



an ciste náisiúnta um cheannach cóireála
the national treatment purchase fund

Outpatient Waiting List Minimum Data Set

V2.7

Contents

Outpatient Waiting List Minimum Data Set.....	0
Document Revision History.....	2
Introduction	4
Producing Extract Files.....	5
Naming Extract Files.....	5
Multiple Extract Files per Week.....	5
Extract File Structure.....	6
Header Record	6
OPWL Minimum Data Set Details	7
Date Format	7
Notes.....	13
Code tables	14
Table 1 - Patient Sex (Field 9).....	14
Table 2 - Patient Area of Residence Code (Field 16).....	14
Table 3 - Specialty HIPE (Field 33).....	15
Table 4 – Sub-Specialty ID (Field 34).....	18
Table 5 - Consultant HIPE (Fields 35 & 49).....	18
Table 6 - Consultant IMC (Fields 36 & 50).....	18
Table 7 - Priority Level (GP) (Field 46).....	18
Table 8 - Referral Source Code (Field 48).....	19
Table 9 – Last Cancellation Reason (Field 55).....	20
Table 10 - Clinical Prioritisation (Triage) Outcome (Field 63)	20
Table 11 - Clinical Prioritisation (Triage) Category (Field 64).....	20
Table 12 - Suspension Reason (Field 66).....	21
Table 13 - Removal Reason (Field 71).....	21
Table 14 – High Clinical or Social Needs (Field 72)	21
Table 15 – Clinic Classification (Field 74)	22
Data Type Definitions.....	22

Document Revision History

Date	Author	Version	Change Reference
2022/03/09	Conor Lynch	0.1	Initial draft
2022/03/30	Conor Lynch	0.2	Refinements based on email feedback
2022/04/26	Conor Lynch	0.3	Further refinements based on meeting with team
2022/06/30	Conor Lynch	0.4	Changes requested by Process Innovation Team
2022/07/20	Conor Lynch	0.5	Changes made after discussion with IPMS and consultation with ICT and Commissioning Teams
2022/08/03	Conor Lynch	0.6	Renamed Complex Clinical needs to High Clinical and Social Needs
2022/09/09	Conor Lynch	0.7	Updated to highlight new and changed fields, and to clarify 4-week removal period.
2022/09/14	Conor Lynch	0.8	Clinical Prioritisation Outcome "Redirect" updated to "Redirected" to match OP protocol
2022/10/28	Conor Lynch	1.0	Clean-up of typos. IDs for cancellation/removal/suspension reasons updated to avoid clashes with IP values in some systems. Where an exact match value for IP was found, that was reused. Where an exact match could not be found, a new ID was created, starting at 101 and counting up.
2023/04/21	Conor Lynch	1.1	Updated language from "Gender" to "Sex" to clarify it is the biological sex of the patient being requested. Added SubSpecialtyID column for future use.
2023/05/02	Conor Lynch	2.0	Removal wording changed to "exactly 4 weeks" NHN name corrected IHI/PPSN spec changed WL/Clinic Name/Code spec changed Field 60/61 spec updated Date format rules included Most recent suspension start/end dates added AOR HIPEs corrected

2024/05/09	Conor Lynch	2.1	Last Short Notice Cancellation Date field added.
2024/08/06	Conor Lynch	2.2	Updated with changes from WLR Removal and Cancellation Reason discussions. Short Notice Cancellation date removed to bring document more into line with IP. Referral Source codes offset to allow for legacy records.
2024/09/23	Conor Lynch	2.3	MCP Pathway & Clinical Classification added. New removal reason. Sub-specialty text updated.
2024/10/08	Conor Lynch	2.4	Adjusted after meeting about MCP Pathway codes. Field will remain blank until codes finalised.
2024/10/16	Conor Lynch	2.5	Adjusted during sign-off meeting. Prefix changed from "OPWL" to "OP24" to differentiate from older files. Suspension date notes expanded.
2024/10/31	Conor Lynch	2.6	Wording updated on included patients.
2026/07/17	Conor Lynch	2.7	Subspecialties added. Removal Reasons updated to include 'Surgical Hub Transfer'.

