Provisional Monthly HES data for Admitted Patient Care

This is the most recent publication of provisional monthly HES (Hospital Episode Statistics) data for NHS Hospitals in England and activity performed in the Independent sector in England commissioned by English NHS. Further details about the publication of monthly HES are in the ‘about monthly HES data’ document which can be found under related documents.

Key Facts
In the year from July 08 to June 09 there were:
• 16.3 million finished consultant episodes (FCEs), 57.1% of which included at least one procedure or intervention, and of these 5.2 million were day cases.
• 14.1 million admission episodes, of which 5.0 million were emergency admissions.

Monthly Activity

<table>
<thead>
<tr>
<th>Month</th>
<th>Episodes/Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul 07</td>
<td>15,583,032</td>
</tr>
<tr>
<td>Jul 08</td>
<td>16,251,518</td>
</tr>
<tr>
<td>Jul 09</td>
<td>16,918,914</td>
</tr>
</tbody>
</table>

% change: 4.3%

% FCEs with a procedure:
- Jul 07: 56.5%
- Jul 08: 57.1%
- Jul 09: 57.4%

Ordinary Episodes:
- Jul 07: 10,679,091
- Jul 08: 11,017,460
- Jul 09: 11,362,345

% change: 3.2%

Day Case Episodes:
- Jul 07: 4,903,941
- Jul 08: 5,234,058
- Jul 09: 5,566,570

% change: 6.7%

Total Admissions:
- Jul 07: 13,664,033
- Jul 08: 14,134,945
- Jul 09: 14,605,917

% change: 3.4%

Emergency Admissions:
- Jul 07: 4,787,109
- Jul 08: 5,038,309
- Jul 09: 5,280,148

% change: 5.2%

Rolling 12 month period comparison

<table>
<thead>
<tr>
<th></th>
<th>Jul 07 to Jun 08</th>
<th>Jul 08 to Jun 09</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Finished Consultant Episodes</td>
<td>15,583,032</td>
<td>16,251,518</td>
<td>4.3%</td>
</tr>
<tr>
<td>% FCEs with a procedure</td>
<td>56.5%</td>
<td>57.1%</td>
<td>-</td>
</tr>
<tr>
<td>Ordinary Episodes</td>
<td>10,679,091</td>
<td>11,017,460</td>
<td>3.2%</td>
</tr>
<tr>
<td>Day Case Episodes</td>
<td>4,903,941</td>
<td>5,234,058</td>
<td>6.7%</td>
</tr>
<tr>
<td>Total Admissions</td>
<td>13,664,033</td>
<td>14,134,945</td>
<td>3.4%</td>
</tr>
<tr>
<td>Emergency Admissions</td>
<td>4,787,109</td>
<td>5,038,309</td>
<td>5.2%</td>
</tr>
</tbody>
</table>
Provisional Monthly HES - Inpatient Data Completeness

Monthly provisional data may be incomplete or contain errors which have not been investigated or adjusted yet. In general, counts produced from the monthly provisional data are likely to be lower than those generated for the same period in the final annual dataset. We have provided this article to demonstrate data coverage this month compared to earlier data periods. Please also see the data quality note for known data quality issues.

Data Completeness Chart

Note - The difference between the dark green and light green bars is the improvement in completeness in the last month. Where there is little change the figure for that month is stable.

Clinical coding

The shortfall between the most recent month’s data is more pronounced when considering clinical (procedures and diagnoses) coverage. 6.4 % more procedures and 9.2 % more diagnoses were coded in June 09 in the HES data submitted to SUS by 21/8/2009 (Month 4) - extract used for 9th October 2009 publication, compared to the HES data submitted to SUS by 22/7/2009 (Month 3) used for 9th September 2009 publication We accordingly recommend extra caution using clinical codes for the most recent months data.

What can HES Monthly data be used for?
High level, aggregate analysis demonstrating approximate trends in activity.

What should HES Monthly data not be used for?
Lower level analysis should be approached with caution as not all activity will be correctly processed until the final annual data is produced.

Contact us
If you would like to discuss particular data quality issues in more detail or particular uses of monthly HES data then please contact us at HES.questions@ic.nhs.uk
Provisional Monthly HES data for Outpatients

This is the most recent publication of provisional monthly HES (Hospital Episode Statistics) data for NHS Hospitals in England and activity performed in the Independent sector in England commissioned by English NHS. Further details about the publication of monthly HES are in the ‘about monthly HES data’ document which can be found under Related documents.

