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This document has been written primarily for those working in the NHS, to inform and support strategic and policy led processes for the benefit of patient care. This document will also be of interest to researchers, journalists and members of the public interested in NHS hospital activity in England.

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Responsible statistician: Jane Winter, Section Head

Version: V2.0

Date of publication: 28 January 2015
# Contents

## Document Management

This is a National Statistics publication 4

## Executive Summary

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>5</td>
</tr>
<tr>
<td>Key Facts</td>
<td>6</td>
</tr>
<tr>
<td>Changes to the Publication</td>
<td>6</td>
</tr>
<tr>
<td>Published Tables</td>
<td>6</td>
</tr>
</tbody>
</table>

## Background

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitted Patient Care</td>
<td>8</td>
</tr>
<tr>
<td>Reporting of Admitted Patient Care data</td>
<td>8</td>
</tr>
<tr>
<td>Assessing growth through time</td>
<td>8</td>
</tr>
<tr>
<td>Changes to Clinical Classifications</td>
<td>9</td>
</tr>
</tbody>
</table>

## Findings

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview</td>
<td>10</td>
</tr>
<tr>
<td>Tables Overview</td>
<td>14</td>
</tr>
<tr>
<td>Operative Procedures – (Summary, 3-character, 4-character)</td>
<td>14</td>
</tr>
<tr>
<td>External Cause</td>
<td>15</td>
</tr>
<tr>
<td>Healthcare Resource Groups (HRGs)</td>
<td>15</td>
</tr>
<tr>
<td>Hospital Providers</td>
<td>15</td>
</tr>
<tr>
<td>Main Specialty</td>
<td>15</td>
</tr>
<tr>
<td>Treatment Specialty</td>
<td>15</td>
</tr>
<tr>
<td>Area Team of residence</td>
<td>16</td>
</tr>
<tr>
<td>Clinical Commissioning Group (CCG) of responsibility</td>
<td>16</td>
</tr>
</tbody>
</table>

## Accessing HES

## Feedback

## Appendices

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Data submissions</td>
<td>18</td>
</tr>
<tr>
<td>2: Glossary of terms</td>
<td>19</td>
</tr>
<tr>
<td>3: Hospital Episode Statistics Data Quality Statement</td>
<td>20</td>
</tr>
<tr>
<td>4: Table Summary</td>
<td>26</td>
</tr>
<tr>
<td>5: Table Column Definitions</td>
<td>28</td>
</tr>
<tr>
<td>6: Headline Figures</td>
<td>32</td>
</tr>
<tr>
<td>7: Data used in media press release</td>
<td>35</td>
</tr>
</tbody>
</table>
Document Management

Revision History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Summary of Changes</th>
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<td>-</td>
</tr>
<tr>
<td>2.0</td>
<td>25/02/2015</td>
<td>Report no longer contains only Headline Figures. Detailed analysis included.</td>
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This is a National Statistics publication

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods; and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

Executive Summary

Introduction

Hospital Episode Statistics (HES) 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 Admitted Patient Care (APC) database are called ‘hospital episodes’, and each hospital episode relates to a period of care for a patient under a single consultant. A stay in hospital from admission to discharge is called a ‘spell’ and can be made up of one or more episodes of care.

Each record in HES 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. This National Statistics publication releases some high level analyses of HES data relating to hospital admissions in NHS hospitals.
Key Facts

In 2013-14:

- There were 18.2 million Finished Consultant Episodes (FCEs) recorded, an increase of 2.5 per cent from 2012-13.
- Of these episodes, 11.8 million (65.2 per cent) were ordinary episodes (including delivery episodes) and 6.3 million (34.8 per cent) were day cases.
- 60.7 per cent of FCEs involved some form of procedure or intervention, with 95.2 per cent of day case episodes involving a procedure or intervention.
- There were 15.5 million Finished Admission Episodes (FAEs) recorded, an increase of 2.1 per cent from 2012-13.
- There were 5.8 million admissions from waiting lists (including booked)\(^2\), compared to 5.6 million in 2012-13, an increase of 3.6 per cent.
- There were 5.4 million emergency admissions compared to 5.3 million in 2012-13, an increase of 1.5 per cent.

Changes to the Publication

As of April 1 2013 changes in the structure of NHS health geographies in England led to Area Teams (AT) replacing Strategic Health Authorities (SHA). To reflect these changes, the SHA of residence data table has been replaced with an AT of residence data table for 2013-14. Figures for 2012-13 are re-stated at the AT level to allow a time series comparison. Within the provider-level analysis tables the breakdown by SHA of treatment will be replaced with a breakdown by AT of treatment for 2013-14; within these tables, figures for AT will not be re-stated for 2012-13.

Following consultation, the methodology used to derive counts of all diagnoses at the four-character level in the diagnosis tables has been revised to count every episode with an instance of a diagnosis as opposed to a count of every instance of a diagnosis.

An additional data column has been added to all data tables to show a count of FCEs with zero bed days. This additional column provides a count of episodes where the episode has been classified as an ordinary admission and the patient has been discharged on the same day as the admission.

Published Tables

For the 2013-14 financial year, HES collected over 18 million records detailing episodes of admitted patient care at NHS hospitals in England or performed in the independent sector, and commissioned by the English NHS.

This publication includes detailed tables at a national level (with breakdowns including consultant specialty, diagnosis and procedure) and further tables at more detailed geographies.

