
Change Required by the Department of Health	Subject:
	Introduction of new data collection to monitor diagnostic waiting times & activity
	Implementation date: January 2006

DATA SET CHANGE CONTROL PROCEDURE

This paper gives notification of changes to be included in the NHS Data Dictionary and the NHS CDS Manual as appropriate. These will be consolidated into the publications in due course.

Summary of Changes:

The purpose of this DSCN is to inform providers and suppliers of the mandation of a new monthly data collection to monitor diagnostic waiting times & activity.

It is intended that this data is to be reported by PCTs on a commissioner basis from January 2006. To enable commissioner reporting, providers will need to submit data on-line. This data will then be aggregated up to produce PCT commissioner returns.

The NHS Information Standards Board (NHS ISB) is responsible for approving information standards. The ISB output related to the assurance and sign-off of this information standard can be found at www.isb.nhs.uk

Data Set Change Notices are located at:
<http://www.connectingforhealth.nhs.uk/dscn>

The output for the DSCN is located at: http://www.isb.nhs.uk/docs/diagwaitingtimes_output.doc

DATA SET CHANGE NOTICE 18/2005

- Reference:** DSCN 18/2005
- Subject:** Introduction of new data collection to monitor diagnostic waiting times & activity.
- Type of change:** Introduction of new data collection
- Reason for change:** New data collection to support monitoring of DH PSA target 13 – “to ensure that by 2008, no one waits more than 18 weeks from start to treatment”.
- Proposed timescales:** The monthly data collection will be introduced during January 2006. In addition, a bi-annual census of diagnostic waiting times will be introduced in February 2006.

Effect on NHS Data Dictionary & Manual:

New data standards will be required. Work on defining new data standards will be completed in Autumn 2005 and submitted to ISB.

Effect on NHS Commissioning Dataset & Manual:

New data standards will be required. Work on defining new data standards will be completed in Autumn 2005 and submitted to ISB.

Effect on Central Returns:

The introduction of a new monthly central return and a new bi-annual census.

Introduction:

The purpose of this DSCN is to inform NHS organisations and system suppliers of the mandation of a new monthly data collection to monitor diagnostic waiting times & activity and a new bi-annual census collection. Further, detailed information and guidance about the new data collection are available at Annex A.

Background:

The NHS Improvement Plan stated “By 2008, no one will have to wait longer than 18 weeks from GP referral to hospital treatment...” – which for the first time includes waiting for diagnostics (DH PSA target 13). The NHS will need to monitor diagnostics data to ensure they are progressing as planned towards achieving the 18-week target (ref: PSA 13) and to affect the appropriate changes to ensure delivery. The

Department of Health will also need to measure diagnostic waits and activity to monitor progress towards delivery of this target.

Local Delivery Plans (LDP) also make commitments to reduce the number of patients waiting over 26 weeks (April 2005 to March 2006, for MRI & CT), over 13 weeks (April 2006 to March 2007), and over 6 weeks (April 2007 to March 2008) for diagnostic tests and procedures. The current absence of monitoring data on diagnostics means that there is no suitable existing way of measuring performance against these LDP items.

This mandating DSCN follows the earlier notification DSCN "Introduction of new data collection to monitor diagnostic waiting times and activity" (ref: DSCN 12/2005) issued on 2 August 2005. It should be noted that the notification DSCN stated an implementation date of September 2005 for the monthly data collection. The implementation is now January 2006.

Information:

To facilitate the monitoring of diagnostic waiting times and activity, the Department of Health have developed (through work with 21 pilot sites) two concurrent data collections:

- A focussed monthly performance data collection looking at key diagnostic tests/procedures
- A bi-annual census of waiting times for all diagnostic tests & procedures

Further details of each data set are given below.

In developing the data sets, the Department of Health have aimed to strike a balance between collecting enough information on this new data area to allow the NHS and the Department to monitor and manage diagnostic waits, whilst being mindful of the data burden this causes. The frequency of the data has also been considered and this has resulted in the split of the data set into the monthly and bi-annual collections.

The Department of Health has received approval (via Review of Central Returns Committee (ROCR)) for both the monthly data collection and the biannual census – the ROCR reference is ROCR/OR/0168. This approval covers the period up to September 2006, at which point a review of the data collections and a further assessment of the data burden will be resubmitted to ROCR for ongoing approval. The Department of Health gained separate ROCR approval for the piloting phase in Spring 2005 – the ROCR reference is ROCR/05/001.

The Department of Health has produced, through consultation with the pilot sites and the wider NHS, a detailed definitions and guidance document for the diagnostics data collection and is liaising with Connecting for Health to define new data standards required to support the collection. The definitions and guidance document for the data collection is attached at Annex A. Work on defining new data standards will be completed during Autumn 2005 and submitted to ISB.

The pilot sites involved in developing the diagnostics data collection are currently engaged in other ongoing work in relation to the 18-week target. It is anticipated that a formal report of the 18-week piloting work, including the piloting of the diagnostics data collection, will be produced during early 2006/07.

Monthly diagnostics data collection

The NHS will be required to report monthly diagnostics data to the Department of Health using a web based collection tool, in a similar way to the existing inpatient and outpatient waiting times returns. The timetable for returning the monthly data will be in line with existing monthly central returns – i.e. reporting data to the Department 15 working days after the month end.

It is intended that the data will be collected online via Unify. NHS providers will download a spreadsheet form and enter their data broken down by commissioner. There is functionality in the form which semi-automates this and which produces a "total" sheet for the provider. Providers then upload their completed spreadsheet online. After a designated cut-off date, Unify will then pull together all provider returns, aggregate the data and produce commissioner returns at PCT level. PCTs will then need to review their data online, make any amendments/validations, including adding in any data relating to the independent sector or non-English residents. The PCT will then sign off the return and it will then be submitted online to DH.

As the monthly data collection will look at aggregate performance data and not patient level information and because of the turnaround time for submission to the Department, it is unlikely that NWCS will be able to support this data collection. It is therefore proposed that the data is not collected via NWCS.

The monthly data collection will commence in January 2006 and cease in March 2009 at the latest. This timing is in line with the shift to measuring referral to treatment times in order to support monitoring of achievement of the 18-week target post 2008.

The monthly data set focuses on aggregate level performance data for a short list of key long wait/high volume diagnostic tests and procedures in imaging, physiological measurement and endoscopy. The list of tests/procedures covered by the return are:

- Imaging - Magnetic Resonance Imaging
- Imaging - Computer Tomography
- Imaging - Non-obstetric ultrasound
- Imaging - Barium Enema
- Imaging - DEXA Scan
- Physiological Measurement - Audiology - pure tone audiometry
- Physiological Measurement - Cardiology - echocardiography
- Physiological Measurement - Cardiology - electrophysiology
- Physiological Measurement - Neurophysiology - peripheral neurophysiology
- Physiological Measurement - Respiratory physiology - sleep studies
- Physiological Measurement - Urodynamics - pressures & flows
- Endoscopy - Colonoscopy
- Endoscopy - Flexi sigmoidoscopy
- Endoscopy - Cystoscopy
- Endoscopy – Gastroscopy

Full definitions of each test/procedure, along with OPCS-4 and OPCS4.3 codes (where appropriate) are given in the definitions & guidance document (attached at Annex A).

Data should be reported for all relevant patients regardless of setting (e.g. inpatient, outpatient, primary care one stop centre etc.) and for all referral routes (e.g. GP referral, referral from A&E etc.).

The monthly data proforma is in two sections, covering waiting times & activity. Further details of each section are below:

1. Waiting times section

The proforma asks for information on the waiting times of patients still waiting at the end of the month for each of the key tests/procedures. The waiting times are measured in weekly timebands – 0-1 weeks, 1-2 weeks, 3-4 weeks, up to 52+ weeks.

2. Activity section

Information is also requested on the number of patients seen during the month for each of the tests/procedures above. The activity section is broken down into:

- Waiting list excluding planned
- Planned
- Unscheduled
- Commissioned from the Independent Sector

Bi-annual diagnostics census

In addition, the Department of Health will monitor, on a less frequent basis, information on other diagnostics tests/procedures not covered by the monthly data collection. This will be via a bi-annual census of provider data that will look at waiting times for all diagnostic tests/procedures.

The census will be carried out in February 2006 and then repeated every 6 months during 2006/07 and 2007/08. The timetable for completing the census will be slower than that for the monthly data collection and will follow a timescale similar to existing bi-annual & annual DH collections.

Draft data collection proformas for both the monthly data collection and the bi-annual census are attached at Annexes B and C.

Additional Information:

Annex A – Diagnostic waiting times & activity – guidance on completing the monthly data collection

Annex B – sample data collection proforma for monthly data collection

Annex C – sample data collection proforma for biannual census

Further information available from:

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Hyperlink to Unify:
<http://nww.unify.dh.nhs.uk/unify/interface/homepage.aspx>

Diagnosics waiting times and activity

Guidance on completing the “diagnostic waiting times & activity” monthly data collection

valid from 1 January 2006

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Document Purpose	Gathering DATA
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ROCR Ref:	ROCR/OR/0168	Gateway Ref:
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Title	Diagnostic waiting times and activity
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Author	DH/PPRt/DCVA
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Publication Date	01 January 2006
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Target Audience	PCT CEs, NHS Trusts CEs, SHA CEs, Care Trusts CEs, SHA Directors of Performance
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Circulation List	
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Description	Diagnostics waiting times and activity - Guidance on completing the “diagnostic waiting times & activity” monthly data collection - from January 2006 onwards
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Cross Ref	n/a
Superseded Docs	Diagnostics waiting times and activity rules and definitions guidance document for use in piloting the data collection during April - June 2005

Action Required	n/a
Timing	n/a

Contact Details	Rachel McDonald PPRt/DCVA, Department of Health Room 4E57 Quarry House Quarry Hill, Leeds LS2 7UE 0113 2545614
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This data collection and accompanying definitions and guidance have been approved by the Department of Health via the Review of Central Returns Steering Committee (ref: ROCR/OR/0168).

Contents

1	Introduction
2	Diagnostics waiting times
3	Diagnostics activity
4	Definition of each diagnostics group
5	Contact details/further information

1 – Introduction

1.1 Introduction

1.1.1 The NHS Improvement Plan set out the target of a maximum 18-week start to treatment waiting time by December 2008 and for the first time the target includes waiting for diagnostics. The purpose of this collection is to measure diagnostic waits and activity to monitor progress towards delivery of the 18-week target.