Key Facts
In the year from July 08 to June 09 there were:

• 75.9 million outpatient appointments were made, with 61.4 million (80.9%) of these attended by the patient.

• 6.0 million outpatient appointments were not attended by the patient, representing 8.0% of all appointments.

Monthly Activity

![Graph showing monthly activity from April 2008 to June 2009 with data from April 2008 being provisional.]

Please note: Total appointments include: attendances, did not attend and cancellations (by either the hospital or patient).

Rolling 12 month period comparison

<table>
<thead>
<tr>
<th></th>
<th>Jul 07 to Jun 08</th>
<th>Jul 08 to Jun 09</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Appointments</td>
<td>68,660,403</td>
<td>75,875,584</td>
<td>10.5%</td>
</tr>
<tr>
<td>Attended appointments</td>
<td>56,066,236</td>
<td>61,351,203</td>
<td>9.4%</td>
</tr>
<tr>
<td>% of all appointments</td>
<td>81.7%</td>
<td>80.9%</td>
<td></td>
</tr>
<tr>
<td>Did not attend appointment</td>
<td>5,638,356</td>
<td>6,046,194</td>
<td>7.2%</td>
</tr>
<tr>
<td>% of all appointments</td>
<td>8.2%</td>
<td>8.0%</td>
<td></td>
</tr>
<tr>
<td>Follow-up attendances for each first attendance</td>
<td>2.27</td>
<td>2.21</td>
<td>-</td>
</tr>
</tbody>
</table>

Year to date comparison

<table>
<thead>
<tr>
<th></th>
<th>Apr 08 to Jun 08</th>
<th>Apr 09 to Jun 09</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Appointments</td>
<td>18,220,429</td>
<td>19,914,055</td>
<td>9.3%</td>
</tr>
<tr>
<td>Attended appointment</td>
<td>14,881,799</td>
<td>16,138,939</td>
<td>8.4%</td>
</tr>
<tr>
<td>% of all appointments</td>
<td>81.7%</td>
<td>81.0%</td>
<td></td>
</tr>
<tr>
<td>Did not attend appointment</td>
<td>1,447,015</td>
<td>1,546,021</td>
<td>6.8%</td>
</tr>
<tr>
<td>% of all appointments</td>
<td>7.9%</td>
<td>7.8%</td>
<td></td>
</tr>
<tr>
<td>Follow-up attendances for each first attendance</td>
<td>2.26</td>
<td>2.18</td>
<td>-</td>
</tr>
</tbody>
</table>
Provisional Monthly HES - Outpatient Data Completeness

Monthly provisional data may be incomplete or contain errors which have not been investigated or adjusted yet. In general, counts produced from the monthly provisional data are likely to be lower than those generated for the same period in the final annual dataset. We have provided this article to demonstrate data coverage this month compared to earlier data periods. Please also see the data quality note for known data quality issues.

Data Completeness Chart

![Data Completeness Chart](image_url)

**Note** - The difference between the dark green and light green bars is the improvement in completeness in the last month. Where there is little change the figure for that month is stable.

**What can HES Monthly data be used for?**
High level, aggregate analysis demonstrating approximate trends in activity.

**What should HES Monthly data not be used for?**
Lower level analysis should be approached with caution as not all activity will be correctly processed until the final annual data is produced.

**Contact us**
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**Bariatric Surgery**

The term “bariatric surgery” is often used to define a group of procedures that can be performed to facilitate weight loss although these procedures can be performed for conditions other than weight loss. It includes stomach stapling, gastric bypasses and sleeve gastrectomy performed on the stomach and/or intestines to limit the amount of food an individual can consume. This surgery is used in the treatment of obesity for people with a BMI above 40, or on people with a BMI between 35 and 40 who have health problems like Type 2 diabetes or heart disease.

**Key Facts**
- In the year from July 08 to June 09 there were 4,619 finished consultant episodes for “bariatric surgery” with a primary diagnosis of obesity.
- In the previous year, July 07 to June 08, there were 3,064 such episodes.
- Between these periods the total number of finished consultant episodes increased by 50.8%.
- The largest percentage of finished consultant episodes for “bariatric surgery”, with a primary diagnosis of obesity, are attributed to Females (76.8%) for the current year, compared to 77.8% last year, representing a 1.0 percentage point decrease.

