Hospital Outpatient Activity, 2017-18: Supporting Information

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Introduction

This publication describes NHS-funded outpatient activity in England in 2017-18. It does not examine statistics relating to admitted patient care episodes or attendances at A&E departments – these can be found in other publications¹.

The data source for this publication is Hospital Episode Statistics (HES), which come from the HES data warehouse containing details of all admissions, outpatient appointments and accident and emergency (A&E) attendances at National Health Service (NHS) hospitals in England. It includes private patients treated in NHS hospitals, patients who were resident outside of England and care delivered by treatment centres (including those in the independent sector) funded by the NHS.

HES data sets are the data source for a wide range of healthcare analysis for the NHS, government and many other organisations and individuals.

Records in the HES Outpatient database are called ‘appointments’. There is one row per appointment, regardless of whether or not it is attended. Appointments which are attended are called ‘attendances’. A patient is often invited to a series of appointments, the first of which is known as the ‘first appointment’. An individual patient may have more than one series of attendances in a given period, so first appointments are not the same as a count of patients.

For the 2017-18 financial year, HES has collected over 119 million records detailing outpatient appointments at NHS hospitals in England or performed in the independent sector and commissioned by the English NHS.

Each record in HES includes a wide range of information including details of the patient (age, gender, geographic regions), when they were treated and what they were treated for.

This National Statistics publication releases some high-level analyses of HES data relating to outpatient appointments in NHS hospitals.

Changes to Publication

Ethnicity and IMD are now included in this report.

Ethnicity has been added to this financial year’s annual Outpatient publication, it describes the ethnicity of the patient, as specified by the patient. From April 2001 the codes were changed to represent the ethnic data categories as defined in the 2001 census.

IMD, the Index of Multiple Deprivation, has also been added to this financial years annual Outpatient publication. The Index of Multiple Deprivation (IMD) is a measure of multiple deprivation at Super Output Area level.

The IMD has seven domains. The English Indices of Deprivation provide a relative measure of deprivation at small area level across England. Areas are ranked from least deprived to most deprived on seven different dimensions of deprivation and an overall composite measure of multiple deprivation. The domains used in the Indices of Deprivation are: income deprivation; employment deprivation; health deprivation and disability; education deprivation; crime deprivation; barriers to housing and services deprivation; and living environment deprivation. Each of these domains has its own scores and ranks, allowing users to focus on specific aspects of deprivation. In addition, two supplementary indices measure income

¹ What HES data are available? http://content.digital.nhs.uk/hesdata
deprivation amongst children - the Income Deprivation Affecting Children Index (IDACI) - and older people - the Income Deprivation Affecting Older People Index (IDAOPi).

The current HES version of the Index is 2010, although the current IMD version of the index is 2015 which can be found on the IMD website:


Changes to Disclosure Control Methodology

Reason for change

When producing analysis, we need to balance accuracy and timeliness of publication with disclosure control to reduce the risk of identifying individuals from the outputs.

The current disclosure control rules for HES and ECDS require the use of secondary suppression - after replacing values between 1 and 5 with '*', checking that other values within the data cannot be used to recalculate the original small numbers.

This is a manual process for each output, which takes considerable time, has a risk of error, and can produce inconsistent outputs.

A disclosure control method that can be automated will be more efficient and provide greater security, particularly when it is used across separate statistical releases. It will also help us to provide timelier data to customers, particularly at sub-national geographies. This methodology can be fully automated, enables zero counts to be shown and is at least as strong as the current system.

Counts

National level data
No disclosure control required for small numbers.
(Restrictions on certain diagnoses and procedures as set out in the HES Analysis Guide still apply.)

Breakdowns below national level
The following steps will be applied to reduce the risk of identifying individuals from small numbers.
1) If the national total is between 1 and 7 (inclusive), no sub-national breakdown will be displayed.
2) If the national total is greater than or equal to 8;
   a. Sub-national counts between 1 and 7 (inclusive) will be displayed as '*'.
   b. Zeroes will be unchanged.
   c. All other counts will be rounded to the nearest 5.

