



Hospital Episode Statistics: Admitted Patient Care 2011-12

Summary Report

1st November 2012

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Executive Summary

Introduction

Hospital Episode Statistics (HES) is a data warehouse containing details of all admissions to 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 is the data source for a wide range of healthcare analysis for the NHS, Government and many other organisations and individuals.

Records in the HES 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, sex, geographic details), when they were treated and what they were treated for. This National Statistics publication releases some high level analyses of HES data.

Key facts

In 2011-12:

- There were 17.5 million Finished Consultant Episodes (FCEs) recorded in 2011-12, an increase of 1.1 per cent from 2010-11.
- Of these episodes, 11.5 million (66.1 per cent) were ordinary episodes (inc. delivery episodes) and 5.9 million (33.9 per cent) were day cases.
- 59.6 per cent of FCEs involved some form of procedure or intervention, with 94.8 per cent of day case episodes involving a procedure or intervention.
- There were 15.0 million Finished Admission Episodes (FAEs) recorded in 2011-12, an increase of 0.9 per cent from 2010-11.
- There were 5.5 million admissions from waiting lists (inc. booked)¹ in 2011-12, compared to 5.4 million in 2010-11, an increase of 2.0 per cent.
- There were 5.2 million emergency admissions in 2011-12, compared to 5.3 million in 2010-11, a decrease of 0.8 per cent.

¹ Excludes 'planned' admissions where the admission was deferred for medical or social reasons.

Changes to the Publication

This document <Hospital Episode Statistics: Admitted Patient Care – 2011-12 - Summary Report> replaces the previous <Headline Figures> document, which previously accompanied the publication data tables, and provides a central point of collation for background information that assists in the interpretation of the data contained within these tables.

The document has been restructured to bring it into line with other HES data publications and to make it more accessible to users.

The appendices contain definitions of i) the data fields contained within each table and ii) the data counts contained within each field, as well as a summary of any data quality issues which may impact on the published data. Tables 1, 2 & 4, from the Headline Figures 2010-11 document, have been removed from the main body of this report and can now be found in Appendix 6 (tables 4, 5 & 6).

There have been no changes to the data tables or the provider level analysis from 2010-11.

Published tables

This document shows the key statistics from HES for 2011-12 and analyses some of the trends over the past 11 years. The headline tables are also published as part of the 2011-12 National Statistics publication. Tables cover procedures and diagnoses, main specialty, SHA of residence & PCT and external causes. Further details about these tables are included in Appendix 4.

Each of these tables contains analysis by the fields listed in Appendix 5 which include the number of Finished Consultant and Finished Admission Episodes, the age of patients, how long they waited for their episode of care and how long they were cared for.

Target audience

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.

Provider level analysis

The accompanying Excel spread-sheet provides information at provider level (where submitted) relating to:

- Finished Consultant Episodes
- Admissions to Hospital
- Time Waited
- Primary Diagnosis
- Main Operative Procedure
- External Cause Codes
- Consultant Main Specialty

Background

Admitted Patient Care

The Admitted Patient Care (APC) dataset 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 diagnosis or procedures. This report does not examine statistics relating to out-patient appointments or attendances at Accident and Emergency departments.

Reporting of APC data

APC HES 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). SUS is a national data warehouse that has been delivered as part of the National Programme for IT.

Findings

Overall coverage

In 2011-12 there were 17.5 million Finished Consultant Episodes (FCEs) recorded within APC HES, representing an increase of 1.1 per cent from the previous year. Of these Episodes, 15.0 million were Admissions Episodes (the first episode in a spell).

Table 1: Headline figures

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

	Number	Percentage
Finished Consultant Episodes (FCEs)		
Total	17,465,425	100.0%
Proportion of the above episodes with a procedure or intervention	59.6%	
Ordinary episodes	11,541,318	66.1%
Proportion of the above episodes with a procedure or intervention	41.5%	
Day cases	5,924,107	33.9%
Proportion of the above episodes with a procedure or intervention	94.8%	
Patients' age		
0-4 (includes babies born in hospital)	1,461,326	8.4%
5-14	528,818	3.0%
15-44	4,654,219	26.6%
45-64	4,015,346	23.0%
65-74	2,633,611	15.1%
75-84	2,613,020	15.0%
85 & over	1,485,341	8.5%
Not known	73,744	0.4%
Private patients treated in English NHS hospitals	90,639	0.5%
Admission episodes (only the first episode of care in each hospital stay is counted) <i>Includes admissions that occurred prior to 1 April 2011</i>		
Total	15,019,396	100.0%
Waiting list (including booked)	5,541,731	36.9%
Planned (deferred for medical reasons)	2,091,910	13.9%
Emergency	5,242,839	34.9%
Others (including maternity and births)	2,142,916	14.3%
Discharge episodes (only the last episode of care in each hospital stay is counted)		
Total	15,223,724	100.0%
Deaths in hospital (including stillbirths)	219,020	1.4%
Regular day and night attender episodes	1,387,358	