**Finished Consultant Episodes** recorded in HES with a primary diagnosis of obesity and a procedure of "Bariatric Surgery"

Note:
- Figures for the latest month (June 2009) should be treated with extra caution due to the short period available for clinical coding to be completed.
- Episodes with unknown sex not included

**Rolling 12 month period comparison**

<table>
<thead>
<tr>
<th></th>
<th>July 07 to June 08</th>
<th>July 08 to June 09</th>
<th>Annual change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total (includes unknown)</td>
<td>3,064</td>
<td>4,619</td>
<td>50.8%</td>
</tr>
<tr>
<td>Male</td>
<td>680</td>
<td>1,073</td>
<td>57.8%</td>
</tr>
<tr>
<td>Female</td>
<td>2,383</td>
<td>3,546</td>
<td>48.8%</td>
</tr>
</tbody>
</table>
Footnotes

1. A finished consultant episode (FCE) is defined as a continuous period of admitted patient care under one consultant within one healthcare provider. FCEs are counted against the year in which they end. Please note that the figures do not represent the number of different patients, as a person may have more than one episode of care within the same stay in hospital or in different stays in the same year.

2. The primary diagnosis is the first of up to 20 (14 from 2002/03 to 2006/07 and 7 prior to 2002/03) diagnosis fields in the Hospital Episode Statistics (HES) data set and provides the main reason why the patient was admitted to hospital. As well as the primary diagnosis, there are up to 19 (13 from 2002/03 to 2006/07 and 6 prior to 2002/03) secondary diagnosis fields in Hospital Episode Statistics (HES) that show other diagnoses relevant to the episode of care.

3. These figures represent the number of episodes where the procedure (or intervention) was recorded in any of the 24 operative procedure fields in a HES record.

4. All OPCS-4.2, OPCS-4.3 and OPCS-4.4 procedure codes used to define bariatric surgery have a corresponding ICD-10 code of E66 (Obesity) in the primary diagnosis position to ensure that they are bariatric surgery.

**The OPCS-4.4 procedure codes for bariatric surgery are:**

- G27.1 Total gastrectomy and excision of surrounding tissue
- G27.2 Total gastrectomy and anastomosis of oesophagus to duodenum
- G27.3 Total gastrectomy and interposition of jejunum
- G27.4 Total gastrectomy and anastomosis of oesophagus to transposed jejunum
- G27.5 Total gastrectomy and anastomosis of oesophagus to jejunum nec
- G27.8 Other specified total excision of stomach
- G27.9 Unspecified total excision of stomach
- G28.1 Partial gastrectomy and anastomosis of stomach to duodenum
- G28.2 Partial gastrectomy and anastomosis of stomach to transposed jejunum
- G28.3 Partial gastrectomy and anastomosis of stomach jejunum nec
- G28.8 Other specific partial excision of stomach
- G28.9 Unspecified partial excision of stomach
- G30.1 Gastroplasty nec
- G30.2 Partitioning of stomach nec
- G30.8 Other specified plastic operations on stomach
- G30.9 Unspecified plastic operations on stomach
- G31.1 Bypass of stomach by anastomosis of oesophagus to duodenum
- G31.2 Bypass of stomach by anastomosis of stomach to duodenum
- G31.3 Revision of anastomosis of stomach to duodenum
- G31.4 Conversion to anastomosis of stomach to duodenum
- G31.8 Other specified connection of stomach to duodenum
- G31.9 Unspecified connection of stomach to duodenum
- G31.0 Conversion from previous anastomosis of stomach to duodenum
- G32.1 Bypass of stomach by anastomosis of stomach to transposed jejunum
- G32.2 Revision of anastomosis of stomach to transposed jejunum
- G32.3 Conversion to anastomosis of stomach to transposed jejunum
- G32.8 Other specified connection of stomach to transposed jejunum
- G32.9 Unspecified connection of stomach to transposed jejunum
- G32.0 Conversion from previous anastomosis of stomach to transposed jejunum
- G33.1 Bypass of stomach by anastomosis of stomach to jejunum nec
- G33.2 Revision of anastomosis of stomach to jejunum nec
- G33.3 Conversion of anastomosis of stomach to jejunum nec
- G33.8 Other specified other connection of stomach to jejunum
- G33.9 Unspecified other connection of stomach to jejunum
G33.0 Conversion from previous anastomosis of stomach to jejunum nec
G38.8 Other specified other open operations on stomach
G48.1 Insertion of gastric bubble
G48.2 Attention to gastric bubble
G28.4 Sleeve gastrectomy and duodenal switch
G28.5 Sleeve gastrectomy nec
G30.3 Partitioning of stomach using band
G30.4 Partitioning of stomach using staples
G31.5 Closure of connection of stomach and duodenum
G31.6 Attention to connection of stomach and duodenum
G32.4 Closure of connection of stomach to transposed jejunum
G32.5 Attention to connection of stomach to transposed jejunum
G33.5 Closure of connection of stomach to jejunum nec
G33.6 Attention to connection of stomach to jejunum
G38.7 Removal of gastric band
G71.6 Duodenal switch