In addition to national aggregations of activity the provider-level analysis is supplied (published March 2015); this allows users to select hospital providers and compare activity with peer organisations, regions or the England total. The purpose of the provider-level analysis is to contribute to the improvement of both the quality and coverage of the data submitted to HES. It is hoped this will stimulate discussion and ultimately contribute to

---

\(^1\) Figures in the Key Facts have been rounded. Percentage calculations are based on the un-rounded figures.

\(^2\) Excludes ‘planned’ admissions where the admission was deferred for medical or social reasons.
enhancements in patient care. This Excel spreadsheet provides information at provider level (where submitted) relating to:

- FCEs
- FAEs
- Time waited
- Primary diagnosis
- Main operative procedure
- External cause codes
- Consultant main specialty
Background

Admitted Patient Care

The APC data set includes details of episodes of care where the patient is admitted into hospital, which includes regular day or night attending patients. For the purposes of this report, regular day/night attenders have been excluded as the multiple episodes involved would artificially inflate the figures for certain diagnoses or procedures. This report does not examine statistics relating to outpatient appointments or attendances at A&E departments.

Reporting of Admitted Patient Care data

HES APC data consists of individual records of patient care that are held within the HES database. These have been submitted from local NHS providers’ Patient Administration Systems (PAS), via the Secondary Uses Service (SUS), a national data warehouse.

Each record in the HES APC database is known as an 'episode'. This is a continuous period of admitted patient care under a single consultant within one hospital provider. A hospital stay consists of one or more episodes since a patient may be transferred from one consultant to another during their stay in hospital. The APC publication is limited to completed episodes (FAEs and FCEs).

Assessing growth through time

HES APC figures are available from 1989-90 onwards. Changes to the figures over time need to be interpreted in the context of both improvements in data quality and coverage and changes in activity. The introduction of Payment by Results (PbR), increased private sector involvement in the delivery of secondary care and some changes in clinical practice (including some procedures occurring as outpatient appointments instead of hospital admissions) will have all affected trends.

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. 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.

One of the key government priorities since the introduction of PbR has been for patients to wait for as short a time as possible. In order to decrease patients’ waiting times there has been the need for additional elective operations to be performed and 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 NHS has seen increases in real terms expenditure throughout the period. In the earlier years of the period, the year on year increase in this expenditure was higher than in the most recent years. The 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.

The data provided here 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:  
http://systems.hscic.gov.uk/data/clinicalcoding
Findings

Overview

In 2013-14 there were 18.2 million FCEs recorded within the HES APC data set, representing an increase of 2.5 per cent from the previous year. Of these episodes, 15.5 million were admission episodes (the first episode in a spell).

Table 1a: Headline figures – Finished Consultant Episodes, 2013-14

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>18,163,101</td>
<td>100.0</td>
</tr>
<tr>
<td>Proportion of the total episodes with a procedure or intervention</td>
<td>-</td>
<td>60.7</td>
</tr>
<tr>
<td>Ordinary episodes</td>
<td>11,841,633</td>
<td>65.2</td>
</tr>
<tr>
<td>Proportion of ordinary episodes with a procedure or intervention</td>
<td>-</td>
<td>42.3</td>
</tr>
<tr>
<td>Day cases</td>
<td>6,321,468</td>
<td>34.8</td>
</tr>
<tr>
<td>Proportion of day cases with a procedure or intervention</td>
<td>-</td>
<td>95.2</td>
</tr>
</tbody>
</table>

Patients’ age

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4 (includes babies born in hospital)</td>
<td>1,459,840</td>
<td>8.0</td>
</tr>
<tr>
<td>5-14</td>
<td>553,065</td>
<td>3.0</td>
</tr>
<tr>
<td>15-44</td>
<td>4,609,611</td>
<td>25.4</td>
</tr>
<tr>
<td>45-64</td>
<td>4,178,324</td>
<td>23.0</td>
</tr>
<tr>
<td>65-74</td>
<td>2,879,784</td>
<td>15.9</td>
</tr>
<tr>
<td>75-84</td>
<td>2,789,925</td>
<td>15.4</td>
</tr>
<tr>
<td>85 and over</td>
<td>1,594,376</td>
<td>8.8</td>
</tr>
<tr>
<td>Not known</td>
<td>98,176</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Private patients treated in English NHS hospitals 93,182 0.5

Source: Health and Social Care Information Centre

Table 1b: Headline figures – Finished Admission Episodes, 2013-14

(includes admissions that began prior to 1 April 2013)

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>15,462,057</td>
<td>100.0</td>
</tr>
<tr>
<td>Waiting list (including booked)</td>
<td>5,821,253</td>
<td>37.6</td>
</tr>
<tr>
<td>Planned (deferred for medical reasons)</td>
<td>2,191,807</td>
<td>14.2</td>
</tr>
<tr>
<td>Emergency</td>
<td>5,415,462</td>
<td>35.0</td>
</tr>
<tr>
<td>Others (including maternity and births)</td>
<td>2,033,535</td>
<td>13.2</td>
</tr>
</tbody>
</table>

Source: Health and Social Care Information Centre

Table 1c: Headline figures – Finished Discharge Episodes

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>15,694,323</td>
<td>100.0</td>
</tr>
<tr>
<td>Deaths in hospital (including stillbirths)</td>
<td>211,130</td>
<td>1.3</td>
</tr>
<tr>
<td>Regular day and night attender episodes</td>
<td>1,385,507</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: Health and Social Care Information Centre
Chart 1: Number of FCEs by age group 2003-04 to 2013-14

Chart 1 shows the volume of episodes each year. Here we can see the increase in activity over time, as can also be seen in Table 4 in Appendix 6.

