



# Northern Ireland Waiting Time Statistics:

Diagnostic Waiting Times

Quarter Ending September 2017



## 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 30<sup>th</sup> September 2017. 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, definitions, as well as notes on how to use the data contained within this statistical release. This booklet is available to view or download from the following link:

https://www.health-ni.gov.uk/publications/northern-ireland-waiting-time-statistics-diagnostic-waiting-times-september-2017

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

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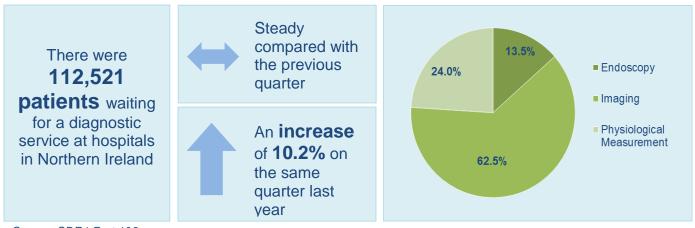
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By March 2018, 75% of patients should wait no longer than 9 weeks for a diagnostic test, with no patient waiting longer than 26 weeks.

## Total number of patients waiting at 30<sup>th</sup> September 2017

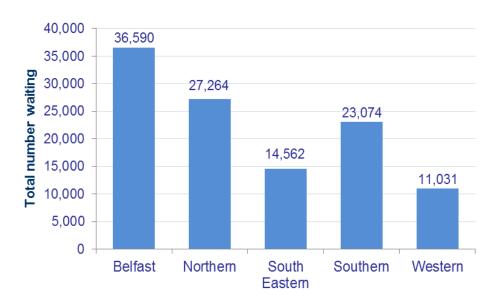


Source: SDR1 Part 1&2

At 30<sup>th</sup> September 2017, a total of 112,521 patients were waiting for a diagnostic test, 41 more than at 30<sup>th</sup> June 2017 (112,480), and 10.2% (10,460) more than at 30<sup>th</sup> September 2016 (102,061) (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).

Almost a third (32.5%) were waiting for diagnostic tests in the Belfast HSC Trust, with a further 24.2% in the Northern HSC Trust, 20.5% in the Southern HSC Trust, 12.9% in the South Eastern HSC Trust and 9.8% in the Western HSC Trust (Table 2).



Over two-thirds (70.5%, 79,286) of the 112,521 patients were waiting for a diagnostic test within one of the following seven diagnostic services: Nonobstetric Ultrasound; Magnetic Resonance Imaging; Echocardiography; Computerised Tomography; Peripheral Neurophysiology; Gastroscopy; and Colonoscopy (Table 3).

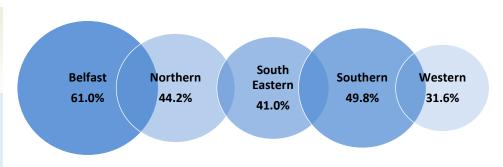
Source: SDR1 Part 1&2

#### Patients waiting more than 9 weeks at 30<sup>th</sup> September 2017

This element was **not achieved** by Northern

Ireland as a whole

49.2% of patients were waiting longer than 9 weeks



Patients waiting over 9 weeks

Source: SRD1 Part 1&2

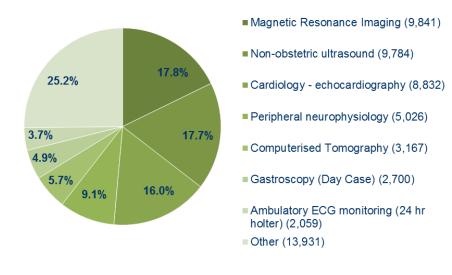
Achievement of the 9 week target requires that less than 25% of patients should be waiting over 9 weeks for a diagnostic test.

At 30<sup>th</sup> September 2017, 49.2% (55,340) of patients were waiting more than 9 weeks for a diagnostic test, compared with 44.1% (49,602) at 30<sup>th</sup> June 2017 and 39.9% (40,686) at 30<sup>th</sup> September 2016 (Table 1).

At 30<sup>th</sup> September 2017, the 9 week element of the target was not achieved by Northern Ireland as a whole; nor was it achieved 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).

Over half (61.0%, 22,335) of patients were waiting longer than 9 weeks in Belfast HSC Trust at 30<sup>th</sup> September 2017, 49.8% (11,500) in the Southern HSC Trust, 44.2% (12,051) in the Northern HSC Trust, 41.0% (5,964) in the South Eastern HSC Trust and 31.6% (3,490) in the Western HSC Trust (Table 2).