Introduction

The purpose of this document is to provide information to hospitals to aid them in producing the Outpatient Waiting List extract files for subsequent weekly upload to, and processing by, the NTPF.

Producing Extract Files

The extract file should contain a complete set of data as described and have no dependencies on previously submitted extract files.

A record comprising of certain data items is required for every qualifying patient referral, as defined below. Each record **must** contain 74 fields, as defined in the Minimum Data Set (MDS) hereunder and **in the order defined in the MDS.**

Extract data should be in relation to **public** patients, **new** referrals (not returns), to **consultant-led** OPD clinics. This includes Consultant-Led, HSCP/ANP/CNS delivered clinics/services.

If a patient is on more than one waiting list, then one record must be submitted for **each** qualifying referral.

The extract should be a snapshot of the Outpatient Waiting List (OPWL) data containing a single record for each referral. Records should remain on the extract for exactly four weeks after the referral has been removed (i.e. the appointment has taken place or the referral entry is removed as a result of Clinical Prioritisation (Triage) outcome (reject, redirected)). If a referral has been given an appointment date it should be included as a valid WL entry, even though in some systems it is flagged "Resolved".

An extract file should be produced and submitted weekly. The files will be submitted by SFTP via the National Health Network (NHN).

Naming Extract Files

The naming convention with respect to extract file names is as follows:

There should be four items of information within the extract file name, each separated by an underline character,

- "OP24"
- The Hospital HIPE Code (including the leading zero if applicable)
- The Waiting List Extract Date (formatted as "yyyyMMdd")
- The file set sequence number (only required if there are multiple extract files and the above items do not provide a unique file name)

A typical extract file name might be: OP24_0908_20220101_1.csv

Multiple Extract Files per Week

There is no mechanism by which the NTPF can know that all OP entries for a particular organisation are included in a particular extract file. It is the responsibility of each providing organisation to ensure that all available OPWL episode information is included within the extract file submitted.

On the occasion that multiple files are submitted in a given week, only the latest version of the file will be processed. Files submitted after the archive deadline **cannot** be processed retrospectively.

Extract File Structure

The extract file should be structured using simple “comma separated value” formatting, as is the case for the IPDC Waiting List files currently produced and submitted.

Header Record

The first line within an extract file should be a header record. The header record will contain five fields and be structured according to the following table:

Field No	Field Name	Description	Data Type	Maximum Length	Mandatory
1	Extract Type	Text denoting that it's an Outpatient extract file: "OP24"	string	4	Y
2	Hospital HIPE	ESRI identifier (HIPE code) of the hospital (including the leading zero if applicable)	string	4	Y
3	File Date	Effective date of the OPWL data contained in this extract file (normally the date that the extract file is produced)	date	16	Y
4	File Set Sequence Number	Identifier used to differentiate between multiple extract files from the same source organisation for the same effective date	string	20	Y
5	Record Count	The number of records within this extract file, <u>excluding</u> the header record	integer	-	Y

A typical header file record might look like: "OP24","0908","28/03/2022","1","1076"

OPWL Minimum Data Set Details

The following table lists the data items that need to be provided by hospitals.

All records should be submitted weekly up to 4 weeks after being admitted or removed

When no data exists for a non-mandatory field, then the field can be null within the record. This is represented by two consecutive double-quote characters between the commas: ""

Fields which have been renamed since the 2012 MDS are highlighted in **BLUE**.

Fields which did not appear at all in the 2012 MDS are highlighted in **RED**.

Fields which appeared in the 2012 MDS but have changed functionally are highlighted in **GREEN**.

Date Format

Unless otherwise specified, all dates should be provided in dd/MM/yyyy format.