Five-year age bands are shown in the detailed tables. The greatest number of admissions by five-year age band (excluding newborn babies) was for patients aged 65 to 69 (1.3 million). This age band also saw the greatest increase in the number of admissions, up 5.5 per cent from 2012-13. Female patients accounted for 56.0 per cent of admissions in 2013-14 (8.7 million).
Chart 2: Indexed change in the number of FCEs by age group 2003-04 to 2013-14 (Indexed 2003-04 = 100)

Chart 2 uses the same data as Chart 1 but the data has been indexed to its 2003-04 levels (see Appendix 6, Table 5 for data). In doing so it can more easily be seen how the changes in activity for the different age groups vary within the overall change in activity. Indexed charts show the value of time series data relative to a fixed point in time, in this case 2003-04. A doubling in the data would be represented as the line reaching 200 on the chart.

Using Chart 2, we can see that growth in age groups 60-74 and 75+ was greater that the growth in episodes as a whole, with the growth in the 75+ age group being much larger than that of FCEs as a whole (57.2 % growth from 2003-04 to 2013-14 in the 75+ age group compared to the 37.9 % growth in all FCEs).
Chart 3: Indexed change in the number of FAEs by admission method 2003-04 to 2013-14 (Indexed 2003-04 = 100)

In Chart 3, data for FAEs has been indexed to its 2003-04 levels, showing the relative growth rates of emergency and waiting list admissions. The overall increase in both emergency admissions, where the patient was admitted as an emergency either via A&E or other means (such as from their GP) and waiting list admissions, where the patient was admitted after being put on a waiting list, was slightly higher for waiting list patients compared to 2003-04. (see Appendix 6, Table 5 for data).
Tables Overview

This publication is accompanied by a series of tables which break down the number of episodes by several different groupings. Each table includes the following data counts, unless stated otherwise.

<table>
<thead>
<tr>
<th>Total episodes (FCEs)</th>
<th>Admissions (FAEs)</th>
<th>Male (FCEs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female (FCEs)</td>
<td>Unknown Gender (FCEs)</td>
<td>Emergency (FAEs)</td>
</tr>
<tr>
<td>Waiting list (FAEs)</td>
<td>Planned (FAEs)</td>
<td>Other (FAEs)</td>
</tr>
<tr>
<td>Mean time waited</td>
<td>Median time waited</td>
<td>Mean length of stay</td>
</tr>
<tr>
<td>Median length of stay</td>
<td>Mean age</td>
<td>Age Groups (FCEs)</td>
</tr>
<tr>
<td>Day case</td>
<td>FCE bed days</td>
<td>Zero bed day cases</td>
</tr>
</tbody>
</table>

A full list of tables and fields are available in Appendix 4 and Appendix 5 respectively.

Diagnosis – (Summary, 3 character, 4 character)

All 18.2 million FCEs had a recorded primary diagnosis code (including R69 Unknown and unspecified causes of morbidity). There has been little change in the distribution of primary diagnosis codes from previous years. The top three summary groupings by FCE were Complications of labour and delivery\(^3\) (1,101,456 FCEs - 6.1 per cent), Arthropathies\(^4\) (641,338 FCEs - 3.5 per cent) and Health services in circumstances related to reproduction\(^5\) (639,692 FCEs –3.5 per cent).

Each HES APC episode has one primary diagnosis and may have up to 19 secondary diagnoses recorded. The primary diagnosis is the main reason the patient is receiving care in hospital, while the secondary diagnoses are relevant co-morbidities and external causes if these have been identified. For example a patient may be treated for a broken leg, may have diabetes which would be relevant to their care, and may have broken their leg in a traffic accident.

New to the 2013-14 publication the all diagnoses table presents a count of episodes with an instance of a diagnosis as opposed to a count of every instance of a diagnosis.

Operative Procedures – (Summary, 3-character, 4-character)

There were 11,029,758 FCEs (60.7 per cent) which involved some form of procedure or intervention, with 95.2 per cent of day case episodes involving a procedure or intervention. 2013-14 continued to use OPCS to classify procedures and interventions.

The top three summary groups by FCE (excluding miscellaneous operations) were Diagnostic testing & rehabilitation\(^6\) (1,357,454 – 12.3 per cent), Lower digestive tract\(^7\) (938,389 – 8.5 per cent) and Other bones and joints\(^8\) (exc. Skull and spine) (871,078 – 7.9 per cent).

Each HES record can have up to 24 procedures or interventions recorded. The primary procedure is the most resource-intensive procedure performed during the hospital episode,

---

3 ICD-10 codes O10-O75, O85-O92, O95-O99
4 ICD-10 codes M00-M25
5 ICD-10 codes Z30-Z39
6 OPCS 4.6 codes U01-U54
7 OPCS 4.6 codes H01-H70
8 OPCS 4.6 codes W01-W99, O06-O10, O17-O19, O21-O27, O29
while the secondary procedures are available to capture further information about the primary procedure and any less resource-intensive procedures performed during the hospital episode.

**External Cause**

Just under 8 per cent of FCEs had a recorded external cause code. The most recorded cause code is 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.

As with previous years, three of the top five recorded cause codes were for trips and falls. Falls in total accounted for 421,848 admissions – an increase of 2.7 per cent from 2012-13 (410,873). Patients aged 65 or over accounted for the majority of admissions for falls at 63.2 per cent (266,649). Patients aged 80 and over were involved in more than twice as many episodes of care due to a trip or fall as patients aged 70-80, and approximately eight times as many as patients aged 20-30 and 30-40.

