

WELSH INFORMATION STANDARDS BOARD

DSC Notice:	DSCN 2013 / 02
Date of Issue:	8 th January 2013 Re-issued 28 th January 2013

Ministerial / Official Letter: n/a	Subject: QueSt 1 (QS1)
Sponsor: Kevin Flynn, Director of Delivery and Deputy Chief Executive of NHS Wales	
Implementation Date: Retirement of Data Items: 31 st January 2013 for submission of Quarter 3 2012/13 data Monthly Reporting: 28 th February 2013 for submission of January 2013 data.	

DATA SET CHANGE NOTICE

A Data Set Change Notice (DSCN) is an information mandate for a new or revised information standard.

This DSCN was approved by the Welsh Information Standards Board (WISB) at its meeting on the 15th November 2012

WISB Reference: IGRN 2011 / 009

Summary:

- To retire the requirement for a significant portion of QS1 in relation to outpatient and admitted patient care activity.
- To introduce monthly reporting of a subset of QS1 data
- To update the NHS Wales Data Dictionary to accurately reflect the information required to be reporting in QS1.

Data sets / returns affected:

QueSt 1 (QS1)

Please address enquiries about this Data Set Change Notice to the Data Standards Team in NHS Wales Informatics Service

E-mail: data.standards@wales.nhs.uk
Tel: 029 2050 2539

The Welsh Information Standards Board is responsible for appraising information standards. Submission documents and WISB Outcomes can be found at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=742&pid=24632>

DATA SET CHANGE NOTICE

Introduction

The QueSt 1 (QS1) return, introduced in 1996, is a quarterly return providing aggregate data on patient throughput and bed utilisation at NHS hospitals, clinics and units in Wales. Data are provided on bed availability and occupation, number of inpatient discharges and deaths, out-patient clinics and attendances and patients who failed to attend – all of which are classified by consultant specialty.

The Health Statistics and Analysis Unit within the Welsh Government has confirmed that the 2011-12 data from QueSt 1 will be published in October 2012 and for April 2012 data onwards, outpatient data will be published from the Outpatient Activity Data Set. Therefore, there is no longer a national requirement for outpatient data sourced from QueSt 1.

In addition to the changed requirement to the submission of outpatient activity data, the Welsh Government, in consultation with Health Board representatives, have concluded that the requirement for all those data items from QueSt 1 that are derivable from patient-level data sets will cease with immediate effect. This approach has been supported and approved by the Welsh Information Standards Board (WISB).

Health Boards / Trusts will need to continue to provide the following QS1 data for statistical purposes, as they currently cannot be derived from existing patient-level data sets:

- Any data relating to bed days, usage, occupancy and amenity beds.
- Clinic sessions held and cancelled

Health Boards are required to report the remaining data on a monthly basis from February 2013 (for data relating to January 2013 onwards).

All other elements of the QS1 data entry / reporting system will be decommissioned.

Description of Change

To retire the requirement for a significant portion of QS1 in relation to outpatient and admitted patient care activity, effective from Quarter 3 2012/13.

To introduce monthly reporting of QS1 data.

To update the NHS Wales Data Dictionary to accurately reflect the information required to be reported in QS1.

Data Dictionary Version

Where applicable, this DSCN reflects changes introduced by DSCN and/or DDCN since the release of version 4.2 of the NHS Wales Data Dictionary.

The changes introduced by such DSCNs will be published in version 4.1 of the NHS Wales Data Dictionary.

Actions Required

Action for Local Health Boards / Trusts:

- Cease the submission of elements of QS1 data as instructed in this DSCN on the 31st January 2013 (Qtr 3 Data)
- Submit QS1 data on a monthly basis, effective from 28th February 2013 (January Data)

Actions for NHS Wales Informatics Service:

- Switch off the elements of QS1 data that are no longer required to be submitted by 31st December 2012, to enable submission of Quarter 3 in January 2013.
- Amend the QS1 data entry system to enable monthly data submissions from February 2013.
- Ensure the reporting of monthly QS1 data to Welsh Government on an ongoing basis from February 2013.

Appendix A: Table reflecting areas that are impacted as a result of this DSCN

The following table shows all the data sets, data items, terms and other associated areas that are linked with the changes documented within this DSCN.

Each data definition type is listed in alphabetical order and is shown in the sequence in which it appears in this DSCN.

