Disclaimer

England

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2.6.3. Targeting and marketing activity

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Scotland

1. The Admission statistics are derived from data collected on discharges from non-obstetric and non-psychiatric hospitals (SMR01) in Scotland. Only patients treated as inpatients or day cases are included. The specialty of geriatric long stay is excluded.

2. Data relate to all patients treated by the NHS in Scotland

3. Data are based on date of discharge.
4. The basic unit of analysis for the Admissions data (except patient count) is a Continuous Inpatient Stay (CIS) in hospital - Probability matching methods have been used to link together individual SMR01 hospitals episodes for each patient, thereby creating "linked" patient histories. Within these patient histories, SMR01 episodes are grouped according to whether they form part of a continuous spell of treatment (whether or not this involves transfer between specialties, consultants, hospitals or health boards). This is to allow for an accurate count of readmissions.

5. An emergency admission occurs when, for clinical reasons, a patient is admitted at the earliest possible time after seeing a doctor. The patient may or may not be admitted through Accident & Emergency. Coding rules state that a Day Case patient should not be admitted as an emergency.

6. Patients - This relates to an individual patient. However, the same patient can be counted more than once, this occurs if they change specialty or NHS Board. The same patient can also be counted more than once if they have admissions in multiple years, for example if a patient was admitted in 2000 and 2001 they would be counted in each of these years.

7. An elective (planned) admission occurs when a patient has already been given a date to come to hospital for some kind of planned procedure. Elective patients can be seen as Day cases or Inpatients.
8. A transfer occurs when a patient who has already been admitted to hospital is either transferred to a different specialty or hospital, and will be part of the same continuous inpatient stay. Transfers have been defined as non-elective admissions in this analysis.

9. A hospital stay is defined as an elective/non-elective admission using the admission type recorded in the first episode of the stay.

10. A zero-day admission is defined as a non-elective admission with length of stay equal to 0 days.

11. A hospital stay is selected if any of the specified diagnoses are recorded in the first episode of the stay.

12. A readmission is defined as a non-elective admission within 28 days for the same patient where the diagnosis grouping (any position in the first episode) is the same as the primary diagnosis grouping in the first episode of the preceding admission.

13. Primary Diagnosis refers to main diagnosis variable. Secondary Diagnosis refers to diagnosis 2-6 variables. All diagnosis refers to diagnosis 1-6 variables.

14. Up to six diagnoses (one principal diagnosis and five secondary diagnoses) may be recorded per hospital episode, using the International Classification of Disease Codes, Tenth Revision (ICD-10). All six diagnostic positions were used to identify the relevant cases.

15. These data have been adjusted to conform to ISD's Statistical Disclosure Control Protocol (http://www.isdscotland.org/About-ISD/Confidentiality/Disclosure-Protocol-Version-2-3_webversion.pdf). * Indicates values that have been suppressed due to the potential risk of disclosure and to help maintain patient confidentiality.

Source: SMR01 (Hospital Admissions), Information Services Division (ISD) Scotland

Wales

1. The annual PEDW data table present analyses of the Patient Episode Database for Wales (PEDW) which is collated validated and stored by Digital Health and Care Wales (DHCW) on behalf of the Welsh Government and the NHS in Wales. It is a rich source of information about patients admitted to hospitals in Wales.

2. These notes and definitions, which have been included to accompany the published data tables, have been designed to give an overview of what has been included and not included in each of the tables.

3. Further information on the PEDW Database can be found on the introductory page to the Annual PEDW Data Tables (https://dhcw.nhs.wales/information-services/information-delivery/annual-pedw-data-tables/).

4. Please refer to the NHS Wales Data Dictionary for clarification of the terms used throughout this publication.

5. PEDW data tables (with the exception of the Regular Attender table) are made up of inpatient episodes (patient class 1), day cases (patient class 2) and episodes relating to women using delivery facilities (patient class 5). Regular Attender episodes have been omitted as HES have not historically reported these episodes in their data tables. A total figure for Regular Attender episodes can, however, be found at the bottom of the Headline figures for each financial year.

6. The counts within the analyses are based on a number of different measures as outlined below:

    - Finished Consultant Episodes (FCEs) – Episodes describe the time a patient spends in the continuous care of one consultant. FCEs in PEDW tables are the total number of completed in-patient, day case and maternity consultant episodes recorded in PEDW that ended in the financial year in which they were reported.

    - Admissions (Admission Episodes) – An admission episode is the first episode in a patients provider spell of care. Admission episodes in PEDW Excel tables are completed episodes and are reported in the year in which they ended. The number of admission episodes is generally smaller than the total number of consultant episodes in a period by approximately 10%. Counts of admission episodes will be slightly higher than counts of completed provider spells over the same time period as completed admission episodes will be counted even if the patient has not been discharged.

7. PEDW Tables are provided on both a Welsh Provider and Welsh Resident basis:

    - Provider-based figures include episodes of patient treatment in NHS hospitals in Wales and will include Welsh residents and also any non-Welsh residents who have been treated in Wales.

- Resident-based figures include episodes of patients who are resident in Wales and are treated in NHS hospitals in Wales and England.

8. Data Quality report available from 2013/14 publication onwards: Admitted Patient Care (PEDW) data quality status report.

9. The PEDW database is assembled from records originally generated by the patient administration systems within NHS Wales hospitals. While the PEDW team liaise closely with the NHS in order to maintain data quality and consistency, it is inevitable in such a complex undertaking that a few errors will occur. The quality of the information supplied determines the quality of the data provided in the analyses and therefore, it should be noted that, the data in the tables has not been adjusted to account for shortfalls in the number of records submitted, or for missing or invalid clinical information. Users of the data who discover apparent anomalies should contact the data quality team (data.quality@wales.nhs.uk), so that these may be investigated.

10. The following is a list of known issues and/or factors that should be considered when using the data tables:

- Welsh Residents Treated in England

It is possible that not all of the data on Welsh residents treated in England is received through NHS SUS extracts.

- Missing or Invalid Clinical Information

Clinical coding can, in some situations, take place sometime after the episode of care and not all PEDW records contained clinical coding at the time these analyses were undertaken. Further information on the Clinical Coding Audit Programme can be found here: https://dhcw.nhs.wales/information-services/information-standards/clinical-classifications-and-terminology-standards/clinical-coding-audit-programme/

11. In general, we would expect the majority of clinical coding to be in place three months after the particular episode of care. Un-coded records are included in counts that do not involve analysis by diagnosis and are included in the overall episode totals in tables which do show such analyses. Where operative procedures are un-coded it is not possible to tell whether a procedure took place but has not been coded, or whether no procedure took place.