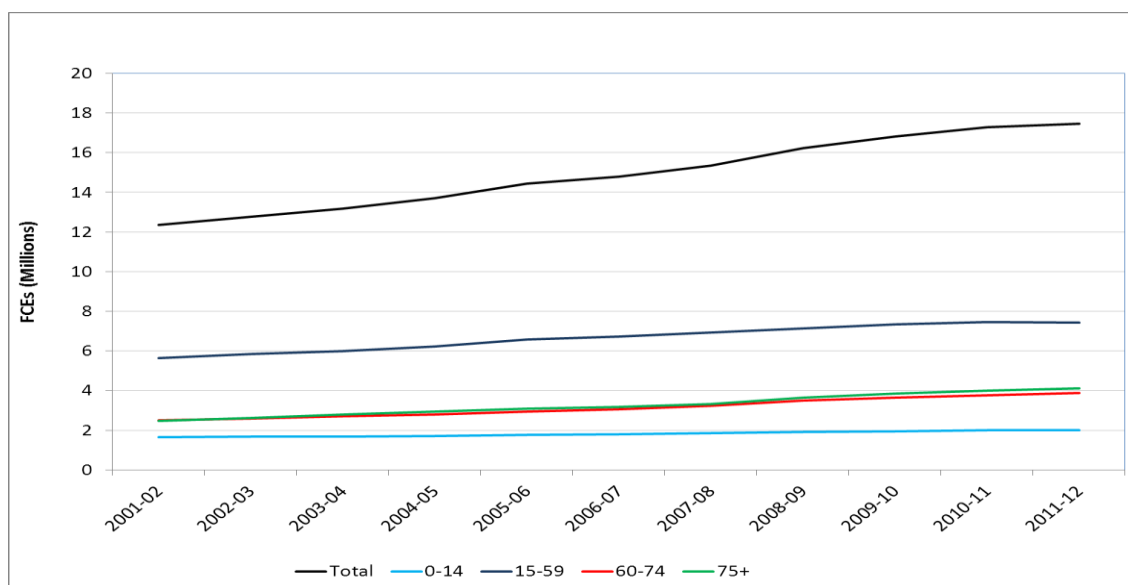
Chart 1: Number of finished consultant episodes by age group 2001-02 to 2011-12

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.

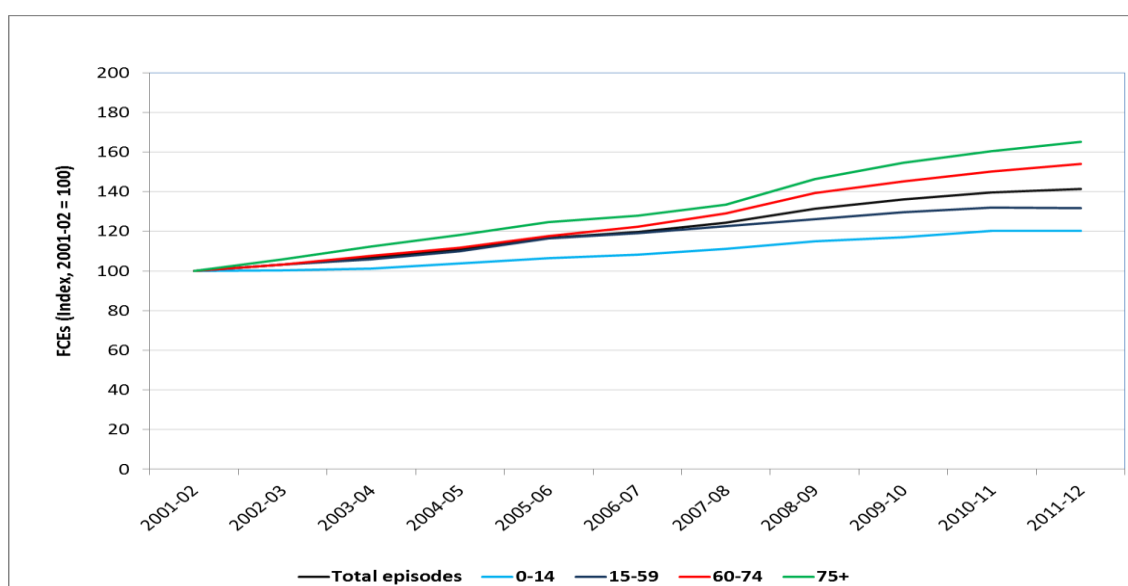
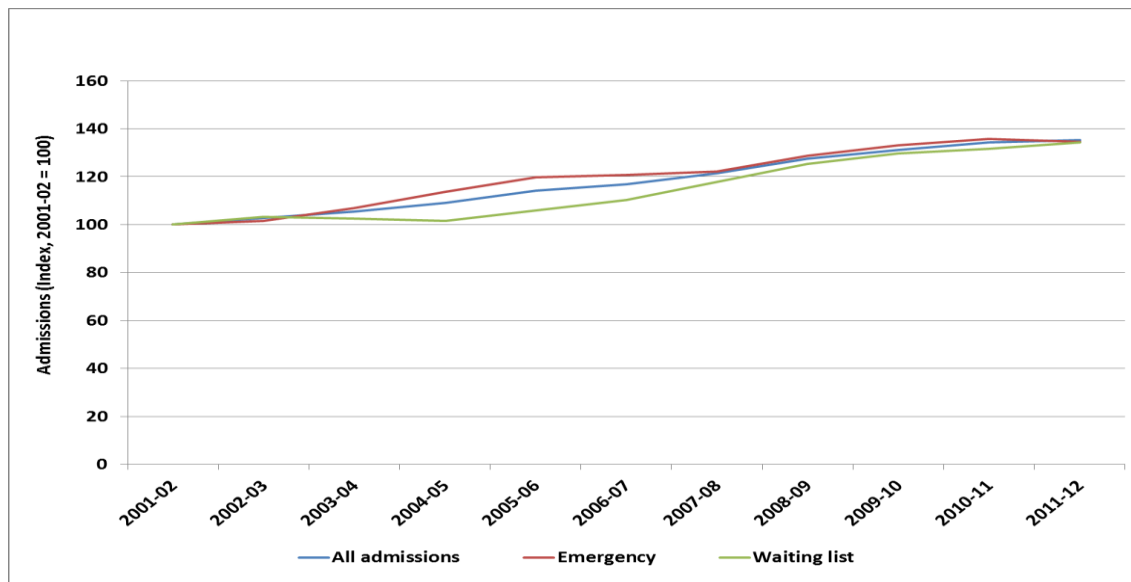
Chart 2: Indexed change in the number of finished consultant episodes by age group 2001-02 to 2011-12 (Indexed 2001-02 = 100)

