# Digital Health and Care Wales

# Annual Admitted Patient Care (formerly PEDW) Data Tables - Notes & Definitions 2022/23

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## SUMMARY

The annual Admitted Patient Care data table present analyses of the Admitted Patient Care Database for Wales (Admitted Patient Care) 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.

The format of the headline figures, tables and associated notes and definitions are loosely based on those produced by the Hospital Episode Statistics team (HES) in relation to English hospital activity (http://www.hscic.gov.uk/hes). This will allow, to a certain extent, comparisons between Welsh and English Hospital data.

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. The 'Data Quality' and 'Comparing Admitted Patient Care & HES Data Tables' sections offer some points to consider when viewing or comparing data to that from other sources and any known data quality issues.

Further information on the Admitted Patient Care database can be found on the introductory page to the Annual Admitted Patient Care Data Tables (https://dhcw.nhs.wales/information-services/information-delivery/admitted-patient-care-data-online)

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

## INTRODUCTION TO THE ADMITTED PATIENT CARE DATA TABLES

Data for the previous financial year is published on an annual basis towards the end of each year and it should be noted that data from previous years are not currently updated. Data is available from financial year 1999/00 and is based on 'Finished Consultant Episodes' (FCEs). Episodes describe the time a patient spends in the continuous care of one consultant within a provider spell. A provider spell is the continuous period of time that an admitted patient (using a bed) spends in the care of one NHS health care provider (Local Health Board provider in Wales). The care starts with an admission episode and ends in discharge, transfer to another NHS provider (hospital within a different Local Health Board) or death. In approximately 90% of cases, the provider spell consists of just one consultant episode, in other cases it consists of more than one episode. When the responsibility for a patient transfers from one consultant to another within a provider spell, one consultant episode will end and another one begins.

Admitted Patient Care data tables (except for 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 to make them more comparable with the English publication 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.

The counts within the analyses are based on several different measures as outlined below. Please see the notes section on specific tables for more information:

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

- Admissions (Admission Episodes) – An admission episode is the first episode in a patient's provider spell of care. Admission episodes in Admitted Patient Care 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.

Hospital Transfers: FCEs & Admission Episodes - Patients who are transferred in from hospitals in different health board areas will be counted as a new admission episode. Patients whose care is transferred from another consultant, from another specialty, or between hospitals in the same local health board provider, will remain within the same provider spell of care and generate a new consultant episode, but not a new admitting episode.

Admitted Patient Care Tables are provided on both a Welsh Provider and Welsh Resident basis from 1999/00 and are available broken down by Health Board Provider and Health Board (of) Residence from 2012/13 onwards:

- Provider-based figures include episodes of patient treatment in NHS hospitals in Wales and will include Welsh residents and 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. Please be aware that the Welsh resident data may include treatment specialty codes from English provider data that were not be used by Welsh Providers until April 2016 (DSCN (AMD) 2014/08 – Treatment Function Code)

Please see the Table Contents section below for a brief outline of each of the Admitted Patient Care data tables and the suppression rules applied.

## DATA QUALITY

Data Quality reports are available from 2013/14 publication onwards:

Admitted Patient Care (APC) data quality status report 2022/23

The Admitted Patient Care database is assembled from records originally generated by the patient administration systems within NHS Wales hospitals. While the Admitted Patient Care team liaise closely with the NHS 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.

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 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 Admitted Patient Care records contained clinical coding at the time these analyses were undertaken. Anyone with access to the NHS Wales intranet can view further data quality reports on data validity and consistency at: https://nhswales365.sharepoint.com/sites/DHC_DST.

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.

## ADMITTED PATIENT CARE AND ADMITTED PATIENT CARE (OLD DEFINITION)

A review of the Admitted Patient Care day case cleansing procedure took place during 2006 and from 1 April 2007, it was agreed that this procedure would no longer take place and Admitted Patient Care figures will now reflect all records submitted by the NHS Wales providers.