Percentages
The most common calculations using counts of HES records are percentages or rates. Unless the denominator for a percentage is relatively large, it is often possible to work out the
numerator and denominator because only one possible pair of values would give this percentage (especially if the percentage is displayed to a higher degree of precision such as 2 decimal places).

Disclosure control will therefore also need to be applied to percentages.

**National level data**
No disclosure control required for small numerator or denominator.
(Restrictions on certain diagnoses and procedures as set out in the HES Analysis Guide still apply.)

**Breakdowns below national level**
The following should be applied when calculating percentages at sub-national level:

1) Where the numerator or denominator is between 1 and 7 (inclusive), no percentage or rate is calculated, and a '*' will be displayed.
2) Where the numerator is zero, the percentage will be 0%.
3) Where the unrounded numerator and denominator are greater than or equal to 8, a percentage or rate is calculated using the rounded numerator or denominator.

Calculating a percentage using a rounded numerator and denominator will result in a different value from the 'true' percentage that would have been calculated using unrounded values.

Where the rounded denominator is greater than or equal to 400, the percentage using a rounded numerator and denominator is within +/− 1 per cent of the 'true' percentage.

HES and ECDS outputs produced by the Secondary Care Analysis team will therefore only display a calculated percentage to the nearest whole number where the rounded denominator is greater than or equal to 400.

**Further information**
For more specific and detailed information please visit the webpage below:


**Appointments**

Records in the HES Outpatient database, which form the basis of this publication, are called ‘outpatient appointments’. Each outpatient appointment relates to an arrangement for a patient to be admitted to hospital to see one or more care professionals, where the patient is not expected to need to stay overnight. This publication looks at ‘attendances’, which are outpatient appointments that actually took place, ‘cancellations’, where either the hospital or the patient cancelled the appointment, and ‘did not attends’, which are appointments that were not cancelled but where the patient did not attend. ‘First attendances’ are the first in a series or only attendance relating to an appointment, while all later attendances relating to the same appointment are ‘subsequent attendances’.
Information in this Publication

Summary report

This is a high-level summary report of NHS Outpatient and performance of hospitals in England, during 2017-18 and as a comparison over time.

The summary report contains the following tables, charts or graphics:

- Number of Outpatient appointments and attendances, 2007-08 to 2017-18.
- Percentage of Outpatient appointments that were attended/not attended, 2007-08 to 2017-08.
- Number of Outpatient appointments that were not attended, split by reason for non-attendance 2007-08 to 2017-18.
- Percentage of Outpatient appointments by all attendance types 2007-08 to 2017-18.
- Proportion of Outpatient appointments and attendances by Region, 2017-18.
- Proportion of first and subsequent Outpatient attendances by Region, 2017-18.
- Attendances and non-attendances for the five most common Outpatient treatment specialities, 2017-18.
- Outpatient attendances by age and gender, 2017-18.
- Outpatient ‘did not attends’ by age and gender, 2017-18.
- Rate of first attendance by Index of Multiple Deprivation decile, 2017-18.
- Rate of 1st attendance by ethnicity (grouped) for every 100,000 population and proportion of 1st attendances against all attendances, 2017-18
- Rate of non-attendance by ethnicity, 2017-18.

Published Tables

This publication includes detailed tables at a national level, with further breakdowns included in each table.

The tables include:

- All Attendances
- First Attendances
- Main Procedures and Interventions
- Main Speciality
- Primary Diagnosis
- Treatment Speciality
- Ethnicity
Metadata

The table descriptions that accompany this publication are given in the document entitled 'Hospital Outpatient Activity, 2017-18: Metadata'; this includes descriptions of the tables included in the report, as well as providing useful links to other relevant webpages and documents.