Chart 2 uses the same data as Chart 1 but we have indexed the data to its 2001-02 levels (see Appendix 6, table 5 for data). This way we can more easily see 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 2001-02. 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+ is greater than 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 (65% growth from 2001-02 to 2011-12 in the 75+ age group and 41% growth in all FCEs).

Chart 3: Indexed change in the number of finished admission episodes by admission method 2001-02 to 2011-12 (Indexed 2001-02 = 100)²



In Chart 3, data for finished admission episodes has been indexed to its 2001-02 levels, showing the relative growth rates of emergency and waiting list admissions. The overall increase in both emergency admissions, where the patient is admitted as an emergency either via A&E or other means (such as from their GP) and waiting list admissions, where the patient is admitted after being put on a waiting list, since 2001-02 is approximately the same in percentage terms. (see Appendix 6, table 5 for data).

Assessing growth through time

APC HES 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, 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.

Payment by Results 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 the middle of the last decade 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.

² Chart 3 was updated on 04/02/13 to include the 2011/12 data.

One of the key government priorities over the 11 years 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 Accident and Emergency departments are admitted, often for around a day, to enable observation and tests to be performed on them.

The data we have provided here highlight these changes over the past 11 years. 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.

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

Finished consultant episodes	Admissions (FAEs)	Male (FCEs)
Emergency (FAEs)	Waiting list (FAEs)	Mean time waited
Median time waited	Mean length of stay	Median length of stay
Mean age	Age 0-14 (FCEs)	Age 15-59 (FCEs)
Age 60-74 (FCEs)	Age 75+ (FCEs)	Day case
FCE bed days		

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

Primary Diagnosis – (Summary, 3 character, 4 character)

All 17.5 million FCEs had a recorded primary diagnosis code (inc. R69 Unknown and unspecified causes of morbidity). There has been little change in the distribution of primary diagnosis codes from previous years. The top 3 summary groupings by FCE were Complications of labour and delivery³ (1,145,674 FCEs - 6.6 per cent), Health services in circumstances related to reproduction⁴ (704,773 FCEs – 4.0 per cent) and Arthropathies⁵ (592,255 FCEs - 3.4 per cent).

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

There were 10,413,163 (60 per cent) FCEs which involved some form of procedure or intervention, with 95 per cent of day case episodes involving a procedure or intervention. 2011-12 was the first year that OPCS-4.6 was used to record procedures and interventions. There were no changes to existing codes between v4.5 and v4.6, although extra codes were added to some chapters.

The top 3 summary groups by FCE were diagnostic testing & rehabilitation⁶ (1,177,826 - 11.3 per cent), lower digestive tract⁷ (874,255 - 8.4 per cent) and other bones and joints⁸ (exc. Skull and spine) (856,138 - 8.2 per cent).