Field No	Field Name	Description	Data Type	Maximum Length	Mandatory
1	Hospital HIPE	The HIPE code of the hospital	numeric string	4	Y
2	IHI Number	National unique identifier. Return blank if not available.	string	50	N
3	PPSN	For future use.	string	10	Please leave blank for now.
4	Patient ID	Unique identifier for the patient as allocated and used by the hospital (i.e. the patient's MRN)	string	50	Y
5	Pathway Number	Pathway (Episode) number. A unique identifier for this referral as allocated and used by the hospital.	string	50	Y
6	Patient Forename 1	Patient's first name	string	50	Y
7	Patient Forename 2	Patient's middle name or initial(s)	string	50	N
8	Patient Surname	Patient's surname	string	50	Y
9	Patient Sex	Male, Female or Unknown Note: This is the biological sex of the patient, distinct from their gender identity.	string	1 – See Code Table 1	Y
10	Patient Date of Birth	Date of patient's birth	date	12	Y
11	Patient Address Line 1	Address line 1 of primary residence	string	50	Y

12	Patient Address Line 2	Address line 2 of primary residence	string	50	N
13	Patient Address Line 3	Address line 3 of primary residence	string	50	N
14	Patient Address Line 4	Address line 4 of primary residence	string	50	N
15	Patient Address Line 5	Address line 5 of primary residence	string	50	N
16	Patient Area of Residence Code	The area of residence (as allocated by ESRI for HIPE returns)	string	4 – See Code Table 2	Y
17	Eircode	The patient's Eircode	string	7	N
18	Patient Telephone Number	Daytime telephone number used to contact patient	numeric string	50	N
19	Patient Mobile Telephone Number	Mobile telephone number used to contact patient	numeric string	50	N
20	Patient Email Address	Email Address used to contact patient	string	50	N
21	Referring GP IMC	GP's Medical Council No.	string	10	If field 21 is not supplied, then field 22 is mandatory
22	Referring GP Code	GP's Medical Code if IMC is not held	string	12	
23	Referring GP Practice Code	GP's practice code as defined in HealthDirectory	string	12	N
24	GP Forename	GP's first name, excluding title (e.g. "Dr.")	string	50	Y
25	GP Surname	GP's surname	string	50	Y
26	GP Address Line 1	Address line 1 of GP's practice	string	50	Y
27	GP Address Line 2	Address line 2 of GP's practice	string	50	N
28	GP Address Line 3	Address line 3 of GP's practice	string	50	N
29	GP Address Line 4	Address line 4 of GP's practice	string	50	N
30	GP Address Line 5	Address line 5 of GP's practice	string	50	N
31	GP Eircode	Eircode of GP's practice	string	7	N
32	GP Email	GP's email address	string	50	N
33	Specialty HIPE	The HIPE code for the specialty the patient is being placed under	numeric string	4 – See Code Table 3	Y
34	Sub-Specialty ID	The code for the patient's sub-specialty (where available)	integer	10 – See Code Table 4	N

35	Consultant HIPE	Consultant's HIPE code	numeric string	4 – See Code Table 5	35 and 36 are mandatory if applicable. If not applicable (e.g. shared clinics) then field 37 should be supplied and the fields 35 and 36 should be entered as "NN".
36	Consultant IMC	Consultant's IMC code	string	10 – See Code Table 6	
37	Consultant Code	Consultant or clinic's code if HIPE or IMC not applicable	string	12	
38	Consultant Practice Code	Consultant's practice code, as defined at hospital level	string	12	N
39	Consultant Forename	The consultant's first name, excluding title (e.g. "Dr.")	string	50	Y In the event of a shared clinic, please enter the text "NN"
40	Consultant Surname	The consultant's surname	string	50	Y In the event of a shared clinic, please enter the text "NN"
41	Waiting List Name	The name of the waiting list the patient is on, as defined at hospital level	string	50	N
42	Waiting List Code	The code of the waiting list the patient is on, as defined at hospital level	string	20	N
43	Clinic Name	The name of the clinic the patient is attending, as defined at hospital level	string	50	N
44	Clinic Code	The code of the clinic the patient is attending, as defined at hospital level	string	20	N
45	Referral Date	The date of the referral letter	date	12	Y
46	Priority Level (GP)	The priority accorded to the referral by the GP	integer	1 – See Code Table 7	N
47	Referral Received Date	Date the referral letter was received by the hospital	date	12	Y
48	Referral Source	The source of the referral	integer	See Code Table 8	Y