1.1.2 The data collection covers all tests/procedures where the primary purpose of the admission or appointment is diagnostic, irrespective of referral route or setting.

1.1.3 The form is split into 2 sections:

1. Diagnostics waiting times
2. Diagnostics activity

Further guidance on completing each section is shown below.

1.2 Who should complete the form?

1.2.1 The data collection will be commissioner based. Commissioner returns should cover all activity for which the PCT is financially attributable, regardless of whom it is commissioned. PCT commissioner returns should include any activity commissioned from non-NHS organisations e.g. voluntary, private and non-NHS statutory bodies.

1.2.2 The data will be collected online via Unify. NHS providers will download a spreadsheet form and enter their data broken down by commissioner. There is functionality in the form which semi-automates this and which produces a "total" sheet for the provider. Providers then upload their completed spreadsheet online. After a designated cut-off date, Unify will then pull together all provider returns, aggregate the data and produce commissioner returns at PCT level. PCTs will then need to review their data online, make any amendments/validations, including adding in any data relating to the independent sector or non-English residents. The PCT will then sign off the return and it will then be submitted online to DH.

1.2.3 The population for which the PCT is responsible for commissioning treatment can be derived from the DH document 'Establishing the Responsible Commissioner', which can be found at:
http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4069634&chk=WRvZIZ

1.3 Definition of diagnostic test/procedure

1.3.1 By "diagnostic", this means a test or procedure used to identify a person's disease or condition and which allows a medical diagnosis to be made.

1.3.2 In contrast, a "therapeutic procedure" is defined as a procedure which involves actual treatment of a person's disease, condition or injury. Therapeutic procedures should be excluded from this return.

1.3.3 In some cases, procedures are intended as diagnostic up until a point during the procedure, when the healthcare professional makes a decision to undertake a therapeutic treatment at the same time. These procedures should still be reported, i.e. include all tests/procedures that are intended to be diagnostic.

1.3.4 Some procedures will include both a diagnostic test and a therapeutic treatment. However if the procedure is part-diagnostic or intended to be part-diagnostics, these should also be reported. An example of this is electrophysiology studies (EPS) – this is a diagnostic cardiac procedure which often results in an immediate treatment (e.g. insertion of pacemaker). Refer to section 4.6 of the guidance for further information on electrophysiology procedures.

1.3.5 Tests carried out as part of national screening programmes do not count as a diagnostics test/procedure for the purposes of this return. Patients waiting for a test/procedure as part of a screening programme (e.g. routine smear tests) should not be included in this return. However any subsequent diagnostic procedures that are triggered by an abnormal screening result should be included in the return (e.g. flexi-sigmoidoscopy following positive screening for occult blood).

2 - Diagnostics waiting times (Patients still waiting)

2.1 Introduction

2.1.1 Patient waiting times for the following groups of tests and procedures should be reported:

- Imaging - Magnetic Resonance Imaging
- Imaging - Computer Tomography
- Imaging - Non-obstetric ultrasound
- Imaging - Barium Enema
- Imaging - DEXA Scan
- Physiological Measurement - Audiology - pure tone audiometry
- Physiological Measurement - Cardiology - echocardiography
- Physiological Measurement - Cardiology - electrophysiology
- Physiological Measurement - Neurophysiology - peripheral neurophysiology
- Physiological Measurement - Respiratory physiology - sleep studies
- Physiological Measurement - Urodynamics - pressures & flows
- Endoscopy - Colonoscopy
- Endoscopy - Flexi sigmoidoscopy
- Endoscopy - Cystoscopy
- Endoscopy – Gastroscopy

2.2 What to include

2.2.1 Annex A gives further guidance on what types of tests and procedures to include in each grouping.

2.3.1 Who to include

2.3.1 Include all patients waiting for a diagnostic test/procedure funded by the NHS. This includes all referral routes (i.e. whether the patient was referred by a GP or by a hospital-based clinician or other route) and also all settings (i.e. outpatient clinic, inpatient ward, x-ray department, primary care one-stop centres etc.). It is recognised that there will be some overlap between patients reported on this return and patients reported in the inpatient and outpatient waiting times returns.

2.3.2 Who to exclude

2.3.2 Do **not** include waits for diagnostic tests/procedures where:

- The patient is waiting for a **planned** (or surveillance) diagnostic test/procedure, i.e. a procedure or series of procedures as part of a treatment plan which is required for clinical reasons to be carried out at a specific time or repeated at a specific frequency, e.g. 6-month check cystoscopy;
- The patient is waiting for a procedure as part of a **screening programme** (e.g. routine repeat smear test etc.);

- The patient is an **expectant mother booked for confinement**;
- The patient is **currently admitted to a hospital bed** and is waiting for an emergency or unscheduled diagnostic/test procedure as part of their inpatient treatment.

2.3.3 Only include patients waiting where the prime purpose of the wait is for a diagnostic test/procedure, i.e. do not include patients waiting for a therapeutic operation on the inpatient waiting list who may require routine diagnostic tests/procedures following their admission.

2.4 How to count the waiting time

2.4.1 For each patient still waiting, report their length of wait in weeks on the last day of the month in question.

2.4.2 To measure the waiting times:

The clock starts when the request for a diagnostic test or procedure is made.

The clock stops when the patient receives the diagnostic test/procedure.

2.4.3 If a patient cancels or misses an appointment for a diagnostic test/procedure, then the diagnostic waiting time for that test/procedure is set to zero and the waiting time starts again from the date of the appointment that the patient cancelled/missed.

2.5 Patients waiting for more than one diagnostic test/procedure

2.5.1 Patients waiting for 2 separate diagnostic tests/procedures concurrently should have 2 independent waiting times clocks – one for each test/procedure. For example, patient assessed as requiring echocardiography and pure tone audiometry.

2.5.2 Alternatively if a patient needs test X initially and once this test has been carried out, a further test (test Y) is required – in this scenario the patient would have one waiting times clock running for test X. Once test X is complete, a new clock is started to measure the waiting time for test Y.

3 - Diagnostics activity (Tests/procedures)

3.1 Introduction

3.1.1 Report the number of tests/procedures (actual number carried out during the month in question) for the following defined groupings:

- Imaging - Magnetic Resonance Imaging
- Imaging - Computer Tomography
- Imaging - Non-obstetric ultrasound
- Imaging - Barium Enema
- Imaging - DEXA Scan
- Physiological Measurement - Audiology - pure tone audiometry
- Physiological Measurement - Cardiology - echocardiography
- Physiological Measurement - Cardiology - electrophysiology
- Physiological Measurement - Neurophysiology - peripheral neurophysiology
- Physiological Measurement - Respiratory physiology - sleep studies
- Physiological Measurement - Urodynamics - pressures & flows
- Endoscopy - Colonoscopy
- Endoscopy - Flexi sigmoidoscopy
- Endoscopy - Cystoscopy
- Endoscopy – Gastroscopy

3.2 What to include

3.2.1 Include all relevant tests and procedures funded by the NHS. This includes all referral routes (i.e. whether the patient was referred by a GP or by a hospital-based clinician or other route) and all settings in which they are carried out (i.e. outpatient clinic, inpatient ward, x-ray department, primary care one-stop centre etc.).

3.3 How to count activity

3.3.1 Count one unit of activity for each distinct clinical test/procedure carried out. For example, patient having angiography has one scan immediately prior to injecting contrast dye and then a further scan after injection of contrast dye – this would count as one distinct clinical test/procedure even though 2 scans have been carried out as part of the procedure. Alternatively if a patient has an angiography followed by an echocardiography on the same day, count this as two distinct clinical tests/procedures.

3.4 Categories of activity

3.4.1 Waiting list tests/procedures – excluding planned

3.4.1.1 Count the number of diagnostic tests or procedures carried out during the month for which the patient had waited on a waiting list. Include all relevant tests/procedures irrespective of the referral route (i.e. whether the

patient was referred by a GP or by a hospital-based clinician or other route) and also irrespective of the setting in which they are carried out (e.g. inpatient ward, x-ray department, outpatient clinic etc.).

3.4.1.2 If the procedure is carried out as an inpatient or daycase admission, the following admission method codes apply: 11,12.

3.4.2 Planned tests/procedures (surveillance)

3.4.2.1 Count the number of planned (or surveillance) diagnostic tests or procedures carried out during the month for which the patient had waited on a planned waiting list. A planned diagnostic test/procedure is a procedure or series of procedures carried out as part of a treatment plan which are required for clinical reasons to be carried out at a specific time or repeated at a specific frequency.

3.4.2.2 Examples include

- 6 month check cystoscopy
- regular blood tests

3.4.2.3 Include all relevant tests/procedures irrespective of the referral route (i.e. whether the patient was referred by a GP or by a hospital-based clinician or other route) and also irrespective of the setting in which they are carried out (e.g. inpatient ward, x-ray department, outpatient clinic etc.).

3.4.2.4 If the procedure is carried out as an inpatient or daycase admission, the following admission method code applies: 13.

3.4.3 Unscheduled tests/procedures

3.4.3.1 Count the number of diagnostic tests or procedures carried out during the month on patients following an emergency admission, as well as any diagnostic tests/procedures on patients in A&E. Include all relevant tests/procedures irrespective of the referral route (i.e. whether the patient was referred by a GP or by a hospital-based clinician or other route) and also irrespective of the setting in which they are carried out (e.g. inpatient ward, x-ray department, outpatient clinic etc.).

3.4.3.2 The following admission codes apply: 21,22,23,24,28,31,32.

3.4.4 Tests/procedures commissioned from the Independent Sector

3.4.4.1 Count the number of diagnostic tests or procedures carried out during the month that were commissioned from the independent sector. Independent sector includes both UK independent sector providers and also overseas providers. Include any relevant tests/procedures carried out for the NHS by consultants who are employed by the independent sector at the time of carrying out the test/procedure.

3.4.4.2 Include all relevant tests/procedures irrespective of the referral route (i.e. whether the patient was referred by a GP or by a hospital-based clinician

or other route) and also irrespective of the setting in which they are carried out (e.g. inpatient ward, x-ray department, outpatient clinic etc.).

3.4.4.3 If the procedure is carried out as an inpatient or daycase admission, the following admission method codes apply: 11,12.

4 - Definition of each diagnostic group

4.1 Imaging – Magnetic Resonance Imaging (MRI)

4.1.1 Magnetic resonance imaging (MRI) is a method of producing extremely detailed pictures of body tissues and organs without the need for x-rays. The electromagnetic energy that is released when exposing a patient to radio waves in a strong magnetic field is measured and analyzed by a computer, which forms two- or three-dimensional images that may be viewed on a TV monitor.

