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 April 2012 to March 2013 there were:

• 17.7 million finished consultant episodes (FCEs)², 59.8% (10.6 million) of which included at least one procedure or intervention, and 6.1 million of which were day cases.

• 15.1 million finished admission episodes (FAEs)³, of which 5.3 million were emergency admissions.

Inpatient Monthly Activity by episode / admission type

Rolling 12 month period comparison

<table>
<thead>
<tr>
<th></th>
<th>Apr 11 to Mar 12</th>
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<th>% change</th>
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<tbody>
<tr>
<td>Total Finished Consultant Episodes²</td>
<td>17,465,424</td>
<td>17,687,812</td>
<td>1.3%</td>
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<td>% FCEs with a procedure⁴</td>
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<td>Ordinary Episodes⁵</td>
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<td>Day Case Episodes⁶</td>
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<td>Finished Admission Episodes³</td>
<td>15,019,395</td>
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<td>Emergency Admissions⁷</td>
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Year to date comparison

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1. 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, e.g. 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.

2. 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.

3. 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.

4. 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: OPCS 4.6 codes A01-O10, O15, O17-O27, O29, O31-X97

5. 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.

6. Day case Episode
Day cases are 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.

7. Emergency Admissions
The count of admission episodes with an admission method indicating the admission was an emergency (admission method codes:
21 = Emergency: via Accident and Emergency (A&E) services, including the casualty department of the provider
22 = Emergency: via General Practitioner (GP)
23 = Emergency: via Bed Bureau, including the Central Bureau
24 = Emergency: via consultant outpatient clinic
28 = Emergency: other means, including patients who arrive via the A&E department of another healthcare provider)

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 Health and Social Care Information Centre 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, changes in activity may be due to changes in the provision of care.

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

Source statement
Source: Hospital Episode Statistics (HES), The Health and Social Care Information Centre
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 April 2012 to March 2013 there were:

- 92.8 million outpatient appointments made, with 74.4 million (80.1%) of these attended by the patient.

- 6.8 million outpatient appointments not attended by the patient, representing 7.3% 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

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1. Outpatient
Those treated within hospital but not admitted as an inpatient.

2. 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, e.g. 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.

3. 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.

4. 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 for providers to code procedures and diagnoses on outpatient records and therefore the coverage of clinical information is low. The poor coverage may in part be accounted for by the fact that there may be no appropriate OPCS-4 code available, or that the cause of morbidity was unknown. In 2009-10 around 3% of records had a known cause of morbidity and 16% of records had completed or appropriate OPCS-4 procedure codes. 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 2003-04 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, changes in activity may be due to changes in the provision of care.

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

Source statement
Source: Hospital Episode Statistics (HES), The Health and Social Care Information Centre.
Provisional Monthly HES data for Accident and Emergency

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 information is Weekly A&E sit-reps (Weekly A&E situation reports). A&E HES data is able to provide more detailed and further information about recorded A&E attendances. The number of recorded attendances in 2011/12 A&E HES has increased by 8.5% since 2010/11, compared to a 0.5% increase in 2011/12 sit-reps attendances. Therefore, caution should be used when comparing years, as increases may be a reflection of improvements in coverage, rather than actual increases in attendances.

Key Facts

In the year from April 2012 to March 2013 there were:

• 18.3 million A&E attendances recorded in A&E HES. Of these 3.8 million (20.8%) resulted in admission to hospital for inpatient treatment, 3.7 million (20.0%) resulted in a GP follow up, and 7.1 million (39.0%) 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
### Number of A&E attendances by method of discharge: Year to date comparison

<table>
<thead>
<tr>
<th></th>
<th>Apr 11 to Mar 12</th>
<th>Apr 12 to Mar 13</th>
<th>Growth Improvement in coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>17,619,708</td>
<td>18,260,452</td>
<td>3.6%</td>
</tr>
<tr>
<td>Admitted / became a lodged patient</td>
<td>3,652,985</td>
<td>3,796,010</td>
<td>3.9%</td>
</tr>
<tr>
<td>Discharged - GP follow up</td>
<td>3,463,291</td>
<td>3,660,794</td>
<td>5.7%</td>
</tr>
<tr>
<td>Discharged - no follow up</td>
<td>6,832,228</td>
<td>7,126,826</td>
<td>4.3%</td>
</tr>
<tr>
<td>Referred</td>
<td>2,296,010</td>
<td>2,254,924</td>
<td>-1.8%</td>
</tr>
<tr>
<td>Others</td>
<td>1,375,194</td>
<td>1,421,898</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

### Footnotes

1. **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, e.g., 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.

2. **Accident and Emergency Weekly Situation Reports (sit-reps)**
   The collection process used for A&E HES data is very different from the process used for collecting the other nationally published source of information on A&E activity, the weekly A&E situation reports (sit-reps). Weekly sit-reps are based on counts made in local NHS organisations and submitted to the Department of Health in aggregate form, rather than from patient level data.

   This aggregate data is still the official source of A&E information and should be used in preference to A&E HES for information that is held in both datasets. It is available here: [http://www.england.nhs.uk/statistics/ae-waiting-times-and-activity/](http://www.england.nhs.uk/statistics/ae-waiting-times-and-activity/)

3. **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. Provisional HES A&E figures include planned follow up attendances.

4. **Admitted became a Lodged Patient**
   A PATIENT temporarily accommodated in an Accident and Emergency Department or elsewhere for whom a DECISION TO ADMIT has been made; but who remains waiting in the nursing care of the Accident and Emergency Department for longer than is appropriate for his/her condition before moving to a WARD.
   (Description taken from Connecting for Health website)

5. **Discharged**
   Discharged – GP follow up = Discharged from A & E case load to the GP for further assessment or treatment
   Discharged - no follow up = Discharged without any follow-up, meaning that patient does not need any further advice or treatment and is discharged from A & E’s caseload and any other care provider for the originating medical condition.

6. **Referred**
   The patient is advised to seek medical care under another care provider, which maybe a Dentist, GP, in hospital Medical consultant (Main Specialty), Surgical consultant, Social Services, or referred to another A & E x-Ray department.

### A&E Data quality

Accident and Emergency Hospital Episode Statistics (A&E HES) are compiled from data submitted by more than 210 providers in England. The Health and Social Care Information Centre 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 2007-08 onwards. Changes to the figures over time need to be interpreted in the context of improvements in data quality and coverage and changes in NHS practice. For example, changes in activity may be due to changes in the provision of care.

### Activity included

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

### Source statement

Source: Hospital Episode Statistics (HES), The Health and Social Care Information Centre.
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@hscic.gov.uk