Healthcare Resource Groups (HRGs)

HRGs are standard groupings of clinically similar treatments which use common levels of resources. Only a small number of episodes do not have a recorded HRG code (7,675 – 0.04 per cent). There were 6 FCEs with a recorded HRG code which was retired at the end of 2010-11 and 6,199 where the attached code was introduced for 2012-13.

Hospital Providers

In total there were 493 English providers submitting information to HES in 2011-12, an increase of 17 on the previous year figure. The number of PCTs acting as providers has decreased by a third but this

³ ICD-10 Codes O10-O75, O85-O92, O95-O99

⁴ ICD-10 Codes Z30-Z39

⁵ ICD-10 Codes M00-M25

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

reduction has been offset by an increase in the number of private providers and NHS trusts submitting data. The increase in the number of NHS trusts is based on first submissions from Community Health Trusts. 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 2011-12 there were 77 different main specialties recorded in APC HES and the top 3 main specialties by FCE were General Medicine (2,848,812 - 16.3 per cent), General Surgery (1,790,040 - 10.2 per cent) and Paediatrics (1,417,633 - 8.1 per cent).

Strategic Health Authority (SHA) of residence

SHA of residence is based on the patients' home postcode. 16,587,622 (95.0 per cent) of FCEs were for people living within a known SHA in England. This table also provides information about episodes of care where the patient did not reside in England:

• Unknown	745,443	4.3 per cent
• Wales	68,256	0.4 per cent
• Foreign (Incl. Isle Of Man & Channel Islands)	35,908	0.2 per cent
• England - Not Otherwise Specified	16,778	0.1 per cent
• Scotland	8,887	0.1 per cent
• Northern Ireland	2,531	0.0 per cent.

External cause

Three of the top five recorded cause codes are related to falls (Unspecified fall 221,418 - 15.3 per cent, fall on same level from slipping tripping and stumbling 96,405 - 6.6 per cent and other fall on same level 61,170 - 4.2 per cent). When looking at the age distribution of patients for FCEs where these three codes are recorded, 80 per cent are 60 or over.

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.

The publication tables are also made available in machine readable format (as .CSVs) in line with the making public data public transparency agenda.

All data items included in the published tables are explained in footnotes and the Health and Social Care Information Centre publish data dictionaries for HES describing the format and possible values for all HES data items:

<http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=289>

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

<http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=1342>

Feedback

Feedback on this publication can be provided via our website: <http://www.ic.nhs.uk/statistics-and-data-collections/hospital-care/hospital-activity-hospital-episode-statistics--hes> ('Have your say - give us your comments on this publication') or the HES customer feedback survey on HESonline. Alternatively, feedback can be provided to the Health and Social Care Information Centre via enquiries@ic.nhs.uk or 0845 300 6016.

The Health and Social Care Information Centre 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:

http://www.ic.nhs.uk/webfiles/publications/004_Hospital_Care/HES/HES_Users_and_Uses.pdf

HESonline gets over 70,000 unique visitors each year, with over 1,000,000 page views and over 250,000 downloads. In order to continually meet the needs of our online interrogation service users, we hold HES User Group (HUG) meetings every two months to discuss issues surrounding HES, such as data improvements, data quality and details of any upcoming changes that would impact users. We also hold meetings every six months with the users who subscribe to our Monthly Managed Extract Service.

Responsible statistician:

Chris Dew, Section Head HES/SUS Analysis Section

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Appendices

Appendix 1: Data submissions to APC HES

A list of mandatory and optional fields for submission in the Admitted Patient Care Commissioning Data Set (CDS) is provided by Connecting for Health within the [CDS data dictionary](http://www.datadictionary.nhs.uk/data_dictionary/messages/cds_v6/cds_v6.asp) [http://www.datadictionary.nhs.uk/data_dictionary/messages/cds_v6/cds_v6.asp].

CDS V6 Type 120 - Admitted Patient Care - Finished Birth Episode CDS

CDS V6 Type 130 - Admitted Patient Care - Finished General Episode CDS

CDS V6 Type 140 - Admitted Patient Care - Finished Delivery Episode CDS

CDS V6 Type 150 - Admitted Patient Care - Other Birth Event CDS

CDS V6 Type 160 - Admitted Patient Care - Other Delivery Event CDS

CDS V6 Type 170 - Admitted Patient Care - Detained and/or Long Term Psychiatric Census CDS