4.1.2 MR angiography (MRA) is an MRI study of the blood vessels. It utilizes MRI technology to detect, diagnose and aid the treatment of heart disorders, stroke, and blood vessel diseases. MRA provides detailed images of blood vessels without using any contrast material, although today a special form of contrast usually is given to make the MRI images even clearer. The procedure is painless, and the magnetic field is not known to cause tissue damage of any kind.

4.2 Imaging – Computer Tomography (CT)

4.2.1 Computed tomography (CT)—sometimes called CAT scan—uses special x-ray equipment to obtain image data from different angles around the body, then uses computer processing of the information to show a cross-section of body tissues and organs.

4.2.2 CT imaging is particularly useful because it can show several types of tissue with great clarity, including organs such as the liver, spleen, pancreas and kidneys. Using specialized equipment and expertise to create and interpret CT scans of the lower gastrointestinal (GI) tract, the colon, and the rectum, can produce accurate diagnoses of the symptoms of abdominal pain. Often, no additional diagnostic work-up is necessary and treatment planning can begin immediately.

4.3 Imaging - Non-obstetric ultrasound

4.3.1 Ultrasound scanning is used for examining soft tissue and fluid filled organs in the body such as the bladder and gallbladder, which do not show up clearly on X-rays. It can detect abnormalities such as tumours.

4.3.2 Ultrasound waves cannot easily pass through bone or gas, so it is of less use for some parts of the body - for example, those parts of the body surrounded by bone like the brain and spinal cord. The lungs and the intestines are also not suitable for ultrasound examination.

4.3.3 Obstetric ultrasounds are defined as ultrasounds on the reproductive tract of pregnant women. These should be excluded.

4.3.3 Do not include non-obstetric ultrasound procedures covered in other test categories on the form. e.g. exclude echocardiography.

4.4 Imaging – DEXA Scan

4.4.1 A DEXA scan (Dual-energy X-ray absorptiometry) is used to determine bone density. The procedure involves a low dose of X-rays passed across the body. X-rays are separated into beams of differing intensity enabling the scan to detect the density of bone and soft tissue separately.

4.4.2 It is a fast and accurate test, and is preferred over other X-ray procedures as it is more sensitive. DEXA scans measure the calcium content in the bones - this cannot be evaluated in other plain film X-rays. In addition, DEXA can be used to detect other bone disorders and conditions, and to monitor the relative amounts of body fat and muscle in the body.

4.4.3 The scan usually takes between 10 and 30 minutes.

4.4.4 No preparation for the test is required and the patient can go straight home immediately.

4.5 Imaging – Barium Enema

4.5.1 A barium enema is a radiographic procedure that uses X-rays to examine the large bowel (colon and rectum). It is used to detect abnormal findings in the large intestine. These may include cancer, non-cancerous growths (polyps), inflammation of the inner lining of the intestine, ulcers and other disease processes.

4.5.2 For 48 hours before the test, the patient needs to follow a special diet and take a special laxative preparation prior to the examination. Unless the patient is already in the hospital, it is done routinely in outpatients.

4.6 Physiological Measurement - Audiology - pure tone audiometry

4.6.1 Investigation to determine hearing impairment.

A technique for determining a person's hearing threshold levels for pure tones by behavioural means, usually understood to employ a manual technique. Sound may be applied monaurally by means of an earphone (termed air-conduction audiometry), or vibrations may be applied to the skull by a bone

vibrator (termed bone-conduction) audiometry. Note the terms air-conduction and bone-conduction audiometry indicate the type of transducer employed rather than the exclusive pathway of sound transmission to the cochlea. This procedure requires active co-operation from the patient.

4.6.2 OPCS-4 codes that may apply to this procedure are:

D24.5 Transtympanic electrocochleography

A84.8 Other specified, Neurophysiological operations

4.7 Physiological Measurement - Cardiology – echocardiography (Echos)

4.7.1 A technique which uses high frequency sound waves (ultrasound) to produce images of the heart. The images obtained are then used to detect structural and/or functional abnormalities of the heart. It is either performed by putting a probe on the external surface of the chest (usually referred to as “echos”) or in a more invasive procedure where the probe is passed into the oesophagus.

4.7.2 This diagnostic test provides visual information regarding the function of the heart, enables inspection of the heart valves to check whether they are opening and closing properly and allows for measurement of the heart's chambers, major blood vessels and the thickness of the heart walls. Doppler ultrasound studies give information regarding the direction and velocity of blood flow within the heart. Echocardiography is used in the diagnosis of heart failure, valve disease, congenital heart disease, cardiomyopathy (disease of the heart muscle), pericardial effusion (fluid surrounding the heart) and to detect the presence of thrombus (blood clots), infective vegetations and tumours in the heart. The two most common methods of undertaking the procedure are described further below:

- 1) Transthoracic echocardiogram (TTE) - a non-invasive procedure where the probe is placed on the external chest wall. This procedure is the most commonly performed type of echocardiogram. TTE is also used during a technique known as stress echocardiography (or exercise test). This specialist technique enables assessment of cardiac function when the heart is working harder (either during exercise or following injection of a drug that increases the heart rate and contractility).
- 2) Transoesophageal echocardiogram (TOE) - during this procedure a small flexible tube on which a probe is mounted, is passed into the oesophagus. As the oesophagus lies directly behind the heart, the pictures obtained using this approach are usually of superior quality and are particularly valuable in patients who have had valve replacements, those with a suspected blood clot or infection in the heart and in patients where inadequate images have been obtained using the transthoracic approach. The technique requires the patient to be sedated or under general anaesthetic and is usually performed under the direction of medical cardiologists.

4.7.3 OPCS-4 codes that may apply to this procedure are:

K66.8 other specified operations on heart

4.8 Physiological Measurement - Cardiology – electrophysiology

4.8.1 Electrophysiology studies (EPS) is an invasive procedure (carried out as either a day case or an in-patient) and undertaken in the cardiac catheterisation laboratory (cardiac cath lab). It involves placing catheters with multiple electrodes at specific sites within the heart, using x-ray and/or electromagnetic imaging techniques to correctly position them. The procedure demands the use of complex equipment to enable the acquisition of multiple recordings from the heart to be monitored, recorded and stored.

4.8.2 An EPS procedure provides a detailed analysis of the heart's electrical conduction system to assess whether it functions correctly, to locate the site of abnormalities and support treatment to patients using a technique known as radiofrequency ablation (destroying the small area of tissue that is causing or involved in the problem).

4.8.3 An EPS procedure may often result in immediate treatment being carried out on the patient. During the EPS procedure, the operator will use electrical stimuli to deliberately induce rhythm disturbances in order to establish a diagnosis. The operator will usually interpret the results at the time and treatment in the form of ablation or insertion of a device, for example an ICD (implantable cardioverter defibrillator) or pacemaker, may be undertaken at the same time. EPS procedures should however be reported in the diagnostics data collection if they are initially intended as diagnostic or part diagnostic, regardless of whether or not a treatment was subsequently carried out at the time. Please refer to section 1.3 of the guidance for further information on this.

4.8.4 OPCS-4 codes that may apply to this procedure are:

K58.2 Percutaneous transluminal electrophysiological studies on conducting system of heart

4.9 Physiological Measurement - Neurophysiology - peripheral neurophysiology

4.9.1 Peripheral neurophysiology includes two tests:

4.9.1.1. Nerve Conduction Studies (NCS) measure the function of the peripheral nervous system, i.e. nerves and muscles

NCS involves supramaximal surface electrical stimulation of sensory, motor and/or mixed nerves (median, ulnar, radial, tibial, sural and peroneal are the most common nerves investigated) with the resultant waveform recorded by surface or needle electrodes over the relevant muscle or nerve. The amplitude and latency is recorded and conduction velocity calculated. Other investigations include Thermal Threshold Testing, Decrement Testing etc.

4.9.1.2. Electro myography (EMG) is a diagnostic procedure that measures the electrical activity of the muscle to gather information about muscular system. It is used to investigate the causes of muscular weakness, spinal problems, MND (Motor Neurone Disease) and a large variety of disorders affecting the peripheral nervous system. EMG is performed in conjunction with other NCS and clinical examination.

Electrical activity from muscle fibres is recorded with a concentric needle electrode inserted in the muscle, at rest, during partial and full voluntary contraction. Examinations can be lengthy (over one hour). More complex investigations are commonly performed e.g. single fibre.

4.9.2 These tests are performed by one of the following – Clinical Physiologist in neurophysiology, Clinical Neurologist, or doctors trained in Neurology and Neurophysiology. A consultant usually reports the investigation results.

4.9.3 OPCS-4 codes that may apply to this procedure are:

A84.3 Nerve conduction studies

A84.2 electro myography

4.10 Physiological Measurement - Respiratory physiology - sleep studies

4.10.1 Sleep studies encompass a broad range of technologies employed to study and diagnose a variety of sleep-breathing problems, including sleep disruption from airway obstruction and related nocturnal ventilatory failure. The tests involve monitoring the patient while asleep and making an assessment of a number of physiological measurements including chest wall movement, the flow of air through the nose and mouth, oxygen levels in the blood, arousal rates (pulse rises) and/or sleep staging as well as monitoring body position. One of the key outcome measures caused by sleep disordered breathing are daytime measures of sleepiness or blood gas levels. Test are often used to differentiate between benign snoring and obstructive sleep apnoea.

4.10.2 Although different combinations of techniques can be used, sleep studies generally fall into four categories:

- Pulse oximetry and/or snoring detection (this is frequently done by patients themselves at home)
- overnight video oximetry (this may also be performed in domiciliary settings)
- overnight multi-channel sleep study <5 channels (airflow, oximetry, pulse, chest movement, snore detection, movement, position, etc.) or >5 channels (with abdominal movement, airway pressure measurement, transcutaneous CO₂, EMG, etc.) (usually associated with an overnight stay in hospital)
- full polysomnography (as for multichannel testing, plus sleep staging)

4.10.3 The majority of these tests will involve a respiratory physiologist although respiratory physicians may be involved in the reporting and interpretation – particularly of the more complex investigations.

4.11 Urodynamics – pressures & flows

4.11.1 The lower urinary tract comprises the bladder (a reservoir for the storage and expulsion of urine) and the urethra (which acts as a valve to contain urine within the bladder during urine storage and acts as a conduit to convey urine away from the body during voiding). Urodynamics is an umbrella term describing physiological measurements of the bladder and urethra's ability to fulfil these functions, including pressures & flows.