49	Referral Source Other Consultant HIPE	If the referral source is another consultant, provide their HIPE	string	4 – See Code Table 5	If referral source is other consultant and HIPE/IMC are applicable, then 49 and 50 are mandatory. If HIPE/IMC are not applicable (e.g. shared clinics) then 51 should be supplied.
50	Referral Source Other Consultant IMC	If the referral source is another consultant, provide their IMC	string	10 – See Code Table 6	
51	Referral Source Other Consultant Code	If the referral source is another consultant and HIPE/IMC not applicable (e.g. shared clinics) provide consultant or clinic's code			
52	Appointment Date	Booked appointment date	date	12	N
53	Arrived Date	Date the patient arrived for the appointment	date	12	N
54	Last Cancellation Date	Date the appointment was last cancelled (for any reason). If a new appointment date has been given since the cancellation, then this field should return to NULL.	date	12	N
55	Last Cancellation Reason	Reason for the most recent cancellation (hospital or patient)	integer	See Code Table 9	Mandatory if 54 is supplied
56	Last Patient Cancellation Date	Date of the last cancellation with "Cancelled by Patient/Guardian (for non-clinical reasons)" (code value 22) given as the reason in Field 55. If a new appointment date has been given since the cancellation, then this field <u>SHOULD NOT</u> return to NULL. See the full note at the end of this section.	date	12	N
57	Last Patient DNA Date	Date of the last cancellation with "Patient Did Not Attend (DNA)" (code value 12) in Field 55.	date	12	N

		If a new appointment date has been given since the cancellation, then this field <u>SHOULD NOT</u> return to NULL. See the full note at the end of this section.			
58	Record Creation Date	Date the referral was entered into the system	date	12	Y
59	Extraction Date	Date of the file extract	date	12	Y
60	Sent for Clinical Prioritisation (Triage) Date	Date the referral was sent for clinical prioritisation (triage)	date	12	Mandatory if 62 is supplied
61	Clinical Prioritisation (Triage) Date	Date clinical prioritisation assigned (Triage)	date	12	Mandatory if 62 is supplied
62	Date Returned from Clinical Prioritisation (Triage)	Date the referral was returned from clinical prioritisation (Triage)	date	12	N
63	Clinical Prioritisation (Triage) Outcome	Outcome of Clinical Prioritisation (Triage), e.g. Accept, Redirected, or Reject	integer	See Code Table 10	Mandatory if 62 is supplied
64	Clinical Prioritisation (Triage) Category	The urgency level assigned to the referral at Clinical Prioritisation (Triage)	integer	See Code Table 11	Mandatory if 62 is supplied and field 63 is not redirected or reject.
65	Suspension Start Date	Date that this referral episode was suspended. This should be populated while the patient is suspended.	date	12	N
66	Suspension Reason	Reason for suspension	integer	See code table 12	Mandatory if 65 is supplied
67	Suspension End Date	The date that this suspension period will end. This should be populated while the patient is suspended.	date	12	Mandatory if 65 is supplied
68	Most Recent Suspension Start Date	The start date of the patient's most recent suspension, which has not been for insourcing/outsourcing reasons. As these are currently the only valid suspension reasons,	date	12	Please leave blank for now. For future use.

		please leave blank for now.			
69	Most Recent Suspension End Date	The end date of the patient's most recent suspension, which has not been for insourcing/outsourcing reasons. As these are currently the only valid suspension reasons, please leave blank for now.	date	12	Please leave blank for now. For future use.
70	Removal Date	Date that this referral was removed from the OP waiting list (note: If patient is being removed after attending, then field 53, Arrived Date, should be used)	date	12	N
71	Removal Reason	Reason for removal	integer	See code table 13	Mandatory if 70 is supplied
72	High Clinical or Social Needs	Is this a high clinical and/or social needs patient (as determined by clinician)	integer	See code table 14	N, but if left blank with be taken as a "No"
73	MCP Pathway Code	The code of the modernised care pathway of the episode.	string	See MCP Pathway coding document	N. Codes have not yet been finalised. Can be left blank for now.
74	Clinic Classification	The IOCS clinic category of the episode	integer	See code table 15	N