**Healthcare Resource Groups (HRGs)**

HRGs are standard groupings of clinically similar treatments which use common levels of resources. Only a small number of episodes did not have a recorded HRG code (1,942 - 0.1 per cent).

**Hospital Providers**

In total there were 459 English providers submitting information to HES in 2013-14, a decrease of 15 on the previous year’s figure. This is partly due to the NHS restructure from April 2013; the abolition of PCTs, some of which acted as providers in previous years, and the formation of other independent providers. A more detailed breakdown of data by individual provider is available in the provider level analysis Excel report.

**Main Specialty**

Main specialty reflects the specialty of the consultant with prime responsibility for the patient. The main specialties, recognised by the Royal Colleges and Faculties, reflect broad ranges of skills and expertise, and provide a summary of areas of treatment. In 2013-14, there were 80 different main specialties recorded in HES APC and the top three main specialties by FCE were General Medicine (2,957,768 - 16.3 per cent), General Surgery (1,867,469 - 10.3 per cent) and Paediatrics (1,434,253 – 7.9 per cent). This is the same as the previous year, however Paediatrics has reduced slightly in percentage terms from 8.3 per cent of FCEs in 2012-13.

**Treatment Specialty**

Treatment specialty reflects the specialty under which the consultant with prime responsibility for the patient was performing their role. The distinction with main specialty is that, for example, a consultant who is specialist in obstetrics may be responsible for the care of a new-born baby in addition to its mother, performing their role with a treatment specialty of paediatrics. There are also more treatment than main specialties, permitting further analysis of some specialties.

In 2013-14, there were 142 different treatment specialties recorded in APC HES, and the top three main specialties by FCE were General Medicine (3,037,141 - 16.7 per cent), General
Surgery (1,321,933 - 7.3 per cent) and Trauma & Orthopaedics (1,192,600 - 6.6 per cent). As with main specialty these top three are the same as last year.

**Area Team of residence**

AT of residence is based on the patients’ home postcode 17,767,484 (97.8 per cent) of FCEs were for people living within a known AT in England. This table also provides information about episodes of care where the patient did not reside in England:

- **Unknown** 261,699 1.4 per cent
- **Wales** 67,151 0.4 per cent
- **Foreign (Incl. Isle of Man & Channel Islands)** 38,844 0.2 per cent
- **England – Not Otherwise Specified** 17,053 0.1 per cent
- **Scotland** 8,415 0.0 per cent
- **Northern Ireland** 2,455 0.0 per cent

**Clinical Commissioning Group (CCG) of responsibility**

CCGs were created in April 2013 following changes to responsibilities for commissioning NHS services. The CCG of responsibility table presented in this publication uses the CCG derived from the patient’s GP practice, or if this is not recorded, from their residence, or if this is not recorded, from the location of the hospital provider supplying care.
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 the Health and Social Care Information Centre (HSCIC) publish data dictionaries for HES describing the format and possible values for all HES data items:

http://www.hscic.gov.uk/hes

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

http://www.hscic.gov.uk/hdis
http://www.hscic.gov.uk/dars

Feedback

Feedback on this publication can be submitted via our website:

http://www.hscic.gov.uk/haveyoursay

Alternatively, feedback can be provided to the HSCIC via enquiries@hscic.gov.uk or 0300 303 5678.

The HSCIC welcomes all feedback relating to any aspect of this publication. In particular we would welcome feedback on the usefulness of the information to different users, the ways in which the information is used and what further information would be 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:

Appendices

Appendix 1: Data submissions

A list of mandatory and optional fields for submission in the APC Commissioning Data Set (CDS) is provided within the CDS data dictionary.

CDS V6-2 Type 120 - Admitted Patient Care - Finished Birth Episode CDS Overview
CDS V6-2 Type 130 - Admitted Patient Care - Finished General Episode CDS Overview
CDS V6-2 Type 140 - Admitted Patient Care - Finished Delivery Episode CDS Overview
CDS V6-2 Type 150 - Admitted Patient Care - Other Birth Event CDS Overview
CDS V6-2 Type 160 - Admitted Patient Care - Other Delivery Event CDS Overview
CDS V6-2 Type 170 - Admitted Patient Care - Detained and/or Long Term Psychiatric Census CDS Overview
CDS V6-2 Type 180 - Admitted Patient Care - Unfinished Birth Episode CDS Overview
CDS V6-2 Type 190 - Admitted Patient Care - Unfinished General Episode CDS Overview
CDS V6-2 Type 200 - Admitted Patient Care - Unfinished Delivery Episode CDS Overview
### Appendix 2: 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>AT</td>
<td>Area Team</td>
</tr>
<tr>
<td>CCG</td>
<td>Clinical Commissioning Group</td>
</tr>
<tr>
<td>CDS</td>
<td>Commissioning Data Set</td>
</tr>
<tr>
<td>DH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>FAE</td>
<td>Finished Admission Episode</td>
</tr>
<tr>
<td>FCE</td>
<td>Finished Consultant Episode</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>HRG</td>
<td>Healthcare Resource Group</td>
</tr>
<tr>
<td>ICD</td>
<td>International Classification of Diseases and Related Health Problems v.10</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</td>
<td>Office for Population, Censuses and Surveys</td>
</tr>
<tr>
<td></td>
<td>Classification of Interventions and Procedures v 4.6</td>
</tr>
<tr>
<td>PAS</td>
<td>Patient Administration Systems</td>
</tr>
<tr>
<td>PbR</td>
<td>Payment by Results</td>
</tr>
<tr>
<td>PCT</td>
<td>Primary Care Trust</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 3: 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 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.