Data Definition Type	Name	New / Retired / Changed	Page
Aggregate Proformas	QS1	Retired	5
Operational Data Requirements	QueSt 1 (QS1)	New	8
Retired Data Sets and Aggregate Data Collections	QueSt 1 (QS1)	New	11

Appendix B: Highlighted changes to be made to the NHS Wales Data Dictionary

Changes to the NHS Wales Data Dictionary are detailed below, with new text being highlighted in **blue** and deletions are shown with a ~~strikethrough~~. The text shaded in **grey** shows existing text copied from the NHS Wales Data Dictionary.

The content relating to the QS1 return is inconsistent with the rest of the NHS Wales Data Dictionary. It is therefore proposed that we remove all existing content and create a new section for QS1 which describes the new requirements. Information no longer required to be submitted will be described in the retired section.

~~QS1~~

~~This is a quarterly return providing aggregate data on patient throughput and bed utilisation at NHS hospitals, clinics and units in Wales. Data are provided on bed availability and occupation, number of in-patient discharges and deaths, out-patient clinics and attendances and patients who fail to attend – all of which are classified by consultant specialty~~

- ~~[QS1 – Data Items](#)~~
- ~~[QS1 – Terms](#)~~

QS1 – Data Items

~~[Amenity Beds Authorised](#)~~
~~[Ante-natal Beds](#)~~
~~[Available Staffed Beds](#)~~
~~[Average Daily Number of Available Beds](#)~~
~~[Average Daily Number of Occupied Beds](#)~~
~~[Average Daily Occupation of Amenity Beds by Paying Patients](#)~~
~~[Average Daily Occupation of Pay Beds by Private Patients](#)~~
~~[Bed Complement](#)~~
~~[Beds Unused For Lack of Staff](#)~~
~~[Cancelled Outpatient Clinics](#)~~
~~[Consultant Episodes](#)~~
~~[Got Days](#)~~
~~[Gots](#)~~
~~[Day Patient Attendances](#)~~
~~[Daycase Attendances by Private Patients](#)~~
~~[Deaths and Discharges](#)~~
~~[Deaths Between 8 and 28 Days](#)~~
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~~[DNAs – Follow-up Outpatients](#)~~
~~[DNAs – Inpatients](#)~~
~~[DNAs – New Outpatients](#)~~
~~[Discharges and Deaths of Paying Patients Using Amenity Beds](#)~~
~~[Discharges and Deaths of Paying Patients Using Paybeds](#)~~
~~[Live Birth](#)~~
~~[New Day Patients](#)~~
~~[New Night Patients](#)~~
~~[New Outpatient Attendances](#)~~

[Night Patient Attendances](#)
[Outpatient Attendances](#)
[Outpatient Attendances by Private Patients](#)
[Outpatient Clinic Sessions](#)
[Patients Discharged in Quarter](#)
[Pay Beds Authorised](#)
[Regular Day Patient Attendances by Private Patients](#)
[Staffed Beds Allocated](#)
[Still Birth](#)
[Temporarily Unavailable Staffed Beds](#)
[Transfers Out of Intensive Care and High Dependency Care Units](#)
[Unstaffed Beds Out of Use for Reasons Other Than Lack of Staff](#)

QS1 – Terms

[Accident and Emergency Attendance](#)
[Available Staffed Beds](#)
[Average Daily Bed Number](#)
[Beds](#)
[Birth](#)
[Clinic Sessions](#)
[Consultant Clinic](#)
[Consultant Episode](#)
[Consultant Episode \(Hospital Provider\)](#)
[Consultant Out-patient Clinic](#)
[Consultant Out-patient Episode](#)
[Got Days](#)
[Day Case](#)
[Discharge](#)
[Failed to Give Warning](#)
[First Attendance](#)
[In-patients](#)
[Intensive Care Therapy](#)
[Intra-partum](#)
[Live Birth](#)
[Minor Casualty Attendance](#)
[New Out-Patient](#)
[Non Attendee](#)
[Nursing Episode](#)
[Out-patient Attendances](#)
[Registered Birth](#)
[Regular Day Admissions](#)
[Regular Night Admissions](#)
[Specialty](#)
[Staffed Beds](#)
[Still Birth](#)

New Section to be added to Operational Data Requirements:

QueSt 1 (QS1)

Data should be entered onto the QS1 system monthly and signed off by the last working day of the month for the previous calendar month.