Notes

- Where a patient requests to cancel their appointment for non-clinical reasons (code value 22 in field 55), the cancel date should be populated in both fields 54 and 56. The date in field 54 should be returned to NULL when the patient is issued a new TCI Date. The date in field 56 should persist for the duration of the patient's wait time, or until it is replaced by another patient requested TCI date for non-clinical reasons.
- Where there has been a patient DNA incident (code value 12 in field 55), the DNA date should be populated in both fields 54 and 57. The date in field 54 should be returned to NULL when the patient is issued a new TCI Date. The date in field 57 should persist for the duration of the patient's wait time, or until it is replaced by another patient DNA incident.
- If there has been a suspension at any stage in this episode of care, except in cases where it is to facilitate insourcing or outsourcing initiatives, the start and end date should be recorded in fields 68 and 69 for all subsequent weeks. In the event there have been multiple suspensions, then the most recent start and end date should be used. This will allow us to exclude the suspension period from the patient's wait time. (**NOTE:** This is for futureproofing. At present this will never apply as the only allowed suspension reasons are insourcing/outsourcing)

Code tables

Many of the data fields in the MDS need coded values. Each of such data fields has a corresponding table below that either explains what valid codes are available or refers to an established source where the valid codes may be found.

Table 1 - Patient Sex (Field 9)

Description	Code Value
Male	M
Female	F
Unknown	U

Table 2 - Patient Area of Residence Code (Field 16)

Description	Code Value
Carlow	0500
Cavan	2900
Clare	1600
Cork (City)	1101
Cork (County)	1200
Donegal	2800
Dublin 1	0101
Dublin 2	0202
Dublin 3	0103
Dublin 4	0204
Dublin 5	0105
Dublin 6	0206
Dublin 7	0107
Dublin 8	0208
Dublin 9	0109
Dublin 10	0210
Dublin 11	0111
Dublin 12	0212
Dublin 13	0113
Dublin 14	0214
Dublin 15	0115
Dublin 16	0216
Dublin 17	0117
Dublin 18	0218
Dublin 20	0220
Dublin 22	0222
Dublin 24	0224
Dun Laoghaire Borough	0217
Galway (City)	1801
Galway (County)	1900
Kerry	1300
Kildare	0300

Kilkenny	0700
Laois	2500
Leitrim	2600
Limerick (city)	1401
Limerick (County)	1500
Longford	2200
Louth	3100
Mayo	2100
Meath	3200
Monaghan	3000
North Dublin City & County	0100
Northern Ireland	3310
Offaly	2400
Roscommon	2000
Sligo	2700
South Dublin City & County	0200
Tipperary (North)	1700
Tipperary (South)	0800
Waterford (City)	0901
Waterford (County)	1000
Westmeath	2300
Wexford	0600
Wicklow	0400

Table 3 - Specialty HIPE (Field 33)

Description	Code Value
Accident & Emergency	2800
Anaesthetics	8000
Audiological Medicine	6000
Biochemistry	8600
Breast Surgery	2605
Cardio-Thoracic Surgery	7600
Cardiology	0100
Chemical Pathology	8400
Child/Adolescent Psychiatry	2102
Clinical (Medical) Genetics	6700
Clinical Immunology	7900
Clinical Neurophysiology	6200
Clinical Pharmacology	6300
Clinical Physiology	6400
Cytology	8700
Dental Surgery	7000
Dermatology	0300
Developmental Paediatrics	1916