Further Information About HES

The NHS Digital website contains more background information about HES:

http://digital.nhs.uk/hes

Alongside this publication a Statement of Administrative Sources is also published, as required by the Code of Practice for Official Statistics. More information on the background and purpose of the Statement of Administrative Sources can be found here:

https://digital.nhs.uk/statement-of-administrative-sources

Accessing HES

The HES publications focus on headline information about hospital activity. Each annual publication includes a series of national tables and also provider-level breakdowns for some main areas.

All data items included in the published tables are explained in footnotes, and NHS Digital publish data dictionaries for HES describing the format and possible values for all HES data items:


These data are also readily accessible via an online interrogation service (for NHS users) or via our bespoke extract service:

http://www.digital.nhs.uk/dars

Feedback

Feedback on this publication can be provided to NHS Digital via email to enquiries@nhsdigital.nhs.uk or via telephone on 0300 303 5678.
NHS Digital welcomes all feedback relating to any aspect of this publication. In particular we would welcome feedback on:

- the usefulness of the content to different users
- the ways in which the information is used
- any further suggestions you may have for additional content that you would find useful.

Any additional information you can provide us with about your use of HES data will help us to improve our statement on known users and uses of the data - available at:

## Appendix 1: Glossary of Terms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E</td>
<td>Accident and Emergency</td>
</tr>
<tr>
<td>APC</td>
<td>Admitted Patient Care</td>
</tr>
<tr>
<td>AR</td>
<td>Annual Refresh</td>
</tr>
<tr>
<td>DH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>ECDS</td>
<td>Emergency Care Dataset</td>
</tr>
<tr>
<td>HES</td>
<td>Hospital Episode Statistics</td>
</tr>
<tr>
<td>HSCIC</td>
<td>Health and Social Care Information Centre</td>
</tr>
<tr>
<td>ICD-10</td>
<td>International Classification of Diseases and Related Health Problems version 10</td>
</tr>
<tr>
<td>IMD</td>
<td>Index of Multiple Deprivation</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>ODS</td>
<td>Organisation Data Service</td>
</tr>
<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
</tr>
<tr>
<td>ONS</td>
<td>Office for National Statistics</td>
</tr>
<tr>
<td>OP</td>
<td>Outpatient</td>
</tr>
<tr>
<td>OPCS 4.8</td>
<td>Office for Population, Censuses and Surveys Classification of Interventions and Procedures version 4.8</td>
</tr>
<tr>
<td>PbR</td>
<td>Payment by Results</td>
</tr>
<tr>
<td>SUS</td>
<td>Secondary Uses Service</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
</tbody>
</table>
Appendix 2: Hospital Episode Statistics Data Quality Statement

Introduction
HES data includes patient level data on hospital admissions, outpatient appointments and A&E attendances for all NHS trusts in England. It covers acute hospitals, mental health trusts and other providers of hospital care. HES includes information about private patients treated in NHS hospitals, patients who were treated in England but who were resident outside England and care delivered by treatment centres (including those in the independent sector) funded by the NHS.

Healthcare providers collect administrative and clinical information locally to support the care of the patient. These data are submitted to the SUS to enable hospitals to be paid for the care they deliver. HES is created from SUS to enable further secondary use of this data.

HES is the data source for a wide range of healthcare analysis used by a variety of people including the NHS, government, regulators, academic researchers, the media and members of the public.

HES is a unique data source, whose strength lies in the richness of detail at patient level going back to 1989 for APC episodes, 2003 for outpatient appointments and 2007 for A&E attendances. HES data includes:

- specific information about the patient, such as age, gender and ethnicity;
- clinical information about diagnoses, operations and consultant specialties;
- administrative information, such as time waited, and dates and methods of admission and discharge; and
- geographical information such as where the patient was treated and the area in which they live.