CDS V6 Type 180 - Admitted Patient Care - Unfinished Birth Episode CDS

CDS V6 Type 190 - Admitted Patient Care - Unfinished General Episode CDS

CDS V6 Type 200 - Admitted Patient Care - Unfinished Delivery Episode CDS

Appendix 2: Glossary of terms

A&E	Accident and Emergency
AR	Annual Refresh
CDS	Commissioning Data Set
DH	Department of Health
HES	Hospital Episode Statistics
HSCIC	Health and Social Care Information Centre
ICD-10	International Classification of Diseases and Related Health Problems v.10
NHS	National Health Service
ONS	Office for National Statistics
OP	Outpatient
OPCS-4.6	Office for Population, Censuses and Surveys Classification of Interventions and Procedures v 4.6
PAS	Patient Administration Systems
PCT	Primary Care Trust
SUS	Secondary Uses Service

Appendix 3: Hospital Episode Statistics Data Quality Statement:

Introduction

Hospital Episode Statistics (HES) includes patient level data on hospital admissions, outpatient appointments and A&E attendances for all NHS trusts in England. It covers acute hospitals, primary care trusts and mental health trusts. HES includes information about 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.

Healthcare providers collect administrative and clinical information locally to support the care of the patient. This data is submitted to the Secondary Uses Service (SUS) to enable hospitals to be paid for the care they deliver. HES is created to enable secondary use of this data.

HES is the data source for a wide range of healthcare analysis used by a wide 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 inpatient 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
- 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
- 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, the data is clearly labelled stating how the data has been calculated.

Accuracy and Reliability

The accuracy of HES data is the responsibility of the NHS providers who submit the data to SUS. This data is required to be accurate to enable them to be correctly paid for the activity they undertake.

The Audit Commission audits the data submitted to SUS to ensure NHS providers are being correctly paid by Payment by Results for the care they provide.

Each month the HSCIC makes data quality dashboards available to NHS providers to show the completeness and validity of their data submissions. This helps to highlight any issues prevalent in the provisional data allowing time for corrections to be made before the annual data is submitted.

Table 2: Data Completeness

Activity in English NHS Hospitals and English NHS commissioned activity in the independent sector, 2010-11 and 2011-12

	2010-11		2011-12	
	Number	Percentage	Number	Percentage
Total	17,269,882	100%	17,465,425	100%
Age at start of episode	17,210,803	99.7%	17,391,681	99.6%
Gender (inc. Not Stated)	17,269,092	100.0%	17,464,614	100.0%
Ethnic Category (inc. Not Stated)	16,951,605	98.2%	17,158,433	98.2%
NHS No (inc. Untraced)	17,160,488	99.4%	17,342,251	99.3%
Primary Diagnosis Codes	17,269,882	100.0%	17,465,425	100.0%
Main Specialty	17,267,722	100.0%	17,463,173	100.0%
HRG 4	17,268,692	100.0%	17,457,750	100.0%

The HES APC 2011-12 data-set includes records of in-patient episodes collected from 493 providers in England and a single private provider based in Wales which accepts NHS commissioned work from NHS England.

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.

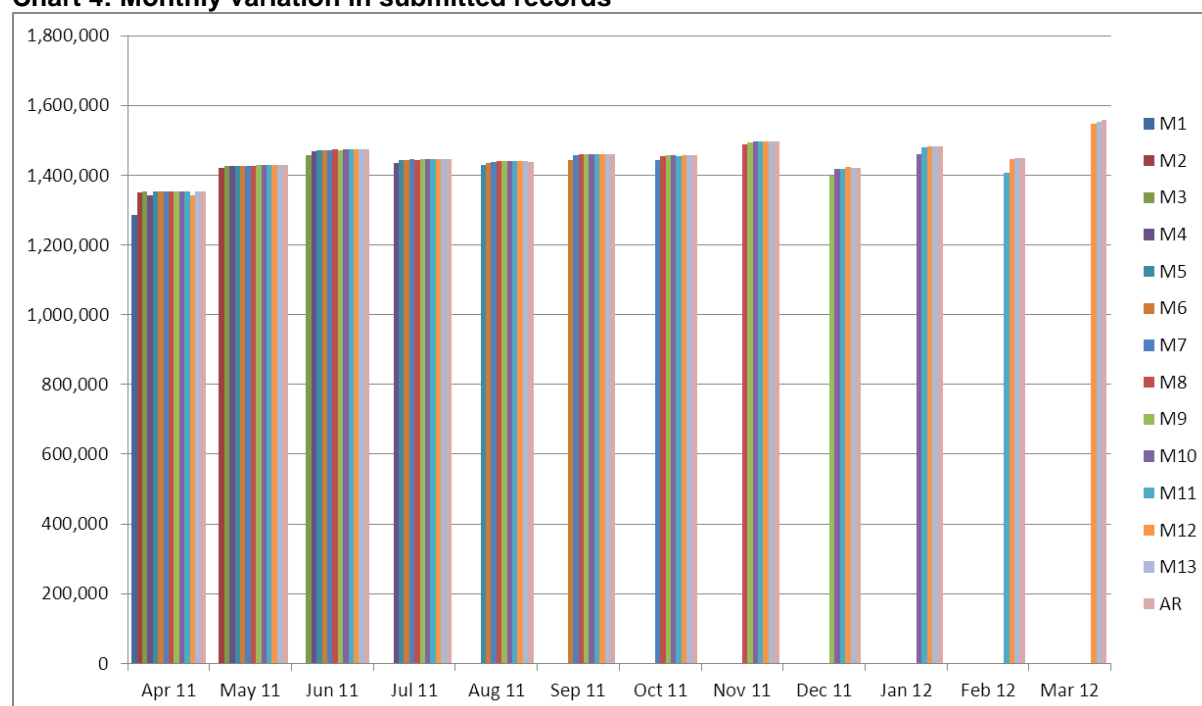
Month 13 represents the provisional full year data and was published in July 2012. Hospital providers and the HSCIC HES Data Quality team work to improve the quality and completeness of the data in order to produce the final annual refresh data used in this report.

