


Trends in Children and Young People's Care: Emergency Admission Statistics, 1996/97 – 2006/07, England



Trends in Children and Young People's Care: Emergency Admission Statistics, 1996/97 - 2006/07, England

Prepared by

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Executive summary

The Children, Families & Maternity Analysis team have prepared this report on recent emergency admission trends for children and young people.

Overall Trends

- During the period 1996/97 to 2006/07 there has been a growth in emergency admissions for children and young people aged under 20 from 708,000 admissions to 834,000, an increase of 18%.
- The pace of this growth was greatest between 2002/03 and 2005/06 but has shown little growth in 2006/07.
- The pattern of growth was similar to that for adults aged 20 and over (though with lower rates per head of population and slower growth rates).

Age groups

- Of all emergency admissions in the 0-19 age group:
 - around one-fifth are for children under 1 year;
 - approximately a third are for children age 5 -15.
- In the 0-19 age group, the rate of emergency admissions per 1,000 population was highest for babies under 1 year old and lowest in the 5-15 age range.

Method of admission

For the 0-19 age group:

- The number of emergency admissions via the A&E department of the healthcare provider:
 - increased by 4% between 1996/97 and 2002/03 (359,000 to 373,000)
 - increased by 30% between 2002/03 and 2006/07 (373,000 to 484,000)
- In the years 1996/97 to 2002/03 around 50% of all emergency admissions were via the A&E department of the healthcare provider, this proportion increased to 58% in 2006/07.
- There has been a decrease in the number of emergency admissions from GP surgeries from 241,000 in 1996/97 to 203,000 in 2006/07 i.e. a decrease of 16%.

Consultant specialty

- Approximately three-fifths of emergency admissions for children and young people are placed under the care of a paediatrician. This proportion has remained consistent over the period 1996/97 to 2006/07.
- The number and proportion of children and young people admitted as an emergency to the care of an A&E consultant has increased in recent years, from 10,400 in 2002/03 to 51,600 in 2006/07, an increase of 393%.
- Although admissions to A&E consultant care for the 0-19 age group have increased, emergency admissions for this group accounted for only 6% of all emergency admissions in 2006/07.

Length of stay and bed-days

For the 0-19 age group:

- The mean length of stay following emergency admission has decreased from 3.8 days in 1996/97 to 1.9 days in 2006/07.
- Short duration (0-1 day) admissions increased from 59% to 71% of all emergency admissions between 1996/97 and 2006/07.
- Emergency bed-days have decreased from 1.81m in 1996/97 to 1.49m in 2006/07, i.e. an 18% decrease.

Conclusion

There is evidence of an increased number of emergency admissions for children and young people since 1996/97, particularly in the years 2002/03 to 2005/06. This increase is, primarily, due to the increased number of admissions via A&E departments.

This pattern of growth for children and young people (aged 0-19 years) was similar to that for adults (aged 20 and over), though with lower rates per head of population and slower growth rates.

For children and young people the rate of emergency admissions per 1,000 population varies by age. It is highest for babies under 1 year old and lowest in the 5-15 years age range.

There has been an increase in the number of short-stay admissions, but a decrease in admissions with longer lengths of stay (2 or more days). This has meant that emergency bed days for children and young people have dropped overall.

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Introduction and context

The report on 'Trends in Children and Young People's Care – Emergency Admission Statistics, 1996/97 – 2006/07, England' has been produced by the Children, Families & Maternity Analysis team. It provides information on trends over the period 1996/97 to 2006/07, including information on trends for:

- different age groups
- selected consultant specialties most likely to be involved in the care of children and young people
- emergency admission methods
- length of stay in hospital

Children can become ill very quickly and it can be difficult to distinguish between trivial and serious conditions. It is therefore important that all children have access to trained staff who offer high quality assessment and can meet the needs of the child and family in the most appropriate setting.

It is hoped the findings of the report will support local commissioners to assess their own trends in children's emergency admissions. It is expected this report will feed into local work to take forward the strategic visions that emerge from the NHS Next Stage Review.

The report uses data drawn from Hospital Episode Statistics.

Methodology and Data Collection

This paper provides information on patients admitted as an emergency to NHS hospitals in England; patients admitted via other means (elective or planned admissions) are excluded. The paper includes information on patients admitted via hospital A&E departments but does not include information on A&E attendance as this is not currently centrally available split by age.

Well babies (i.e. new-born babies receiving the normal level of neonatal care) are excluded from the statistics throughout.

The information is disseminated by the Information Centre for Health and Social Care (IC) using the Hospital Episode Statistics (HES) database.

In the section describing trends in length of stay (LOS), admissions have been grouped into LOS = 0, 1 and 2 or more days.

0 day stay - Patients who are admitted and discharged on the same calendar date.

1 day stay – Patients who are admitted and discharged on consecutive days, this will include some patients whose stay is less than 24 hours.

2 or more days – All other lengths of stay admissions

It is possible that some age groups will be disproportionately affected by the fact that admissions late in the evening or at night (before midnight) who are then discharged early the following morning will be counted as staying 1 day rather than 0 days even though their LOS may be less than 24 hours.

In years 1996/97 to 2002/03 the data has been grossed to compensate for shortfalls in the data, therefore the sum of the counts for individual age groups, specialties or admission methods may differ from the overall totals due to rounding. Grossed data¹ has been used where available as it provides the most accurate estimate of activity during these years. See Annex 2 for notes on HES definitions.

Where admission rates per 1,000 population in age group are given, the population estimates used are ONS mid-year estimates based on the 2001 census, as revised in November 2007.²

¹ More information on Grossing can be found in Annex 2.

² Population estimates used were from the ONS Population Statistics Database (PSD). Further information on ONS population estimates is available at <http://www.statistics.gov.uk/CCI/nugget.asp?ID=6>

Results

Trends for people aged 0-19 and comparison with those aged 20 and over

There were approximately 834,000 emergency admissions for children and young people aged 0-19 in 2006/07. This translates to 68 emergency admissions per 1,000 population aged 0-19, compared with 99 emergency admissions per 1,000 population aged 20 and over. The 0-19 age group accounted for 18% of all emergency admissions in 2006/07 and for 24% of the English population.

The number of emergency admissions for the under 20 age group increased from 708,000 in 1996/97 to 834,000 in 2006/07 i.e. an 18% increase.

During the period 1996/97 to 2006/07 the largest year-on-year increase in emergency admissions for 0-19 year olds occurred between 2004/05 and 2005/06 and the smallest increase between 2005/06 and 2006/07. Three of the four years with the highest year-on-year percentage increases in admissions were since 2002/03.

There were decreases in the number of emergency admissions in the 0-19 age group between 1998/99 and 2000/01 and between 2001/02 and 2002/03.

There have been large increases in emergency admissions for children and young people aged 0-19 since 2002/03 when compared with the years prior to 2002/03. Given this, annual percentage changes between 1996/97 and 2002/03 (a period covering 7 data-years) are compared with changes between 2002/03 and 2006/07 (a period covering 5 data-years), and average annual percentage changes between 1996/97 and 2002/03 are compared with average annual percentage changes between 2002/03 and 2006/07.

For patients aged 0-19 there was:

- a 2.5% increase in emergency admissions between 1996/97 and 2002/03 and a 14.8% increase in emergency admissions between 2002/03 and 2006/07.
- an average annual percentage increase in emergency admissions of 0.4% per annum between 1996/97 and 2002/03 and of 3.5% per annum between 2002/03 and 2006/07.

Patients aged 20 and over also showed a similar pattern with higher growth later in the decade. In particular there was:

- an 11.6% increase in emergency admissions between 1996/97 and 2002/03 and a 21.2% increase in emergency admissions between 2002/03 and 2006/07.
- an average annual percentage increase in emergency admissions of 1.8% per annum between 1996/97 and 2002/03 and of 4.9% per annum between 2002/03 and 2006/07.

