



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

**STATISTICAL PRESS NOTICE  
NHS INPATIENT AND OUTPATIENT EVENTS  
JANUARY 2018**

The following statistics were released today by NHS England:

**Latest monthly hospital activity events (January 2018)**

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 January 2016 had 210 working days and April to January 2017 had 212 working days, while April to January 2018 had 210 working days.

The key points from the latest release are:

- GP referrals made for year-to-date (YTD) January 2018 decreased by 2.1% compared to YTD January 2017 (-1.1% adjusted for working days). These referrals had shown a 2.8% increase at the same stage last year (1.8% adjusted for working days).
- GP referrals seen for YTD January 2018 decreased by 2.7% compared to YTD January 2017 (-1.7% adjusted for working days). These referrals had shown a 2.8% increase at the same stage last year (1.8% adjusted for working days).
- The volume of first outpatient attendances for YTD January 2018 decreased by 0.8% compared to YTD January 2017 (+0.2% when adjusted for working days). These outpatient appointments had shown a 4.1% increase at the same stage last year (3.1% adjusted for working days).
- Elective growth for YTD January 2018 decreased by 1.1% compared with YTD January 2017 (-0.2% adjusted for working days). At the same stage last year elective growth was 2.2% (1.2% adjusted for working days).
- The day case rate (the proportion of total elective admissions that were day cases) for YTD January 2018 is 83.7%, compared with 83.0% in YTD January 2017 and 82.4% in YTD January 2016.
- Non-elective admissions for YTD January 2018 increased by 3.4% compared to YTD January 2017, the change between YTD January 2017 and January 2016 was an increase of 3.0%.

Restricted access until 9.30am Thursday 8<sup>th</sup> March 2018

- SUS+ based analysis<sup>1</sup> estimates a 3.6% January 2018 YTD growth for non-elective admissions. This is composed of 7.3% growth for those with zero Length of Stay (LoS) and 1.5% 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**

Revisions were last published in February 2018 for the months April 2016 to November 2017.

## **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.

---

<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.

### **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.

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

Restricted access until 9.30am Thursday 8<sup>th</sup> March 2018

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.

The Government Statistical Service (GSS) statistician responsible for producing these data is:

Katie Tither

Operational Information for Commissioning (Central), NHS England  
Room 5E15, Quarry House, Quarry Hill, Leeds LS2 7UE

Email: [Unify2@dh.gsi.gov.uk](mailto:Unify2@dh.gsi.gov.uk)