BEDS

Data Item	Meaning
Available Staffed Beds	Available staffed beds occupied or ready for occupation on the last day of the monthly
Temporary Unavailable Staffed Beds	Beds which would qualify as available in all other respects but are temporarily unavailable due to redecoration, quarantine or lack of staff on the last day of the month under review and will be back in use within a very short period, not more than one month, from the time they were closed. Notes: 1. In the case of wards which are regularly closed for a portion of the week, numbers of available and temporarily unavailable staffed beds should be recorded as at the last day of the month on which the ward is not subject to its regular close, e.g. for five day wards record on the last weekday. 2. The total of available staffed beds and temporarily unavailable staffed beds should equal the "Grand Total" of staffed beds allocated. Bed complement - the total number of available staffed beds, temporarily unavailable staffed beds, beds unused for lack of staff and beds out of use for any other reason.
Beds Unused for Lack of Staff	These are beds unused for more than one month for lack of staff.
Unstaffed Beds Out of Use for Other Than Lack of Staff	This is the beds out of use, for more than one month, for reasons other than lack of staff. Reasons may include redecoration or quarantine
No. of Cots in Maternity Depts for Non Special Care Babies	Cots in maternity departments other than those allocated to special care babies or intensive therapy units for babies
Total Number of 'Cot Days' Occupied by Babies in Above	This is the number of Cots in maternity departments that are occupied on any given day. To calculate for a month each day's occupancy is added together.

Data Item	Meaning
No. of Authorised Beds - Amenity Beds	Number of amenity beds authorised. This related to the number on last day of the month under review, irrespective of actual use. Amenity beds are those where the patient pays for a bed in a single room or in a small ward and the associated hotel services (food & laundry).
No. of Authorised Beds - Pay Beds	Number of pay beds authorised. This should be the number authorised on the last day of the month, irrespective of actual use Pay beds are those where the patient has paid for all services during their stay i.e. the cost of the bed, cost of treatment, nursing costs and all hotel services. (Private Patient).

Average Daily Occupancy by Paying Patients - Amenity Beds	Total daily occupation of amenity beds by paying patients divided by number of days in month Amenity beds are those where the patient pays for a bed in a single room or in a small ward and the associated hotel services (food & laundry).
Average Daily Occupancy by Paying Patients - Pay Beds	Average = total daily occupation for month divided by number of days in month Pay beds are those where the patient has paid for all services during their stay i.e. the cost of the bed, cost of treatment, nursing costs and all hotel services. (Private Patient).

Data Item	Meaning
Specifically Set Aside Anti Natal Care Beds	Number of beds specifically set aside for ante-natal care.

Inpatients

The following counts are required to be reported by Specialty.