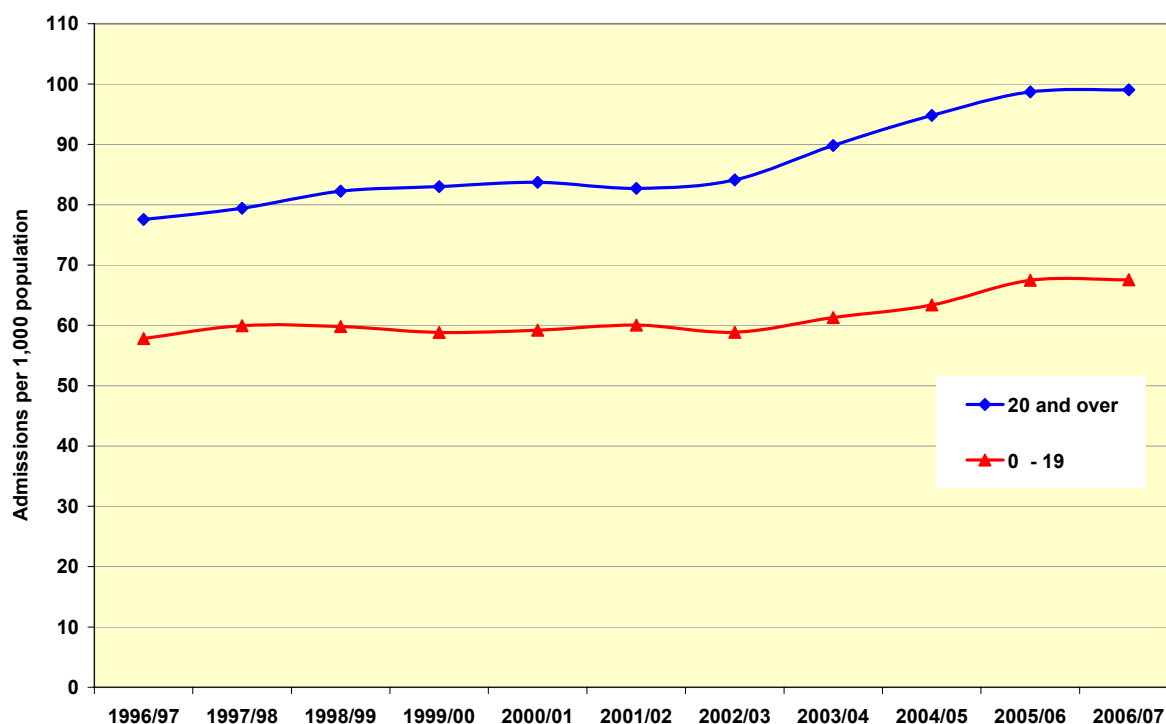
Table 1

Emergency admissions for patients aged 0-19 years and 20 and over, percentage year-on-year changes and admission rates per 1,000 population in age group

	0-19 years				20+ years			
	Admi'ns	% change in admi'ns	Admi'ns per 1,000 pop'n	% change in admi'ns per 1,000 pop'n	Admi'ns	% change in admi'ns	Admi'ns per 1,000 pop'n	% change in admi'ns per 1,000 pop'n
1996/97	708,142		57.8		2,812,694		77.6	
1997/98	739,480	4.4%	60.0	3.7%	2,885,323	2.6%	79.4	2.4%
1998/99	741,044	0.2%	59.8	- 0.3%	2,995,239	3.8%	82.2	3.5%
1999/00	730,189	-1.5%	58.8	- 1.6%	3,039,609	1.5%	83.0	0.9%
2000/01	731,520	0.2%	59.2	0.6%	3,086,854	1.6%	83.7	0.9%
2001/02	740,356	1.2%	60.1	1.5%	3,070,487	- 0.5%	82.7	- 1.2%
2002/03	726,082	-1.9%	58.9	- 2.0%	3,138,889	2.2%	84.1	1.7%
2003/04	757,479	4.3%	61.3	4.1%	3,368,805	7.3%	89.8	6.8%
2004/05	783,889	3.5%	63.4	3.4%	3,578,781	6.2%	94.8	5.6%
2005/06	833,555	6.3%	67.5	6.4%	3,760,708	5.1%	98.7	4.2%
2006/07	833,771	0.03%	67.6	0.1%	3,805,770	1.2%	99.1	0.3%

Figure 1

Emergency admissions per 1,000 population in age groups 0-19 years and 20 and over



Trends for selected age groups

Within the under 20 age group, the number of emergency admissions is highest for babies under 1 year old and children and young people aged 1-4 and 15-19 and lower in the 5-14 age range. This distribution was found in all the years 1996/97 to 2006/07 (see Figure 2).

Of all emergency admissions in the 0-19 age group, around a fifth are for children under 1 year old, 28% for children age 1-4 years, approximately a third for children age 5-15 and around 18% are for young people aged 16-19.