#### Patients waiting over 9 weeks by diagnostic service



Almost three quarters (74.8%, 41,409) of the 55,340 patients waiting more than 9 weeks were waiting for one of the following diagnostic tests: Magnetic Resonance Non-Imaging; Obstetric Ultrasound; Echocardiography; Peripheral Neurophysiology; Computerised Tomography; Gastroscopy and Ambulatory ECG Monitoring (Table 3).

Source: SDR1 Part1&2

## Patients waiting more than 26 weeks at 30th September 2017

This element was **not achieved** by Northern

Ireland as a whole

18,697
patients
were waiting longer
than 26 weeks



Number waiting over 26 weeks

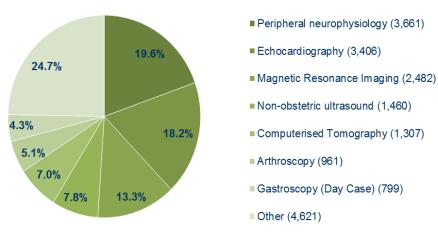
Source: SDR1 Part1&2

At 30<sup>th</sup> September 2017, 16.6% (18,697) of patients were waiting more than 26 weeks for a diagnostic test compared with 12.1% (13,593) at 30<sup>th</sup> June 2017 and 9.5% (9,675) at 30<sup>th</sup> September 2016 (Table 1).

At 30<sup>th</sup> September 2017, 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).

One in four (26.0%, 9,524) patients in the Belfast HSC Trust were waiting longer than 26 weeks at 30<sup>th</sup> September 2017, 14.0% (3,219) in the Southern HSC Trust, 12.8% (1,864) in the South Eastern HSC Trust, 11.9% (1,309) in the Western HSC Trust and 10.2% (2,781) in the Northern HSC Trust (Table 2).

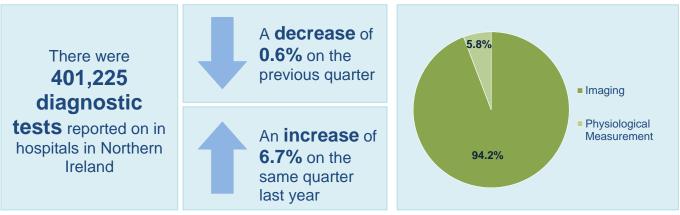




Source: SDR1 Part1&2

Just over three quarters (75.3%, 14,076) of the 18,697 patients waiting more than 26 weeks were waiting for one of the following diagnostic tests: Peripheral Neurophysiology; Echocardiology; Magnetic Imaging; Resonance Nonobstetric Ultrasound; Computerised Tomography; Arthroscopy and Gastroscopy (Table 3).

# Total number of diagnostic tests reported on during quarter ending September 2017

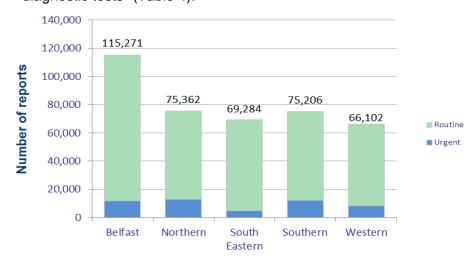


Source: DRTT Return

A total of 401,225 diagnostic tests<sup>1</sup> were reported on and dispatched to the referring clinician at hospitals in Northern Ireland during the quarter ending September 2017, 0.6% (2,596) less than the quarter ending June 2017 (403,821), and 6.7% (25,314) more than the quarter ending September 2016 (375,911) (Table 4).

Of the 401,225 reported diagnostic tests, 94.2% (378,035) were reporting on an Imaging test and 5.8% (23,190) were reporting on a Physiological Measurement test<sup>2</sup> (Table 4).

Approximately one out of eight (12.4%, 49,780) of the diagnostic tests reported on during quarter ending September 2017 were urgent diagnostic tests, with the remaining 87.6% (351,445) being routine diagnostic tests<sup>3</sup> (Table 4).



Over one quarter (28.7%) of diagnostic tests were reported and dispatched in the Belfast HSC Trust<sup>1</sup>, with a further 18.8% in the Northern HSC Trust, 18.7% in the Southern HSC Trust, 17.3% in the South Eastern HSC Trust and 16.5% in the Western HSC Trust.

Source: DRTT Return

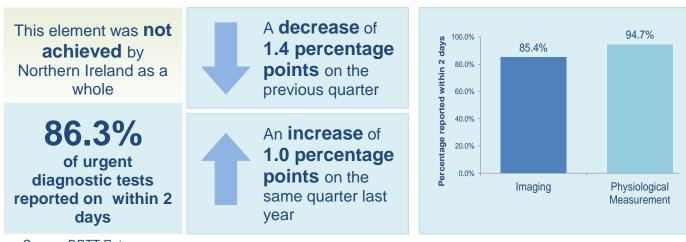
<sup>&</sup>lt;sup>1</sup> Due to mapping issues following the installation of a new information system within the Royal Victoria hospital in Belfast HSC Trust, it is not currently possible to report on the total number of urgent Computerised Tomography diagnostic reporting turnaround times.