**Accessibility**

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.

**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. HSCIC 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. HSCIC leads on the schema changes and consults the data suppliers about proposed changes.

Each month the HSCIC 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.

HSCIC 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 HSCIC 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.

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 the HSCIC does not currently possess.

There is also further information about HES data quality published online:


HSCIC also publishes an annual report *The Quality of Nationally Submitted Health and Social Care Data* which highlights issues around the recording of the underlying data that are used for HES, as well as examples of good and poor practice.

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
The HES APC 2013-14 data set includes records of admitted patient episodes collected from 459 providers in England and a single private provider based in Wales which accepts NHS commissioned work from NHS England.

Table 2 provides a count and percentage of FCE records that have valid data in specific key fields.

Table 2: Count of FCEs with a valid entry in fields

<table>
<thead>
<tr>
<th>Field description</th>
<th>2012-13</th>
<th>2013-14</th>
<th>Percentage change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>17,715,046</td>
<td>18,163,101</td>
<td>2.5%</td>
</tr>
<tr>
<td>Age at start of episode</td>
<td>17,628,492</td>
<td>18,064,925</td>
<td>2.5%</td>
</tr>
<tr>
<td>Gender (including Not Stated)</td>
<td>17,714,703</td>
<td>18,162,286</td>
<td>2.5%</td>
</tr>
<tr>
<td>Ethnic Category (inc. Not Stated)</td>
<td>17,409,234</td>
<td>17,761,592</td>
<td>2.5%</td>
</tr>
<tr>
<td>NHS number (including Untraced)</td>
<td>17,576,924</td>
<td>18,028,037</td>
<td>2.5%</td>
</tr>
<tr>
<td>Primary Diagnosis Codes</td>
<td>17,715,046</td>
<td>18,163,101</td>
<td>2.5%</td>
</tr>
<tr>
<td>Main Specialty</td>
<td>17,713,551</td>
<td>18,158,934</td>
<td>2.5%</td>
</tr>
<tr>
<td>HRG4</td>
<td>17,714,255</td>
<td>18,161,159</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

Source: Health and Social Care Information Centre

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 2014. Hospital providers and the HSCIC 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’.

Table 3 shows the change from the Month 13 provisional data and the final annual refresh data.

Table 3: Comparing month 13 and annual refresh data

<table>
<thead>
<tr>
<th></th>
<th>Month 13</th>
<th>Annual refresh</th>
<th>Percentage change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finished consultant episodes (FCES)</td>
<td>17,926,916</td>
<td>18,163,101</td>
<td>1.3%</td>
</tr>
<tr>
<td>Percentage FCEs with a procedure</td>
<td>10,886,957</td>
<td>11,029,758</td>
<td>1.3%</td>
</tr>
<tr>
<td>Ordinary episodes</td>
<td>11,694,452</td>
<td>11,841,633</td>
<td>1.3%</td>
</tr>
<tr>
<td>Day case episodes</td>
<td>6,232,464</td>
<td>6,321,468</td>
<td>1.4%</td>
</tr>
<tr>
<td>Finished admission episodes</td>
<td>15,260,539</td>
<td>15,462,057</td>
<td>1.3%</td>
</tr>
<tr>
<td>Emergency admissions</td>
<td>5,350,381</td>
<td>5,415,462</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

Source: Health and Social Care Information Centre

Chart 4 shows the number of FCEs occurring in each month, by the submission version for 2013-14. The number of records per month of activity generally increases as more submissions are made; the completeness of the data increases over time.
Chart 4: Monthly variation in submitted FCE records

Timeliness and Punctuality

HES data are published as early as possible. The production of the underlying 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 the May, almost 2 months after that year has finished. It then takes approximately 3 months to produce the HES APC data set and a further 2 months to complete publication production and data investigation. However, annual HES publications relating to final 2013-14 data are following a slightly later publication schedule - the reason for this is that the processing of annual HES data has been transferred in-house to HSCIC from the previous third-party supplier, and therefore additional time is needed this year to test and assure the new arrangements.

In addition to annual data the HSCIC also publish provisional monthly HES data approximately 3 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 HES data relates to hospital activity, not individuals.
APC data are presented as FCEs which may include people admitted more than once and those transferred from one consultant to another.

**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:

- Scotland – [Hospital Care](http://www.east-north.scot.nhs.uk/)
- Wales – [Health and social care statistics](http://www.wales.gov.uk/)


**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. For example, apparently reductions in activity may be due to a number of procedures which may now be undertaken in outpatient settings and so are no longer included in APC HES data.

**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: [http://systems.hscic.gov.uk/data/clinicalcoding](http://systems.hscic.gov.uk/data/clinicalcoding)

**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, and encompasses the functionality and services previously provided by the National Administrative Codes Service (NACS).
For more information about the ODS and changes to organisation codes and geographical boundaries visit:

http://systems.hscic.gov.uk/data/ods

**Performance, Cost 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 with regard to confidentiality 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 the HSCIC 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. The HSCIC 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.
Appendix 4: Table Summary

Primary Diagnosis: summary
The summary table groups together broadly associated diagnosis codes to provide a quick reference summary for the otherwise extremely detailed diagnosis field. The codes, normally covering a range, are at a 3-character level that consists of a letter followed by two numbers. The codes are accompanied by a complete description of the diagnosis group.

