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 September 2009 to August 2010 there were:

- 17.1 million finished consultant episodes (FCEs), 58.2% (9.9 million) of which included at least one procedure or intervention, and of these 5.6 million were day cases.

- 14.7 million finished admission episodes (FAEs), of which 5.2 million were emergency admissions.

Inpatient Monthly Activity by episode / admission type

Rolling 12 month period comparison

<table>
<thead>
<tr>
<th></th>
<th>Sep 08 to Aug 09</th>
<th>Sep 09 to Aug 10</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Finished Consultant Episodes</td>
<td>16,444,127</td>
<td>17,051,769</td>
<td>3.7%</td>
</tr>
<tr>
<td>% FCEs with a procedure</td>
<td>57.4%</td>
<td>58.2%</td>
<td>-</td>
</tr>
<tr>
<td>Ordinary Episodes</td>
<td>11,131,935</td>
<td>11,469,637</td>
<td>3.0%</td>
</tr>
<tr>
<td>Day Case Episodes</td>
<td>5,312,192</td>
<td>5,582,132</td>
<td>5.1%</td>
</tr>
<tr>
<td>Finished Admission Episodes</td>
<td>14,285,647</td>
<td>14,728,520</td>
<td>3.1%</td>
</tr>
<tr>
<td>Emergency Admissions</td>
<td>5,089,321</td>
<td>5,239,084</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

Year to date comparison

<table>
<thead>
<tr>
<th></th>
<th>Apr 09 to Aug 09</th>
<th>Apr 10 to Aug 10</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Finished Consultant Episodes</td>
<td>6,886,348</td>
<td>7,131,921</td>
<td>3.6%</td>
</tr>
<tr>
<td>% FCEs with a procedure</td>
<td>58.0%</td>
<td>58.5%</td>
<td>-</td>
</tr>
<tr>
<td>Ordinary Episodes</td>
<td>4,659,194</td>
<td>4,797,524</td>
<td>3.0%</td>
</tr>
<tr>
<td>Day Case Episodes</td>
<td>2,227,154</td>
<td>2,334,397</td>
<td>4.8%</td>
</tr>
<tr>
<td>Finished Admission Episodes</td>
<td>5,967,678</td>
<td>6,158,486</td>
<td>3.2%</td>
</tr>
<tr>
<td>Emergency Admissions</td>
<td>2,116,602</td>
<td>2,177,799</td>
<td>2.9%</td>
</tr>
</tbody>
</table>
Footnotes

**Provisional data**
The data 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, i.e., November from the (month 9) April to November extract. 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 errors due to coding inconsistencies that have not yet been investigated and corrected.

**Finished Consultant Episode (FCE)**
A finished consultant episode (FCE) is a continuous period of admitted patient care under one consultant within one healthcare provider. FCEs are counted against the year in which they end. 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.

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

**Ordinary Admission Episode**
Ordinary admissions are inpatients who have been admitted for treatment. The intention is for treatment to be concluded in longer than one day. If, unexpectedly, the patient is not kept overnight, the episode remains as an ordinary admission.

**Day case Episode**
Day cases are elective inpatients who have been admitted for treatment just for the day. There are therefore always single episode spells with a duration of zero days. The intention is for treatment to be concluded in one day. If, unexpectedly, the patient is kept overnight, it must be re-classed as an ordinary admission.

**Emergency Admissions**
The count of admission episodes with an admission method indicating the admission was an emergency (admission method codes 21 to 24 and 281).

**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.

**Main procedure**
The first recorded procedure or intervention in each episode, usually the most resource intensive procedure or intervention performed during the episode. It is appropriate to use main procedure when looking at admission details, (e.g., time waited), but a more complete count of episodes with a particular procedure is obtained by looking at the main and the secondary procedures.

**FCEs with a procedure (or intervention)**
These figures represent the number of episodes where the procedure (or intervention) was recorded in the main operative procedure field in a Hospital Episode Statistics (HES) record. Please note that more procedures are carried out than the number of episodes with a main procedure. FCEs with an intervention or procedure include: 2008-09 and 2007-08 OPCS 4.4 and 2009-10 OPCS 4.5 codes A01–O10 & O15–X97; 2006-07 OPCS 4.3 codes A01–X97.