Table 3 shows the change from the Month 13 provisional data and the final Annual Refresh data.

Table 3: Data Completeness			
	Month 13	Annual Refresh	% change
FCEs	17,463,057	17,465,425	0.01%
% FCEs with a procedure	59.6%	59.6%	-
Ordinary Episodes	11,539,818	11,541,318	0.01%
Day Case Episodes	5,923,239	5,924,107	0.01%
Finished Admission Episodes	15,017,276	15,019,396	0.01%
Emergency Admissions	5,242,007	5,242,839	0.02%

Chart 4 below shows the number of FCEs ending in each month, by the submission version for 2011-12.

Chart 4: Monthly variation in submitted records



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

<http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=97>

This information includes links to HES data quality notes which specify known data quality issues each year, e.g. if a trust has a known shortfall of secondary diagnoses this will be documented in the data quality note.

Timeliness and Punctuality

HES data is published as early as possible. The production of the underlying HES datasets 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 inpatient HES dataset and a further 2 months to complete publication production and data investigation.

In addition to annual data the HSCIC also publish provisional monthly HES data approximately 3 and a half 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.

Inpatient data is presented as finished consultant episodes (periods of care under one consultant in one hospital provider) which may include people admitted more than once.

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 in-patient activity and waiting times across the UK. The last version of this discontinued series can be found at:

<http://www.ons.gov.uk/ons/rel/ukhs/united-kingdom-health-statistics/2010/edition-4--2010.pdf>

Other UK Data

Hospital data for the other administrations can be found at:

Northern Ireland - [Hospital Statistics & Research](#)

Scotland – [Hospital Care](#)

Wales - [Health and care statistics](#)

The Department of Health also publish hospital activity data: [NHS Outcomes and Performance](#)

A paper comparing Department of Health waiting time data and total time waited data from HES is available at:

<http://www.ons.gov.uk/ons/rel/hsq/health-statistics-quarterly/no--24--winter-2004/trends-in-waiting-time-to-date-and-total-time-waited--are-the-sources-compatible-.pdf>

Wider international comparisons

HES and similar statistics from the devolved administrations are used to contribute to World Health Organisation, 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, 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.

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://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=1165>

Changes to organisation codes and geographical boundaries

The Organisation Data Service (ODS) is provided by NHS Connecting for Health. It 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://nww.connectingforhealth.nhs.uk/ods>

There is also some further information about historic geographic changes in HES at:

<http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=1168>

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 who 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, the only consultant of a particular specialty within a trust, or a single-handed GP.

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 is 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 Data Access Advisory Group (DAAG) or the Ethics and Confidentiality Committee (ECC).

HES data is stored to strict standards, a system level security protocol is in place, this details the security standards that are in place to ensure data is 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, such as 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.

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.

Total procedures and interventions

The total 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.

Hospital providers (SHA of treatment)

The hospital providers table contains episodes grouped according to the organisation that provided the admitted patient care (normally an NHS trust) within strategic health authority (SHA) areas.

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.

SHA of residence

The SHA of residence table contains episodes grouped according to the Strategic Health Authority (SHA) 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 SHA for treatment. The details of where they were treated are given in the Hospital Providers table.

PCT of responsibility

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

Healthcare Resource Groups (HRGs)

The HRG table contains data and descriptions relating to episodes grouped according to HRG version 3.5 and version 4.

Appendix 5: Table column definitions

This section contains descriptions of the column headers found in the tables that you can download from the HESonline 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 2012) are included. However, episodes that began in a previous year (i.e. prior to 1 April 2011) 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

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 2011-12 HES year. The data presented in the tables has not been adjusted to account for shortfalls in the number of records submitted, or for missing or invalid clinical information (e.g. diagnosis). This is signalled by the description 'Ungrossed data' that appears in each table.

Admission episodes

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 2011).

