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**STATISTICAL PRESS NOTICE  
NHS INPATIENT AND OUTPATIENT EVENTS  
May 2020**

The following statistics were released today by NHS England and NHS Improvement:

**Latest monthly hospital activity events (May 2020)**

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 2018 to May 2018 had 41 working days and April 2019 to May 2019 also had 41 working days, while April 2020 to May 2020 had 39 working days.

Please note that May 2020 activity levels have been significantly affected by the impact of the Covid-19 pandemic.

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

- GP referrals made for year-to-date (YTD) May 2020 decreased by 71.8% compared to May 2019 (a decrease of 70.4% when adjusted for working days). These referrals had shown a 2.3% decrease at the same stage last year.
- GP referrals seen for YTD May 2020 decreased by 61.7% compared to May 2019 (a decrease of 59.7% when adjusted for working days). These referrals had shown a 0.3% decrease at the same stage last year.
- The volume of first outpatient attendances for YTD May 2020 decreased by 56.0% compared to May 2019 (a decrease of 53.8% when adjusted for working days). These outpatient appointments had shown a 1.8% increase at the same stage last year.
- Elective admissions for YTD May 2020 decreased by 71.8% compared to May 2019 (a decrease of 70.3% when adjusted for working days). At the same stage last year elective admissions showed an increase of 2.1%.
- The day case rate (the proportion of total elective admissions that were day cases) for YTD May 2020 is 87.1%, compared with 85.1% in YTD May 2019 and 84.4% in YTD May 2018.

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- Non-elective admissions for YTD May 2020 decreased by 32.6% compared to May 2019; the change between YTD May 2019 and YTD May 2018 was an increase of 4.6%.
- SUS+ based analysis<sup>1</sup> estimates a 33.6% May 2020 YTD reduction for non-elective admissions. This is composed of 37.9% reduction for those with zero Length of Stay (LoS) and 31.4% reduction for those with a LoS of 1 or more days<sup>2</sup>. Estimates for emergency admissions show a 34.3% May 2020 YTD reduction (38.4% reduction for those with zero LoS and 32.2% reduction for those with a LoS of 1 or more days).
- A consultation<sup>3</sup> on the Monthly and Quarterly Statistical Returns took place in April 2018 and a response has now been published at the link here: <https://www.engage.england.nhs.uk/survey/monthly-and-quarterly-statistics-return/>

*Full tables are available at the link below:*

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

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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.

<sup>2</sup> Non-elective growth figures adjusted to account for duplicate records within October and September 2017 NCDR extracts

<sup>3</sup> [www.engage.england.nhs.uk/survey/monthly-and-quarterly-statistics-return/](https://www.engage.england.nhs.uk/survey/monthly-and-quarterly-statistics-return/)

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### **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.

## **Provider and Commissioner based data**

The Monthly Activity Return (MAR) is a Provider Commissioner (Prov Comm) collection with Trust & Independent Sector providers submitting their data broken down by commissioner responsible for the patient. Data can therefore be broken down by provider, commissioner or provider and commissioner.

Commissioner-based webfiles show activity broken down by the commissioner responsible for the patient and show English NHS commissioned activity. They also include data for specialised commissioning. These are separate from the CCGs as there are different arrangements for commissioning specialised services.

Provider-based webfiles cover all English NHS commissioned activity for patients who were treated in hospitals in England<sup>4</sup>.

### **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)**

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<sup>4</sup> 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 England included non-English commissioned activity and excluded non-English providers and IS1 (independent sector unspecified).

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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 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:

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[england.nhsdata@nhs.net](mailto: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](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  
Performance Analysis Team (Central),  
NHS England and NHS Improvement  
Room 5E15, Quarry House, Quarry Hill, Leeds LS2 7UE  
Email: [england.nhsdata@nhs.net](mailto:england.nhsdata@nhs.net)