Figure 2
Emergency admissions in 2006-07 by age

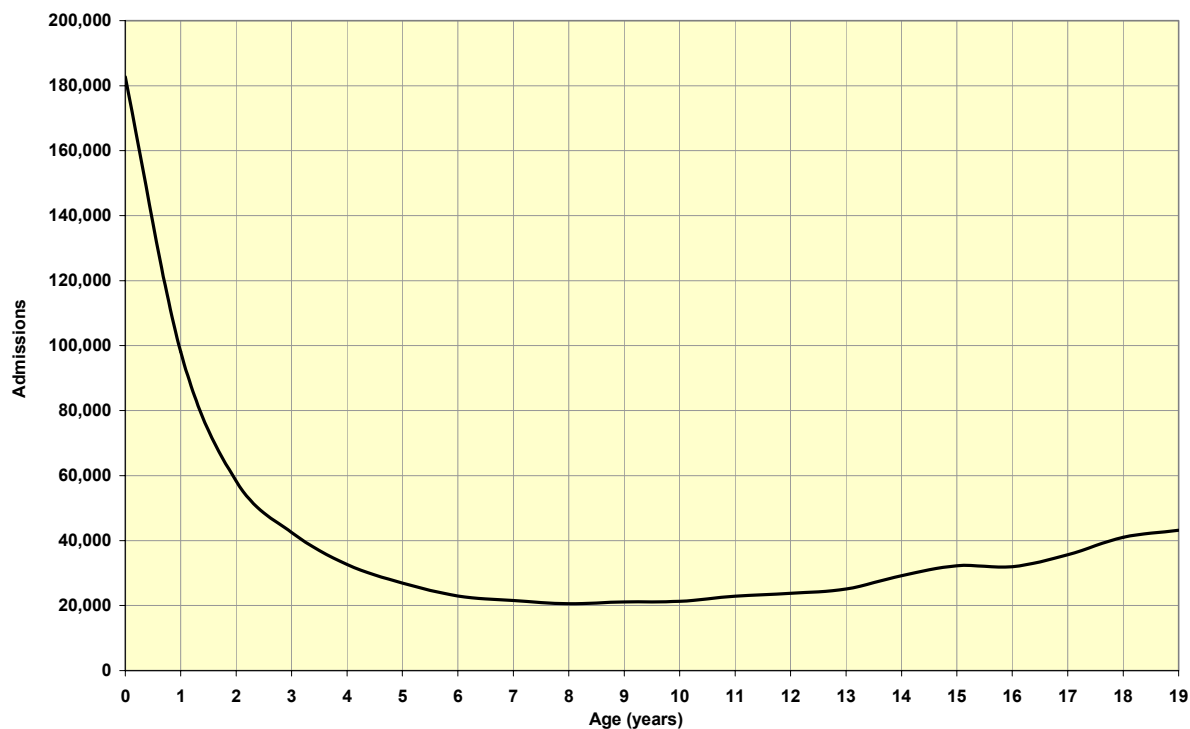
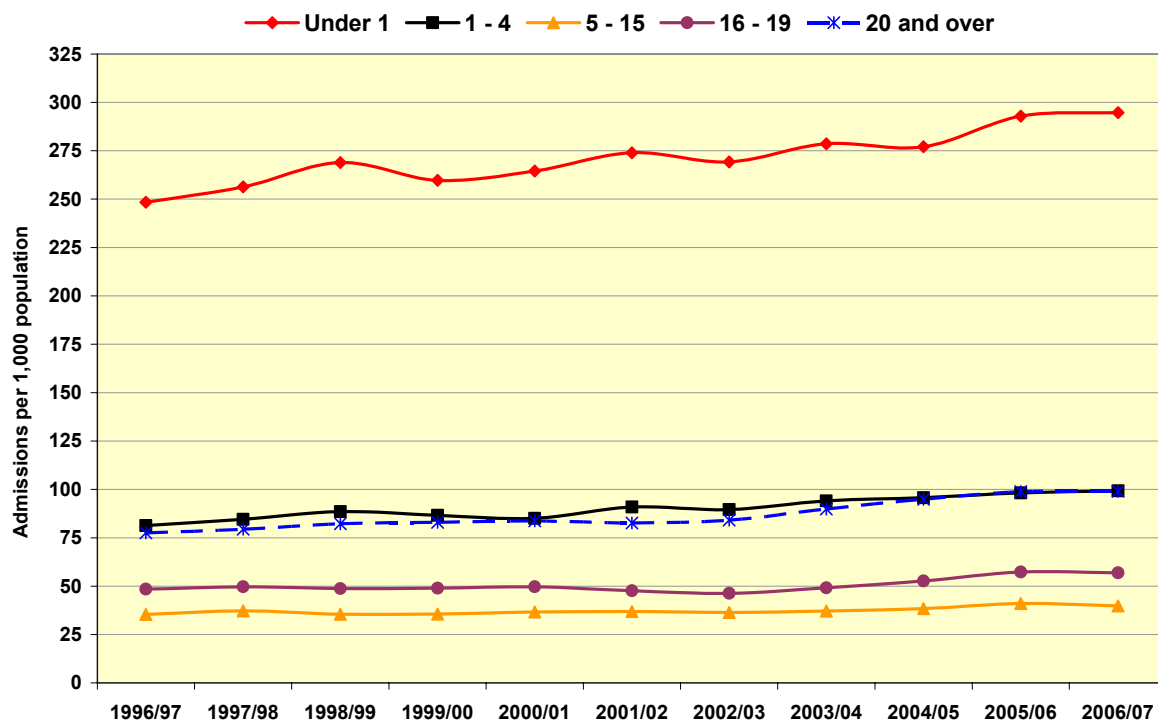


Figure 3

Emergency admissions per 1,000 population in age group

a. All selected age groups



b. Excluding children under 1

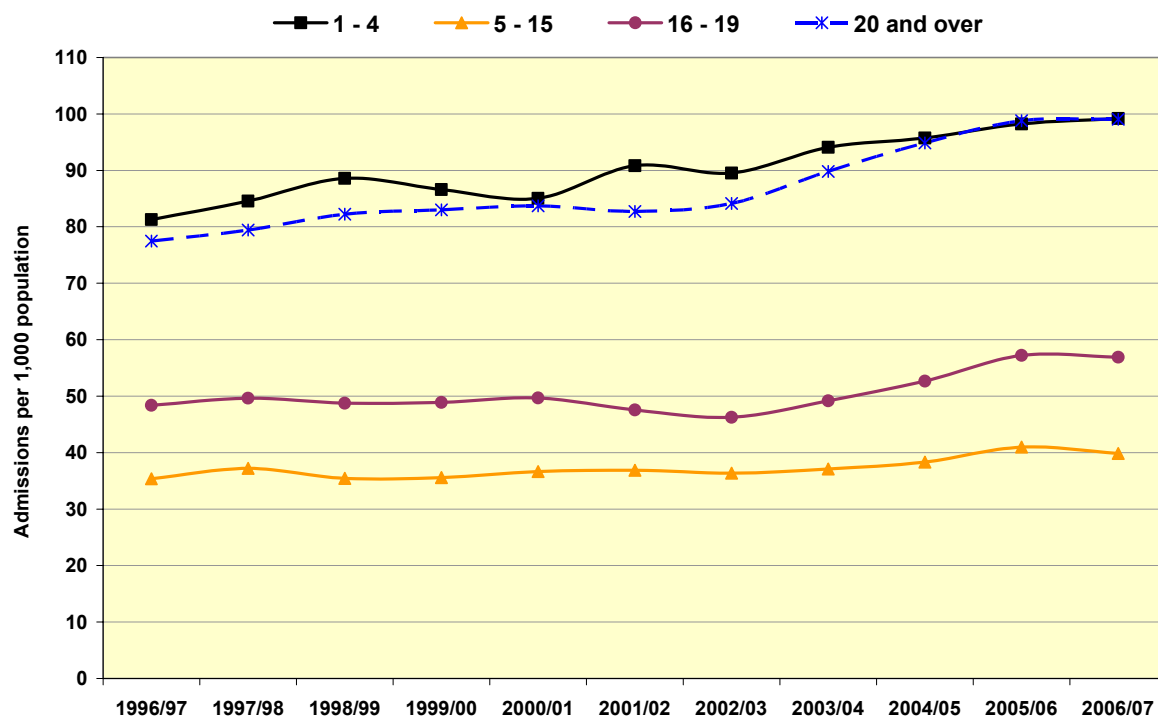


Table 2
Emergency admissions by age group

	Under 1	1 - 4	5 - 15	16 - 19	0-19	20 and over
1996/97	149,999	205,303	243,073	109,768	708,142	2,812,694
1997/98	157,396	208,956	257,084	116,045	739,480	2,885,323
1998/99	160,788	217,296	246,480	116,480	741,044	2,995,239
1999/00	153,810	210,187	248,997	117,196	730,189	3,039,609
2000/01	152,363	204,645	256,352	118,161	731,520	3,086,854
2001/02	152,781	214,965	257,538	115,073	740,356	3,070,487
2002/03	150,386	207,065	253,802	114,830	726,082	3,138,889
2003/04	160,276	213,855	258,114	125,234	757,479	3,368,805
2004/05	165,512	216,412	264,447	137,518	783,889	3,578,781
2005/06	177,625	224,611	279,854	151,465	833,555	3,760,708
2006/07	182,758	231,599	267,636	151,778	833,771	3,805,770
% increase						
96/97 to 02/03	0.3%	1%	4%	5%	3%	12%
02/03 to 06/07	22%	12%	5%	32%	15%	21%
Average annual % increase						
96/97 to 02/03	0.04%	0.1%	1%	1%	0.4%	2%
02/03 to 06/07	5%	3%	1%	7%	4%	5%

Note: In years 96/97 to 02/03 the data has been grossed, therefore the sum of the counts for individual age groups may differ from the total for the 0-19 age group due to rounding.

Trends for selected consultant specialties

Emergency admissions to Paediatric consultants increased by 8% between 1996/97 and 2002/03 and by 12% between 2002/03 and 2006/07, whilst emergency admissions to consultants with any specialty other than paediatrics decreased by 6% between 1996/97 and 2002/03 and increased by 20% between 2002/03 and 2006/07.

Approximately three-fifths of emergency admissions for patients age 0–19 are under the care of a paediatrician. The proportion of emergency admissions to Paediatrics has remained relatively constant in recent years, and has been around 63% since 2000/01.