The new Admitted Patient Care figures have been run from 2005/06 to provide a two-year overlap with 'old definition' figures. The overlap will show the effect of the removal of the day case cleansing procedure.

## PUBLICATION AMENDMENTS AND CAVEATS

### 2022/23 PUBLICATION

Coding Completeness – The data was extracted from the Admitted Patient Care database in July 2023. The clinical coding section of the APC Data Quality Status Report advises that only Powys (98.3%) achieved the 98% Clinical Coding Completeness target for rolling 12 months' data. Hywel Dda (95%) were within 4% of the target. Five organisations, Aneurin Bevan (79.5%), Betsi Cadwaladr (91.9%), Cardiff & Vale (72.8%), Cwm Taf (78.8%), and Swansea (83.8%) were more than 4% below the target.

Data validity – The validity targets for Main Specialty (consultant) and Specialty of Treatment Code continue to be met every year by all organisations apart from Powys. The records that are causing this low validity, relate mainly to activity where a general practitioner is responsible for the patient during their inpatient stay and/or where the patient is treated under the specialty of general practice. The Main Specialty code relating to GPs changed when the list of values for this data item was revised and the code '620 (GP Other)' was retired in April 2015 as per DSCN 2014 / 078. The Specialty of Treatment codes for general practice ceased to be valid in April 2016 as per DSCN 2014 / 089. This issue has been highlighted in Powys as it accounts for a high proportion of their overall activity.

Principal Diagnosis is below target for Cardiff & Vale and Aneurin Bevan. Both health boards have submitted a significant volume of blank Principal Diagnosis codes. Overall coding completeness for coded episodes in APC is 91.15% for 2022/23, leaving 88,871 inpatient episodes uncoded.

### 2021/22 PUBLICATION

Coding Completeness – This data was extracted from the Admitted Patient Care database in September 2022. The clinical coding section of the APC Data Quality Status Report advises that all Health Boards failed to achieve the 98% Clinical Coding Completeness target for rolling 12 months' data. Five organisations Aneurin Bevan (86.4%), Cardiff & Vale (85.9%), Cwm Taf (85.6%), Hywel Dda (92.1%) and Swansea (89.3%) were more than 4% below the 98% target.

Data validity – The validity targets for Main Specialty (Consultant) and Speciality of Treatment Code continue to be met every year by all organisations apart from Powys. The records that are causing this low validity mainly relate to activity where a general practitioner is responsible for the patient during their inpatient stay and/or where the patient is treated under the specialty of general practice. The main specialty code relating to GPs changed when the list of values for this data item was revised and the

code 620 (GP Other) was retired in April 2015 as per DSCN 2014 / 076 and the specialty of treatment codes for general practice ceased to be valid in April 2016 as per DSCN 2014/087

Betsi Cadwaladr and Aneurin Bevan also submit activity using the retired code 620 (GP Other). The validity targets are still met in those two organisations, as although there are a similar number of invalid codes, the proportion is negligible due to their larger total volume of records. This issue has been highlighted in Powys as it accounts for a high proportion of their overall activity and they are waiting for new codes to be mapped to WPAS (Myrddin) which will alleviate the speciality related errors.

## 2020/21 PUBLICATION

Coding Completeness – This data was extracted from the Admitted Patient Care database in November 2021. The clinical coding section of the APC Data Quality Status report advises that three organisations (BCUHB, Powys and Swansea) met both clinical coding completeness targets while another three organisations (Aneurin Bevan, Cwm Taf and Hywel Dda) failed to meet either of them. Aneurin Bevan (92.8%), Cwm Taf (89.1%) and Hywel Dda (85.9%) failed to achieve the national standard of 95% coded within 3 months of episode end date, while Aneurin Bevan (92.8%), Cardiff & Vale (96.8%), Cwm Taf (89.1%), Hywel Dda (85.9%) and Velindre (97.6%) failed to achieve the 98% target for rolling 12 months' data.