4.11.2 In pressure & flows studies, the pressure inside the bladder is monitored as the patient empties their bladder and the urinary flow rate is measured simultaneously. This test helps identify the cause of any voiding difficulty by determining whether the difficulty is because of some obstruction (e.g. an enlarged prostate) or whether it is due to a bladder of poor contractility (poor squeeze).

4.11.3 Urodynamics tests are generally carried out in a urological or gynaecological department. A minority of other specialties also house urodynamic facilities. It is rarely carried out in a dedicated “physiological measurement” laboratory.

4.11.4 The main healthcare professionals who carry out urodynamics are doctors (principally urologists and gynaecologists), and nurses. Physiotherapists, clinical scientists, physiological measurement technicians also carry out urodynamics but these are in the minority and there are only a few of these who will carry it out as the sole/principal investigator.

4.12 Endoscopy – Gastroscopy

4.12.1 Endoscopy is the direct visual examination of any part of the interior of the body by means of an optical viewing instrument. Endoscopes are steerable, flexible, cylindrical instruments usually containing multiple channels and equipped with fibre optics for illuminating and viewing. An endoscope may be introduced to the body through a natural orifice - the nose, mouth, urethra or anus, or through a small surgical incision made for the purpose.

4.12.2 Gastroscopy (Upper Gastro Intestinal endoscopy) is a procedure to examine the lining of the upper part of the gastrointestinal tract using a thin flexible fibre optic tube (endoscope).

4.11.3 Usually performed to evaluate symptoms of persistent upper abdominal pain, nausea, vomiting and difficulty in swallowing or bleeding from the upper gastrointestinal tract.

4.12.4 Gastroscopy may follow other diagnostic tests such as X-rays. It can detect early cancer and can assist in distinguishing between benign and malignant conditions when biopsies of suspicious areas are obtained.

4.12.5 The following OPCS-4 codes apply to gastroscopy:

- G45.1 – G45.9 - Diagnostic Fibreoptic endoscopic examination of upper gastrointestinal tract
- G55.1 – G55.9 – Diagnostic endoscopic examination of duodenum
- G65.1 – G65.9 – Diagnostic endoscopic examination of jejunum
- G80.1 – G80.9 – Diagnostic endoscopic examination of ileum

4.12.6 In addition, most open OPCS-4 codes can be modified to endoscopic operations by attaching as secondary codes one of the following;

- Y49.8 - Other specified approach through thoracic cavity (thoracoscopic)
- Y50.8 - Other specified approach through abdominal cavity (laparoscopic)
- Y52.8 - Other approach to organ through other opening

4.13 Endoscopy – Colonoscopy

4.13.1 A colonoscopy is an examination of the lining of the colon (large bowel) using a flexible fibre optic tube.

4.13.2 A colonoscopy is useful as a check for certain bowel conditions and to help establish the cause of symptoms such as changes in bowel habit or pain in the abdomen. It may sometimes be required to confirm the results of other examinations, for example a barium enema.

4.13.3 During the procedure, a biopsy may be taken for further examination. The procedure may also be used to remove polyps found on the lining of the colon.

4.13.4 The following OPCS-4 codes apply to colonoscopy:

- H22.1 – H22.9 – Diagnostic endoscopic examination of colon
- H28.1 – H28.9 – Diagnostic endoscopic examination of sigmoid colon using rigid sigmoidoscope

4.13.5 In addition, most open OPCS-4 codes can be modified to endoscopic operations by attaching as secondary codes one of the following;

- Y49.8 - Other specified approach through thoracic cavity (thoracoscopic)
- Y50.8 - Other specified approach through abdominal cavity (laparoscopic)

- Y52.8 - Other approach to organ through other opening

4.14 Endoscopy - Flexible Sigmoidoscopy

4.14.1 A procedure to examine the lining of the rectum and lower colon. It may be required to confirm the results of other examinations for example a barium enema or as part of a cancer-screening programme.

4.14.2 During the procedure, a biopsy may be taken for further examination.

4.14.3 The following OPCS-4 codes apply to colonoscopy:

- H25.1 – H25.9 – Diagnostic endoscopic examination of lower bowel using fiberoptic sigmoidoscope

4.14.4 In addition, most open OPCS-4 codes can be modified to endoscopic operations by attaching as secondary codes one of the following;

- Y49.8 - Other specified approach through thoracic cavity (thoracoscopic)
- Y50.8 - Other specified approach through abdominal cavity (laparoscopic)
- Y52.8 - Other approach to organ through other opening

4.15 Endoscopy - Cystoscopy

4.15.1 A cystoscopy is an examination of the bladder and the urethra which is performed either as an aid to diagnosis of lower urinary tract symptoms; or as part of a treatment plan relating to a specific condition, e.g. bladder tumour or stones.

4.15.2 Flexible and rigid cystoscopes enable a variety of procedures for example biopsies, bladder stone removal, to treat bladder tumours or for the diagnosis and follow up of most bladder tumours.

4.15.3 The following OPCS-4 codes apply to colonoscopy:

- M30.1 – M30.9 – Diagnostic endoscopic examination of ureter
- M45.1 – M45.9 - Diagnostic endoscopic examination of bladder
- M77.1 – M77.9 - Diagnostic endoscopic examination of urethra

4.15.4 In addition, most open OPCS-4 codes can be modified to endoscopic operations by attaching as secondary codes one of the following;

- Y49.8 - Other specified approach through thoracic cavity (thoracoscopic)
- Y50.8 - Other specified approach through abdominal cavity (laparoscopic)
- Y52.8 - Other approach to organ through other opening

5 – Contact details/further information

We will review and update this document periodically.

If you have any comments on the document or any queries, please contact:

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DIAGNOSTIC WAITING TIMES AND ACTIVITY

Year:	2005/06
Month:	
Organisation code:	
Organisation name:	

Please include patients waiting for diagnostic tests/procedures in ALL settings (e.g. inpatient, outpatient, primary care one stop centre etc.)

(i.e. all diagnostic tests/procedures including those that are also reported on inpatient or outpatient returns (e.g. MMR, QM08))

Please include patients from ALL referral routes (e.g. GP referral, referral from A&E etc.)

It is recognised that there may be some overlap between the patients reported on this proforma and existing inpatient & outpatient waiting times returns.

PATIENTS STILL WAITING - at month end

Patients still waiting - exclude patients waiting for a planned diagnostic test/procedure, i.e. a procedure or series of procedures as part of a treatment plan which is required for clinical reasons to be carried out at a specific time or repeated at a specific frequency		0<-1 week	1-<2 weeks	2-<3 weeks	3-<4 weeks	4-<5 weeks	5-<6 weeks	6-<7 weeks	7-<8 weeks	8-<9 weeks	9-<10 weeks	10-<11 weeks	11-<12 weeks	12-<13 weeks	13-<14 weeks
MRI and CT scans															
Imaging	Magnetic Resonance Imaging														
Imaging	Computer Tomography														
TOTAL	LDP PSA13a	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other diagnostic tests and procedures															
Imaging	Non-obstetric ultrasound														
Imaging	Barium Enema														
Imaging	DEXA Scan														
Physiological Measurement	Audiology - pure tone audiometry														
Physiological Measurement	Cardiology - echocardiography														
Physiological Measurement	Cardiology - electrophysiology														
Physiological Measurement	Neurophysiology - peripheral neurophysiology														
Physiological Measurement	Respiratory physiology - sleep studies														
Physiological Measurement	Urodynamics - pressures & flows														
Endoscopy	Colonoscopy														
Endoscopy	Flexi sigmoidoscopy														
Endoscopy	Cystoscopy														
Endoscopy	Gastroscopy														
TOTAL		0	0	0	0	0	0	0	0	0	0	0	0	0	0

ACTIVITY - number of tests/procedures carried out during the month

Tests / procedures - number of tests/procedures carried out during the month		Waiting list tests / procedures (excluding planned)	Planned tests / procedures	Unscheduled tests / procedures	Total tests / procedures	Of which, commissioned from Independent Sector
Imaging	Magnetic Resonance Imaging				0	
Imaging	Computer Tomography				0	
Imaging	Non-obstetric ultrasound				0	
Imaging	Barium Enema				0	
Imaging	DEXA Scan				0	
Physiological Measurement	Audiology - pure tone audiometry				0	
Physiological Measurement	Cardiology - echocardiography				0	
Physiological Measurement	Cardiology - electrophysiology				0	
Physiological Measurement	Neurophysiology - peripheral neurophysiology				0	
Physiological Measurement	Respiratory physiology - sleep studies				0	
Physiological Measurement	Urodynamics - pressures & flows				0	
Endoscopy	Colonoscopy				0	
Endoscopy	Flexi sigmoidoscopy				0	
Endoscopy	Cystoscopy				0	
Endoscopy	Gastroscopy				0	

DIAGNOSTIC WAITING TIMES AND ACTIVITY

Year:	2005/06
Month:	
Organisation code:	
Organisation name:	

Please include patients waiting for diagnostic tests/procedures in ALL settings (e.g. inpatient) (i.e. all diagnostic tests/procedures including those that are also reported on inpatient or outpatient) Please include patients from ALL referral routes (e.g. GP referral, referral from A&E etc.) It is recognised that there may be some overlap between the patients reported on this proforma

PATIENTS STILL WAITING - at month end

Patients still waiting - exclude patients waiting for a planned diagnostic test/procedure, i.e. a procedure or series of procedures as part of a treatment plan which is required for clinical reasons to be carried out at a specific time or repeated at a specific frequency		14-<15 weeks	15-<16 weeks	16-<17 weeks	17-<18 weeks	18-<19 weeks	19-<20 weeks	20-<21 weeks	21-<22 weeks	22-<23 weeks	23-<24 weeks	24-<25 weeks	25-<26 weeks	26-<27 weeks	27-<28 weeks	28-<29 weeks
MRI and CT scans																
Imaging	Magnetic Resonance Imaging															
Imaging	Computer Tomography															
TOTAL	LDP PSA13a	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other diagnostic tests and procedures																
Imaging	Non-obstetric ultrasound															
Imaging	Barium Enema															
Imaging	DEXA Scan															
Physiological Measurement	Audiology - pure tone audiometry															
Physiological Measurement	Cardiology - echocardiography															
Physiological Measurement	Cardiology - electrophysiology															
Physiological Measurement	Neurophysiology - peripheral neurophysiology															
Physiological Measurement	Respiratory physiology - sleep studies															
Physiological Measurement	Urodynamics - pressures & flows															
Endoscopy	Colonoscopy															
Endoscopy	Flexi sigmoidoscopy															
Endoscopy	Cystoscopy															
Endoscopy	Gastroscopy															
TOTAL		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