The principal benefits of HES are in its use to:

- monitor trends and patterns in NHS hospital activity;
- assess effective delivery of care and provide the basis for national indicators of clinical quality;
- support NHS and parliamentary accountability;
- inform patient choice;
- provide information on hospital care within the NHS for the media;
- determine fair access to health care;
- develop, monitor and evaluate government policy;
- reveal health trends over time; and support local service planning.

Relevance
The HES publications focus on headline information about hospital activity. Each annual publication includes a series of national tables and also provider-level breakdowns for some main areas.
Most data included in the published tables are aggregate counts of hospital activity. Where averages are published, e.g. average length of stay for inpatients or caesarean rates for maternity statistics, these data are clearly labelled stating how the data has been calculated.

**Accuracy and Reliability**

The accuracy of HES data is the responsibility of the NHS providers who submit the data to SUS. These data are required to be accurate to enable them to be correctly paid for the activity they undertake. NHS Digital has a well-developed data quality assurance process for the SUS and HES data. It uses an xml schema to ensure some standardisation of the data received. The use of the schema means that the data set has to meet certain validation rules before it can be submitted to SUS. NHS Digital leads on the schema changes and consults the data suppliers about proposed changes.

Each month NHS Digital makes data quality dashboards available to NHS providers to show the completeness and validity of their data submissions to SUS. This helps to highlight any issues present in the provisional data allowing time for corrections to be made before the annual data are submitted.

An external auditor, acting on behalf of the Department of Health (DH), audits the data submitted to SUS to ensure NHS providers are being correctly paid by PbR for the care they provide.

NHS Digital validates and cleans the HES extract and derives new items. The team discusses data quality issues with the information leads in hospital trusts who are responsible for submitting data. The roles and responsibilities within NHS Digital are clear for the purposes of data quality assurance, i.e. to assess the quality of data received against published standards and report the results.

Please note that for 2016-17 and 2017-18 that RX4 – Northumberland, Tyne and Wear NHS Foundation Trust have advised us that they have included community contacts as an outpatient attendance. This will mean that outpatient activity for this provider has been overstated; this may affect other mental health trusts.

Differences in the provider-level analysis between Region sub-totals and England totals are due to English providers reporting activity at non-English sites. In this case activity is recorded at sites in Wales and also Foreign (includes Channel Islands and Isle of Man). This additional activity accounts for the total difference between Regional and England totals.

Data quality information for each year to date HES data set is published alongside the provisional year to date HES data, and also alongside annual publications. These specify known data quality issues each year, e.g. if a trust has a known shortfall of secondary diagnoses. The statisticians can only check the validity and format of the data and not whether it is accurate, as accuracy checking requires a level of audit capacity and capability which NHS Digital does not currently possess. There is also further information about HES data quality published online:


NHS Digital also publishes a regular Data Quality Maturity Index for providers across several datasets including HES.

The UK Statistics Authority conducted case studies of quality assurance and audit arrangements of administrative data sources. HES was used as a case study and further information can be found in the published report (Annex C, case study 3), available at:
Data Completeness – Outpatients
The HES outpatient 2017-18 data set includes records of outpatient appointments collected from over 1,000 providers.
Table 1 provides counts and percentages of records that have valid entries in specific key fields.

Table 1: Data completeness for outpatient HES, 2016-17 and 2017-18

<table>
<thead>
<tr>
<th>Outpatient key fields</th>
<th>2016-17</th>
<th>2017-18</th>
<th>Percentage change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of valid records</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance type</td>
<td>118,221,878</td>
<td>118,975,704</td>
<td>76,836</td>
</tr>
<tr>
<td>Source of referral</td>
<td>117,577,742</td>
<td>118,345,757</td>
<td>76,985</td>
</tr>
<tr>
<td>Outcome</td>
<td>110,035,668</td>
<td>110,715,702</td>
<td>76,985</td>
</tr>
<tr>
<td>Main specialty</td>
<td>118,447,671</td>
<td>119,224,043</td>
<td>76,985</td>
</tr>
<tr>
<td>Treatment specialty</td>
<td>118,042,871</td>
<td>118,907,942</td>
<td>76,985</td>
</tr>
<tr>
<td>Primary diagnosis</td>
<td>4,575,287</td>
<td>4,766,809</td>
<td>76,836</td>
</tr>
<tr>
<td>Main procedure*</td>
<td>28,261,853</td>
<td>29,391,023</td>
<td>76,836</td>
</tr>
<tr>
<td>Total</td>
<td>113,298,661</td>
<td>118,578,912</td>
<td>76,836</td>
</tr>
</tbody>
</table>

