

Appendix One:

Data Set to be submitted monthly must include:

Age
Gender
Partial Postcode (e.g. BH3, BH15)
Registered Practice Code
Registered Practice Name
Referring GP Name
Referring Practice Code
Referring Practice Name
Date Referral Made
Date Referral Received
Appointment Date
Attended (Yes/No)
If didn't attend - DNA or Cancellation?
New / Follow-up
Clinician
Clinic Location
Clinic Type
Condition (Problem)
Type of Investigations (Diagnostics)
Outcome of appointment
Notes