Male

The count of 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 is 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 sex 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.

Emergency

The count of admission episodes with an admission method indicating the admission was an emergency (codes 21 to 24 and 28⁹).

Waiting list

The count of admission episodes with an elective admission method indicating that the admission was from a waiting list (codes 11 and 12⁸). Planned admissions (code 13⁸) are not included.

Time waited

The mean (average) and median (middle in ranking) time waited in days for admissions from the waiting list (see above). Time waited in HES is 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 the Department of Health. 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 NHS trust, 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 0-14

The count of episodes relating to patients who were up to 14 years of age (inclusive) when the episode began.

Age 15-59

The count of episodes relating to patients who were between the ages of 15 and 59 years (inclusive) when the episode began.

Age 60-74

The count of episodes relating to patients who were between the ages of 60 and 74 years (inclusive) when the episode began.

⁹ See the HES Data Dictionary for further details on these codes and descriptions of all other fields within HES: <http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=571>

Age 75+

The count of episodes relating to patients who were 75 years of age or older when the episode began.

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.

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.

Total procedures and interventions tables

The total procedures and interventions table does not contain the columns: Finished episodes, Waiting list, Time waited, Length of stay or Bed days, but does have the additional columns below:

All procedures and interventions

An 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). We have not adjusted the data presented in the tables to account for shortfalls in the number of records submitted, or for missing or invalid clinical information (e.g. diagnosis). This is signalled by the description 'Ungrossed data' that appears in the footer of the table.

Main procedures and interventions

The number of episodes in which the main procedures and interventions code was recorded (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 is expected to contain the code for the main procedure and intervention, which is usually the most resource intensive procedure or intervention.

AAF: Alcohol Attributable Fraction

The SHA of residence table includes an additional column showing the AAF for each SHA. This is the sum of the alcohol attributable fractions for eligible episodes. For more information on how AAFs are calculated visit the North West Public Health Observatories website [<http://www.nwph.net/nwpho/>].

Appendix 6: Headline figures tables

Table 4: Time series data from 2001-02 to 2011-12 taken from publication tables

	FCEs		Finished admission episodes			Time waited (days)			Finished consultant episodes					Mean length of stay (days)				
Year	Total episodes	Male	All admissions	Emergency	Waiting list	Mean time waited	Median time waited	Mean age (years)	Age 0-14	Age 15-59	Age 60-74	Age 75+	Median length of stay	All episodes	Age 0-14	Age 15-59	Age 60-74	Age 75+
2001-02	12,357,360	5,396,157	11,095,799	3,893,618	4,125,136	96	47	47	1,655,961	5,651,066	2,510,211	2,483,471	2	8.1	3.5	5.8	10.1	16.1
2002-03	12,755,899	5,571,968	11,414,074	3,953,480	4,260,521	99	49	47	1,663,304	5,832,299	2,594,714	2,629,373	2	7.9	2.9	5.8	9.8	15.9
2003-04	13,174,480	5,759,916	11,699,163	4,158,734	4,227,180	95	50	49	1,674,944	5,980,530	2,698,407	2,789,703	2	7.4	2.6	5.2	9.4	15.2
2004-05	13,706,765	5,983,455	12,102,006	4,428,680	4,187,619	84	52	49	1,719,476	6,220,473	2,801,430	2,937,276	2	7.1	2.5	5.0	9.0	14.4
2005-06	14,423,506	6,303,012	12,678,628	4,659,054	4,368,056	78	51	49	1,764,562	6,585,487	2,949,144	3,095,729	2	6.6	2.6	4.7	8.3	13.3
2006-07	14,784,581	6,483,429	12,976,273	4,700,017	4,550,689	73	49	49	1,791,408	6,724,391	3,066,605	3,174,676	2	6.3	2.4	4.6	7.9	12.4
2007-08	15,359,062	6,721,648	13,479,828	4,753,368	4,862,278	60	42	50	1,840,024	6,929,479	3,241,986	3,314,849	1	5.7	2.3	4.0	7.3	11.8
2008-09	16,232,579	7,145,742	14,152,692	5,010,670	5,167,989	48	35	50	1,901,736	7,132,442	3,500,406	3,637,446	1	5.7	2.3	4.1	7.1	11.4
2009-10	16,806,196	7,408,085	14,537,712	5,177,887	5,344,982	50	34	51	1,939,193	7,333,114	3,642,944	3,837,988	1	5.6	2.2	4.0	7.0	11.0
2010-11	17,269,882	7,628,685	14,890,844	5,287,032	5,431,710	50	35	51	1,992,277	7,463,084	3,773,052	3,982,390	1	5.5	2.2	4.2	6.7	10.5
2011-12	17,465,425	7,754,620	15,019,396	5,242,839	5,541,731	52	35	51	1,990,144	7,438,486	3,864,690	4,098,361	1	5.3	2.2	3.8	6.4	10.0

