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**STATISTICAL PRESS NOTICE
NHS INPATIENT AND OUTPATIENT EVENT
December 2018**

The following statistics were released today by NHS England:

Latest monthly hospital activity events (December 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 2016 to December 2016 had 191 working days and April 2017 to December 2017 had 188 working days, while April 2018 to December 2018 had 190 working days.

The key points for activity in general and acute specialties from the latest release are:

- GP referrals made for year-to-date (YTD) December 2018 increased by 1.6% compared to December 2017 (an increase of 0.6% when adjusted for working days). These referrals had shown a 2.7% decrease at the same stage last year (a decrease of 1.2% adjusted for working days).
- GP referrals seen for YTD December 2018 increased by 1.7% compared to December 2017 (an increase of 0.6% when adjusted for working days). These referrals had shown a 3.2% decrease at the same stage last year (a decrease of 1.6% when adjusted for working days).
- The volume of first outpatient attendances for YTD December 2018 increased by 3.2% compared to December 2017 (an increase of 2.1% when adjusted for working days). These outpatient appointments had shown a 1.3% decrease at the same stage last year (an increase of 0.3% when adjusted for working days).
- Elective growth for YTD December 2018 increased by 2.4% compared with December 2017 (an increase of 1.3% when adjusted for working days). At the same stage last year elective growth showed a decrease of 1.4% (an increase of 0.2% when adjusted for working days).
- The day case rate (the proportion of total elective admissions that were day cases) for YTD December 2018 is 84.3%, compared with 83.4% in YTD December 2017 and 82.8% in YTD December 2016.

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- Non-elective admissions for YTD December 2018 increased by 5.9% compared to December 2017; the change between YTD December 2017 and YTD December 2016 was an increase of 2.8%.
- SUS+ based analysis¹ estimates a 5.3% December 2018 YTD growth for non-elective admissions. This is composed of 11.2% growth for those with zero Length of Stay (LoS) and 2.6% growth with a LoS of 1 or more days². Estimates for emergency admissions show a 5.7% December 2018 YTD growth (11.4% for zero LoS and 2.9% growth with a LoS of 1 or more).
- A consultation³ on the Monthly and Quarterly Statistical Returns closed on 5th April 2018. A response will be published once results have been analysed and next steps identified. Further discussions with NHS Digital on the details are also required so that we can provide more detail for users in the response. In the mean time, Monthly and Quarterly Activity returns (MAR and QAR) are continuing as normal.

Full tables are available at the link below:

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

Trusts not submitting data

The following organisation did not submit data this month:

East London NHS Foundation Trust did not submit data this month.

The following organisation submitted an estimated return for December 2018, due to data quality issues:

Northampton General Hospital NHS Trust (RNS).

¹Secondary 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.

² Non-elective growth figures adjusted to account for duplicate records within August and September 2017 NCDR extracts

³ www.engage.england.nhs.uk/survey/monthly-and-quarterly-statistics-return/

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 June 2018 for April 2017 to March 2018.

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 all English commissioned activity for patients who were treated in hospitals in England⁴.

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".

⁴ From April 2018, provider data published excludes non-English commissioned activity and include all providers who have submitted data. Prior to April 2018, provider data covered all patients who were treated in hospitals in NHS England included non-English commissioned activity and excluded non-English providers and IS1 (independent sector unspecified).

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)

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

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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:

england.nhsdata@nhs.net

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, or call 0113 825 0958 or 0113 825 0959.

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