Hospital Admitted Patient Care and Adult Critical Care Activity

2018-19
Introduction

This publication describes NHS-funded inpatient, day case and adult critical care activity in England in 2018-19.

The data source for this publication is Hospital Episode Statistics (HES).

Records in the HES Admitted Patient Care (APC) database, which form the basis of this publication, are called “hospital episodes”. This publication looks at completed Finished Admission Episodes (FAEs), which is the first episode in a spell of care, and Finished Consultant Episodes (FCEs), which is a continuous period of care under one consultant. Each APC record includes a wide range of information including details of the patient (age, gender, geographic details), when they were treated and what they were treated for.

Adult Critical Care (ACC) is a subset of APC data. An Intensive Care Unit (ICU) or High Dependency Unit (HDU) ward in a hospital, known as a critical care unit, provides support, monitoring and treatment for critically ill patients requiring constant support and monitoring to maintain function in at least one organ, and often in multiple organs.
Hospital Admitted Patient Care Activity
Key Facts

20.8 million Finished Consultant Episodes (FCEs) and 17.1 million Finished Admission Episodes (FAEs) were recorded in 2018-19. This represents a 3.6 per cent increase in FCEs from 2017-18. The increase in FAEs is smaller at 3.0 per cent.

The average annual growth for FCEs over the last twenty years is 2.8 per cent.

Source: HES
The age group with the highest number of episodes was the **70-74 year group** (1.9 million). This accounts for **9.2 per cent** of all episodes.

Female patients accounted for **11.3 million** (54.6 per cent) of episodes.

Episodes for females aged 20-39 years were 2.5 times more than the equivalent male age group, indicating that maternity services were responsible for a large proportion of activity in this age and sex category.
In this chart FAEs have been indexed to 2008-09 levels, showing relative growth rates of emergency and elective admissions.

**Elective admissions have increased by 25 per cent** over the ten year period. This is lower than the rate of growth of emergency admissions (patients admitted as an emergency via A&E or by other means), which have increased by 28 per cent.

For more information: [Summary Report 3, Hospital Admitted Patient Care Activity, 2017-18](#)
This monthly breakdown shows that elective admissions peak in October (793,470 elective admissions) and drop to their lowest levels in December (646,522 elective admissions).

Emergency admissions were lowest in February (707,932 emergency admissions) and highest in January (570,673 emergency admissions).

For more information: Summary Report 4, Hospital Admitted Patient Care Activity, 2017-18
Admissions by Ethnicity and rate per 100,000 population, 2018-19

The highest rate of admissions is for the ‘Any other ethnic group’ category with just over 49,900 admissions for every 100,000 people. This group accounted for 1.8 per cent of all admissions.

The largest volume of admissions are for those with an ethnic group of White (13.1 million).

The lowest rate of admissions with almost 13,500 admissions per 100,000 people is for those with an ethnic group of Mixed.

Source: HES, ONS

For more information: Summary Report 5, Hospital Admitted Patient Care Activity, 2017-18
The most deprived 10% decile had the largest rate of admissions with just over 34,000 admissions per 100,000 people. The least deprived 10% decile had the lowest rate with almost 28,000 admissions per 100,000 people.

Overall, the more deprived groups accounted for a larger volume of admissions (8.8 million admissions) compared with the less deprived groups (7.9 million).
We can see in this chart that emergency admissions were more common in the more deprived decile groups compared with in the less deprived groups.

Within the most deprived 10% decile group there was an even distribution of elective and emergency admission methods. In contrast, the proportion of emergency admissions drops to 33.6 per cent in the least deprived 10% decile group.

Source: HES
Excludes admissions where the IMD is unknown

For more information: Summary Report 7, Hospital Admitted Patient Care Activity, 2017-18
In 2018-19 64.4 per cent of episodes were ordinary episodes involving a planned overnight stay and 35.6 per cent were day cases.

The proportion of day cases increased year on year between 2009-10 until 2017-18; however, over the last two years they have levelled.

Source: HES

For more information: Summary Report 8, Hospital Admitted Patient Care Activity, 2017-18
There were 2.3 million admissions with a primary diagnosis of diseases of the digestive system.

This was the most commonly recorded primary diagnosis in the North of England, London and South East regions. Neoplasms was the top primary diagnosis in Midlands and East of England (717,090 FAEs) and South West (248,565 FAEs).

Source: HES

For more information: Summary Report 9, Hospital Admitted Patient Care Activity, 2017-18
Nationally, the most commonly recorded main procedures, were ‘miscellaneous operations’ (2.0 million episodes), comprising of operations on multiple systems, drug therapy, and operations that could not be categorised elsewhere.

Regionally, the largest number of episodes with a procedure recorded was in North of England (3.7 million episodes).
The mean waiting time for an elective admission was 61 days; this is two days longer than the mean waiting time the previous year.

Almost half (48 per cent) of admissions in London had an elective wait of under 1 month.

Nationally 98 per cent of admissions had a wait of under 9 months.
Hospital Adult Critical Care Activity
There were 291,679 useable critical care records in 2018-19, a decrease of 0.1 per cent from 2017-18 (291,836 records).

Since 2011-12, the number of useable critical care records has increased by 22.4 per cent (from 238,248 records).

Source: HES

For more information: Summary Report 12, Hospital Admitted Patient Care Activity, 2017-18
Critical Care records by region, 2018-19

This chart shows a breakdown of critical care records by the Commissioning Region of treatment.

Almost a third (30 per cent) of all critical care records were for North of England.

The South West and South East of England combined accounted for 18 per cent of critical care records.

Source: HES

For more information: Summary Report 13, Hospital Admitted Patient Care Activity, 2017-18
In 2018-19 patients aged **70-74 years** represented the age group with the largest number of critical care records (**39,396 records**). Children aged **0-19 years** accounted for **4,914 (1.7 per cent)** of critical records. **Male** patients accounted for over half (**57 per cent**) of critical care records.

Source: HES
Excludes Critical Care records where the sex is not specified or not known

For more information: Summary Report 14, Hospital Admitted Patient Care Activity, 2017-18
This chart shows the distribution of critical care records through the week.

**Most critical care records started on a weekday** (237,165 records, 81.3 per cent).

**50 per cent** of discharges were between **Wednesday and Friday**.

Source: HES

For more information: [Summary Report 15, 16 & 17, Hospital Admitted Patient Care Activity, 2017-18](#)
Although we can see from the previous chart that fewer critical care records start at the weekend, the average length of stay for patients that were admitted on a Saturday or Sunday was almost one day longer compared with those admitted on a weekday.

This could be because episodes starting at the weekend include more emergency cases.
The average length of stay was longest for critical care records ending on a **Monday** (5.1 days). This is 1.4 days longer than discharges at the end of the working week.

Patients discharged on a **Saturday** had the shortest average length of stay at **3.4 days**.

*Source: HES*

*For more information: Summary Report 15, 16 & 17, Hospital Admitted Patient Care Activity, 2017-18*
The average length of stay for Gastrointestinal support was 8.1 days (52,243 critical care periods).

The average number of days for men receiving this support type was almost a day more than for women (8.5 days and 7.6 days respectively).

Basic cardiovascular support had more than four times as many critical care periods (214,317) than gastrointestinal, but the average length of stay was almost half, at only 4.1 days.