<sup>&</sup>lt;sup>2</sup> 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.

<sup>&</sup>lt;sup>3</sup> 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 September 2017



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 49,780 urgent diagnostic tests reported on during quarter ending September 2017, 86.3% (42,974) were reported on within 2 days, compared with 87.7% (44,321) during the quarter ending June 2017 and 85.3% (40,464) during the quarter ending September 2016 (Table 5).

Of the 49,780 urgent diagnostic tests reported on during the quarter ending September 2017, 44,842 were imaging reports and 4,938 were physiological measurement reports. A total of 85.4% of urgent imaging tests were reported on within 2 days compared with 94.7% of urgent physiological measurement tests (Table 6).



During quarter ending September 2017, the 2 day target was not achieved by any HSC Trust, although the Western and South Eastern Trusts reported on 94.6% and 94.2% respectively of urgent diagnostic tests (Table 7).

Source: DRTT Return

#### **Appendix 1: Tables**

Table 1: Number of patients waiting for a diagnostic service by diagnostic category – 30<sup>th</sup> September 2017<sup>1</sup>

Diagnostic Category		Current Quarter (30 <sup>th</sup> Sept 2017)	Previous Quarter (30 <sup>th</sup> June 2017 <sup>R</sup> )	Same Quarter Last Year (30 <sup>th</sup> Sept 2016)
	Total Patients Waiting Number waiting over 9 weeks	59,503 24,833	59,967 21,062	50,363 13,618
Imaging	Percentage waiting over 9 weeks	41.7%	35.1%	27.0%
	Number waiting over 26 weeks	5,793	3,133	1,495
	Total Patients Waiting	35,444	36,162	32,384
Physiological	Number waiting over 9 weeks	20,945	20,424	16,433
Measurement	Percentage waiting over 9 weeks	59.1%	56.5%	50.7%
	Number waiting over 26 weeks	9,024	7,436	3,526
	Total Patients Waiting	17,574	16,351	19,314
Endoscopy	Number waiting over 9 weeks	9,562	8,116	10,635
Lildoscopy	Percentage waiting over 9 weeks	54.4%	49.6%	55.1%
Number waiting over 26 weeks		3,880	3,024	4,654
	Total Patients Waiting	112,521	112,480	102,061
Total	Number waiting over 9 weeks	55,340	49,602	40,686
i otai	Percentage waiting over 9 weeks	49.2%	<i>44.</i> 1%	39.9%
	Number waiting over 26 weeks	18,697	13,593	9,675

Source: SDR1 Part 1 & 2 Returns

Table 2: Number of patients waiting for a diagnostic service, by HSC Trust – 30<sup>th</sup> September 2017<sup>1</sup>

HSC Trust	Patients Waiting for Diagnostic Service by Weeks Waiting							
	0 - 6	>6 - 9	>9 - 13	>13 - 21	>21-26	>26	Waiting	
Belfast	10,807	3,448	4,083	6,059	2,669	9,524	36,590	
Northern	12,037	3,176	3,005	4,398	1,867	2,781	27,264	
South Eastern	6,913	1,685	1,387	2,118	595	1,864	14,562	
Southern	8,970	2,604	2,356	4,302	1,623	3,219	23,074	
Western	6,473	1,068	716	1,027	438	1,309	11,031	
Total	45,200	11,981	11,547	17,904	7,192	18,697	112,521	

Source: SDR1 Part 1 & 2 Returns

<sup>&</sup>lt;sup>1</sup>Refer to Explanatory Notes 1–17 & 24-27

R Figures have been revised

<sup>&</sup>lt;sup>1</sup>Refer to Explanatory Notes 1–17 & 24-27

Table 3: Number of patients waiting for a diagnostic service by type of service and weeks waiting – 30<sup>th</sup> September 2017<sup>1</sup>