ACTIVITY - number of tests/procedures carried out during the month

Tests / procedures - number of tests/procedures carried out during the month	
Imaging	Magnetic Resonance Imaging
Imaging	Computer Tomography
Imaging	Non-obstetric ultrasound
Imaging	Barium Enema
Imaging	DEXA Scan
Physiological Measurement	Audiology - pure tone audiometry
Physiological Measurement	Cardiology - echocardiography
Physiological Measurement	Cardiology - electrophysiology
Physiological Measurement	Neurophysiology - peripheral neurophysiology
Physiological Measurement	Respiratory physiology - sleep studies
Physiological Measurement	Urodynamics - pressures & flows
Endoscopy	Colonoscopy
Endoscopy	Flexi sigmoidoscopy
Endoscopy	Cystoscopy
Endoscopy	Gastroscopy

DIAGNOSTIC WAITING TIMES AND ACTIVITY

Year:	2005/06
Month:	
Organisation code:	
Organisation name:	

Please include patients waiting for diagnostic tests/procedures in ALL settings (e.g. inpatient or outpatient) (i.e. all diagnostic tests/procedures including those that are also reported on inpatient or outpatient) Please include patients from ALL referral routes (e.g. GP referral, referral from A&E etc.) It is recognised that there may be some overlap between the patients reported on this profo

PATIENTS STILL WAITING - at month end

Patients still waiting - exclude patients waiting for a <i>planned</i> diagnostic test/procedure, i.e. a procedure or series of procedures as part of a treatment plan which is required for clinical reasons to be carried out at a specific time or repeated at a specific frequency	29-<30 weeks	30-<31 weeks	31-<32 weeks	32-<33 weeks	33-<34 weeks	34-<35 weeks	35-<36 weeks	36-<37 weeks	37-<38 weeks	38-<39 weeks
MRI and CT scans										
Imaging	Magnetic Resonance Imaging									
Imaging	Computer Tomography									
TOTAL	LDP PSA13a	0	0	0	0	0	0	0	0	0
Other diagnostic tests and procedures										
Imaging	Non-obstetric ultrasound									
Imaging	Barium Enema									
Imaging	DEXA Scan									
Physiological Measurement	Audiology - pure tone audiometry									
Physiological Measurement	Cardiology - echocardiography									
Physiological Measurement	Cardiology - electrophysiology									
Physiological Measurement	Neurophysiology - peripheral neurophysiology									
Physiological Measurement	Respiratory physiology - sleep studies									
Physiological Measurement	Urodynamics - pressures & flows									
Endoscopy	Colonoscopy									
Endoscopy	Flexi sigmoidoscopy									
Endoscopy	Cystoscopy									
Endoscopy	Gastroscopy									
TOTAL		0	0	0	0	0	0	0	0	0

ACTIVITY - number of tests/procedures carried out during the month

Tests / procedures - number of tests/procedures carried out during the month	
Imaging	Magnetic Resonance Imaging
Imaging	Computer Tomography
Imaging	Non-obstetric ultrasound
Imaging	Barium Enema
Imaging	DEXA Scan
Physiological Measurement	Audiology - pure tone audiometry
Physiological Measurement	Cardiology - echocardiography
Physiological Measurement	Cardiology - electrophysiology
Physiological Measurement	Neurophysiology - peripheral neurophysiology
Physiological Measurement	Respiratory physiology - sleep studies
Physiological Measurement	Urodynamics - pressures & flows
Endoscopy	Colonoscopy
Endoscopy	Flexi sigmoidoscopy
Endoscopy	Cystoscopy
Endoscopy	Gastroscopy

DIAGNOSTIC WAITING TIMES AND ACTIVITY

Year:	2005/06
Month:	
Organisation code:	
Organisation name:	

Please include patients waiting for diagnostic tests/procedures in ALL settings (e.g. inpatient or outpatient) (i.e. all diagnostic tests/procedures including those that are also reported on inpatient or outpatient) Please include patients from ALL referral routes (e.g. GP referral, referral from A&E etc.) It is recognised that there may be some overlap between the patients reported on this proforma

PATIENTS STILL WAITING - at month end

Patients still waiting - exclude patients waiting for a planned diagnostic test/procedure, i.e. a procedure or series of procedures as part of a treatment plan which is required for clinical reasons to be carried out at a specific time or repeated at a specific frequency		39-<40 weeks	40-<41 weeks	41-<42 weeks	42-<43 weeks	43-<44 weeks	44-<45 weeks	45-<46 weeks	46-<47 weeks	47-<48 weeks	48-<49 weeks	49-<50 weeks	50-<51 weeks	51-<52 weeks	52 weeks plus	Total
MRI and CT scans																
Imaging	Magnetic Resonance Imaging															0
Imaging	Computer Tomography															0
TOTAL	LDP PSA13a	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other diagnostic tests and procedures																
Imaging	Non-obstetric ultrasound															0
Imaging	Barium Enema															0
Imaging	DEXA Scan															0
Physiological Measurement	Audiology - pure tone audiometry															0
Physiological Measurement	Cardiology - echocardiography															0
Physiological Measurement	Cardiology - electrophysiology															0
Physiological Measurement	Neurophysiology - peripheral neurophysiology															0
Physiological Measurement	Respiratory physiology - sleep studies															0
Physiological Measurement	Urodynamics - pressures & flows															0
Endoscopy	Colonoscopy															0
Endoscopy	Flexi sigmoidoscopy															0
Endoscopy	Cystoscopy															0
Endoscopy	Gastroscopy															0
TOTAL		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

ACTIVITY - number of tests/procedures carried out during the month

Tests / procedures - number of tests/procedures carried out during the month	
Imaging	Magnetic Resonance Imaging
Imaging	Computer Tomography
Imaging	Non-obstetric ultrasound
Imaging	Barium Enema
Imaging	DEXA Scan
Physiological Measurement	Audiology - pure tone audiometry
Physiological Measurement	Cardiology - echocardiography
Physiological Measurement	Cardiology - electrophysiology
Physiological Measurement	Neurophysiology - peripheral neurophysiology
Physiological Measurement	Respiratory physiology - sleep studies
Physiological Measurement	Urodynamics - pressures & flows
Endoscopy	Colonoscopy
Endoscopy	Flexi sigmoidoscopy
Endoscopy	Cystoscopy
Endoscopy	Gastroscopy

Diagnostic Census List of Tests

The aim of the biannual census of diagnostic tests is:

- To provide the DH with a twice yearly comprehensive overview of long waits for diagnostic services across England
- To act as a marker or guide for Trusts, PCTs and SHAs indicating areas requiring attention
- To show progress in diagnostics towards achieving the GP referral to treatment target
- To support redesign of patient pathways

The diagnostic procedures have been grouped in four categories

- Endoscopy
- Imaging
- Pathology
- Physiological measurement

as an aid to collecting this information. The distinctions between these groups are not absolute and information collectors may find that locally some of these procedures could be collected under more than one of the clinical groupings.

e.g.

Capsule endoscopy is listed under endoscopy but could also be categorised in the GI section of Physiological medicine.

Breath tests and **Blood gas analysis** are listed in the Physiological Measurement section but could also be categorised within Pathology.

Data collection:

The tests listed in this census include a mixture of procedures both with and without OPCS4 codes.

Endoscopy: The majority of procedures have OPCS4 codes however there are two (capsule endoscopy & EUS) that do not.

Imaging: None of the tests listed have an OPCS4 code.

[Please note: Non-Obstetric Ultrasound is listed within the imaging section. In addition, subsets of this are also listed within the cardiology, vascular technology and urology sections of Physiological measurement and should be reported separately within the biannual census.]

Pathology: The pathology census asks each provider to report their top 20 tests with highest volume of long waits. Specific instructions are given within this section of the proforma.

Physiological measurement: None of these tests have OPCS4 codes.

In conclusion, the intention of the biannual census is to provide a robust snapshot of long waits for diagnostic services, wherever the tests are performed.

DIAGNOSTIC WAITING TIMES - BIANNUAL CENSUS

Date	28 February 2006
Organisation code	
Organisation name	

PART 1 - IMAGING

Please report the number of patients still waiting 6-<13 weeks and 13+ weeks on the day of the census for each of the tests listed below. If you have additional patients not covered by the list of tests below, please use the blank lines at the bottom to report these, giving details of the test/procedure the patient is waiting for.

Tests listed below which are greyed out are covered by the monthly diagnostics data collection and there is no need to report data for these tests here.

Tests listed below in green are covered by the monthly diagnostics data collection but a breakdown of the test category is required here.

Please include patients waiting for diagnostic tests/procedures in ALL settings (e.g. inpatient, outpatient, primary care one stop centre etc.) (i.e. all diagnostic tests/procedures including those that are also reported on inpatient or outpatient returns (e.g. MMR, QM08))

Please include patients from ALL referral routes (e.g. GP referral, referral from A&E etc.)

Exclude patients waiting for a planned diagnostic test/procedure, i.e. a procedure or series of procedures as part of a treatment plan which is required for clinical reasons to be carried out at a specific time or repeated at a specific frequency. It is recognised that there may be some overlap between the patients reported on this census and existing inpatient & outpatient waiting times returns.

