



**Thursday 8<sup>th</sup> February 2018**

**STATISTICAL PRESS NOTICE  
NHS INPATIENT AND OUTPATIENT EVENTS  
DECEMBER 2017**

The following statistics were released today by NHS England:

**Latest monthly hospital activity events (December 2017)**

The activity data for individual months can be affected by the number of working days. To counter this, figures are adjusted for the number of working days for comparison; April to December 2015 had 190 working days and April to December 2016 had 191 working days, while April to December 2017 had 188 working days.

The key points from the latest release are:

- GP referrals made for year-to-date (YTD) December 2017 decreased by 2.8% compared to YTD December 2016 (1.2% adjusted for working days). These referrals had shown a 2.9% increase at the same stage last year (2.4% adjusted for working days).
- GP referrals seen for YTD December 2017 decreased by 3.2% compared to YTD December 2016 (1.7% adjusted for working days). These referrals had shown a 2.5% increase at the same stage last year (2.0% adjusted for working days).
- The volume of first outpatient attendances for YTD December 2017 decreased by 1.4% compared to YTD December 2016 (+0.2% when adjusted for working days). These outpatient appointments had shown a 3.8% increase at the same stage last year (3.3% adjusted for working days).
- Elective growth for YTD December 2017 decreased by 1.5% compared with YTD December 2016 (+0.1% adjusted for working days). At the same stage last year elective growth was 2.1% (1.6% adjusted for working days).
- The day case rate (the proportion of total elective admissions that were day cases) for YTD December 2017 is 83.4%, compared with 82.8% in YTD December 2016 and 82.3% in YTD December 2015.

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- Non-elective admissions for YTD December 2017 increased by 2.7% compared to YTD December 2016, the change between YTD December 2016 and December 2015 was an increase of 3.2%.
- SUS+ based analysis<sup>1</sup> estimates a 3.0% December 2017 YTD growth for non-elective admissions. This is composed of 7.3% growth for those with zero Length of Stay (LoS) and 1.2% growth with a LoS of 1 or more days.

*Full tables are available at the link below:*

<http://www.england.nhs.uk/statistics/hospital-activity/monthly-hospital-activity/>

## **Notes to Editors**

This dataset covers some key aspects of inpatient and outpatient activity in the NHS.

## **Monthly actuals**

This is a count of activity for a given month.

## **Revisions**

Revised data for April 2016 to November 2017 have also been published this month. The most notable changes affected Non Elective Admissions and Other referrals made (G&A) and to a lesser extent, GP referrals made (all specialties) and GP referrals made (G&A). The table below shows the revisions to the England level commissioner based figures for these data lines.

Changes were also seen in other outpatient referral and attendance data as well as in elective and non-elective admissions. All revised data are included on the hospital activity webpage.

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<sup>1</sup> Secondary Uses Service (SUS+) data collected by NHS hospital trusts, is sourced from the Commissioning Data Set (NHS Digital). This provides a richer data source enabling more detailed breakdowns of information and has historically been used as NHS management information.

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	Non Elective Admissions		GP referrals made (all specialties)		Other referrals made (G&A)	
	Previous	Revised	Previous	Revised	Previous	Revised
Apr-16	486,718	486,718	1,204,790	1,205,821	630,052	630,360
May-16	510,112	510,112	1,172,179	1,173,390	638,740	638,940
Jun-16	497,583	497,583	1,206,392	1,207,507	655,327	655,484
Jul-16	507,687	507,687	1,141,127	1,142,111	628,315	628,479
Aug-16	490,051	490,051	1,153,780	1,154,540	631,597	632,058
Sep-16	496,295	496,295	1,182,105	1,183,320	645,578	645,978
Oct-16	509,699	509,699	1,156,518	1,157,818	639,025	639,388
Nov-16	512,327	512,327	1,193,302	1,194,641	659,653	659,993
Dec-16	513,941	513,617	988,845	991,138	571,764	565,736
Jan-17	506,897	506,562	1,122,611	1,126,175	639,373	633,563
Feb-17	463,004	462,626	1,088,864	1,091,534	608,455	602,826
Mar-17	528,719	528,742	1,275,483	1,281,021	702,107	696,847
Apr-17	490,858	486,786	1,006,201	1,004,549	589,049	580,618
May-17	523,389	519,552	1,177,525	1,176,031	683,572	680,220
Jun-17	507,981	504,119	1,201,672	1,199,399	682,191	680,557
Jul-17	517,997	513,960	1,146,290	1,145,212	660,886	661,187
Aug-17	509,748	505,781	1,145,975	1,146,575	648,759	648,746
Sep-17	508,638	504,706	1,105,528	1,106,510	634,617	635,609
Oct-17	543,454	539,165	1,193,538	1,194,789	692,394	693,167
Nov-17	539,489	536,165	1,177,473	1,184,867	682,934	685,091