Final and Provisional Data Comparison
Collection of HES data is carried out on a monthly basis throughout the financial year, with a final annual refresh (AR) once the year end has passed. Each monthly collection refreshes data back to the start of the financial year.

‘Month 13’ represents the provisional full year data and was published in June 2017. Hospital providers and the NHS Digital HES Data Quality team work to improve the quality and completeness of the data in order to produce the final annual refresh data used in this report, as described in ‘Accuracy and Reliability’. Error! Reference source not found.

Table 2: Comparing month 13 and annual refresh data, 2017-18

<table>
<thead>
<tr>
<th></th>
<th>Month 13</th>
<th>Annual refresh</th>
<th>Percentage change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attended appointments</td>
<td>93,542,952</td>
<td>93,544,388</td>
<td>0.00%</td>
</tr>
<tr>
<td>(Percentage of all appointments)</td>
<td>78.4</td>
<td>78.4</td>
<td>0.00%</td>
</tr>
<tr>
<td>Did not attend appointment</td>
<td>7,984,100</td>
<td>7,984,183</td>
<td>0.00%</td>
</tr>
<tr>
<td>(Percentage of all appointments)</td>
<td>6.7</td>
<td>6.7</td>
<td>0.00%</td>
</tr>
<tr>
<td>Follow up attendances for each first attendance</td>
<td>2.18</td>
<td>2.18</td>
<td>0.00%</td>
</tr>
<tr>
<td>Total appointments</td>
<td>119,377,376</td>
<td>119,378,895</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

Source: NHS Digital
Table 7 shows the number of appointments occurring in each month, by the submission version for 2017-18. The number of records per month of activity generally increases as more submissions are made; the completeness of the data improves over time.

Table 3: Monthly variation in submitted records, 2017-18

<table>
<thead>
<tr>
<th>Month</th>
<th>Month 12</th>
<th>Month 13</th>
<th>Annual Refresh</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr 2017</td>
<td>8,796,296</td>
<td>8,823,266</td>
<td>8,823,266</td>
</tr>
<tr>
<td>May 2017</td>
<td>10,304,987</td>
<td>10,332,664</td>
<td>10,332,866</td>
</tr>
<tr>
<td>Jun 2017</td>
<td>10,353,431</td>
<td>10,380,572</td>
<td>10,380,709</td>
</tr>
<tr>
<td>Jul 2017</td>
<td>9,875,622</td>
<td>9,897,938</td>
<td>9,898,177</td>
</tr>
<tr>
<td>Aug 2017</td>
<td>9,883,782</td>
<td>9,910,911</td>
<td>9,911,161</td>
</tr>
<tr>
<td>Sep 2017</td>
<td>9,872,823</td>
<td>9,898,329</td>
<td>9,898,588</td>
</tr>
<tr>
<td>Oct 2017</td>
<td>10,418,390</td>
<td>10,531,508</td>
<td>10,531,738</td>
</tr>
<tr>
<td>Nov 2017</td>
<td>10,637,892</td>
<td>10,755,154</td>
<td>10,755,356</td>
</tr>
<tr>
<td>Dec 2017</td>
<td>8,573,607</td>
<td>8,674,812</td>
<td>8,674,942</td>
</tr>
<tr>
<td>Jan 2018</td>
<td>10,645,276</td>
<td>10,740,376</td>
<td>10,740,376</td>
</tr>
<tr>
<td>Feb 2018</td>
<td>9,408,126</td>
<td>9,496,904</td>
<td>9,496,904</td>
</tr>
<tr>
<td>Mar 2018</td>
<td>9,622,598</td>
<td>9,934,942</td>
<td>9,934,942</td>
</tr>
</tbody>
</table>