It is worth noting that recent advice (July 2009) from clinical coders has led to a refinement in the definition of “bariatric surgery” and to excluding;

G01.2 Oesophagogastrectomy and anastomosis of oesophagus to transposed jejunum
G01.3 Oesophagogastrectomy and anastomosis of oesophagus to jejunum nec
These procedures are not now considered to be used as “bariatric surgery”

**Future topics**

If you would like to suggest a topic for us to feature within a future release please contact us at [HES.questions@ic.nhs.uk](mailto:HES.questions@ic.nhs.uk)
Complications

What are complications?

Complications are defined within ICD-10 as Complications of medical and surgical care (Y40 to Y84), where the 'cause' of the patient episode in hospital is directly related to the complication. Complications are divided into four distinct groups, these are:

• Y40-Y59 (Drugs, medicaments and biological substances causing adverse effects in therapeutic use)
• Y60-Y69 (Misadventures to patients during surgical and medical care)
• Y70-Y82 (Medical devices associated with adverse incidents in diagnostic and therapeutic use)
• Y83-Y84 (Surgical and other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure)

For the purposes of the following analysis these codes have been combined to include all codes (Y40 to Y84).

Key Facts

• In the year from July 08 to June 09 there were 16,251,518 FCEs (Finished Consultant Episodes) of which 325,822 resulted from a complication (20 per 1,000 procedures).
• In the year from July 07 to June 08 there were 15,583,032 FCEs of which 294,551 resulted from a complication (18.9 per 1,000 procedures).
• The 60-79 age group experiences the most complications, some 131,197 or 40% of all complications, for the year July 08 to June 09.

Number of FCEs\(^1\) where the primary cause\(^2\) is "Complications of medical and surgical care\(^3\)" by age group

<table>
<thead>
<tr>
<th></th>
<th>16 or under</th>
<th>17-39</th>
<th>40-59</th>
<th>60-79</th>
<th>80 or over</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 08 to June 09</td>
<td>8.8</td>
<td>12.4</td>
<td>22.9</td>
<td>27.5</td>
<td>22.6</td>
</tr>
<tr>
<td>July 08 to June 09</td>
<td>8.6</td>
<td>11.2</td>
<td>21.5</td>
<td>26.3</td>
<td>22.1</td>
</tr>
<tr>
<td>Change (per 1,000)</td>
<td>0.2</td>
<td>1.2</td>
<td>1.4</td>
<td>1.2</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Provisional data from April 08 onwards
1. Finished Consultant Episode (FCE)
A finished consultant episode (FCE) is defined as a continuous period of admitted patient care under one consultant within one healthcare provider. FCEs are counted against the year in which they end. Please note that the figures do not represent the number of different patients, as a person may have more than one episode of care within the same stay in hospital or in different stays in the same year.

2. Primary diagnosis
The primary diagnosis is the first of up to 20 (14 from 2002-03 to 2006-07 and 7 prior to 2002-03) diagnosis fields in the Hospital Episode Statistics (HES) data set and provides the main reason why the patient was admitted to hospital.

3. Cause code - Complications of medical and surgical care (Y40 to Y84)
The cause code is a supplementary code that indicates the nature of any external cause of injury, poisoning or other adverse effects. The field within HES counts only the first external cause code which is coded within the episode.