Data Item	Meaning																
Staffed Beds Allocated	<p>The total number of "available" and "temporarily unavailable" staffed beds.</p> <p>Available Beds Occupied or ready for occupation on the last day of the month under review, i.e. in which patients are being or could be treated without any changes in facilities or staff being made.</p> <p>This includes cots in special care baby units and intensive therapy units for babies.</p> <p>Excludes:</p> <table border="1"> <tr> <td>a)</td> <td>Labour (first and second stage) as distinct from maternity beds.</td> </tr> <tr> <td>b)</td> <td>Beds in reception wards, unless in permanent use in psychiatric hospitals.</td> </tr> <tr> <td>c)</td> <td>Temporary beds (or stretchers) unless in permanent use in psychiatric hospitals.</td> </tr> <tr> <td>d)</td> <td>Observation or recovery beds used for only a few hours, whether in out-patients departments or recovery units;</td> </tr> <tr> <td>e)</td> <td>Beds used solely for regular day or night patients</td> </tr> <tr> <td>f)</td> <td>Cots for normal newly born infants in maternity departments</td> </tr> <tr> <td>g)</td> <td>Beds specifically allocated for healthy people</td> </tr> <tr> <td>h)</td> <td>Beds used for day cases</td> </tr> </table> <p>Temporary Unavailable Beds beds which would qualify as available in all other respects but are temporarily unavailable due to redecoration, quarantine or lack of staff</p>	a)	Labour (first and second stage) as distinct from maternity beds.	b)	Beds in reception wards, unless in permanent use in psychiatric hospitals.	c)	Temporary beds (or stretchers) unless in permanent use in psychiatric hospitals.	d)	Observation or recovery beds used for only a few hours, whether in out-patients departments or recovery units;	e)	Beds used solely for regular day or night patients	f)	Cots for normal newly born infants in maternity departments	g)	Beds specifically allocated for healthy people	h)	Beds used for day cases
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	<p>on the last day of the month under review and will be back in use within a very short period, not more than one month, from the time they were closed.</p> <p>Notes:</p> <ol style="list-style-type: none"> 1. In the case of wards which are regularly closed for a portion of the week, numbers of available and temporarily unavailable staffed beds should be recorded as at the last day of the month on which the ward is not subject to its regular close, e.g. for five day wards record on the last weekday. 2. The total of available staffed beds and temporarily unavailable staffed beds should equal the "Grand Total" of staffed beds allocated. Bed complement - the total number of available staffed beds, temporarily unavailable staffed beds, beds unused for lack of staff and beds out of use for any other reason.
Average Daily Beds	<p>This is the average daily number of available staffed and temporary beds excluding those in special care baby units or intensive therapy units. This should be based on a count from midnight and 9am. Beds are those in which patients are being or could be treated without changes in facilities or staff being made. Temporary and private beds should be included.</p> <p>Average = Total of daily counts divided by number of days in month. The figure should be the same or greater than the average daily number of occupied beds.</p> <p>N.B In mixed specialty wards and wards where beds are borrowed in sufficient numbers, e.g. intensive therapy units, it may be necessary to make special arrangements for deciding the specialty to which unoccupied beds are available. Hospitals may, if they wish, show unoccupied beds against the major users of the ward concerned, but any arrangements made should be as precise as possible.</p>
Average Daily Occupied	<p>This is the average daily number of beds occupied by patients under the care of a consultant in a particular specialty.</p> <p>Notes:</p> <ol style="list-style-type: none"> 1. A bed may only be occupied by one patient at any given time. For example, staffed unoccupied beds which are reserved for patients on weekend leave (maximum 3 nights) may be regarded as occupied. If occupied by another patient during this period it should be counted as occupied by that patient and not the patient on home leave. 2. A bed temporarily used by a day case during the day but otherwise not in use by an inpatient is counted as unoccupied. <p>This should be based on a count taken between midnight and 9am. Count should include private patients. Count should not include day case patients.</p> <p>Average = Total of daily counts divided by number of days in month</p>
Deaths & Discharges	<p>Number of patients discharged or died in month.</p> <p>If a patient dies or is transferred to another hospital (except where the patient's bed is kept vacant) it is counted as a discharge. Babies are only discharged if they have been patients i.e. nursed in special care or</p>

	<p>intensive therapy units.</p> <p><i>For QS1</i></p> <p>Discharge is the end of the patient's continuous spell using the beds of one separately administered provider site. If a patient dies, this counts as a discharge.</p> <p>Discharges are classified according to the specialty of the consultant or GP under whose care they were immediately before discharge.</p> <ol style="list-style-type: none"> 1. A patient temporarily absent and expected to return, e.g. on home leave, should not be counted as discharged, even if the bed is temporarily occupied by another patient. 2. Discharges should not include babies other than babies nursed in a special care baby unit, intensive therapy units for babies or paediatric departments. 3. Inpatients (but not day cases) not included in the bed occupancy figures because they were admitted and discharged between bed counts or were not accommodated overnight, should be included in the discharge and death figures. <p>Deaths and Discharge information is only required for the following: High Dependency Unit Special Care Baby Unit Intensive Care Paediatric Intensive Care Bone Marrow Unit</p>

Outpatients

The following counts are required to be reported by Specialty.

Data Item	Meaning
Number of Clinics Held	<p>Number of outpatient clinic sessions held during month. Sessions must be held, not merely scheduled.</p> <p>An Outpatient Clinic is defined as a Consultant Clinic. Patients may see a consultant, an Independent Nurse, a member of his firm or associated health professional. Also, covers GPs acting as consultants by arrangement of the health care provider. It does not include clinics not controlled by the consultant or Independent Nurse e.g. run by midwives or GPs in their own right.</p> <p>The following clinics should count as a single session:-</p> <ol style="list-style-type: none"> a. One consultant present, however, many other doctors are assisting. b. No consultant present but held specifically on behalf of a consultant. c. Held jointly by consultants in different specialties; these should be recorded as a single unit under joint consultant clinic (code 9900). d. A clinic held by an Independent Nurse e. Any combination of joint ante-natal, post-natal and gynaecology sessions; recorded as an ante-natal session.
Number of Clinics Cancelled	<p>Number of outpatient clinic sessions cancelled during month.</p> <p>A cancelled clinic session is one which was intended to be available but which was not held by any specialty, classified by the last specialty</p>

	<p>scheduled to the session.</p> <p>Included are cancellations due to unplanned study leave, sickness and holidays. Cancellations due to public or planned holidays or planned study leave should be taken into account instead in the number intended to be available.</p>
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New Section to be added to the 'Retired Data Sets and Aggregate Data Collections' section of the NHS Wales Data Dictionary:

Quest 1 (QS1)

The following data requirements were retired 30th September 2012

BEDS

Data Item	Meaning
Deaths & Discharges of Paying Patients - Amenity Beds	Number of discharges and deaths of paying patients using amenity beds. Amenity beds are those where the patient pays for a bed in a single room or in a small ward and the associated hotel services (food & laundry)
Deaths & Discharges of Paying Patients - Pay Beds	Number of discharges and deaths of private patients using pay beds. Pay beds are those where the patient has paid for all services during their stay i.e. the cost of the bed, cost of treatment, nursing costs and all hotel services. (Private Patient).
No. of Attendances by Private Outpatients	Number of outpatient attendances by private patients A private patient is a patient using accommodation and services under Section 65 and/or 66 of the NHS Act of 1977
No. of Attendances by Private Daycases	Number of daycase attendances by private patients. A private patient is a patient using accommodation and services under Section 65 and/or 66 of the NHS Act of 1977
No. of Attendances by Private Regular Day Attendances	Number of attendances by private regular day patients A private patient is a patient using accommodation and services under Section 65 and/or 66 of the NHS Act of 1977
Live Births	This is the number of live births Live birth: a baby born live at any gestational length.
Still Births	Number of Stillbirths This is a birth on or after a gestation of 24 weeks (168 days), where the baby shows no identifiable signs of life at delivery. Stillbirths exclude abortions of non-viable foetus. Stillbirths are classified as follows: Ante-partum: before commencement of labour. Intra-partum: during labour/delivery. Indeterminate NB: On 1st October 1992 the definition of a stillbirth changed from 28 weeks to 24 weeks under the Still-Birth (Definition) Act 1992.

Deaths Within 7 Days	This is the number of deaths within 1 - 7 days of birth.
Deaths Between 8 and 28 Days	This is the number of deaths between 8 and 28 days of birth
Renal Dialysis - New Day	<p>This is the new regular day admission patients.</p> <p>Regular day admissions are patients admitted electively and regularly for a planned sequence of days who return home for the remainder of the 24 hour period e.g. Dialysis or regular chemotherapy/radiotherapy.</p>
Renal Dialysis - Total Day	<p>Total number of regular day attendances in month.</p> <p>Regular day admissions are patients admitted electively and regularly for a planned sequence of days who return home for the remainder of the 24 hour period e.g. Dialysis or regular chemotherapy/radiotherapy.</p>
Renal Dialysis - New Night	<p>This is the new regular night admission patients.</p> <p>Regular night admissions are patients admitted electively and regularly for a planned sequence of nights who return home for the remainder of the 24 hour period e.g. Dialysis or regular chemotherapy / radiotherapy.</p>
Renal Dialysis - Total Night	<p>Total number of regular night admission attendances in month</p> <p>Patients admitted electively for the night, as part of a planned series of regular admissions for an on-going regime of broadly similar treatment and who is discharged in the morning. If the intention is not fulfilled and one of these admissions should involve a stay of at least 24 hours, such an admission should be classified as an ordinary admission. The series of regular admissions ends when the patient no longer requires frequent admissions.</p>
Chemotherapy - New Day	<p>This is the new regular day admission patients.</p> <p>Regular day admissions are patients admitted electively and regularly for a planned sequence of days who return home for the remainder of the 24 hour period e.g. Dialysis or regular chemotherapy/radiotherapy.</p>
Chemotherapy - Total Day	<p>Total number of regular day attendances in month.</p> <p>Regular day admissions are patients admitted electively and regularly for a planned sequence of days who return home for the remainder of the 24 hour period e.g. Dialysis or regular chemotherapy/radiotherapy.</p>
Chemotherapy - New Night	<p>This is the new regular night admission patients.</p> <p>Regular night admissions are patients admitted electively and regularly for a planned sequence of nights who return home for the remainder of the 24 hour period e.g. Dialysis or regular chemotherapy / radiotherapy.</p>
Chemotherapy - Total Night	<p>Total number of regular night admission attendances in month</p> <p>Patients admitted electively for the night, as part of a planned series of regular admissions for an on-going regime of broadly similar treatment and who is discharged in the morning. If the intention is not fulfilled and</p>