Primary Diagnosis: 3-character
The Primary diagnosis: 3-character table provides a complete list of all the 3-character primary diagnosis codes. The codes consist of a letter followed by two numbers (e.g. A12) and are accompanied by a complete description of the diagnosis.

Primary Diagnosis: 4-character
The Primary diagnosis: 4-character table provides a complete breakdown of all the 4-character primary diagnosis codes, giving an extremely detailed breakdown. The codes consist of a letter followed by two numbers with a single decimal point (e.g. A12.3) and are accompanied by a complete description of the diagnosis. The 4-character codes are a direct breakdown of the 3-character codes detailed in the 3-character table, providing an additional level of detail.

All Diagnoses: 3-character
The all diagnoses table provides an aggregate summary of codes from all twenty diagnosis fields including the primary diagnosis. The codes are presented at the 3-character level.

All Diagnoses: 4-character
The all diagnoses table provides an aggregate summary of codes from all twenty diagnosis fields including the primary diagnosis. The codes are presented at the 4-character level.

External Cause
External cause codes are recorded in the 19 secondary diagnosis fields (thirteen prior to 2007-08 and six prior to 2002-03), which make it possible to record additional information in the episode. The codes reflect the cause of a patient's attendance in hospital and are recorded using the V01 to Y98 ICD-10 codes. The table displays the codes at the 3-character level along with descriptions. The most common cause codes cover accidents and poisoning.

Main Procedures and Interventions: summary
The summary table groups together broadly associated procedures and interventions codes to provide a quick reference summary for the otherwise extremely detailed main procedures and interventions field. The codes, normally covering a range, are at a 3-character level that consists of a letter followed by two numbers and are accompanied with a complete description of the procedures and interventions group. The groupings are in line with the chapter summary of OPCS-4.6.

Main Procedures and Interventions: 3-character
The Main procedures and interventions: 3-character table provides a complete list of all the 3-character main procedures and interventions codes. The codes consist of a letter followed by two numbers (e.g. A12) with a complete description of the procedure or intervention. A more detailed 4-character procedure and intervention breakdown is available from the website. The main procedures and interventions should be coded as the most resource intensive procedure or intervention of the episode.
Main Procedures and Interventions: 4-character
The main procedures and interventions, recorded using OPCS-4.6, is the most resource-intensive procedure or intervention of the episode. The Main procedures and interventions: 4-character table provides a complete breakdown of all the 4-character main procedures and interventions codes, giving a more detailed breakdown to the 3-character level. The codes consist of a letter followed by two numbers with a single decimal point (e.g. A12.3) and are accompanied by a complete description of the procedures or interventions.

All Procedures and Interventions: 3-character
The all procedures and interventions table provides an aggregate summary of codes from all the procedures and interventions fields including the main procedures and interventions. The codes are presented at the 3-character level.

All Procedures and Interventions: 4-character
The all procedures and interventions table provides an aggregate summary of codes from all the procedures and interventions fields including the main procedures and interventions. The codes are presented at the 4-character level.

Hospital Providers (plus AT of treatment)
The hospital providers table contains episodes grouped according to the organisation that provided the admitted patient care (normally an NHS trust), along with AT of treatment.

Main Specialty
Main specialty reflects the specialty of the consultant with prime responsibility for the patient. The main specialties, recognised by the Royal Colleges and Faculties, reflect broad ranges of skills and expertise, and provide a summary of areas of treatment. The specialty codes consist of three numbers, and are followed by a description.

Treatment Specialty
Treatment specialty reflects the specialty under which the consultant with prime responsibility for the patient was performing their role. The treatment specialties, recognised by the Royal Colleges and Faculties, reflect broad ranges of skills and expertise, and provide a summary of areas of treatment. The specialty codes consist of three numbers, and are followed by a description.

AT of residence
The AT of residence table contains episodes grouped according to the AT containing the patient’s normal home address. This reflects where the patients lived but does not necessarily reflect where they were treated, as they may have travelled to another AT for treatment. The details of where they were treated are given in the Hospital Providers table.

CCG of responsibility
The CCG of responsibility table contains episodes grouped according to the responsible CCG. This does not necessarily reflect where the patient lived (see the AT of residence table) or where they were treated (see the hospital providers table).

Healthcare Resource Groups
The HRG table contains data and descriptions relating to episodes grouped according to HRG version.
Appendix 5: Table Column Definitions

This section contains descriptions of the column headers found in the tables that you can download from the HSCIC website. Definitions for generic columns (common to all tables) are given first, followed by definitions for columns that are only in specific tables.

HES records describe episodes (periods) of continuous admitted patient care under the same consultant. In cases where responsibility for a patient's care is transferred to a second, or subsequent, consultant there will be two or more HES records relating to the patient's stay (spell) in hospital. This is why the total of finished consultant episodes is higher than that for admissions. The prefix ‘finished’ indicates that only those episodes that ended during or before the final day of the HES year (31 March 2014) are included. However, episodes that began in a previous year (i.e. prior to 1 April 2013) are included.

General columns

You can find the general columns listed below in all the data tables, except the total procedures and interventions tables (please note that the external cause table does not contain information on waiting times).

**Finished episodes (FCEs)**

A count of the number of HES records submitted to the Secondary Uses Service (SUS), on behalf of hospital providers, that relate to episodes of admitted patient care that ended during the 2013-14 HES year. The data presented in the tables have not been adjusted to account for shortfalls in the number of records submitted, or for missing or invalid clinical information (e.g. diagnosis).