The number and proportion of children admitted as an emergency to the care of an A&E consultant has increased during recent years. Prior to 2003/04, around 1.4% of emergency admissions for children were to A&E consultants, by 2006/07 this had increased to 6.2%.

Figure 4
Emergency admissions aged 0-19 years, by consultant main specialty

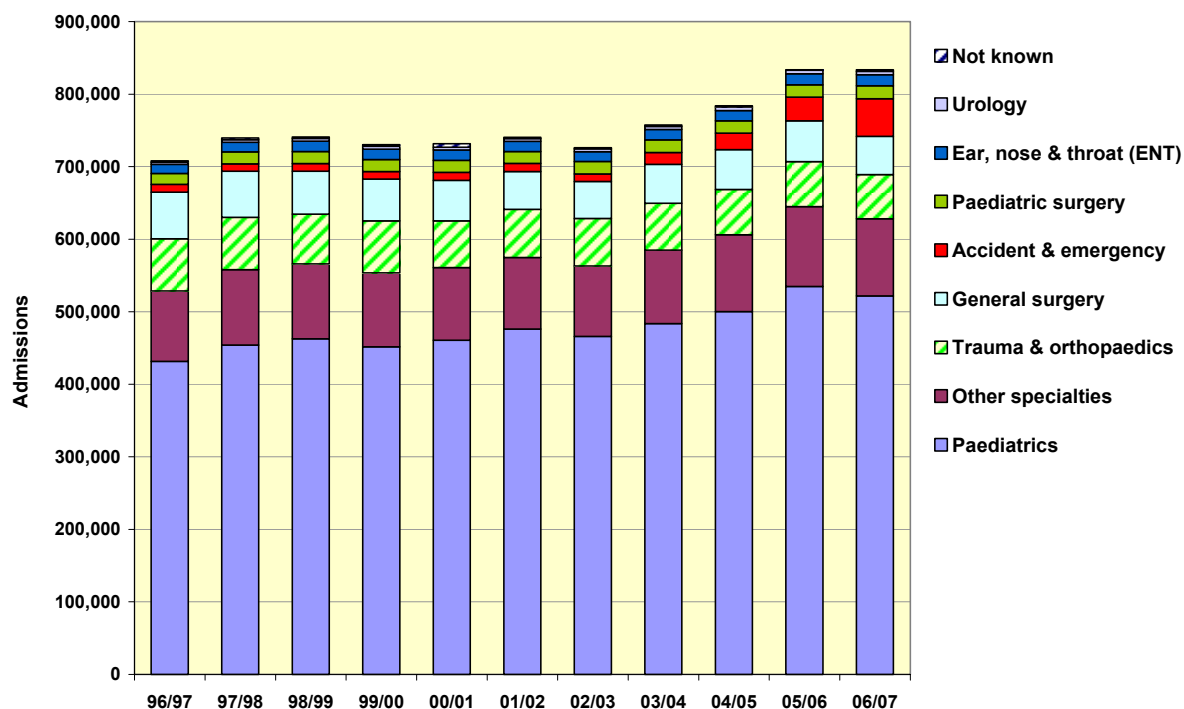


Table 3
Emergency admissions aged 0-19 years by consultant main specialty

	Paedia- trics	Other special- ties	Trauma & ortho- paedics	General surgery	A&E	Paed- iatric surgery	Ear, nose & throat (ENT)	Urology	Not known	All special- ties
96/97	431,541	97,194	71,893	64,040	10,913	14,997	12,464	3,061	2,039	708,142
97/98	454,222	103,882	72,010	63,773	9,988	16,539	13,175	3,505	2,387	739,480
98/99	462,717	103,222	68,604	59,348	10,430	16,704	14,296	3,611	2,112	741,044
99/00	451,775	101,864	71,697	57,591	10,316	16,452	14,556	3,818	2,121	730,189
00/01	460,591	100,322	64,376	55,856	11,045	16,437	14,392	3,576	4,926	731,520
01/02	475,959	98,943	66,337	52,130	11,158	16,459	13,887	3,824	1,660	740,356
02/03	465,843	97,061	65,507	51,166	10,469	17,125	13,524	3,824	1,563	726,082
03/04	483,787	101,258	64,643	53,395	16,491	17,206	14,660	4,105	1,934	757,479
04/05	500,309	105,776	62,584	54,765	22,812	16,909	14,265	4,568	1,901	783,889
05/06	534,829	110,110	62,078	56,196	32,534	17,154	15,272	4,718	664	833,555
06/07	521,856	106,523	60,815	52,690	51,616	17,800	15,516	4,499	2,456	833,771
% change:										
96/97 to 02/03	8%	- 0.1%	- 9%	- 20%	- 4%	14%	9%	25%	- 23%	3%
02/03 to 06/07	12%	10%	- 7%	3%	393%	4%	15%	18%	57%	15%
Average annual % change:										
96/97 to 02/03	1%	- 0.02%	- 2%	- 4%	-1%	2%	1%	4%	- 4%	0.4%
02/03 to 06/07	3%	2%	- 2%	1%	49%	1%	3%	4%	12%	4%

Note: In years 96/97 to 02/03 the data has been grossed, therefore the sum of the counts for selected specialty groups may differ from the total for all specialties due to rounding.

Figure 5
Trends in emergency admissions aged 0-19 years for all specialties and Paediatrics