**Data quality**
Hospital Episode Statistics (HES) are compiled from data sent by more than 300 NHS trusts and primary care trusts (PCTs) in England and from some 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. While this brings about improvement over time, some shortcomings remain.

**Assessing growth through time**
HES figures 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. For example, apparent reductions in activity may be due to a number of procedures which may now be undertaken in outpatient settings and so no longer include in admitted patient HES data.

**Activity included**
Activity in English NHS Hospitals and English NHS commissioned activity in the independent sector

**Source statement**
Source: Hospital Episode Statistics (HES), The NHS Information Centre for health and social care
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 September 2009 to August 2010 there were:

• 85.9 million outpatient appointments made, with 68.6 million (79.9%) of these attended by the patient.

• 6.8 million outpatient appointments not attended by the patient, representing 7.9% of all appointments.

Outpatient Monthly Activity by appointment type

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>Sep 08 to Aug 09</th>
<th>Sep 09 to Aug 10</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Appointments</td>
<td>78,397,559</td>
<td>85,855,044</td>
<td>9.5%</td>
</tr>
<tr>
<td>Attended appointments</td>
<td>63,186,415</td>
<td>68,583,657</td>
<td>8.5%</td>
</tr>
<tr>
<td>% of all appointments</td>
<td>80.6%</td>
<td>79.9%</td>
<td>-</td>
</tr>
<tr>
<td>Did not attend appointment</td>
<td>6,238,830</td>
<td>6,803,236</td>
<td>9.0%</td>
</tr>
<tr>
<td>% of all appointments</td>
<td>8.0%</td>
<td>7.9%</td>
<td>-</td>
</tr>
<tr>
<td>Follow-up attendances for each 1st attendance</td>
<td>2.22</td>
<td>2.24</td>
<td>-</td>
</tr>
</tbody>
</table>
Year to date comparison

<table>
<thead>
<tr>
<th></th>
<th>Apr 09 to Aug 09</th>
<th>Apr 10 to Aug 10</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Appointments</td>
<td>33,963,952</td>
<td>35,882,948</td>
<td>5.7%</td>
</tr>
<tr>
<td>Attended appointment</td>
<td>27,349,535</td>
<td>28,711,992</td>
<td>5.0%</td>
</tr>
<tr>
<td>% of all appointments</td>
<td>80.5%</td>
<td>80.0%</td>
<td>-</td>
</tr>
<tr>
<td>Did not attend appointment</td>
<td>2,667,245</td>
<td>2,793,934</td>
<td>4.7%</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>2.21</td>
<td>2.23</td>
<td>-</td>
</tr>
</tbody>
</table>

Footnotes

Provisional data
The data 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 November from the (month 9) April to November extract. 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 errors due to coding inconsistencies that have not yet been investigated and corrected.

Appointment Count
The number of planned/booked appointments for outpatients. The HES database contains one row per appointment that was made, whether it was attended or not.

Attendance Type
Attendance Type identifies whether the patient:
- Attended an appointment (these figures are shown in the above table under the heading 'attended appointment')
- Did not attend the appointment, which means the patient did not arrive for their specified appointment (these figures are shown in the above table under the heading 'did not attend appointment')
- Hospital or patient cancelled the appointment (these figures are not shown in the above table).

Outpatient Data Quality
Outpatient Hospital Episode Statistics (HES) data were collected for the first time in 2003-04 and data quality, particularly for clinical information, remains poor. It is not mandatory to code procedures on outpatient records and only around 9% of records have completed clinical codes in 2008-09. We have no reliable existing data source to validate this data against, as Department of Health aggregate returns have never collected clinical codes; it is not clear how representative the figures are. The data represents a sample of outpatient attendances. Statistical estimates (such as median and 90th percentile waiting times for main operations) must be regarded as potentially unreliable until it is possible to assess the quality of local coding.

Assessing growth through time
HES figures 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. For example, apparent reductions in activity may be due to a number of procedures which may now be undertaken in outpatient settings and so no longer include in admitted patient HES data.

Activity included
Activity in English NHS Hospitals and English NHS commissioned activity in the independent sector

Source statement
Source: Hospital Episode Statistics (HES), The NHS Information Centre for health and social care
Provisional Monthly HES data for Accident and Emergency (Experimental Data)

This is the most recent publication of provisional monthly Accident and Emergency Hospital Episode Statistics (A&E HES) data for NHS Hospitals in England. Further details about the publication of monthly HES are in the ‘about monthly HES data’ document which can be found under the Related Documents.