	<p>one of these admissions should involve a stay of at least 24 hours, such an admission should be classified as an ordinary admission. The series of regular admissions ends when the patient no longer requires frequent admissions.</p>
Clinical Oncology - New Day	<p>This is the new regular day admission patients.</p> <p>Regular day admissions are patients admitted electively and regularly for a planned sequence of days who return home for the remainder of the 24 hour period e.g. Dialysis or regular chemotherapy/radiotherapy.</p>
Clinical Oncology - Total Day	<p>Total number of regular day attendances in month.</p> <p>Regular day admissions are patients admitted electively and regularly for a planned sequence of days who return home for the remainder of the 24 hour period e.g. Dialysis or regular chemotherapy/radiotherapy.</p>
Clinical Oncology - New Night	<p>This is the new regular night admission patients.</p> <p>Regular night admissions are patients admitted electively and regularly for a planned sequence of nights who return home for the remainder of the 24 hour period e.g. Dialysis or regular chemotherapy / radiotherapy.</p>
Clinical Oncology - Total Night	<p>Total number of regular night admission attendances in month</p> <p>Patients admitted electively for the night, as part of a planned series of regular admissions for an on-going regime of broadly similar treatment and who is discharged in the morning. If the intention is not fulfilled and one of these admissions should involve a stay of at least 24 hours, such an admission should be classified as an ordinary admission. The series of regular admissions ends when the patient no longer requires frequent admissions.</p>
Others - New Day	<p>This is the new regular day admission patients.</p> <p>Regular day admissions are patients admitted electively and regularly for a planned sequence of days who return home for the remainder of the 24 hour period e.g. Dialysis or regular chemotherapy/radiotherapy.</p>
Others - Total Day	<p>Total number of regular day attendances in month.</p> <p>Regular day admissions are patients admitted electively and regularly for a planned sequence of days who return home for the remainder of the 24 hour period e.g. Dialysis or regular chemotherapy/radiotherapy.</p>
Others - New Night	<p>This is the new regular night admission patients.</p> <p>Regular night admissions are patients admitted electively and regularly for a planned sequence of nights who return home for the remainder of the 24 hour period e.g. Dialysis or regular chemotherapy / radiotherapy.</p>
Others - Total Night	<p>Total number of regular night admission attendances in month</p> <p>Patients admitted electively for the night, as part of a planned series of regular admissions for an on-going regime of broadly similar treatment and who is discharged in the morning. If the intention is not fulfilled and one of these admissions should involve a stay of at least 24 hours, such an admission should be classified as an ordinary admission. The series of regular admissions ends when the patient no longer requires frequent admissions.</p>

Inpatients

The following counts were required to be reported by Specialty

Data Item	Meaning
Second Offer Deaths and Discharges Treated	
DNAs	This is Patients who were not admitted because of failure to attend and who failed to give notice at any time prior to the arranged time of Admission. This should not include patients who were admitted as emergencies prior to the scheduled admission time or those where the health care provider cancelled or postponed the admission.
FCE	Number of consultant episodes

Outpatients

Data Item	Meaning												
Pre-Op Assessments													
New Outpatients	<p>New attendance is initiated other than by the consultant or Independent Nurse in charge of the clinic in the circumstances described below:</p> <table border="1"> <tbody> <tr> <td>1.</td> <td>Referral from a GP</td> </tr> <tr> <td>2.</td> <td>Referral from an A&E department</td> </tr> <tr> <td>3.</td> <td>Referral from a consultant, other than in the A&E department</td> </tr> <tr> <td>4.</td> <td>Self Referral</td> </tr> <tr> <td>5.</td> <td>Referral from prosthetist</td> </tr> <tr> <td>6.</td> <td>Other</td> </tr> </tbody> </table>	1.	Referral from a GP	2.	Referral from an A&E department	3.	Referral from a consultant, other than in the A&E department	4.	Self Referral	5.	Referral from prosthetist	6.	Other
1.	Referral from a GP												
2.	Referral from an A&E department												
3.	Referral from a consultant, other than in the A&E department												
4.	Self Referral												
5.	Referral from prosthetist												
6.	Other												
Total Outpatients	<p>Total number of outpatient attendances during month.</p> <p>New and follow-up attendances should be counted.</p>												
First DNAs	This is new patients who did not attend a first outpatient clinic session and who failed to give notice at any time prior to the arranged time of the clinic session. Should not include patients where the health care provider cancelled or postponed the clinic session.												
Follow-Up DNAs	This is follow-up patients who did not attend an outpatient clinic session and who failed to give notice at any time prior to the arranged time of the clinic session. Should not include patients where the health care												

	provider cancelled or postponed the clinic session.
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