Patients still waiting:	Name of test / procedure - a breakdown of imaging tests are listed. Please use the blank rows to add any further tests for which patients were still waiting over 6 weeks at end of the month.	6-<13 weeks	13 weeks plus
Imaging	Computed Tomography (CT)		
Imaging	CT Colonography		
Imaging	Diagnostic arteriography		
Imaging	Fluoroscopy: Barium Enema		
Imaging	Fluoroscopy: Barium meal		
Imaging	Fluoroscopy: Cystograms, singrams, venograms (excluding barium enemas or meals)		
Imaging	Imaging guided diagnostic procedures (includes biopsies)		
Imaging	Interventional (therapeutic) procedures (vascular and non-vascular)		
Imaging	IvUs		
Imaging	Magnetic Resonance Imaging (MRI)		
Imaging	Mammography: excluding NHS Breast screening programme		
Imaging	Mammography: Symptomatic		
Imaging	MUGA scan		
Imaging	Nuclear Medicine: DEXA scan (Bone density scan)		
Imaging	Nuclear Medicine: in vitro imaging		
Imaging	Nuclear Medicine: in vivo imaging		
Imaging	Nuclear Medicine: Kömer I		
Imaging	Nuclear Medicine: Kömer II (e.g. thyroid scan)		
Imaging	Nuclear Medicine: Kömer III (e.g. bone scan)		
Imaging	Nuclear Medicine: Kömer IV (e.g. GI bleeding localisation)		
Imaging	Nuclear Medicine: Kömer V (e.g. gallium scan, dynamic renalMag-3)		
Imaging	Nuclear Medicine: Kömer VI (e.g. thyroidscan I-123)		
Imaging	Nuclear Medicine: Therapeutic procedures		
Imaging	PET		
Imaging	PET/CT		
Imaging	Plain X-rays: Mobile		
Imaging	Plain X-rays: Theatre		
Imaging	Plain X-rays: Other (excluding mobiles and theatres)		
Imaging	Ultrasound: Obstetric		
Imaging	Ultrasound: Gynaecological		
Imaging	Ultrasound: General (excluding gynae & obstetric)		
Imaging			
Imaging			
Imaging			
Imaging			
Imaging			
Imaging			
TOTAL		0	0

DIAGNOSTIC WAITING TIMES - BIANNUAL CENSUS

Date		28 February 2006
Organisation code		0
Organisation name		0

PART 2 - PHYSIOLOGICAL MEASUREMENT

Please report the number of patients still waiting 6-13 weeks and 13+ weeks on the day of the census for each of the tests listed below. If you have additional patients not covered by the list of tests below, please use the blank lines at the bottom to report these, giving details of the test/procedure the patient is waiting for.

Tests listed below which are greyed out are covered by the monthly diagnostics data collection and there is no need to report data for these tests here.

Tests listed below in green are covered by the monthly diagnostics data collection but a breakdown of the test category is required here.

Please include patients waiting for diagnostic tests/procedures in ALL settings (e.g. inpatient, outpatient, primary care one stop centre etc.) (i.e. all diagnostic tests/procedures including those that are also reported on inpatient or outpatient returns (e.g. MMR, QM08))

Please include patients from ALL referral routes (e.g. GP referral, referral from A&E etc.)

Exclude patients waiting for a planned diagnostic test/procedure, i.e. a procedure or series of procedures as part of a treatment plan which is required for clinical reasons to be carried out at a specific time or repeated at a specific frequency. It is recognised that there may be some overlap between the patients reported on this census and existing inpatient & outpatient waiting times returns.

Patients still waiting:	Grouping	Sub-grouping	Name of test/procedure or breakdown of physiological measurement tests are listed. Please use the blank rows to add any further tests for which patients were still waiting over 6 weeks at end of the month.	6-13 weeks	13 weeks plus
Physiological Measurement					
Physiological Measurement	AUDIOLOGY - ADULT	First and subsequent referral for hearing aid assessment	Assessment		
Physiological Measurement			Fitting		
Physiological Measurement			Follow up		
Physiological Measurement		Hearing aid review referral (DSP)	Assessment		
Physiological Measurement			Fitting		
Physiological Measurement		Complex needs referral for hearing assessment	Learning disability hearing assessment		
Physiological Measurement		Referral for Cochlear implant candidacy assessment as an adult	Assessment for Cochlear implant		
Physiological Measurement			Device implanted		
Physiological Measurement			Tuning		
Physiological Measurement		Referral for BAHA candidacy assessment	BAHA Assessment		
Physiological Measurement			BAHA fitting		
Physiological Measurement			BAHA re-assessment		
Physiological Measurement			BAHA re-assessment - fitting		
Physiological Measurement			Assessment for Middle ear		
Physiological Measurement			Auditory Evoked responses		
Physiological Measurement		Hearing Therapy	New and follow up patient assessment		
Physiological Measurement		Adult Audio-Vestibular Diagnostic Services	Cortical ERA		
Physiological Measurement			Electrocochleography		
Physiological Measurement			Middle ear analysis		
Physiological Measurement			Neuro-otological ABR		
Physiological Measurement			Oto acoustic emissions (OAE)		
Physiological Measurement			Pure tone audiometry		
Physiological Measurement			Speech Audiometry		
Physiological Measurement			Steady state evoked potentials		
Physiological Measurement		Tinnitus	Diagnostic tinnitus assessment		
Physiological Measurement			Tinnitus rehabilitation		
Physiological Measurement		Balance	Caloric		
Physiological Measurement			Electronystagmography		
Physiological Measurement			Epley / repositioning manoeuvre assessment		
Physiological Measurement			Halpike / positional assessment		
Physiological Measurement			Posturography		
Physiological Measurement			Vestibular rehabilitation		
Physiological Measurement			Videonystagmography		
Physiological Measurement	AUDIOLOGY - PAEDIATRIC	Newborn Hearing Screening referral	Assess threshold ABR after NHSP referral		
Physiological Measurement			Assess thresholds using Steady State Evoked Potentials		
Physiological Measurement		Paediatric Hearing Services	Audiological assessment at 2nd tier clinic (pre-school)		
Physiological Measurement			Audiological assessment at 2nd tier clinic (school-age)		
Physiological Measurement			Audiological assessment at 3rd tier clinic (pre-school)		
Physiological Measurement			Audiological assessment at 3rd tier clinic (school-age)		
Physiological Measurement		Paediatric Hearing Aid Services	Assessment for hearing aid (following confirmatory diagnostic evoked potential appt)		
Physiological Measurement			Child hearing aid reassessment		
Physiological Measurement			Assessment for Cochlear implant candidacy		
Physiological Measurement			Assessment for BAHA		
Physiological Measurement			Assessment for central auditory processing problems		
Physiological Measurement	CARDIOLOGY	Autonomic function	Tilt testing		
Physiological Measurement		Autonomic function	Other more complex testing		
Physiological Measurement		BP monitoring	Ambulatory BP Monitoring: Application		
Physiological Measurement		BP monitoring	Ambulatory BP Monitoring: Analysis		
Physiological Measurement		Cardiac catheters	Cardiac Catheterisation: Diagnostic		
Physiological Measurement		Cardiac catheters	Cardiac Catheterisation: GUCH / neonatal / paediatric / congenital		
Physiological Measurement		Cardiac catheters	Right Heart Catheters		
Physiological Measurement		Cardiac intervention	Aortic Dilatation other than Coarc		
Physiological Measurement		Cardiac intervention	ASD Closure		
Physiological Measurement		Cardiac intervention	PDA Closure		
Physiological Measurement		Cardiac intervention	PFO Closure		
Physiological Measurement		Cardiac intervention	VSD Closure		
Physiological Measurement		Cardiac intervention	Balloon pericardiectomy		
Physiological Measurement		Cardiac intervention	Coronary Intervention: Alcohol mediated septal ablation		
Physiological Measurement		Cardiac intervention	Coronary Intervention: Atherectomy		
Physiological Measurement		Cardiac intervention	Coronary Intervention: Balloon/Stent		
Physiological Measurement		Cardiac intervention	Coronary Intervention: Brachytherapy		
Physiological Measurement		Cardiac intervention	Coronary Intervention: Distal protection device		
Physiological Measurement		Cardiac intervention	Coronary Intervention: Flow wire		
Physiological Measurement		Cardiac intervention	Coronary Intervention: IVUS		
Physiological Measurement		Cardiac intervention	Coronary Intervention: Laser		
Physiological Measurement		Cardiac intervention	Coronary Intervention: Pressure wire		
Physiological Measurement		Cardiac intervention	Coronary Intervention: Thrombectomy		
Physiological Measurement		Cardiac intervention	Great Vessel Intervention: Coarc/Recoarc Aortic Valve		
Physiological Measurement		Cardiac intervention	Invasive Cardiac Output Measurement		
Physiological Measurement		Cardiac intervention	Pulmonary Artery Dilatation		
Physiological Measurement		Cardiac intervention	SVC /other large vein intervention		
Physiological Measurement		Defibrillators	Implantable Defibrillator: Implant		
Physiological Measurement		Defibrillators	Implantable Defibrillator: Follow up		
Physiological Measurement		ECGs	Ambulatory ECG Monitoring: Application		
Physiological Measurement		ECGs	Ambulatory ECG Monitoring: Analysis		
Physiological Measurement		ECGs	Electrocardiograms: 12 lead ECGs		
Physiological Measurement		ECGs	Implantable ECG recorder: Implant		
Physiological Measurement		ECGs	Implantable ECG recorder: Follow up		

DIAGNOSTIC WAITING TIMES - BIANNUAL CENSUS

Date		28 February 2006
Organisation code		0
Organisation name		0

PART 2 - PHYSIOLOGICAL MEASUREMENT

Please report the number of patients still waiting 6-<13 weeks and 13+ weeks on the day of the census for each of the tests listed below. If you have additional patients not covered by the list of tests below, please use the blank lines at the bottom to report these, giving details of the test/procedure the patient is waiting for.

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Please include patients waiting for diagnostic tests/procedures in ALL settings (e.g. inpatient, outpatient, primary care one stop centre etc.) (i.e. all diagnostic tests/procedures including those that are also reported on inpatient or outpatient returns (e.g. MMR, QM08))

Please include patients from ALL referral routes (e.g. GP referral, referral from A&E etc.)

Exclude patients waiting for a planned diagnostic test/procedure, i.e. a procedure or series of procedures as part of a treatment plan which is required for clinical reasons to be carried out at a specific time or repeated at a specific frequency. It is recognised that there may be some overlap between the patients reported on this census and existing inpatient & outpatient waiting times returns.