### Provider and Commissioner based data

Commissioner based returns reflect data on a responsible population basis, which is defined as:

- All those patients resident within the CCG boundary; plus
- All patients registered with GPs who are members of the CCG but are resident in another CCG; minus
- All patients resident in the CCG but registered with a GP who is a member of another CCG

Commissioner based returns also include data for specialised commissioning. These are separate from the CCGs as there are different arrangements for commissioning specialised services.

Provider based returns cover patients who were treated in hospitals in England.

### GP referrals made (general & acute)

This is a count of the referrals made by GPs to hospital consultants for a first outpatient appointment in general & acute specialties.

### **GP referrals seen (general & acute)**

This is a count of the GP referrals seen by hospital consultants as a first attendance appointment in general & acute specialties. There is a time lag between GP referrals made and seen so that not all the referrals made in a given month are seen in the same month. Not all "GP referrals made" result in a "GP referral seen" as some referrals will be seen as inappropriate and do not require a consultant outpatient appointment. In these instances the referral will be returned to the GP. In addition some patients do not attend (DNA) appointments. Inappropriate referrals and DNAs contribute to the difference in volumes between GP referrals "made" and "seen".

### **First Outpatient attendances (general & acute)**

This is the number of first outpatient attendances in general and acute specialties where the patient was seen by a consultant (or a doctor acting for the consultant). This count of attendances is for all sources of referral and is not restricted to just those as a result of a GP referral.

### **Elective ordinary admissions (general & acute)**

This is a count of ordinary elective admissions made to general & acute specialties in a given month. An ordinary admission is a hospital admission requiring an overnight stay.

### **Elective day case admissions (general & acute)**

This is a count of the day case admissions made to general & acute specialties in a given month. A day case admission is where a patient is admitted to hospital but an overnight stay is not required. The day case rate is calculated by expressing the volume of day case admissions as a proportion of all elective admissions ie. elective ordinary admissions and elective day case admissions combined.

### **Elective admissions (general & acute)**

This is the count of elective ordinary admissions and elective day case admissions to general & acute specialties in a given month. There are three different admission methods for elective patients - waiting list, booked and planned. These categories are technical in nature and potentially misleading as both waiting list AND booked patients are, in lay terms, "admitted from a waiting list". Planned patients - again this is a technical term as to the lay person all elective patients might be considered to be "planned". In this more technical context, planned patients are a subset of elective patients and are those patients for whom the wait for admission was determined by clinical constraints rather than resource constraints. For example, a cancer patient will be required to wait a clinically appropriate period between doses of chemotherapy and these admissions will be classified as planned.

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### **Elective ordinary admissions planned (general & acute)**

This is the count of planned patients admitted as elective ordinary admissions in general & acute specialties.

### **Elective day case admission planned (general & acute)**

This is the count of planned patients admitted as elective day case admissions in general & acute specialties. The proportion of elective admissions which are planned can be calculated by adding the planned ordinary admissions and planned day case admissions. Data is not collected separately on waiting list & booked admissions but the proportion of such admissions can be deduced by subtracting the proportion of planned electives from the total. So, for example, if 25% of elective admissions are planned the remainder (75%) by deduction are, in lay terms, "waiting list" (in technical terms "waiting list & booked") admissions.

### **Feedback welcomed**

We welcome feedback on the content and presentation of the statistics within this Statistical Press Notice and those published on the NHS England website. If anyone has any comments on this, or any other issues regarding the data and statistics, then please email:

[unify2@dh.gsi.gov.uk](mailto:unify2@dh.gsi.gov.uk)

### **Consultation**

The future of the Monthly and Quarterly Activity returns are under consultation. Find out more at:

<https://www.engage.england.nhs.uk/survey/monthly-and-quarterly-statistics-return/>

### **Additional Information**

Full details of activity data for individual organisations is available at:

<http://www.england.nhs.uk/statistics/hospital-activity/monthly-hospital-activity/>

### **Press enquiries:**

For press enquiries please email the NHS England media team at [nhsengland.media@nhs.net](mailto:nhsengland.media@nhs.net), or call 0113 825 0958 or 0113 825 0959.

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