The official source of A&E data is QMAE (Quarterly Monitoring of Accident and Emergency). There are definitional differences between A&E HES data and QMAE data; in particular QMAE data does not include attendances where the A&E appointment has been pre-arranged or planned whereas the HES data does. QMAE remains the official source of A&E attendance and 4 hour wait figures.

A&E HES data is experimental and coverage remains incomplete. It is however able to provide more detailed and further information about recorded A&E attendances. The number of recorded attendances in 2008/09 A&E HES has increased by 12% since 2007/08, compared to a 2% increase in 2008/09 QMAE attendances. Therefore, caution should be used when comparing years, as increases are more likely to be a reflection of improvements in coverage, rather than actual increases in attendances.

Key Facts
In the year from September 2009 to August 2010 there were:
• 15.7 million A&E attendances recorded in A&E HES. Of these 3.4 million (22%) resulted in admission to hospital for inpatient treatment, 2.9 million (19%) resulted in a GP follow up, and 6.1 million (39%) were discharged with no follow up.

Percentage of recorded A&E attendances each month by age group
### Number of A&E attendances by method of discharge: Rolling 12 month period comparison

<table>
<thead>
<tr>
<th></th>
<th>Sep 08 to Aug 09</th>
<th>Sep 09 to Aug 10</th>
<th>Growth / Improvement in coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>14,555,997</td>
<td>15,734,098</td>
<td>8.1%</td>
</tr>
<tr>
<td>Admitted / became a lodged patient</td>
<td>3,139,874</td>
<td>3,449,364</td>
<td>9.9%</td>
</tr>
<tr>
<td>Discharged - GP follow up</td>
<td>2,666,511</td>
<td>2,913,714</td>
<td>9.3%</td>
</tr>
<tr>
<td>Discharged - no follow up</td>
<td>5,724,737</td>
<td>6,125,055</td>
<td>7.0%</td>
</tr>
<tr>
<td>Referred</td>
<td>1,971,217</td>
<td>2,116,716</td>
<td>7.4%</td>
</tr>
<tr>
<td>Others</td>
<td>1,053,658</td>
<td>1,129,249</td>
<td>7.2%</td>
</tr>
</tbody>
</table>

### Year to date comparison

<table>
<thead>
<tr>
<th></th>
<th>Apr 09 to Aug 09</th>
<th>Apr 10 to Aug 10</th>
<th>Growth / Improvement in coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>6,661,600</td>
<td>6,928,455</td>
<td>4.0%</td>
</tr>
<tr>
<td>Admitted / became a lodged patient</td>
<td>1,364,121</td>
<td>1,443,583</td>
<td>5.8%</td>
</tr>
<tr>
<td>Discharged - GP follow up</td>
<td>1,269,180</td>
<td>1,294,714</td>
<td>2.0%</td>
</tr>
<tr>
<td>Discharged - no follow up</td>
<td>2,650,405</td>
<td>2,729,916</td>
<td>3.0%</td>
</tr>
<tr>
<td>Referred</td>
<td>903,381</td>
<td>936,710</td>
<td>3.7%</td>
</tr>
<tr>
<td>Others</td>
<td>474,513</td>
<td>523,532</td>
<td>10.3%</td>
</tr>
</tbody>
</table>

### Footnotes

#### Provisional data
The data 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, i.e. November from the (month 9) April to November extract. 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 errors due to coding inconsistencies that have not yet been investigated and corrected.

#### A&E Data quality
Accident and Emergency Hospital Episode Statistics (A&E HES) are compiled from data submitted by more than 160 NHS trusts and primary care trusts (PCTs) in England. 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. While this brings about improvement over time, some shortcomings remain.

#### A&E attendances
A&E Attendances in HES, relates to the number of recorded attendances. A&E attendances do not represent the number of patients, as a person may have more than one admission within the year.

#### Accident and Emergency Quarterly Monitoring Data Set (QMAE)
The Accident and Emergency Quarterly Monitoring Data Set (QMAE) is a provider based return not a commissioning return. A Primary Care Trust should only complete the return for the services it provides, not those it commissions from local NHS Trusts. Examples of services provided could be a minor injury unit or NHS walk-in centre managed by the Primary Care Trust. This data is collated by Department of Health further information is available here:


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

### Provisional Monthly HES - 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.
In the following three charts, the difference between the bars is the improvement in that month's completeness from one monthly publication to the next, for example M2 to M13 represent each of the 12 provisional monthly publications. Although Month 1 data is not published independently (due to data quality issues and the time available between data collection and submission to SUS) this is provided in subsequent monthly reports.