**Admission episodes (FAEs)**

The count of episodes that were the first in the spell of admitted patient treatment (episodes with an episode order of 1). Note that this includes patients who were admitted in previous years (i.e. prior to 1 April 2013).

**Male**

The count of finished consultant episodes for male patients. Where it is logically inconsistent for this figure to be either zero or not equal to the total episode count (i.e. the data are for a gender specific procedure or diagnosis, such as hysterectomy or vasectomy) the cell has been highlighted. It is difficult to say whether the coding of gender or the accompanying clinical coding is in error therefore no attempts to correct this data have been made. Prior to 2008-09 the data tables corrected these values, assuming the clinical coding to be correct.

**Female**

The count of episodes for female patients. Where it is logically inconsistent for this figure to be either zero or not equal to the total episode count (i.e. the data are for a gender specific procedure or diagnosis, such as hysterectomy or vasectomy) the cell has been highlighted. It is difficult to say whether the coding of gender or the accompanying clinical coding is in error therefore no attempts to correct this data have been made. Prior to 2008-09 the data tables corrected these values, assuming the clinical coding to be correct.

**Gender Unknown**

The count of episodes where the patient gender was recorded as unknown or unspecified.
Emergency
The count of admission episodes with an admission method indicating the admission was an emergency.9

Waiting list
The count of admission episodes with an elective admission method indicating that the admission was from a waiting list. Planned admissions are not included.

Planned
The count of admission episodes with an elective admission method indicating that the admission was planned.

Other Admission Method
The count of admission episodes which are not identified as Elective or Emergency admissions.

Time waited
The mean (average) and median (middle in ranking) time waited in days for admissions from the waiting list (see above). Time waited is defined to be the period between the date of the decision to admit and the date of actual admission. Days of deferment and suspension are not included. The time waited statistics produced from HES are not comparable with the official waiting list figures produced by NHS England. The latter provide an indication of the numbers waiting to be admitted on a particular date, and how long they have been waiting up to that date.

Length of stay
The mean (average) and median (middle in ranking) of the spell duration in days. A spell is a period of continuous admitted patient care within a particular provider, calculated by subtracting the admission date from the discharge date. In HES, this involves selecting records that are the last in the spell and therefore contain a discharge date. All ‘discharge records’ also carry an admission date because, where the spell consists of more than one episode, the admission date is carried forward from earlier episode(s) in the spell. Day cases, which have a length of stay of zero days, are excluded from this calculation.

Mean age
The mean (average) age of the patient in years at the beginning of the episode.

Age bands
The count of FCEs relating to patients who are in the specified age band when the episode begins. Patients with an unknown age are not presented in these age groups. Therefore the total for the age groups may not equal the total number of FCEs. Ages 15-19 are presented as single year age groups to permit detailed analysis of children using differing age bands.

Day case
The count of episodes relating to day cases. Day cases are elective inpatients who have been admitted for treatment just for the day. They 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.

9 See the HES Data Dictionary for further details on codes and descriptions of all other fields within HES: http://www.hscic.gov.uk/hesdatadictionary
**FCE bed days**
This is the sum of the episode duration for all episodes that ended within the financial year. This field does not include bed days where the episode was unfinished at the end of the financial year. This field is different to the ‘Bed days’ field used in publications prior to 2008-09 which included an estimation of bed days from unfinished episodes.

**Zero bed day cases**
In the HES data, day cases are identified by a field called patient classification. There are a number of records which are not recorded as day cases, and appear as ordinary admissions, but which do not involve an overnight stay and do not result in another episode of care at the same provider. These include a number of records which resulted in the death of the patient, or their transfer to another hospital provider, however the vast majority are recorded as having been discharged from hospital. Zero bed day cases are reported for the first time for 2013/14 and are split into three categories:
Single Episode Emergency non-daycase zero duration
Single Episode Elective non-daycase zero duration
Single Episode Other non-daycase zero duration

**All procedures and interventions tables**
The all procedures and interventions tables do not contain the columns: Finished episodes, Waiting list, Time waited, Length of stay or Bed days, but do have the additional columns below:

**All procedures and interventions**
A finished consultant episode will be counted if any one of the first 24 procedures and interventions recorded by the hospital falls within the group. If a procedure or intervention is repeated within an episode, the episode will be counted as many times as the procedure or intervention occurs in the group (including in the count of males, age bands, and so on).

**Main procedures and interventions**
The number of finished consultant episodes in which the code was recorded in the primary position (this is the figure given in the first column of the Main procedures and interventions table). There are 24 procedure and intervention fields in each HES episode. The first field contains the code for the main procedure and intervention, which is usually the most resource-intensive procedure or intervention.

**All Diagnoses tables**
The all diagnoses tables do not contain the columns: Finished episodes, Waiting list, Time waited, Length of stay or Bed days, but do have the additional columns below:

**All Diagnoses**
A finished consultant episode will be counted if any one of the first 20 diagnoses recorded by the hospital falls within the group. At the four-character level if a diagnosis is repeated within an episode, the episode will be counted once.