Source: NHS Digital

Providers are no longer offered the opportunity to re-submit data for HES after the submission deadline (top-up files), which was approved by partners on the Data Quality Steering Group (DQSG). This has enabled us to commit to publishing Annual data earlier than for previous years. Providers were informed about this decision emphasising the importance to submit data correctly before the inclusion date of 21 May 2018.

Timeliness and Punctuality

HES data are published as early as possible. The production of the underlying annual HES data sets takes several months after the reference period. The final submission deadline for NHS providers to send annual data to SUS is normally at the end of May, almost two months after that year has finished. It then takes approximately two months to produce the HES Outpatient data set and a further two months to complete publication production and data investigation.

In addition to annual data NHS Digital also publish provisional monthly HES data approximately two months after the reference period.

The final annual data includes additional data cleaning, validation and processing than the provisional monthly data.

Coherence and Comparability

Users can misinterpret HES data as relating to numbers of patients but care should be taken as the standard unit of HES data relates to hospital activity, not individuals.

In the case of outpatient treatment it is often the case that an individual patient may be booked for a series of appointments, the first of which is distinguished from the following appointments in the data. Furthermore, an individual may be treated a number of times in the year, for the same or different conditions.
UK comparisons

Separate collections of hospital statistics are undertaken by Northern Ireland, Scotland and Wales. There are a number of important differences between the countries in the way that data measures are collected and classified, and because of differences between countries in the organisation of health and social services. For these reasons, any comparisons made between HES and other UK data should be treated with caution.

ONS used to produce UK Health Statistics which contained key figures about the use of health and social services, including hospital admitted patient activity and waiting times across the UK. The last version of this discontinued series can be found at:


Other UK Data:
Hospital data for the other administrations can be found at:

• Northern Ireland – Hospital Statistics
• Scotland – Hospital Care
• Wales – Health and social care statistics

NHS England also publish hospital activity data:

http://www.england.nhs.uk/statistics/statistical-areas

Wider international comparisons

HES and similar statistics from the devolved administrations are used to contribute to World Health Organisation (WHO), Organisation for Economic Co-operation and Development (OECD) and Eurostat compendiums on health statistics.

Improvements over time

HES data are available from 1989-90 onwards. Changes to the figures over time need to be interpreted in the context of improvements in data quality and coverage (particularly in earlier years), improvements in coverage of independent sector activity (particularly from 2006-07) and changes in NHS practice.

Payment by Results (PbR) is a system whereby hospitals are paid for the number of patient treatments, known as activity, they perform and the complexity of these treatments. It was introduced in a phased way from 2003-04 onwards. In order to get paid correctly, hospitals need to record the activity they perform and the clinical codes that outline the patients’ conditions and treatment.

The introduction of Payment by Results (PbR), increased private sector involvement in the delivery of secondary care and brought about some changes in clinical practice (including some procedures occurring as outpatient appointments instead of hospital admissions). It is likely that these changes will have affected trends.

This has provided a major financial incentive for hospitals to ensure all of the activity they perform and the clinical coding is fully recorded. This improved recording of information captured by HES could be one of the factors leading to the reported activity increases.

In order to manage patients’ waiting times there has been the need for additional elective operations to be performed as well as a requirement for more capacity in NHS funded care to
perform this activity. In the middle of the last decade, additional capacity was brought in from
the private sector via treatment centres, with the NHS funding some patients to be treated
there for routine operations.