Table 5: Indexed time series data from 2001-02 to 2011-12 (2001-02 = 100)

	FCEs		Finished admission episodes			Time waited (days)			Finished consultant episodes					Mean length of stay (days)				
Year	Total episodes	Male	All admissions	Emergency	Waiting list	Mean time waited	Median time waited	Mean age (years)	Age 0-14	Age 15-59	Age 60-74	Age 75+	Median length of stay	All episodes	Age 0-14	Age 15-59	Age 60-74	Age 75+
2001-02	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
2002-03	103	103	103	102	103	103	104	100	100	103	103	106	100	98	83	100	97	99
2003-04	107	107	105	107	102	99	106	104	101	106	107	112	100	91	74	90	93	94
2004-05	111	111	109	114	102	88	111	104	104	110	112	118	100	88	71	86	89	89
2005-06	117	117	114	120	106	81	109	104	107	117	117	125	100	81	74	81	82	83
2006-07	120	120	117	121	110	76	104	104	108	119	122	128	100	78	69	79	78	77
2007-08	124	125	121	122	118	63	89	106	111	123	129	133	50	70	66	69	72	73
2008-09	131	132	128	129	125	50	74	106	115	126	139	146	50	70	66	71	70	71
2009-10	136	137	131	133	130	52	72	109	117	130	145	155	50	69	63	69	69	68
2010-11	140	141	134	136	132	52	74	109	120	132	150	160	50	68	63	72	66	65
2011-12	141	144	135	135	134	54	74	109	120	132	154	165	50	65	63	66	63	62

Table 6: Procedures and diagnosis

					Waiting time		Length of stay		Age	
	Finished episodes	Male	Emergency	Waiting list	Mean (days)	Median (days)	Mean (days)	Median (days)	Mean (years)	Day case
Main procedures and interventions										
Cataract ¹⁰	336,967	41%	0%	95%	65.2	57	1.5	1	74.4	98%
Upper digestive tract ¹¹	690,372	48%	7%	78%	30.0	22	9.6	4	58.9	75%
Heart (CABG) ¹²	19,648	79%	4%	75%	63.1	54	12.1	9	67.5	0%
Heart (PTCA) ¹³	70,055	74%	42%	39%	40.3	35	3.1	2	64.8	11%
Hip ¹⁴	109,598	36%	30%	66%	90.3	82	8.3	5	72.4	0%
Kidney ¹⁵	2,297	63%	48%	35%	37.3	20	11.7	9	46.2	0%
Primary Diagnosis										
Cancer ¹⁶	1,820,659	49%	9%	43%	34.0	21	6.9	3	62.3	66%
Ischaemic heart disease ¹⁷	409,508	65%	50%	39%	40.8	34	5.2	3	68.8	18%
Influenza, pneumonia etc ¹⁸	893,434	50%	79%	16%	66.1	53	6.6	3	59.7	7%
Hernia ¹⁹	192,081	66%	11%	83%	62.5	46	2.9	1	56.4	61%
Head injuries ²⁰	208,412	60%	88%	9%	12.3	5	2.9	1	47.9	6%

¹⁰ Cataracts OPCS-4.6 Codes C71, C72, C73, C74 and C75.

¹¹ Includes procedures on oesophagus, stomach, pylorus, duodenum, jejunum and ileum - OPCS-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.

¹⁴ Total prosthetic replacement of hip joint – OPCS-4.6 W37 – W39, W46 – W48 and W93- W95.

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

Measure	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
FAE	12,976,273	13,479,828	14,152,692	14,537,712	14,890,844	15,019,396
Elective FAE with procedure	-	-	-	-	7,735,220	7,960,672
Elective FAE with procedure privately provided	-	-	-	-	312,324	345,191
FAE - assault	46,763	43,008	42,520	42,378	41,322	38,769
FAE - alcohol attributable	-	-	237,820	265,246	287,198	304,206
FCE - hip replacement	65,420	72,679	76,005	75,868	80,258	83,778
FCE - bariatric surgery for obesity ²¹	1,780	2,598	4,143	7,336	8,241	8,939

²¹ An update to the Hospital Episode Statistics: Admitted Patient Care 2011-12 Summary Report has been published. This updates and corrects the 2011-12 figure for bariatric surgery for obesity to include new OPCS 4.6 procedure codes that were introduced in April 2011.

Hospital Episode Statistics: Admitted Patient Care 2011-12 Price: Free	Published by The Health and Social Care Information Centre Part of the Government Statistical Service ISBN: 978-1-84636-778-6 This publication may be requested in large print or other formats. For further information contact: website: www.ic.nhs.uk telephone: 0845 300 6016 email: enquiries@ic.nhs.uk Copyright © 2012, Health and Social Care Information Centre, All rights reserved.
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