Note:
The FCE in which the complication was recorded may not necessarily have ended in the same month in which the FCE with which caused the complication took place. Some of the trend relating to the increase in the number of FCEs with a cause code of complications can be attributed to the general increasing number of FCEs.

External cause code - Complications of medical and surgical care (Y40 to Y84)

Y40  Systemic antibiotics
Y41  Other systemic anti-infectives and antiparasitics
Y42  Hormones and their synthetic substitutes and antagonists, not elsewhere classified
Y43  Primarily systemic agents
Y44  Agents primarily affecting blood constituents
Y45  Analgesics, antipyretics and anti-inflammatory drugs
Y46  Antiepileptics and antiparkinsonism drugs
Y47  Sedatives, hypnotics and anti-anxiety drugs
Y48  Anaesthetics and therapeutic gases
Y49  Psychotropic drugs, not elsewhere classified
Y50  Central nervous system stimulants, not elsewhere classified
Y51  Drugs primarily affecting the autonomic nervous system
Y52  Agents primarily affecting the cardiovascular system
Y53  Agents primarily affecting the gastrointestinal system
Y54  Agents primarily affecting water-balance and mineral and uric acid metabolism
Y55  Agents primarily acting on smooth and skeletal muscles and the respiratory system
Y56  Topical agents primarily affecting skin and mucous membrane and ophthalmological, otorhinolaryngological and dental drugs
Y57  Other and unspecified drugs and medicaments
Y58  Bacterial vaccines
Y59  Other and unspecified vaccines and biological substances
Y60  Unintentional cut, puncture, perforation or haemorrhage during surgical and medical care
Y61  Foreign object accidentally left in body during surgical and medical care
Y62  Failure of sterile precautions during surgical and medical care
Y63  Failure in dosage during surgical and medical care
Y64  Contaminated medical or biological substances
Y65  Other misadventures during surgical and medical care
Y66  Nonadministration of surgical and medical care
Y69  Unspecified misadventure during surgical and medical care
Y70  Anaesthesiology devices associated with adverse incidents
Y71  Cardiovascular devices associated with adverse incidents
Y72  Otorhinolaryngological devices associated with adverse incidents
Y73  Gastroenterology and urology devices associated with adverse incidents
Y74  General hospital and personal-use devices associated with adverse incidents
Y75  Neurological devices associated with adverse incidents
Y76  Obstetric and gynaecological devices associated with adverse incidents
Y77  Ophthalmic devices associated with adverse incidents
Y78  Radiological devices associated with adverse incidents
Y79  Orthopaedic devices associated with adverse incidents
Y80  Physical medicine devices associated with adverse incidents
Y81  General- and plastic-surgery devices associated with adverse incidents
Y82  Other and unspecified medical devices associated with adverse incidents
Y83  Surgical operation and other surgical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84  Other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

Source statement
Source: Hospital Episode Statistics (HES), The NHS Information Centre for health and social care

Future topics
If you would like to suggest a topic for us to feature within a future release please contact us at HES.questions@ic.nhs.uk
Assaults

What is TKAP II

The Tackling Knives Action Programme (TKAP) is a cross-government programme to reduce incidents of death and serious violence among young people. We have previously reported figures for the first phase of the programme looking at assaults by sharp object among teenagers (13-19 year olds). In April 2009 the programme moved into phase 2, aimed at reducing the number of all assaults (not just those with a sharp object) involving young people (aged 13-24) in fourteen police force areas.

Key facts

• In the current year from July 08 to June 09 there were 43,441 Finished admission episodes for assault (all age groups), of these 27,101 (62.4%) were from Tackling Knives Action Programme (TKAP) local authorities and 16,340 from non-TKAP areas.

• In the previous year from July 07 to June 08 there were 42,492 Finished admission episodes for assault (all age groups), of these 26,651 (62.7%) were from Tackling Knives Action Programme (TKAP) local authorities and 15,841 from non-TKAP areas.

• Between these periods admission episodes for assault increased by 2.2% in England with a increased of 1.7% in TKAP areas and an increase of 3.2% in Non-TKAP areas.

• There were 10,864 Finished admission episodes recorded in the year July 08 to June 09 for people aged between 13-24 within TKAP areas, representing a decrease of 120 (1.1%) from the previous year (July 07 to June 08).