**Primary Diagnosis**
The number of finished consultant episodes in which the primary diagnosis code was recorded (this is the figure given in the first column of the Primary Diagnosis tables). There are 20 diagnosis fields in each HES episode. The first field contains the code for the primary diagnosis, which is the main reason for the patient being admitted to hospital.
Area Team of residence table
The equivalent table for 2012-13 (SHA of Residence) contained an additional column for Alcohol Attributable Fraction (AAF), which was the sum of the alcohol attributable fractions for eligible episodes. This has not been included in the AT of residence table for 2013-14 as the AAFs have been updated by Public Health England, but are not yet available in HES.
### Appendix 6: Headline Figures

#### Table 4: Time series data from 2003-04 to 2013-14 taken from publication tables

<table>
<thead>
<tr>
<th>Year</th>
<th>Total episodes</th>
<th>Male</th>
<th>All admissions</th>
<th>Emergency</th>
<th>Waiting list</th>
<th>Mean time waited</th>
<th>Median time waited</th>
<th>Mean age (year s)</th>
<th>Age 0-14</th>
<th>Age 15-59</th>
<th>Age 60-74</th>
<th>Age 75+</th>
<th>Media n length of stay (days)</th>
<th>All episodes</th>
<th>Ag e 0-14</th>
<th>Ag e 15-59</th>
<th>Ag e 60-74</th>
<th>Ag e 75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003-04</td>
<td>13,174,480</td>
<td>5,759,916</td>
<td>11,699,163</td>
<td>4,158,734</td>
<td>4,227,180</td>
<td>95</td>
<td>50</td>
<td>49</td>
<td>1,674,944</td>
<td>5,980,530</td>
<td>2,698,407</td>
<td>2,789,703</td>
<td>2</td>
<td>7.4</td>
<td>2.6</td>
<td>5.2</td>
<td>9.4</td>
<td>15.2</td>
</tr>
<tr>
<td>2004-05</td>
<td>13,706,765</td>
<td>5,983,455</td>
<td>12,102,006</td>
<td>4,428,680</td>
<td>4,187,619</td>
<td>84</td>
<td>52</td>
<td>49</td>
<td>1,719,476</td>
<td>6,220,473</td>
<td>2,801,430</td>
<td>2,937,276</td>
<td>2</td>
<td>7.1</td>
<td>2.5</td>
<td>5.0</td>
<td>9.0</td>
<td>14.4</td>
</tr>
<tr>
<td>2005-06</td>
<td>14,423,506</td>
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Source: Health and Social Care Information Centre
### Table 5: Indexed time series data from 2003-04 to 2013-14 (2003-04 = 100)

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<th>All admissions</th>
<th>Emergency</th>
<th>Waiting list</th>
<th>Mean time waited</th>
<th>Median time waited</th>
<th>Mean age (years)</th>
<th>Age 0-14</th>
<th>Age 15-59</th>
<th>Age 60-74</th>
<th>Age 75+</th>
<th>Median length of stay (days)</th>
<th>All episodes</th>
<th>Age 0-14</th>
<th>Age 15-59</th>
<th>Age 60-74</th>
<th>Age 75+</th>
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Source: Health and Social Care Information Centre
Table 6: Procedures and diagnoses

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<th>Main procedures and interventions</th>
<th>Waiting time</th>
<th>Length of stay</th>
<th>Age</th>
<th>Day case percentage</th>
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<td>Emergency</td>
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<th>Age</th>
<th>Day case percentage</th>
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10 Cataracts OPCS-4.6 Codes C71, C72, C73, C74 C75 and C77 with ICD-10 Codes H25, H26, H28.0, H28.1, H28.2 or Q12.0
11 Includes procedures on oesophagus, stomach, pylorus, duodenum, jejunum and ileum - OPCD-4.6 Codes G01 - G82
12 Coronary artery bypass graft – includes replacement of coronary artery, connection of thoracic artery to coronary artery and other methods of bypass – OPCS-4.6 Codes K40 – K46
13 Percutaneous transluminal operations on coronary artery – OPCS-4.6 codes K49, K50.1, K75
15 All transplantations of kidneys – OPCS-4.6 code M01
16 All neoplasms - both benign and malignant – ICD-10 Codes C00 - D48
17 Myocardial Infarction - ICD-10 Codes I20 - I25
18 Also includes bronchitis, rhinitis, pharyngitis, disorders of nose and nasal sinuses, tonsils, adenoids, laryngitis, emphysema and asthma - ICD-10 Codes J10 - J47
19 Inguinal, femoral, umbilical, ventral, diaphragmatic and abdominal hernia - ICD-10 Codes K40 - K46
20 Includes fracture of facial bones, skull, mandible, tooth and injury to cranial nerves and eye - ICD-10 Codes S00 - S09
## Appendix 7: Data used in media press release

### Table 7: Number of Finished Admissions Episodes and rate per population by Area team of Residence

<table>
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<th>Area Team of Residence</th>
<th>Finished Admission Episodes</th>
<th>Rate per 1,000 population</th>
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<td>Bristol, North Somerset, Somerset and South Gloucestershire</td>
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<td>Cumbria, Northumberland, Tyne and Wear</td>
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<td>Derbyshire and Nottinghamshire</td>
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<td>Devon, Cornwall and Isles of Scilly</td>
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<td>South Yorkshire and Bassetlaw</td>
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### Table 8: Finished Admission Episodes by patient gender – 2012-13 and 2013-14

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<td>1,107,473</td>
<td>1,152,280</td>
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<td>75 - 79</td>
<td>1,101,812</td>
<td>1,148,820</td>
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<tr>
<td>80 - 84</td>
<td>943,363</td>
<td>972,654</td>
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<td>85 - 89</td>
<td>645,906</td>
<td>658,666</td>
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<td>90+</td>
<td>381,300</td>
<td>390,155</td>
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<tr>
<td>Unknown</td>
<td>77,823</td>
<td>88,826</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>15,145,633</strong></td>
<td><strong>15,462,057</strong></td>
</tr>
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