting time band relates to the number of completed weeks a patient has been waiting for a diagnostic service. For example, a patient waiting exactly 6 weeks would be included in the 0-6 week time band and a patient waiting 6 weeks and 1 day would be included in the >6-9 week (greater than 6 weeks but waiting no longer than 9 weeks) time band.
16. Patients waiting 'longer than 9 weeks' for a diagnostic service includes all patients in the >9 - 13, >13 - 21, >21 - 26 and >26 week time bands. All patients waiting 'over 26 weeks' includes everyone in the >26 week time band.
17. The diagnostic reporting turnaround time is the time interval between the completion of the diagnostic test and the results of that test being verified or dispatched to the referring clinician in Northern Ireland, whichever is applicable.
18. Diagnostic reporting times apply to a selected subset of imaging and physiological measurement diagnostic services. These services are: Magnetic Resonance Imaging; Computerised Tomography; Non-Obstetric Ultrasound; Barium Studies; DEXA Scan; Radio-Nuclide Imaging; Pure Tone Audiometry; Echocardiography; Perfusion Studies; Peripheral Neurophysiology; Sleep Studies; and Urodynamics Pressures and Flows and Plain Film X-rays.
19. Data for Plain Film X-rays is only available from April 2015 onwards, as such DRTT figures should not be compared prior to this date.
20. Due to mapping issues following the installation of a new information system within the Royal Victoria hospital in Belfast HSC Trust, it is not currently possible to report on the total number of urgent Computerised Tomography diagnostic reporting turnaround times.

21. The draft 2017/18 Ministerial diagnostic reporting turnaround target, states that, from April 2017, all urgent diagnostic tests should be reported on within two days of the test being undertaken.
22. Further information on routine diagnostic reporting times are available in the accompanying CSV file at: <https://www.health-ni.gov.uk/articles/diagnostic-waiting-times>
23. Resubmissions for QE December 2017, were received from Southern HSC Trust for the SDR 1 Part 1 return and from Belfast HSC Trust for the DRTT return. These amendments have been reflected in this publication.
24. The information on diagnostic and reporting times contained within this publication is currently under review. The Department is looking at how this information is sourced and the validation procedures that are carried out with a view to improving the quality. All quality issues identified as part of this review are being addressed on an ongoing basis.
25. The Department of Health's policy is to publish revised figures with subsequent statistical releases unless it is decided that the magnitude of the change merits earlier notification.
26. The information contained within this publication is not National Statistics.
27. Figures relating to diagnostic waiting times and diagnostic reporting turnaround times for the quarter ending 30th June 2018 will be released on Thursday 30th August 2018.

Further information on Diagnostic Waiting Times in Northern Ireland is available from:

Hospital Information Branch
Information & Analysis Directorate
Department of Health
Stormont Estate
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✉ Email: statistics@health-ni.gov.uk

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