Monthly activity: Admissions for Assault (13-24 years old)

Note: Figures for Jun 09 should be treated with extra caution due to the short period available for clinical coding to be completed.
TKAP local authorities

The TKAP local authorities (LAs) are a list of LAs of residence provided by the Home Office. TKAP areas are not coterminous with local authorities but this list of LAs provides a good approximation. From April 2009 TKAP moved into its second phase and has extended the number of forces it involves from 9 to 14. There has also been a minor update to the LAs used in TKAP phase 1 to include Ribble Valley, Rushcliffe, and Vale of White Horse. The inclusion of these LAs has a negligible impact on figures for the original 9 TKAP Phase 1 areas. A list of LAs in TKAP Phases 1 and 2 is available within the worksheet TKAP areas.

More details about diagnosis codes used - ICD-10 Codes "assault" figures

- X85 Assault by drugs medicaments and biological substances
- X86 Assault by corrosive substance
- X87 Assault by pesticides
- X88 Assault by gases and vapours
- X89 Assault by other specified chemicals and noxious substances
- X90 Assault by unspecified chemical or noxious substance
- X91 Assault by hanging strangulation and suffocation
- X92 Assault by drowning and submersion
- X93 Assault by handgun discharge
- X94 Assault by rifle shotgun and larger firearm discharge
- X95 Assault by other and unspecified firearm discharge
- X96 Assault by explosive material
- X97 Assault by smoke fire and flames
- X98 Assault by steam hot vapours and hot objects
- X99 Assault by sharp object
- Y00 Assault by blunt object
- Y01 Assault by pushing from high place
- Y02 Assault by pushing or placing victim before moving object
- Y03 Assault by crashing of motor vehicle
- Y04 Assault by bodily force
- Y05 Sexual assault by bodily force
- Y06 Neglect and abandonment
- Y07 Other maltreatment syndromes
- Y08 Assault by other specified means
- Y09 Assault by unspecified means

Future topics

If you would like to suggest a topic for us to feature within a future release please contact us at HES.questions@ic.nhs.uk
FOOTNOTES

Finished admission episodes
A finished admission episode is the first period of inpatient care under one consultant within one healthcare provider. Finished admission episodes are counted against the year in which the admission episode finishes. Please note that admissions do not represent the number of inpatients, as a person may have more than one admission within the year.

TKAP Age group
Figures are for those aged 13 to 24 years old when they were admitted to hospital. Non-TKAP are those aged 12 & under and 25 & over, and episodes with an unknown age.

TKAP
The TKAP local authorities (LAs) are a list of LAs of residence provided by the Home Office. TKAP areas are not coterminous with local authorities but this list of LAs provides a good approximation. Non-TKAP areas include a small number of people who were not resident in England but were treated in the NHS in England.

Data Quality
Hospital Episode Statistics (HES) are compiled from data sent by more than 300 NHS trusts and primary care trusts (PCTs) in England. Data is also received from a number of independent sector organisations for activity commissioned by the English NHS. The NHS Information Centre for health and social care liaises closely with these organisations to encourage submission of complete and valid data and seeks to minimise inaccuracies and the effect of missing and invalid data via HES processes. While this brings about improvement over time, some shortcomings remain.

Assessing growth through time
HES figures are available from 1989-90 onwards. The quality and coverage of the data have improved over time. These improvements in information submitted by the NHS have been particularly marked in the earlier years and need to be borne in mind when analysing time series. Some of the increase in figures for later years (particularly 2006-07 onwards) may be due to the improvement in the coverage of independent sector activity. Changes in NHS practice also need to be borne in mind when analysing time series. For example, a number of procedures may now be undertaken in outpatient settings and may no longer be accounted for in the HES data. This may account for any reductions in activity over time.

Provisional data
The data from April 2008 is provisional and may be incomplete or contain errors for which no adjustments have yet been made. Counts produced from provisional data are likely to be lower than those generated for the same period in the final dataset. This shortfall will be most pronounced in the final month of the latest period, ie June for Quarter 1 data collection, September for Quarter 2 and so on. It is also probable that clinical data are not complete, which may in particular affect the last two months of any given period. There may also be a variety of errors due to coding inconsistencies that have not yet been investigated and corrected.

Source: Hospital Episode Statistics (HES), The NHS Information Centre for health and social care