Patients still waiting:	Grouping	Sub-grouping	Name or test/procedure or breakdown of physiological measurement tests are listed. Please use the blank rows to add any further tests for which patients were still waiting over 6 weeks at end of the month.	6-<13 weeks	13 weeks plus
Physiological Measurement					
Physiological Measurement		ECGs	Patient activated ECG monitoring: Application		
Physiological Measurement		ECGs	Patient activated ECG monitoring: Analysis		
Physiological Measurement		Echocardiograms	Echocardiograms Bubble Contrast		
Physiological Measurement		Echocardiograms	Echocardiograms Dobutamine Stress Echo		
Physiological Measurement		Echocardiograms	Echocardiograms GUICH		
Physiological Measurement		Echocardiograms	Echocardiograms TOE		
Physiological Measurement		Echocardiograms	Echocardiograms TTE		
Physiological Measurement		Echocardiograms	Intra operative TOE		
Physiological Measurement		Electrophysiological study (EPS)	EPS		
Physiological Measurement		Electrophysiological study (EPS)	EPS + Ablation		
Physiological Measurement		Electrophysiological study (EPS)	EPS + Carto Mapping +/- Ablation		
Physiological Measurement		Exercise test	Exercise tolerance testing		
Physiological Measurement		Exercise test	Metabolic exercise testing		
Physiological Measurement		Exercise test	Stress thallium scans		
Physiological Measurement		Pacemakers	Bi-vent pacemaker: Implant		
Physiological Measurement		Pacemakers	Bi-vent pacemaker: Follow up		
Physiological Measurement		Pacemakers	Pacemaker: Implant		
Physiological Measurement		Pacemakers	Pacemaker: Follow up		
Physiological Measurement		Valvuloplasty	Aortic Balloon Valvuloplasty		
Physiological Measurement		Valvuloplasty	Mitral Balloon Valvuloplasty		
Physiological Measurement		Valvuloplasty	Pulmonary Balloon Valvuloplasty		
Physiological Measurement		Valvuloplasty	Tricuspid Balloon Valvuloplasty		
Physiological Measurement		Other cardiology	Cardiac Biopsy		
Physiological Measurement		Other cardiology	Carotid Intervention / Scanning		
Physiological Measurement		Other cardiology	Intravascular Ultrasound		
Physiological Measurement		Other cardiology	VT Stim		
Physiological Measurement	GI PHYSIOLOGY	Upper GI	24 hour manometry		
Physiological Measurement			24 hr combined manometry and pH		
Physiological Measurement			Ambulatory bile studies		
Physiological Measurement			Ambulatory pH monitoring		
Physiological Measurement			Biliary manometry		
Physiological Measurement			Breath tests - C13 and Hydrogen		
Physiological Measurement			Electrogastrography		
Physiological Measurement			Fluoromanometry		
Physiological Measurement			Oesophageal manometry		
Physiological Measurement			Pain Provocation Tests		
Physiological Measurement			Telemetric pH monitoring		
Physiological Measurement			Upper GI intubation under sedation		
Physiological Measurement			Upper GI: Impedance		
Physiological Measurement		Lower GI	24 hr combined manometry and pH		
Physiological Measurement			Ano rectal manometry		
Physiological Measurement			Ano rectal ultrasound		
Physiological Measurement			Barostat		
Physiological Measurement			Biofeedback		
Physiological Measurement			Colonic Manometry		
Physiological Measurement			Colonic Transit Marker Study		
Physiological Measurement			Defecating proctography		
Physiological Measurement			Gastric Secretion Studies		
Physiological Measurement			Graciloplasty		
Physiological Measurement			Lower GI Ambulatory ano-rectal/rectal manometry		
Physiological Measurement			Lower GI Impedance		
Physiological Measurement			Pudendal nerve stimulation		
Physiological Measurement			Sacral Nerve Stimulation		
Physiological Measurement			Small Bowel Manometry		
Physiological Measurement			Whole gut transit times		
Physiological Measurement	NEUROPHYSIOLOGY	Electroencephalography (EEG)	EEG - ambulatory		
Physiological Measurement			EEG - cerebral function monitoring		
Physiological Measurement			EEG - complex outpatient		
Physiological Measurement			EEG - multiple sleep latency test		
Physiological Measurement			EEG - portable		
Physiological Measurement			EEG - routine		
Physiological Measurement			EEG - sleep deprived		
Physiological Measurement			EEG - sleep drug induced		
Physiological Measurement			EEG - sleep overnight and daytime		
Physiological Measurement			EEG - video telemetry long term EEG monitoring		
Physiological Measurement			Polysomnography		
Physiological Measurement		Peripheral neurophysiology	CTS - screening		
Physiological Measurement			NCS/EMG - complex		
Physiological Measurement			NCS/EMG - simple		
Physiological Measurement			Peripheral NCS screening		
Physiological Measurement			Thermal Threshold etc		
Physiological Measurement		Evoked Potentials	Complex outpatient		
Physiological Measurement			Routine		
Physiological Measurement	OPHTHALMIC SCIENCE	Optometric	Contact lens assessment		
Physiological Measurement			Functional visual assessments (e.g. contrast sensitivity tests, glare recover tests)		
Physiological Measurement			Low Vision Assessment		
Physiological Measurement			Sight Test (sometimes called refraction)		
Physiological Measurement		Orthoptic	Children - vision screening		
Physiological Measurement			Orthoptics tests (including screening failures)		
Physiological Measurement		Glaucoma	Intra-ocular pressure measurement (tonometry)		
Physiological Measurement			Optic Nerve head/natural nerve fibre imaging		
Physiological Measurement			Visual Fields - Automated perimetry (standard test for glaucoma)		

DIAGNOSTIC WAITING TIMES - BIANNUAL CENSUS

Date	28 February 2006
Organisation code	0
Organisation name	0

PART 2 - PHYSIOLOGICAL MEASUREMENT

Please report the number of patients still waiting 6-13 weeks and 13+ weeks on the day of the census for each of the tests listed below. If you have additional patients not covered by the list of tests below, please use the blank lines at the bottom to report these, giving details of the test/procedure the patient is waiting for.

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Please include patients waiting for diagnostic tests/procedures in ALL settings (e.g. inpatient, outpatient, primary care one stop centre etc.) (i.e. all diagnostic tests/procedures including those that are also reported on inpatient or outpatient returns (e.g. MMR, QM08))

Please include patients from ALL referral routes (e.g. GP referral, referral from A&E etc.)

Exclude patients waiting for a planned diagnostic test/procedure, i.e. a procedure or series of procedures as part of a treatment plan which is required for clinical reasons to be carried out at a specific time or repeated at a specific frequency. It is recognised that there may be some overlap between the patients reported on this census and existing inpatient & outpatient waiting times returns.

Patients still waiting:	Grouping	Sub-grouping	Name of test/procedure or breakdown of physiological measurement tests are listed. Please use the blank rows to add any further tests for which patients were still waiting over 6 weeks at end of the month.	6-13 weeks	13 weeks plus
Physiological Measurement					
Physiological Measurement			Visual Fields – Driving Standards (Estermann visual Field Test)		
Physiological Measurement			Visual Fields – Frequency Doubling Perimetry		
Physiological Measurement			Visual Fields – Goldmann		
Physiological Measurement		Ophthalmic Photography and Imaging	Anterior segment		
Physiological Measurement			Confocal scanning laser ophthalmoscopy (nerve fibre layer analysis)		
Physiological Measurement			Corneal topography		
Physiological Measurement			Corneal endothelium		
Physiological Measurement			Optical Coherence Tomography OCT		
Physiological Measurement			Posterior segment		
Physiological Measurement			Retinal nerve fibre layer analysis		
Physiological Measurement			Stereoscopic photography of the optic nerve head		
Physiological Measurement		Angiography	Fluorescein Angiography (or optical coherence tomography)		
Physiological Measurement			Indo-cyanine green Angiography		
Physiological Measurement		Ultra-sonography	Biometry/Axial length Measurement		
Physiological Measurement			Diagnostic Ultra-sonography/standardised echography		
Physiological Measurement		Electrophysiology	Electro-oculogram		
Physiological Measurement			Electroretinogram		
Physiological Measurement			Pattern -electroretinogram		
Physiological Measurement			Visually evoked cortical potential		
Physiological Measurement		Colour Vision	Colour vision 100 hue test		
Physiological Measurement			Colour vision assessment (eg D15 test)		
Physiological Measurement			Colour vision screening (e.g. Ishihara test)		
Physiological Measurement			Colour vision testing (lantern & anomaloscope tests)		
Physiological Measurement		Nursing Procedures	Schirmer tear test		
Physiological Measurement	RESPIRATORY PHYSIOLOGY	Acute and domiciliary services and support	Nasal CPAP provision		
Physiological Measurement			Nebuliser provision		
Physiological Measurement			NIV provision		
Physiological Measurement			Oxygen provision		
Physiological Measurement		Gas exchange (rest and exercise)	Blood analysis (invasive): gases, pH, haemoglobin		
Physiological Measurement			Blood analysis (non invasive): pulse oximetry, transcutaneous measurements		
Physiological Measurement			Blood sampling: Ear lobe and arterial		
Physiological Measurement			Distribution of blood flow and ventilation		
Physiological Measurement			Gas analysis: O2 uptake, CO2 output		
Physiological Measurement			Physiological and anatomical shunts		
Physiological Measurement			Transfer factor and components		
Physiological Measurement		Lung mechanics	Chest wall mechanics		
Physiological Measurement			Flow volume curves (maximal and partial)		
Physiological Measurement			Lung compliance		
Physiological Measurement			Lung volumes (gas dilution, body plethysmography)		
Physiological Measurement			Peak expiratory flow		
Physiological Measurement			Resistance (oscillometry, plethysmography, oesophageal manometry, airflow interruption)		
Physiological Measurement			Respiratory muscle assessment: Basic (supine/Sitting, Pe max/PI max)		
Physiological Measurement			Respiratory muscle assessment: Complex (Pdi/Slip/Sniff)		
Physiological Measurement			Spirometry		
Physiological Measurement		Physiological responses to exercise - Cardiorespiratory exercise testing	Gas exchange, ventilation and work rate		
Physiological Measurement			Cardiac responses: Cardiac frequency, 12 lead ECG, blood pressure, cardiac output		
Physiological Measurement			Disability assessment		
Physiological Measurement		Physiological responses to exercise - field tests	6/12 minute walk tests, shuttle walk tests, step tests		
Physiological Measurement		Responses to therapeutic interventions non-pharmacological interventions	Monitoring and response to: NCPAP		
Physiological Measurement			Monitoring and response to: NIV		
Physiological Measurement			Pulmonary rehabilitation including exercise retraining, inspiratory muscle training		
Physiological Measurement		Responses to therapeutic interventions pharmacological interventions	Assessment for long term oxygen therapy		
Physiological Measurement			Nebuliser assessment		
Physiological Measurement			Supplemental oxygen (rest and exercise)		
Physiological Measurement		Sleep studies (Diagnostic)	Simple screening oximetry, actigraphy, snore detection		
Physiological Measurement			Limited multichannel studies: Oxygen saturation, cardiac frequency, airflow, chest wall movement		
Physiological Measurement			Full polysomnography		
Physiological Measurement		Systemic and airway responsiveness	Bronchial challenge testing: Allergens		
Physiological Measurement			Bronchial challenge testing: Histamine/Methacholine		
Physiological Measurement			Bronchodilator response		
Physiological Measurement			Exercise induced asthma		
Physiological Measurement			Skin allergen testing		
Physiological Measurement		Ventilatory control at rest	Assessment for fitness to fly (hypoxic challenge)		
Physiological Measurement			Hyperventilation responses, hypoxic and hypercapnic challenge, pressure output		
Physiological Measurement			Tidal breathing pattern and minute ventilation		
Physiological Measurement	URODYNAMICS		Abdominal Leak Point Pressures		
Physiological Measurement			Ambulatory urodynamics		
Physiological Measurement			Cystometry: Filling/voiding		
Physiological Measurement			Flow rates		

DIAGNOSTIC WAITING TIMES - BIANNUAL CENSUS

Date	28 February 2006	
Organisation code	0	
Organisation name	0	

PART 2 - PHYSIOLOGICAL MEASUREMENT

Please report the number of patients still waiting 6-<13 weeks and 13+ weeks on the day of the census for each of the tests listed below. If you have additional patients not covered by the list of tests below, please use the blank lines at the bottom to report these, giving details of the test/procedure the patient is waiting for.