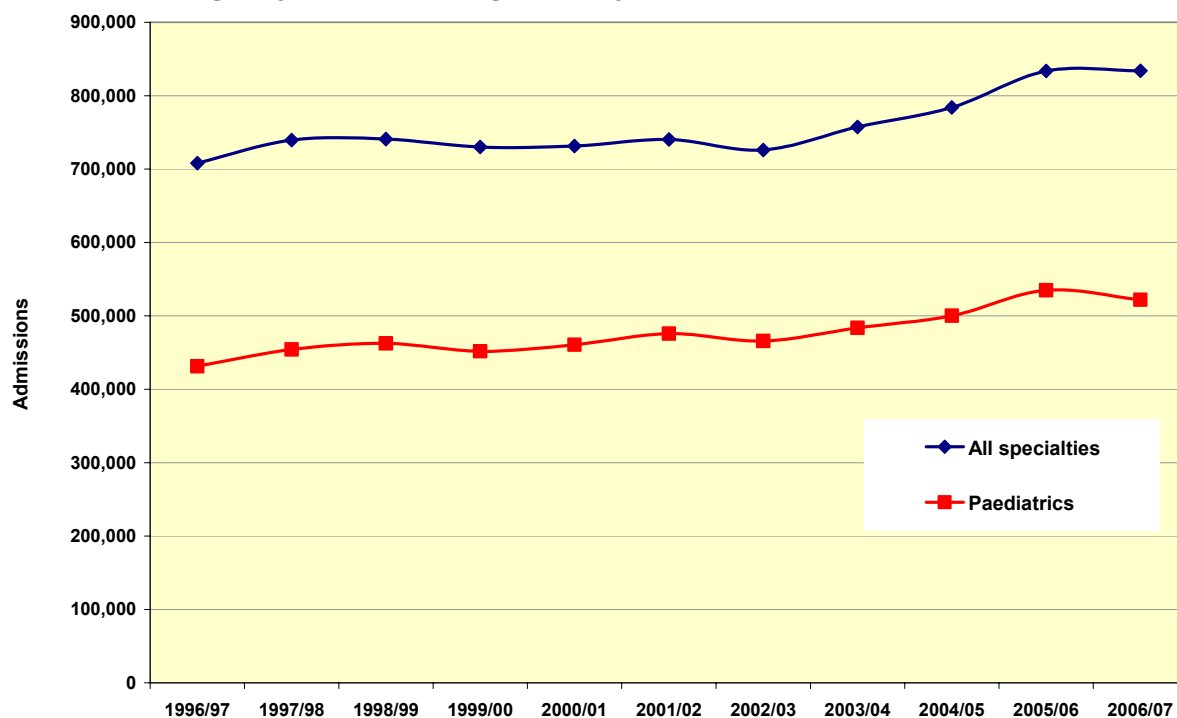
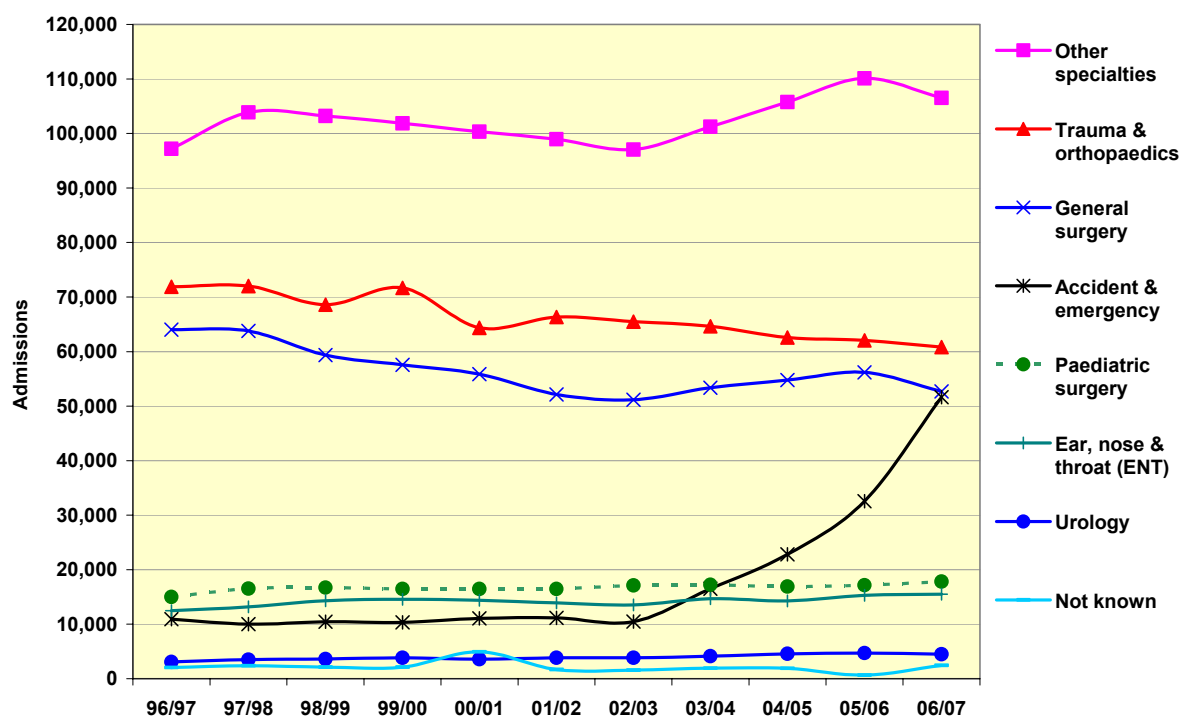


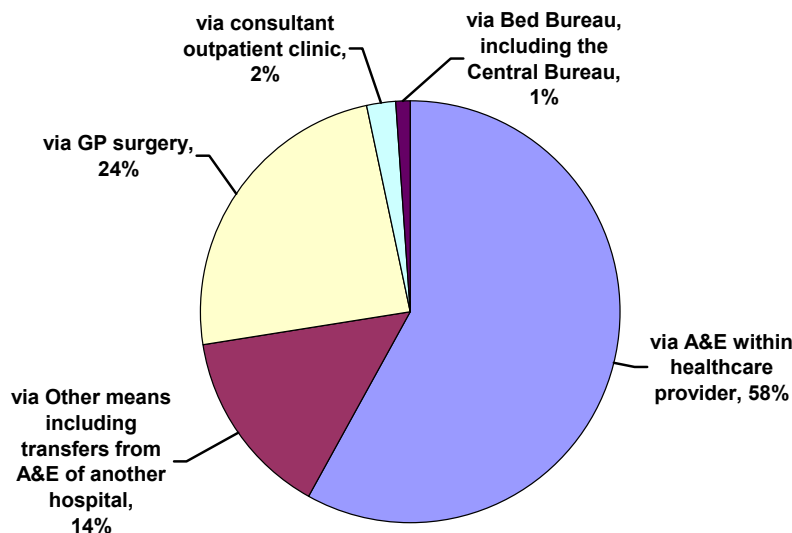
Figure 6
Trends in emergency admissions aged 0-19 years for selected specialties, excluding Paediatrics



Trends for different emergency admission methods

In 2006/07, 58% of emergency admissions for children and young people aged 0-19 were via the A&E department of the healthcare provider. This proportion has increased from around 50% in the years 1996/97 to 2002/03.

Figure 7
Emergency admissions aged 0-19, by admission method, 2006/07



The number of emergency admissions via A&E departments of the healthcare provider increased by 4% between 1996/97 and 2002/03 and by 30% between 2002/03 and 2006/07.

There has been a decrease in the number of emergency admissions from GP surgeries from 241,000 in 1996/97 to 203,000 in 2006/07 i.e. a decrease of 16%.

Figure 8
Trends in emergency admissions aged 0-19 years for all specialties, by admission method

