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## **Announcement of methodological change to: Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data**

Provisional Monthly Hospital Episode Statistics (HES) publications are part of an established series to present summary statistics on recent hospital activity in England. Following a review of the publication series, changes have been made to:

- The data included within the publication
- The number of publications per year

### **Background**

Provisional year-to-date (YTD) HES data is processed monthly and disseminated via:

- An official statistics publication
- Extracts of the underlying record level data

It is also used by HSCIC to answer ad-hoc queries for aggregated data e.g.:

- Parliamentary questions
- Media enquiries
- Freedom of Information requests
- HSCIC's Data Access and Request Service (DARS)

The HES data is created from an extract of records taken from a data mart in the Secondary Uses Service (SUS). Data is submitted to SUS to enable providers to get paid for the activity they have undertaken. Under the NHS Standard Contract there is a two-stage reconciliation process for such payments where providers make an initial submission of a month's activity by the published 'inclusion date' of the following month. This is the reconciliation date (often referred to as the 'flex' date) and a snapshot of the data mart in SUS at this point is used to create that month's HES extract. The inclusion date in the following month (i.e. two months after the month of hospital activity), is the post-reconciliation date (referred to as the 'freeze' date) for that month's activity. The period between flex and freeze allows providers to improve the coverage and completeness of their records in order to get paid accurately for the activity they have undertaken.

The data submitted to SUS undergoes some validation, however this often focusses on the format of what has been submitted and not necessarily the validity of the content. Duplicate records are often submitted to SUS and come through in the raw HES extract, as do records that are out of scope for the HES reporting period, therefore the data is further processed by the HES Service to check for validity of data and remove records that are not required for HES.



data and 'freeze' point for October data. It takes approximately four weeks after this to process HES and produce the publication material. Publication, and accompanying release of data, usually takes place in the last week of the following month, so the end of January 2016 in this example.

The data submitted to SUS by the 'flex' date is not as complete as it is when submitted by 'freeze' date, therefore within the YTD cumulative counts, the latest month is not as complete as previous months. This is because the latest month's activity has not yet been through the freeze payment post-reconciliation process as described above. It is typically up to 5% incomplete for total records and up to 12% incomplete with respect to clinical codes.

Therefore, it is for this reason that the publication title and summary statistics within the official statistics publication currently do not relate to the most recent month's data, even though the underlying data forming the monthly extracts does contain the most recent month. In our example the associated publication is called 'Provisional monthly HES: April-October 2015'.

Supplementary tables are shown to highlight the completeness issues for the latest month (November in our example).

## Change

There is a good rationale behind the current practice, but recent analysis has reviewed the level of completeness, both for the number of records and the detail within them, and a decision has been made that it is now appropriate to change to use the most up to date information from HES in the headline figures within the publication.

It should be noted that all monthly information from HES is classed as provisional. Final data is available at the end of the financial year as a series of 'Annual Refresh' publications.

There is no impact on the underlying monthly HES data received by approved users such as Monthly Managed Extract Service customers.

There is no impact on the production and publication of monthly A&E Clinical Quality Indicators or outputs that require linkage to HES as these outputs currently use data that is available from the 'freeze' point.

## Effect of the Change

The name of the publication will change. In our example –

from:

- Provisional monthly Hospital Episode Statistics: Admitted Patient Care, Outpatients and Accident & Emergency: April-October 2015

to:

- Provisional monthly Hospital Episode Statistics: Admitted Patient Care, Outpatients and Accident & Emergency: April-November 2015

The summary statistics would now include the latest month, and would highlight the known coverage and content issues of the latest month's data.

In addition we will now also produce a monthly publication based on April SUS 'flex' data (known as Month 1, in HES terminology). This monthly publication has not been released before, and will therefore be slotted in between 'M13' and 'M2' releases. It will be called:

- Provisional monthly Hospital Episode Statistics: Admitted Patient Care, Outpatients and Accident & Emergency: April 2016

This additional publication means that there will now be thirteen monthly HES publications, instead of the current twelve.

There is no change to the underlying monthly HES data received by approved users such as Monthly Managed Extract Service customers.

## **Timing**

The changes take effect from March 2016. The first publication to include this change will include additional tables and information to ensure the transitional period is fully covered and explained.

## **Further information**

If you have any comments or questions about these changes to the reporting in the HES official statistics, please contact the HSCIC on 0300 303 5678 or email [enquiries@hscic.gov.uk](mailto:enquiries@hscic.gov.uk).

Version 2 adds extra detail to the document. Version 1 is available on request.