Data validity – The validity targets for Main Specialty (Consultant) and Speciality of Treatment Code are being met every year by all organisations apart from Powys. The records that are causing this low validity mainly relate to activity where a general practitioner is responsible for the patient during their inpatient stay and/or where the patient is treated under the specialty of general practice. The main specialty code relating to GPs changed when the list of values for this data item was revised in April 2015 as per DSCN 2014 / 078 and the specialty of treatment codes for general practice ceased to be valid in April 2016 as per DSCN 2014/089. Although other organisations have also submitted such activity, this issue has been highlighted in Powys as it accounts for a high proportion of their overall activity. An upgrade to the WPAS system is needed before the validity of these data items will improve.

## 2019/20 PUBLICATION

Coding Completeness – This data was extracted from the Admitted Patient Care database in September 2020. The clinical coding section of the APC Data Quality Status report advises that four organisations (BCU, Powys, Swansea Bay and Velindre) met both clinical coding completeness targets. C&V met the national standard of 95% coded within 3 months of episode end date but failed to achieve the 98% target for rolling 12 months' data, while the other three organisations (Aneurin Bevan, Cwm Taf Morgannwg and Hywel Dda) did not meet either target.

Data validity – Cwm Taf Morgannwg did not meet the validity target for Referrer Code. 97% of the invalid values related to episodes that took place in the Princess of Wales Hospital, and the vast majority of those contained blank values. In April 2019, the geographical boundary between Abertawe Bro Morgannwg LHB and Cwm Taf LHB changed to create Swansea Bay LHB and Cwm Taf Morgannwg LHB. Princess of Wales Hospital moved from Abertawe Bro Morgannwg LHB to Cwm Taf Morgannwg LHB as part of that change, and this has resulted in some data quality issues.

The validity targets for Main Specialty (Consultant) and Speciality of Treatment Code are being met every year by all organisations apart from Powys. The records that are causing this low validity mainly relate to activity where a general practitioner is responsible for the patient during their inpatient stay and/or where the patient is treated under the specialty of general practice. The main specialty code relating to GPs changed when the list of values for this data item was revised in April 2015 as per DSCN 2014 / 078 and the specialty of treatment codes for general practice ceased to be valid in April 2016 as per DSCN 2014/089. Although other organisations have also submitted such activity, this issue has been highlighted in Powys as it accounts for a high proportion of their overall activity. An upgrade to the WPAS system is needed before the validity of these data items will improve.

The validity target for Consultant Code was not being formally monitored in 2019/20 as the check was amended during 2018/19 and again during 2019/20.

Treatment specialty re-coding – From April 2016, new codes were introduced for describing specialties to add more detail to data collections. Currently, not all health boards are reporting this data consistently using the more detailed codes. As a short-term fix, codes have been rolled back to the old Treatment Function Codes which allows the recording of submitted codes as well as derived codes. For further information on the data quality of the 2019/20 data, please refer to the Data Quality Status Report that accompanies this release.

## 2018/19 PUBLICATION

Coding Completeness – This data was extracted from the Admitted Patient Care database in August 2019. The clinical coding section of the APC Data Quality Status report advises that five organisations (ABM, BCU, Cardiff & Vale, Powys and Velindre) met both clinical coding completeness targets. The other three met the national

standard of 95% coded within 3 months of episode end date but failed to achieve the 98% target for rolling 12 months' data - Cwm Taf (94.1%), Hywel Dda (94.6%) and Aneurin Bevan with only 89.6.% records being complete.