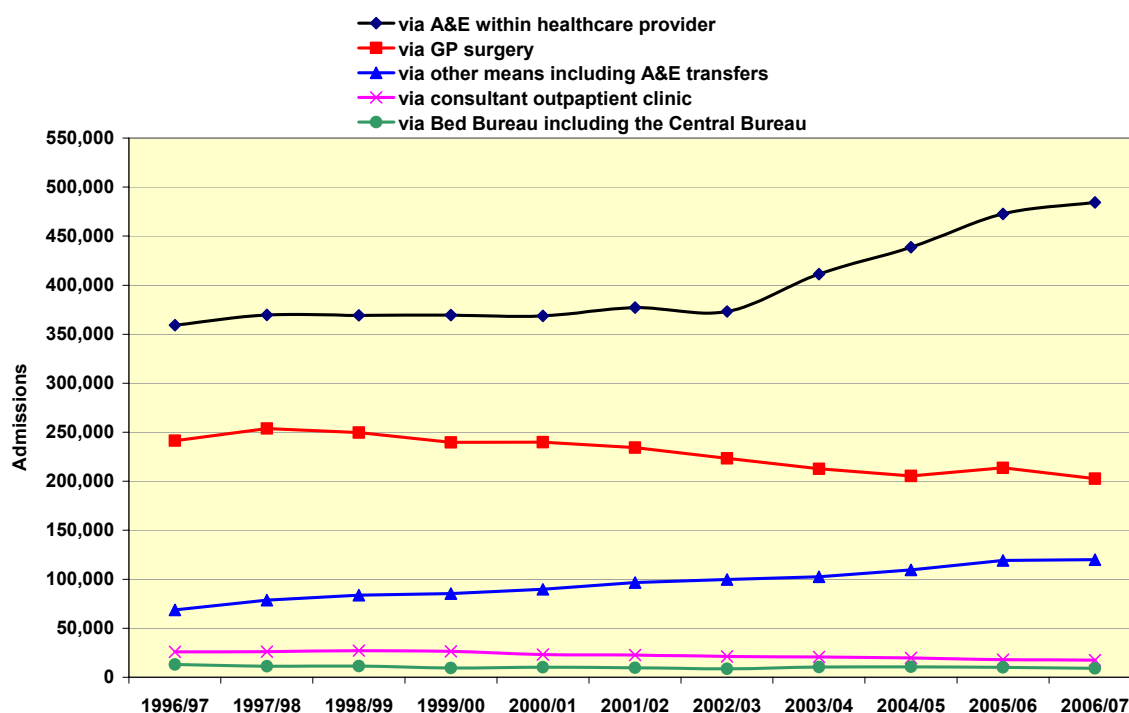


Table 4
Emergency admissions aged 0-19 years by method of admission

	via A&E within healthcare provider	via Other means including transfers from A&E of another hospital	via GP surgery	via consultant outpatient clinic	via Bed Bureau, including the Central Bureau	All methods
1996/97	359,169	68,629	241,406	25,900	13,037	708,142
1997/98	369,612	78,673	253,814	26,209	11,172	739,480
1998/99	369,274	83,771	249,532	27,145	11,321	741,044
1999/00	369,350	85,447	239,551	26,419	9,422	730,189
2000/01	368,538	89,728	239,834	23,265	10,154	731,520
2001/02	377,151	96,660	234,333	22,531	9,682	740,356
2002/03	373,247	99,651	223,210	21,243	8,731	726,082
2003/04	411,250	102,487	212,636	20,654	10,452	757,479
2004/05	438,585	109,544	205,373	19,688	10,699	783,889
2005/06	472,720	119,122	213,648	17,997	10,068	833,555
2006/07	484,412	119,989	202,682	17,603	9,085	833,771
% change:						
96/97 to 02/03	4%	45%	- 8%	- 18%	- 33%	3%
02/03 to 06/07	30%	20%	- 9%	- 17%	4%	15%
Average annual % change:						
96/97 to 02/03	1%	6%	- 1%	- 3%	- 6%	0.4%
02/03 to 06/07	7%	5%	- 2%	- 5%	1%	4%

Note: In years 96/97 to 02/03 the data has been grossed, therefore the sum of the counts for individual admission methods may differ from the total for all methods due to rounding.

In each of the years 1996/97 to 2002/03 around 45% of emergency admissions of patients aged 0-19 to Paediatric consultants were via A&E of the healthcare provider. This proportion had increased to 51% in 2006/07.

The proportion of emergency admissions of patients aged 0-19 to Paediatric consultants via other means including transfers from A&E of another hospital increased from 10% in 1996/97 to 16% in 2006/07.

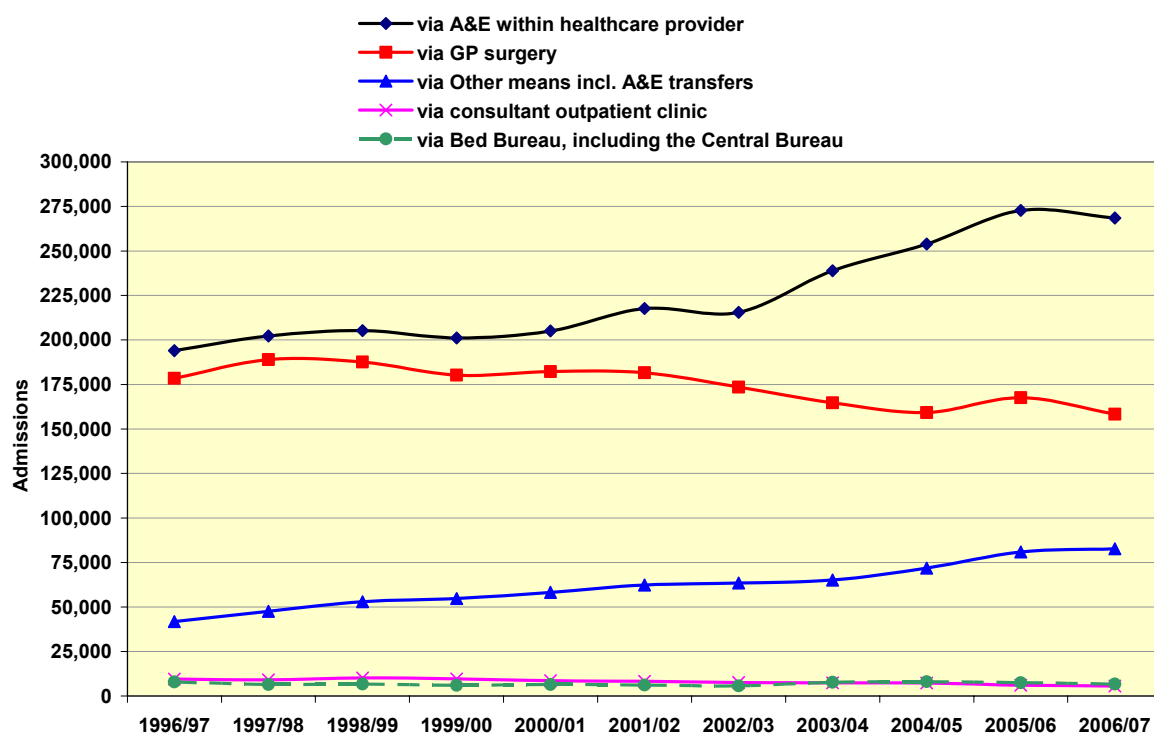
There has been a decrease in the proportion of emergency admissions to Paediatrics via GP surgeries from 41% in 1996/97 to 30% in 2006/07.

Table 5
Emergency admissions aged 0-19 years to Paediatric consultants by method of admission

	via A&E within healthcare provider	via Other means including transfers from A&E of another hospital	via GP surgery	via consultant outpatient clinic	via Bed Bureau, including the Central Bureau	All methods
1996/97	193,964	41,833	178,390	9,455	7,900	431,541
1997/98	202,206	47,625	188,924	9,040	6,426	454,222
1998/99	205,228	52,963	187,651	10,149	6,728	462,717
1999/00	201,154	54,716	180,192	9,642	6,071	451,775
2000/01	205,007	58,226	182,233	8,627	6,497	460,591
2001/02	217,630	62,297	181,598	8,312	6,123	475,959
2002/03	215,572	63,513	173,482	7,611	5,665	465,843
2003/04	238,854	65,107	164,747	7,380	7,699	483,787
2004/05	253,904	71,857	159,173	7,290	8,085	500,309
2005/06	272,788	80,927	167,614	5,994	7,506	534,829
2006/07	268,471	82,709	158,355	5,578	6,743	521,856
% change						
96/97 to 02/03	11%	52%	- 3%	- 19%	- 28%	8%
02/03 to 06/07	25%	30%	- 9%	- 27%	19%	12%
Average annual % change						
96/97 to 02/03	2%	7%	- 0.5%	- 4%	- 5%	1%
02/03 to 06/07	6%	7%	- 2%	- 7%	4%	3%

Note: In years 96/97 to 02/03 the data has been grossed, therefore the sum of the counts for individual admission methods may differ from the total for all methods due to rounding.