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Tests listed below in green are covered by the monthly diagnostics data collection but a breakdown of the test category is required here.

Please include patients waiting for diagnostic tests/procedures in ALL settings (e.g. inpatient, outpatient, primary care one stop centre etc.) (i.e. all diagnostic tests/procedures including those that are also reported on inpatient or outpatient returns (e.g. MMR, QM08))

Please include patients from ALL referral routes (e.g. GP referral, referral from A&E etc.)

Exclude patients waiting for a planned diagnostic test/procedure, i.e. a procedure or series of procedures as part of a treatment plan which is required for clinical reasons to be carried out at a specific time or repeated at a specific frequency. It is recognised that there may be some overlap between the patients reported on this census and existing inpatient & outpatient waiting times returns.

Patients still waiting:	Grouping	Sub-grouping	Name of test/procedure or breakdown of physiological measurement tests are listed. Please use the blank rows to add any further tests for which patients were still waiting over 6 weeks at end of the month.	6-<13 weeks	13 weeks plus
Physiological Measurement					
Physiological Measurement			Pad tests		
Physiological Measurement			Ultrasound by dedicated bladder scanner		
Physiological Measurement			Ultrasound by standard scanner		
Physiological Measurement			Urethral Function Tests		
Physiological Measurement			Urethral Pressure Measurements		
Physiological Measurement			Videourodynamics		
Physiological Measurement	VASCULAR TECHNOLOGY		Aortic Aneurysm surveillance		
Physiological Measurement			Ankle & Brachial pressure index measurement (ABPI)		
Physiological Measurement			Arterial Duplex		
Physiological Measurement			Arterial Fistula Surveillance		
Physiological Measurement			Arterial mapping		
Physiological Measurement			Arterial Treadmill Testing		
Physiological Measurement			Arterial Upper Limb		
Physiological Measurement			Assessment of graft patency		
Physiological Measurement			Assessment of venous reflux		
Physiological Measurement			AV Fistula scanning		
Physiological Measurement			Carotid Duplex		
Physiological Measurement			Compression of false aneurysms		
Physiological Measurement			EVAR surveillance		
Physiological Measurement			Hand held doppler assessments		
Physiological Measurement			Pie & Post exercise ABPI (treadmill testing)		
Physiological Measurement			Therapeutic Processes		
Physiological Measurement			Transcranial Doppler		
Physiological Measurement			Treadmill doppler		
Physiological Measurement			Ultrasound guidance of thrombin injection of false aneurysms		
Physiological Measurement			Ultrasound guided venous ablation (VNUS, EVLT, etc)		
Physiological Measurement			Vein Varicose veins		
Physiological Measurement			Vein Vein mapping		
Physiological Measurement			Vein DVT		
Physiological Measurement					
Physiological Measurement					
Physiological Measurement					
Physiological Measurement					
Physiological Measurement					
Physiological Measurement					
TOTAL				0	0

DIAGNOSTIC WAITING TIMES - BIENNIAL CENSUS

Year	20 February 2025
Organisation code	
Organisation name	

PART 3 - ENDOSCOPY

Please report the number of patients still waiting 6-13 weeks and 13+ weeks on the day of the census for each of the tests listed below. If you have additional patients not covered by the list of tests below, please use the blank lines at the bottom to report these, giving details of the test/procedure the patient is waiting for.

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Please include patients from ALL referral routes (e.g. GP referral, referral from A&E etc.)
Exclude patients waiting for a planned diagnostic test/procedure, i.e. a procedure or series of procedures as part of a treatment plan which is required for clinical reasons to be carried out at a specific time or repeated at a specific frequency
It is recognised that there may be some overlap between the patients reported on this census and existing inpatient & outpatient waiting times return

Patients still waiting	Grouping	Code - Where 3 digit codes are shown e.g. Q16, Q19 all endoscopy are included	Description - a breakdown of endoscopy tests are listed. Please use the blank lines to add any further tests for which patients were still waiting over 6 weeks at end of the month	6-13 weeks	13 weeks plus
Endoscopy	ENT	Q16	Diagnostic endoscopic examination of pharynx		
Endoscopy	ENT	Q16	Diagnostic endoscopic examination of larynx		
Endoscopy	Gastroenterology	Q19	Diagnostic fiberoptic endoscopic examination of the oesophagus		
Endoscopy	Gastroenterology	Q19	Diagnostic endoscopic examination of the oesophagus using rigid endoscopy/colonoscopy includes stomach using rigid gastroscopy		
Endoscopy	Gastroenterology	Q45	Diagnostic fiberoptic endoscopic examination of the upper gastrointestinal tract		
Endoscopy	Gastroenterology	Q25	Diagnostic endoscopic examination of duodenum		
Endoscopy	Gastroenterology	Q25	Diagnostic endoscopic examination of duodenum		
Endoscopy	Gastroenterology	Q20	Diagnostic endoscopic examination of ileum		
Endoscopy	Gastroenterology	Q42	Diagnostic endoscopic examination of ileum - includes caecum and flexures of colon and caecum		
Endoscopy	Gastroenterology	Q45	Diagnostic endoscopic examination of the lower bowel using fiberoptic colonoscopy		
Endoscopy	Gastroenterology	Q45	Diagnostic endoscopic examination of the sigmoid colon using rigid sigmoidoscopy		
Endoscopy	Gastroenterology	Q49	Diagnostic endoscopic examination of the bile using a gastroscopy		
Endoscopy	Gastroenterology	Q49	Diagnostic endoscopic retrograde examination of bile duct and pancreatic duct		
Endoscopy	Gastroenterology	Q46	Diagnostic endoscopic retrograde examination of bile duct		
Endoscopy	Gastroenterology	Q46	Diagnostic endoscopic retrograde examination of pancreatic duct		
Endoscopy	Gastroenterology	No code available	Colonial Endoscopy		
Endoscopy	Gastroenterology	No code available	Endoscopic Ultrasound (EUS)		
Endoscopy	Gynaecology	Q77.3	Gynascopy		
Endoscopy	Gynaecology	Q78	Diagnostic endoscopic examination of uterus		
Endoscopy	Gynaecology	Q78	Diagnostic endoscopic examination of tubal lumen		
Endoscopy	Gynaecology	Q90	Diagnostic endoscopic examination of ovary		
Endoscopy	Gynaecology	Q79	Diagnostic endoscopic examination of peritoneum including peritoneal cavity		
Endoscopy	Ophthalmology	Q87	Diagnostic endoscopic examination of lens part		
Endoscopy	Ophthalmology	Q87	Diagnostic endoscopic examination of lens part		
Endoscopy	Respiratory	Q40	Diagnostic fiberoptic endoscopic examination of lower respiratory tract		
Endoscopy	Respiratory	Q41	Diagnostic endoscopic examination of lower respiratory tract using a rigid bronchoscope		
Endoscopy	Urology	Q11	Diagnostic endoscopic examination of kidney		
Endoscopy	Urology	Q40	Diagnostic endoscopic examination of ureter		
Endoscopy	Urology	Q45	Diagnostic endoscopic examination of bladder including the prostate		
Endoscopy	Other	Q18	Diagnostic endoscopic examination of urethra of penis		
Endoscopy	Other	Q61	Diagnostic endoscopic examination of mediastinum		
Endoscopy	Other	Q90.5	Male colonoscopy		
Endoscopy	Other	Q71	Diagnostic endoscopic examination of pleura including pleural cavity		
Endoscopy					
Endoscopy					
Endoscopy					
Endoscopy					
Endoscopy					
TOTAL				0	0

DIAGNOSTIC WAITING TIMES - BIANNUAL CENSUS

Date:	28 February 2006
Organisation code:	
Organisation name:	

PART 4 - PATHOLOGY

Please read these notes carefully, as some details of the Pathology census are different.

We know that most pathology tests are turned around very quickly, in minutes, hours or a day or two. We know from pilot work that there can be longer waits of weeks for some specialist tests. We have got to start somewhere, so are asking for a "top twenty" list of tests with the highest volume of long waits of more than 6 weeks in this first census. We plan to specify a shortlist of tests in future censuses for which we will ask for reports of any waits of more than 6 weeks.

Please report in the table below up to 20 pathology tests for which the highest number of patient tests had reporting times of more than 6 weeks, for those patients booked for a test during September 2005. Please report counts of tests, rather than counts of patients.

Please include all departments and all areas of pathology, including histopathology. Please exclude genetics tests.

Please include tests requested in all settings (e.g. inpatient, outpatient, primary care, one-stop centre etc.) i.e. all pathology tests including those reported on other statistical returns.

Please include patients from ALL referral routes

For pathology tests, the waiting time should be measured from the date the request for the test was made until the date when the results/report were available in the laboratory.

We will accept groupings where appropriate e.g. Specific IgENs (allergy) rather than separate allergy tests or Mycology culture as a grouping.

Patients still waiting:	Name of test / procedure - Top twenty tests by volume of waits over 6 weeks	Number of tests booked during September 2005	
		6<13 weeks	13 weeks plus
Pathology			
Pathology			
Pathology			
Pathology			
Pathology			
Pathology			
Pathology			
Pathology			
Pathology			
Pathology			
Pathology			
Pathology			
Pathology			
Pathology			
Pathology			
Pathology			
Pathology			
Pathology			
Pathology			
TOTAL		0	0