Diagnostic Test	Patients Waiting for Diagnostic Service by Weeks Waiting						Total
	0 - 6	>6 - 9	>9 - 13	>13 - 21	>21-26	>26	Waiting
Non-obstetric ultrasound	11,496	3,171	2,934	4,108	1,282	1,460	24,451
Magnetic Resonance Imaging	5,964	1,801	2,270	3,563	1,526	2,482	17,606
Cardiology - echocardiography	3,128	1,328	1,387	2,715	1,324	3,406	13,288
Computerised Tomography	4,684	757	655	850	355	1,307	8,608
Neurophysiology - peripheral neurophysiology	557	187	333	672	360	3,661	5,770
Gastroscopy (Day Case)	2,057	653	620	978	303	799	5,410
Colonoscopy (Day Case)	1,742	487	474	714	197	539	4,153
Ambulatory ECG monitoring (24 hr holter)	1,398	458	427	794	307	531	3,915
Audiology - pure tone audiometry	1,757	594	365	555	172	274	3,717
DEXA Scan	1,352	444	412	581	268	504	3,561
Plain Film Xrays	3,300	82	15	0	0	0	3,397
Flexi sigmoidoscopy (Day Case)	700	285	288	466	144	331	2,214
Cystoscopy (Day Case)	882	228	221	232	59	499	2,121
Arthroscopy	75	66	68	203	103	961	1,476
Cardiology - perfusion studies	246	141	151	258	214	342	1,352
Respiratory physiology - sleep studies	553	201	160	110	120	22	1,166
Patient Activated Ambulatory Function	300	115	100	172	70	224	981
Fluroscopy	631	94	51	54	20	10	860
Hysteroscopy	316	83	70	117	45	187	818
Other	4,062	806	546	762	323	1,158	7,657
All diagnostic tests	45,200	11,981	11,547	17,904	7,192	18,697	112,521

Source: SDR1 Part 1 & 2 Returns

<sup>1</sup>Refer to Explanatory Notes 1–17 & 24-27

Table 4: Number of diagnostic tests reported and dispatched by priority of report – QE September 2017<sup>2</sup>

Priority of	Diagnostic Category	QE Sept	QE June	QE Sept
Report		2017	2017 <sup>R</sup>	2016
Urgent	Imaging	44,842	45,271	42,890
	Physiological Measurement	4,938	5,276	4,556
Routine	Imaging	333,193	334,390	310,757
	Physiological Measurement	18,252	18,884	17,708
Total	Imaging	378,035	379,661	353,647
	Physiological Measurement	23,190	24,160	22,264

Source: DRTT Return

<sup>2</sup>Refer 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 September 2017<sup>2</sup>

Urgent Diagnostic Tests	QE Sept 2017	_	QE Sept 2016
Total reported	49,780	50,547	47,446
Number reported within 2 days	42,974	44,321	40,464
% reported on within 2 days	86.3%	87.7%	85.3%

Source: DRTT Return

<sup>2</sup>Refer 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 September 2017<sup>2</sup>

Diagnostic Category	Le	Total			
Diagnostic Category	0 - 2 days	>2 - 14 days	>14 - 28 days	>28 days	Reported
Imaging	38,298	5,774	643	127	44,842
Physiological Measurement	4,676	249	11	2	4,938
Total	42,974	6,023	654	129	49,780

Source: DRTT Return

<sup>2</sup>Refer to Explanatory Notes 1-2, 4-5 & 18–27

Table 7: Number of urgent diagnostic tests reported and dispatched by HSC Trust and time in days – QE September 2017<sup>2</sup>

HSC Trust	Le	Total			
1100 ITust	0 - 2 days	>2 - 14 days	>14 - 28 days	>28 days	Reported
Belfast	9,286	1,827	387	100	11,600
Northern	11,697	1,281	16	2	12,996
South Eastern	4,349	258	6	4	4,617
Southern	9,848	2,228	228	20	12,324
Western	7,794	429	17	3	8,243
Total	42,974	6,023	654	129	49,780

Source: DRTT Return

<sup>2</sup>Refer to Explanatory Notes 1-2, 4-5 & 18–27

#### **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, definitions, as well as notes on how to use the date contained within this statistical release. This booklet is available to view or download from the following link: <a href="https://www.health-ni.gov.uk/publications/northern-ireland-waiting-time-statistics-diagnostic-waiting-times-september-2017">https://www.health-ni.gov.uk/publications/northern-ireland-waiting-time-statistics-diagnostic-waiting-times-september-2017</a>
- 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: <a href="https://www.health-ni.gov.uk/articles/diagnostic-waiting-times">https://www.health-ni.gov.uk/articles/diagnostic-waiting-times</a>
- 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 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 (greater than 6 weeks but waiting no longer than 9 weeks) week 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' included everyone in the >26 week time band.
- 17.Amended SDR 1 returns were received for the QE December 2016, QE March 2017 and QE June 2017. Amended DRTT returns were received for QE June 2017. The changes have been reflected in this bulletin.
- 18. 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.
- 19. 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.

- 20. 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.
- 21. 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.
- 22. 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.
- 23. 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
- 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 31st December 2017 will be released on Thursday 22nd February 2018.

<b>Further inform</b>	ation on	Diagnostic	Waiting	Times in	Northern	Ireland is	available f	rom:
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