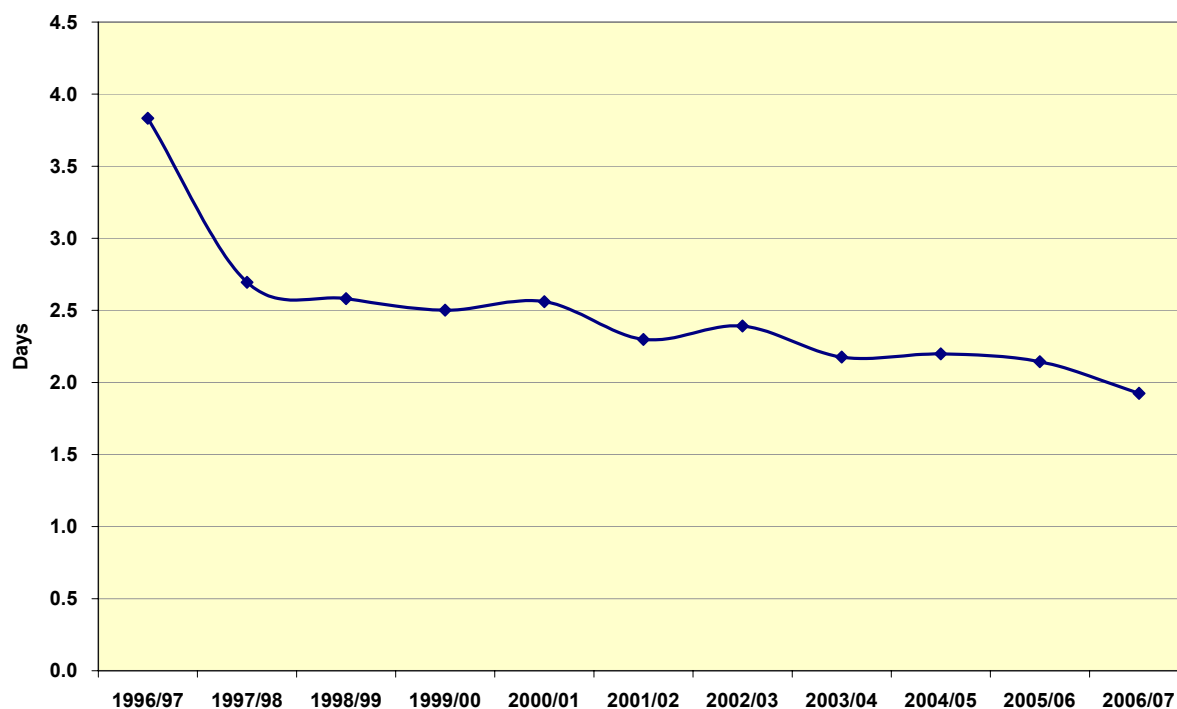
Figure 9
Emergency admissions aged 0-19 years to Paediatric consultants by admission method



Trends in length of stay and bed-days

The mean length of stay following emergency admission has decreased from 3.8 days in 1996/97 to 1.9 days in 2006/07.

Figure 10
Mean length of stay for emergency admissions aged 0-19 years



In 2006/07, 71% of discharges following emergency admission were of short duration (0 or 1 day), this is an increase from 59% in 1996/97.

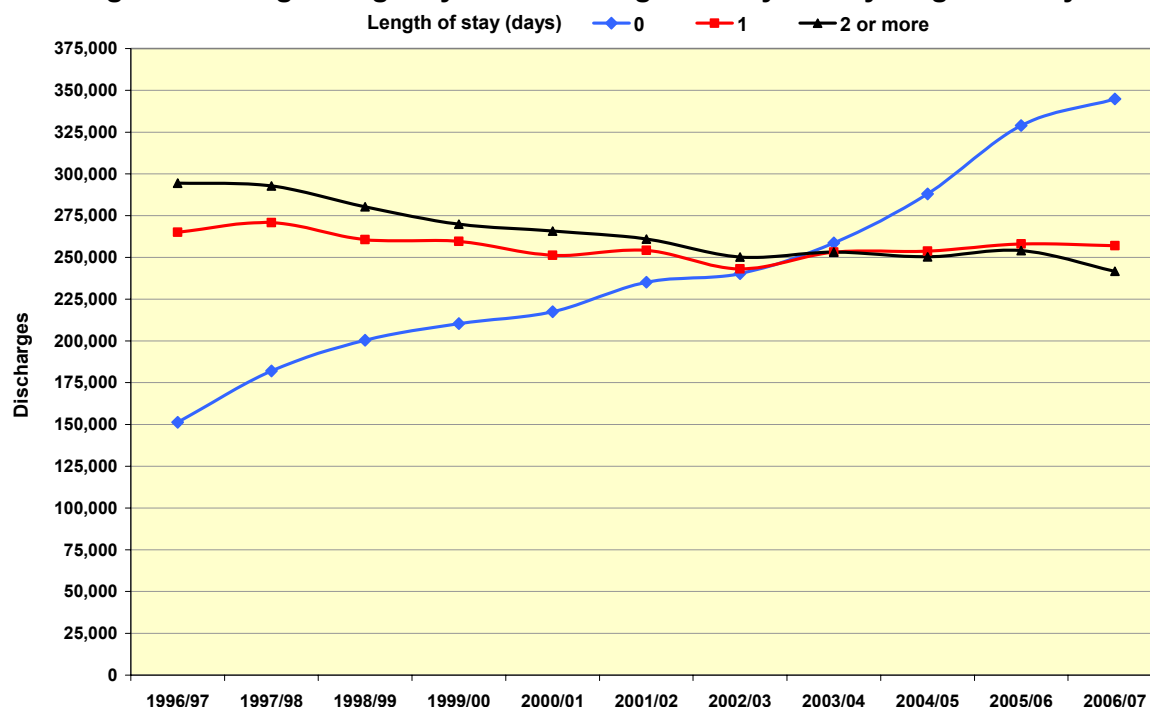
The number of discharges following emergency admission with a duration of 0 days has increased every year throughout the period 1996/97 to 2006/07.

Table 6
Discharges following emergency admission¹ aged 0-19 years by length of stay

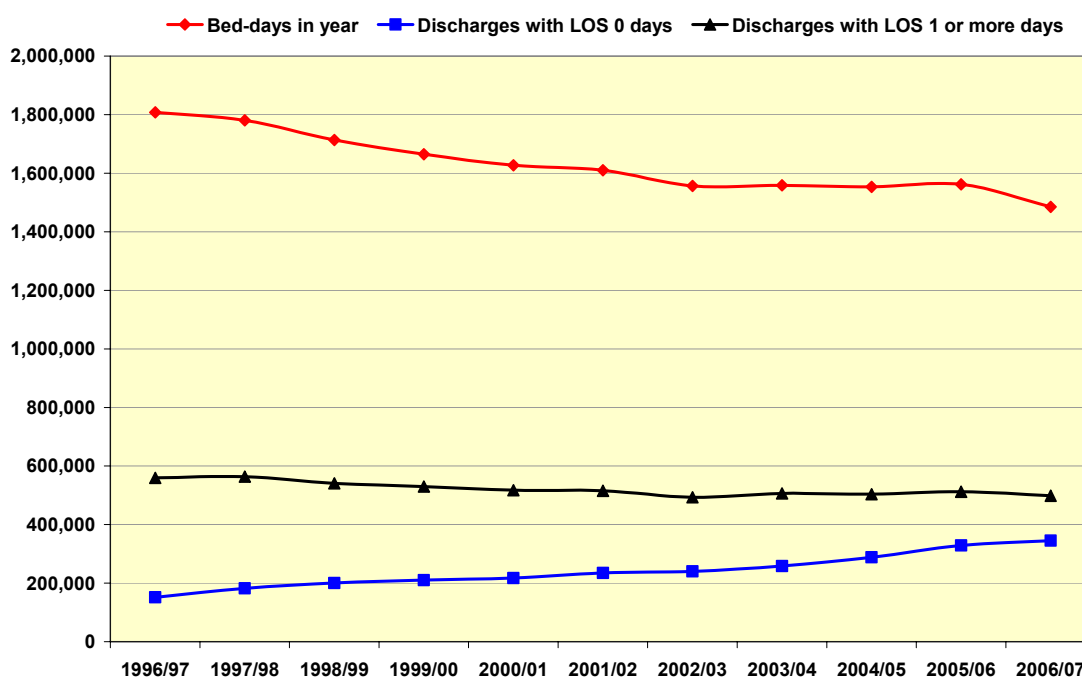
	Discharges	Mean length of stay (days)	Modal length of stay (days)	Length of stay (days), discharge count			Length of stay (days) % of all discharges ²		
				0	1	2 or more	0	1	2 or more
1996/97	710,807	3.83	1	151,327	265,036	294,444	21%	37%	41%
1997/98	745,679	2.70	1	182,076	270,774	292,829	24%	36%	39%
1998/99	741,320	2.58	1	200,370	260,676	280,274	27%	35%	38%
1999/00	739,910	2.50	1	210,396	259,594	269,920	28%	35%	36%
2000/01	734,660	2.56	1	217,537	251,298	265,825	30%	34%	36%
2001/02	750,386	2.30	1	235,165	254,217	261,004	31%	34%	35%
2002/03	733,667	2.39	1	240,270	243,137	250,260	33%	33%	34%
2003/04	764,994	2.18	0	258,665	253,144	253,185	34%	33%	33%
2004/05	792,081	2.20	0	288,042	253,693	250,346	36%	32%	32%
2005/06	841,134	2.14	0	328,956	258,038	254,140	39%	31%	30%
2006/07	843,592	1.93	0	344,874	257,021	241,627	40%	30%	29%
% change									
96/97 to 02/03	3%	- 38%		59%	- 8%	- 15%			
02/03 to 06/07	15%	- 20%		44%	6%	- 3%			
Average annual % change									
96/97 to 02/03	1%	- 8%		8%	- 1%	- 3%			
02/03 to 06/07	4%	- 5%		9%	1%	- 1%			