Diabetes Mellitus	0402
Endocrinology	0400
Forensic Psychiatry	2103
G.P. Medicine	6500
Gastro-Enterology	0700
Gastro-Intestinal Surgery	2602
General Medicine	5000
General Pathology	8300
General Surgery	2600
Genito-Urinary Medicine	0800
Geriatric Medicine	0900
Gynaecology	1503
Haematology	1100
Hepato-Biliary Surgery	2603
Histopathology	8500
Immunology	8800
Infectious Diseases	2700
Intensive Care	8002
Maxillo-Facial	2003
Mental Handicap	6800
Metabolic Medicine	7700
Microbiology	8900
Neonatology	1904
Nephrology	2300
Neuro-Ophthalmic Surgery	1702
Neurology	1300
Neuropathology	8502
Neuroradiology	2203
Neurosurgery	1400
Nuclear Medicine	6900
Obstetrics	1502
Obstetrics/Gynaecology	1500
Occupational Medicine	7100
Old Age Psychiatry	2105
Oncology	1600
Ophthalmology	1700
Oral Surgery	7001
Orthodontics	7002
Orthopaedics	1800
Other	9000
Otolaryngology (ENT)	0600
Paed Cardiology	1902
Paed Endocrinology	1905
Paed Gastro-Enterol	1906

Paed Haematology	1907
Paed Metabolic Medicine	1910
Paed Nephrology	1911
Paed Oncology	1903
Paed Orthopaedic	1802
Paediatric A/E Medicine	1908
Paediatric Anaesthetics	8004
Paediatric Chemical Pathology	8402
Paediatric Dermatology	1915
Paediatric ENT	0601
Paediatric Infectious Diseases	1909
Paediatric Neurology	1302
Paediatric Neurosurgery	1402
Paediatric Physical Handicap	1914
Paediatric Radiology	2202
Paediatric Respiratory Medicine	1912
Paediatric Surgery	7200
Paediatric Urology	7803
Paediatrics	1900
Pain Relief	8003
Palliative Medicine	7300
Pathology	7400
Perinatal Paediatrics	1913
Plastic Surgery	2000
Psychiatry	2100
Psychogeriatric Medicine	0902
Public Health Medicine	6100
Radiology	2200
Radiotherapy	7500
Rehabilitation Medicine	3000
Rehabilitation Psychiatry	2106
Renal Transplantation	7802
Respiratory Medicine	2400
Rheumatology	2500
Spinal Paralysis	3002
Substance Abuse	2104
Transfusion Medicine	1102
Tropical	2702
Urology	7800
Vascular Surgery	2604
Virology	8902
Vitro-Retinal Surgery	1703

Table 4 – Sub-Specialty ID (Field 34)

Specialty	Sub-Specialty	Code Value
Rheumatology	Inflammatory Rheumatology	250001
Rheumatology	General Rheumatology	250002

Table 5 - Consultant HIPE (Fields 35 & 49)

Description	Code Value
The consultant code that the patient is being referred under as defined by ESRI for HIPE returns	4 digit numeric code as per ESRI code table

Table 6 - Consultant IMC (Fields 36 & 50)

Description	Code Value
The consultant code that the patient is being referred under as assigned by the Irish Medical Council	The consultant's Irish Medical Council number

Table 7 - Priority Level (GP) (Field 46)

Description	Code Values
Urgent	1
Routine	2
Not mandatory. If your system does hold a GP Priority Level please map to the above.	

Table 8 - Referral Source Code (Field 48)

Description	Code Values
Consultants within the hospital the patient is attending	4
Consultants in another hospital where there is an agreed shared service	5
Emergency Department (ED) within the hospital the patient is attending	6
Assessment unit within the hospital (e.g. Medical Assessment Unit (MAU), Acute Medical Assessment Unit (AMAU), Clinical Decision Unit (CDU), Acute Surgical Assessment Unit (ASAU))	7
Inpatient Areas	8
Day Case Services	9
Health and Social Care Professionals (Internal)	10
Advanced Nurse Practitioners (ANP)	11
General Practitioners (GP)	12
Consultants in another hospital (public/private) where there is no agreed shared service	13
Emergency Departments in other hospital (public/private)	14
Dentists	15
Mental Health Services	16
Public Health Department	17
Older Persons Services	18
Disability Services	19
Health and Social Care Professionals (External)	20
Women's Health Centres	21
Screening Services	22
Other Primary Care Teams e.g. frailty teams, etc.	23

Table 9 – Last Cancellation Reason (Field 55)