Where there is little change the figure for that month is stable, data will however remain incomplete due to a number of providers submitting no data throughout the year.

Please also see the data quality note for known data quality issues.

**Inpatient Data Completeness Chart**
**Clinical coding**

The shortfall between the most recent month’s data is more pronounced when considering clinical (procedures and diagnoses) coverage. 5.6% more procedures and 8.1% more diagnoses were coded in the HES data submitted to SUS by 22/10/2010 (Month 6) - extract used for this publication, compared to the HES data submitted to SUS by 23/9/2010 (Month 5) used for 9th November 2010 publication. We accordingly recommend extra caution using clinical codes for the most recent months data.

![Outpatient Data Completeness Chart](chart.png)
A&E Data Completeness Chart

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. Further care should be taken with A&E HES as, being an experimental statistic, data quality and completeness is generally poor. More information on this can be found in the 2008/09 A&E HES Report at:

www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryId=1271

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
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 September 2009 to August 2010 there were 17,051,769 FCEs (Finished Consultant Episodes) of which 372,786 resulted from a complication (21.9 per 1,000 FCEs).
- In the previous year from September 2008 to August 2009 there were 16,444,127 FCEs (Finished Consultant Episodes) of which 335,653 resulted from a complication (20.4 per 1,000 FCEs).
- The 60-79 age group experienced the most complications in the year September 2009 to August 2010. 149,150 or 40% of all complications.

Number of FCEs where the primary cause is "Complications of medical and surgical care" by age group

![Graph showing the number of FCEs by age group from August 2008 to August 2010. The graph includes data from April 2010 onwards. The x-axis represents the months from August 2008 to August 2010, and the y-axis represents the number of FCEs. The graph is color-coded by age group: 16 or under, 17-39, 40-59, 60-79, and 80 or over. The data shows a trend of increasing FCEs in the 60-79 age group compared to other age groups.]

Provisional data from April 2010 onwards

16 or under  17-39  40-59  60-79  80 or over
Number of FCEs where the primary cause is "Complications of medical and surgical care" per 1,000 FCEs (all); 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>September 2009 to August 2010</td>
<td>9.7</td>
<td>13.4</td>
<td>24.8</td>
<td>29.6</td>
<td>25.0</td>
</tr>
<tr>
<td>September 2008 to August 2009</td>
<td>8.9</td>
<td>12.6</td>
<td>23.2</td>
<td>28.0</td>
<td>23.0</td>
</tr>
<tr>
<td>Change (per 1,000)</td>
<td>0.8</td>
<td>0.8</td>
<td>1.6</td>
<td>1.6</td>
<td>2.0</td>
</tr>
</tbody>
</table>

Number (and percentage) of FCEs where the primary cause is "Complications of medical and surgical care" by cause group

<table>
<thead>
<tr>
<th></th>
<th>September 2009 to August 2010</th>
<th>September 2008 to August 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Y40-Y59 (Drugs, medicaments and biological substances causing adverse effects in therapeutic use)</td>
<td>111,771</td>
<td>99,142</td>
</tr>
<tr>
<td>• Y60-Y69 (Misadventures to patients during surgical and medical care)</td>
<td>5,404</td>
<td>5,184</td>
</tr>
<tr>
<td>• Y70-Y82 (Medical devices associated with adverse incidents in diagnostic and therapeutic use)</td>
<td>3,479</td>
<td>3,704</td>
</tr>
<tr>
<td>• 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)</td>
<td>252,132</td>
<td>227,623</td>
</tr>
</tbody>
</table>

- **September 2009 to August 2010**
  - Y40 to Y59: 30.0%
  - Y60 to Y69: 1.4%
  - Y70 to Y82: 0.9%
  - Y83 to Y84: 67.6%

- **September 2008 to August 2009**
  - Y40 to Y59: 29.5%
  - Y60 to Y69: 1.5%
  - Y70 to Y82: 1.1%
  - Y83 to Y84: 67.8%
1. Finished Consultant Episode (FCEs)

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.

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