1. Discharge episodes with valid admission and discharge dates. Discharge episode counts are used rather than admission episodes as length of stay can only be determined on discharge.

2. Percentages may not sum to 100% due to rounding.

Figure 11**Discharges following emergency admission aged 0-19 years by length of stay****Bed-days and admissions**

Emergency bed-days³ for the 0-19 age group have decreased from 1.81m in 1996/97 to 1.49m in 2006/07. After there being relatively little variation in the number of emergency bed-days during the years 2002/03 to 2005/06, there was a 4.9% decrease in emergency bed-days between 2005/06 and 2006/07.

Figure 12**Emergency bed-days in year and emergency admissions by length of stay, aged 0-19 years**

³ Bed-days in year for finished consultant episodes. Patients admitted and discharged on the same date with length of stay 0 days will have bed-day counts of zero days. See Annex 2 for note on bed occupancy.

Conclusion

This report used data drawn from Hospital Episode statistics to examine trends in emergency admissions for children and young people overall and by: selected age groups; selected consultant specialities; emergency admission methods; length of stay, and bed days.

The data show evidence of an increasing number of emergency admissions over the period studied for children and young people in recent years up to 2005/06, although little increase occurred for the latest year of data (2006/07). The increase has been, primarily, due to the increasing number of admissions from A&E departments. Whilst not showing a decrease in every year, emergency admissions from GP surgeries and from consultant outpatient clinics have generally shown a decrease over the period 1996/97 to 2006/07.

The 0-19 year old age group has seen increases in emergency admissions at a slower rate than that for adults aged 20 and over. Between 2002/03 and 2006/07 there was an increase of 15% in emergency admissions for the 0-19 age group and of 21% for adults aged 20 and over.

The proportion of children and young people admitted to the care of an A&E consultant, and the proportion admitted via the A&E department of the health service provider, have both increased. Approximately three-fifths of emergency admissions for patients aged 0-19 are under the care of a paediatrician, a proportion that has remained relatively constant in recent years.

A key trend has been the increase in the number of short-stay admissions with length of stay 0 days but a reduction in admissions with longer lengths of stay (2 or more days). This has meant that emergency bed days for children and young people have dropped (from 1.81m in 1996/97 to 1.49m in 2006/07). Average length of stay has decreased whilst concurrently there has been an increase in emergency admissions.

In summary, the distribution of emergency admissions by broad age band has not changed during a period of growth in the number of emergency admissions in the whole 0-19 age group. In the period examined, the proportion of admissions to the care of paediatricians has been stable, contrasted to an increased number and proportion of admissions to A&E consultant care. Overall, the number of admissions via A&E departments rose and the number of admissions via GP surgeries fell, while the number of emergency bed days and the average length of stay for the 0-19 age group declined.

Annex 1

Additional trend table

Table A
Emergency admissions for patients aged 20 years and over by admission method

	via A&E within healthcare provider	via Other means including transfers from A&E of another hospital	via GP surgery	via consultant outpatient clinic	via Bed Bureau, including the Central Bureau	All methods
1996/97	1,315,629	249,962	1,017,030	146,143	83,929	2,812,694
1997/98	1,372,735	262,366	1,015,893	150,426	83,903	2,885,323
1998/99	1,481,953	269,641	1,004,964	148,965	89,716	2,995,239
1999/00	1,541,077	282,886	984,221	147,333	84,092	3,039,609
2000/01	1,624,812	278,444	939,699	142,806	101,093	3,086,854
2001/02	1,685,534	286,284	859,035	137,378	102,256	3,070,487
2002/03	1,789,666	290,083	839,842	134,037	85,260	3,138,889
2003/04	2,022,008	294,031	840,446	132,387	79,933	3,368,805
2004/05	2,249,960	303,988	815,586	132,690	76,557	3,578,781
2005/06	2,433,542	314,280	812,630	132,589	67,667	3,760,708
2006/07	2,516,360	319,535	772,258	132,766	64,851	3,805,770
% change						
96/97 to 02/03	36%	16%	- 17%	- 8%	2%	12%
02/03 to 06/07	41%	10%	- 8%	- 1%	- 24%	21%
Average annual % increase						
96/97 to 02/03	5%	3%	- 3%	- 1%	0.3%	2%
increase 02/03 to 06/07	9%	2%	- 2%	- 0.2%	- 7%	5%

Note: In years 96/97 to 02/03 the data has been grossed, therefore the sum of the counts for individual admission methods may differ from the total for all methods due to rounding.

Annex 2

Notes on HES data



Hospital spell (Finished Provider Spell)

A Finished Provider Spell is defined as a period of in-patient care within one health care provider that commences with the patient's admission and ends on the date of discharge.

Finished In-year admissions

A finished in-year admission is the first period of in-patient care under one consultant within one healthcare provider, excluding admissions beginning before 1 April at the start of the data-year. Please note that admissions do not represent the number of in-patients, as a person may have more than one admission within the year.

Discharges

A discharge episode is the last episode during a spell, where the patient is discharged from the hospital (this includes transfer to another hospital).

Specialty

Care is needed when analysing HES data by specialty, or by groups of specialties (such as Acute). Trusts have different ways of managing specialties and attributing codes so it is better to analyse by specific diagnoses, operations or other recorded information.

Bed Occupancy

Bed-days of finished episodes and bed-days of finished spells include days of bed occupancy during previous years, eg. a patient discharged in 2003/04 may have been admitted during 2002/03. Conversely, bed-days within the year includes only those days falling between 1 April and 31 March of the data year (including unfinished episodes, unless otherwise stated).

Length of stay (duration of spell)

Length of stay (LOS) is calculated as the difference in days between the admission date and the discharge date, where both are given. LOS is based on hospital spells and only applies to ordinary admissions. Information relating to LOS figures, including discharge method/destination, diagnoses and any operative procedures, is based only on the final episode of the spell.

Grossing

In-year admission figures are grossed for coverage, except for 2003-04, 2004-05, 2005-06 and 2006-07. Data is no longer grossed due to ongoing improvements in quality and coverage in the data collected from the NHS. Grossed episode counts are generally around 1% higher than ungrossed totals, so the use of ungrossed and grossed totals in time series will not have any adverse effect to on the analysis. In-year discharge figures have not been adjusted for shortfalls in data (i.e. the data are ungrossed).

Further information on HES is available from the Information Centre for Health and Social Care website at <http://www.hesonline.org.uk>

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