Improvements in technology and the need to increase efficiency to allow more patients to be
treated have led to a reduction in the length of time patients need to stay in hospital for certain
planned operations. In particular, many of those operations that would have involved an
overnight stay at the start of the period are now routinely performed as day cases. In addition,
many operations where a patient would have been admitted to hospital at the start of the
period are now routinely performed in outpatients. This has led to increases in day case rates
and outpatient attendances over the period.

The recent period has also seen a rise in the number of emergency admissions. One factor
contributing to this is likely to be the increased demand on health services from an ageing
population. Alongside this there has been the introduction of observation or medical
assessment units at many hospitals to which patients arriving in A&E departments are
admitted, often for around a day, to enable observation and tests to be performed on them.

Comparisons of annual HES data highlights these changes over time

Care should be taken when interpreting these changes, as improvements in coverage in HES
will contribute alongside growth from increased activity.

Extra care should be taken when looking at clinical data, as changes in NHS practices (such
as the introduction of new procedures and interventions) can have an effect on changes
through time.

Changes to clinical classifications
Diagnoses are coded in HES using the ICD10 classification.
Operative procedures are coded in HES using the OPCS classification.
Further information about these classifications, and changes to them, can be found at:
https://digital.nhs.uk/terminology-and-classifications/clinical-classifications

Changes to organisation codes and geographical boundaries
The Organisation Data Service (ODS) is responsible for the publication of all organisation and
practitioner codes and national policy and standards with regard to the majority of organisation
codes. For more information about the ODS and changes to organisation codes and
geographical boundaries visit:
https://digital.nhs.uk/organisation-data-service

Accessibility and Clarity
As HES is such a rich source of data it is not possible to publish aggregate tables covering all
permutations of possible analysis. Underlying HES data is also made available to facilitate
further analysis that is of direct relevance to users. There are no restrictions to access the
published data.
Trade-offs between Quality Components

As discussed in the Accuracy and Reliability section providers have the opportunity to submit data each month, which is centrally assessed for data quality and issues are reported back to providers in order to give an opportunity to address any issues found. The dataset is then finalised for the full financial year, and issues remaining after that point are published on NHS Digital’s website, but no attempt is made to amend the data.

Assessment of User Needs and Perceptions

We have a dedicated e-mail address for users to e-mail their views, suggestions, queries or concerns regarding the publication. If anything is identified as being unclear, we address that as soon as we possibly can.

We consult users when proposing significant changes to the content of or methodologies used in the publications.

In addition, in 2016 NHS Digital conducted a wider consultation exercise on all its publications and services, including HES, and the outcome is available to all.


Cost, Performance and Respondent Burden

The production of HES data is a secondary use of data collected during the care of patients in the NHS and submitted for NHS Providers to be paid for the care they deliver. Therefore, HES does not incur additional costs or burden on the providers of the data.

Confidentiality, Transparency and Security

Although certain information is considered especially sensitive, all information about someone’s health and the care they are given must be treated confidentially and in accordance with legislation and NHS Digital protocols at all times.

There are a limited number of people authorised to have access to the record level data, all of whom must adhere to the written protocol issued by NHS Digital on the dissemination of HES data. For example, guidance is given on handling the very small numbers that sometimes occur in tables to reduce the risk that local knowledge could enable the identification of either a patient or clinician.

HES is a record level data warehouse and it contains information that could (if it was made freely available) potentially identify patients or the consultant teams treating them. In some cases record level data may be provided for medical/health care research purposes. For example, data are likely to be required by the Care Quality Commission and other such bodies. The information may be given following a stringent application procedure, where the project can justify the need and where aggregated data will not suffice. Any request involving sensitive information, or where there may be potential for identification of an individual, is referred to the appropriate governance committee. NHS Digital publishes a quarterly register of data releases, which includes releases of HES data.

HES data are stored to strict standards: a system level security protocol is in place. This details the security standards that are in place to ensure data are secure and only accessed by authorised users.