Description	Hospital /Patient Initiated	Code Values
Patient is Deceased	H	11
Patient DNA	P	12
Cancelled by Consultant/Team	H	21
Cancelled by Patient/Guardian (for non-clinical reasons)	P	22
Cancelled by Patient/Guardian – Short Notice Appointment (< 2 weeks)	P	29
Patient Unfit	H	30
Cancelled as part of Clinical Validation	H	31
Cancelled as part of Administrative Validation	P	32
Hospital Cancellation due to Pandemic	H	40
Patient Cancellation due to Pandemic	P	41
Correction of Clerical Error	H	90
Extreme Weather	H	102
Industrial Action	H	103
Awaiting Further Information	H	107
Infection Control	H	108
Unable to Contact Patient	H	109
Service Restructuring	H	110
Public Holiday	H	111
Removing from OP Waiting List	H	112
Patient has been referred for consultation externally	H	113
Patient cancelled – no longer requires consultation	H	116
Already had consultation in-house	H	117
Already had consultation externally	H	118
Patient has undergone Emergency Admission	H	119
Section 7.6 of the OP WL Protocol 2022		

Table 10 - Clinical Prioritisation (Triage) Outcome (Field 63)

Description	Code Values
Accept	1
Redirected	2
Reject	3
Section 6.1 of the OP WL Protocol 2022	

Table 11 - Clinical Prioritisation (Triage) Category (Field 64)

Description	Code Values
Urgent	1
Routine/Non-Urgent	2
Semi-Urgent	3
Excluded	4
Section 6.2 of the OP WL Protocol 2022	

Table 12 - Suspension Reason (Field 66)

Description	Fill in Most Recent Start/End Date?	Code Values
NTPF Outsourcing Initiative	N	101
NTPF Insourcing Initiative	N	102
HSE Outsourcing Initiative	N	103
HSE Insourcing Initiative	N	104
Section 9.5 of the OP WL Protocol 2022		

Table 13 - Removal Reason (Field 71)

Description	Core Values
Removal following NTPF administrative validation process	9
Is deceased	11
Transfer of care/service (excluding surgical hubs)	33
Removal following HSE administrative validation process	34
Removal following NTPF clinical validation process	35
Removal following HSE clinical validation process	36
Has been entered in error (data error)	90
Failed to attend appointment (DNA)	91
Duplicate Entry	92
Cancelled appointment and did not reschedule (CNA)	101
GP/SOR requests patient's removal	102
Repeatedly reschedules appointment	103
Has been admitted as an inpatient, day-case or attended ED (inc. AMU/AMAU/CDU) for the specified condition	104
Has been seen as part of an NTPF funded initiative	105
Has been seen as part of a HSE funded initiative	106
Has been seen as part of another funded initiative	107
Has been returned to SOR with advice/care plan	108
Had their referral rejected	109
Referral has been redirected to another hospital/service provider	111
Referral has been redirected to another specialty in the hospital/service provider	112
Referral has been redirected to a stand-alone advance nurse practitioner service	113
Referral has been redirected to a stand-alone health and social care service	114
Referral has been redirected to a community hub	115
Patient seen elsewhere	118
Surgical hub transfer	119
Section 10.3 of the OP WL Protocol 2022	

Table 14 – High Clinical or Social Needs (Field 72)

Description	Code Values
No	0
Yes	1

Table 15 – Clinic Classification (Field 74)

Description	Code Values
Procedures Clinics	10000
Medical Consultation Clinics	20000
Stand-alone Diagnostics Clinics	30000
Allied Health/Clinical Nurse Specialist/Nurse Practitioner Clinics	40000

Data Type Definitions

Data Type	Definition
string	A sequence of alphanumeric and/or special characters. If a string contains a comma, the entire string must be enclosed in double-quotes.
numeric string	A string of numeric characters. May contain spaces, but no other alphabetical or special characters.
integer	May contain only numeric characters. No spaces, alphabetical, or special characters are allowed.
date	A date value in the format dd/MM/yyyy. For example, 12 th January 2023 would be written as “12/01/2023”.