Data validity – The validity targets for Main Specialty (Consultant) and Speciality of Treatment Code are being met every year by all organisations apart from Powys. The records that are causing this low validity relate mainly to activity where a general practitioner is responsible for the patient during their inpatient stay and/or where the patient is treated under the specialty of general practice. The main specialty code relating to GPs changed when the list of values for this data item was revised in April 2015 as per DSCN 2014 / 078 and the specialty of treatment codes for general practice ceased to be valid in April 2016 as per DSCN 2014/089. Four other organisations have also submitted activity where GPs are responsible for patients during their inpatient stays and/or where patients are treated under a GP specialty, but the validity targets are still met in those organisations although they also use the codes that are no longer valid. BCU and Powys have similar numbers of invalid codes, but the validity targets are still met in BCU as the proportion of invalid codes is negligible due to their larger total volume of records. This issue has been highlighted in Powys as it accounts for a high proportion of their overall activity. An upgrade to the WPAS system in Powys is needed before the validity of these data items will improve.

Treatment specialty re-coding – From April 2016, new codes were introduced for describing specialties to add more detail to data collections. Currently, not all health boards are reporting this data consistently using the more detailed codes. As a short-term fix, codes have been rolled back to the old Treatment Function Codes which allows the recording of submitted codes as well as derived codes. For further information on the data quality of the 2018/19 data, please refer to the Data Quality Status Report that accompanies this release.

Treatment specialty data quality note – An increase of 23,000 episodes has been found between this year and last year's figures for General Medicine in Hywel Dda University Health Board (provider). Consequently, a combined decrease of 23,000 episodes has been found other specialties, in particular Respiratory Medicine, Cardiology, Gastroenterology and Geriatric Medicine. This is a reversal of last years' data where 26,000 episodes that had previously been recorded as General Medicine were recorded as other specialties. The Treatment Function Code (TFC) against which Health Boards record activity is determined locally. There can be cases where activity previously recorded against one specialty (e.g. General Medicine) can be moved to other specialties to enhance local reporting or service configuration. This is not necessarily related to the introduction of new TFCs in April 2016.

Assessment Units – There are inconsistencies in approaches to recording Assessment Unit (AU) activity across Wales. Assessment and clinical decision units are often used as a potential alternative to admission, however, the configuration of these units within health boards along with current national data standards can result in this activity being recorded as admitted inpatient records. In addition to this, there is variation in the way that Local Health Boards (LHBs) report assessment unit activity and for this

reason, it is difficult to identify. It is advised that care should be taken when comparing activity that may include Assessment Unit activity with other Health Boards and with previous years. This mainly affects emergency and maternity inpatient admissions and may also have an effect on length of stay and bed days.

## 2017/18 PUBLICATION

Coding Completeness – This data was extracted from the Admitted Patient Care database in September 2018. The clinical coding section of the APC Data Quality Status report recognises an issue in Aneurin Bevan with only 85.2% records being complete. In terms of the number of records this equates to almost 37,000 records without a primary diagnosis. Betsi Cadwaladr University Health Board and Hywel Dda University Health Board also failed to achieve the national standard obtaining 94.9% and 93.8% respectively.

Data validity – The validity target for Main Specialty (Consultant) has been met each year by all organisations apart from Powys. The records which are causing this low validity mainly relate to activity where a general practitioner is responsible for the patient during their inpatient stay. The main specialty code relating to GPs changed when the list of values for this data item was revised in April 2015 as per DSCN 2014 / 078. Four organisations submit activity where GPs are responsible for a patient during their inpatient stay, and they are all still using the old main specialty code instead of the new one. This issue has been highlighted in Powys as the proportion of such activity is considerable, but the issue was not as apparent in the other organisations as the validity target was still being met - although there were similar numbers of invalid codes, the proportion was negligible due to the larger total volume of records. These invalid codes have an impact on financial costing because without a valid Main Specialty (Consultant) code, records cannot be allocated a HRG code. For further information on the data quality of the 2017/18 data, please refer to the Data Quality Status Report that accompanies this release.

Treatment specialty re-coding – From April 2016, new codes were introduced for describing specialties to add more detail to data collections. Currently, not all health boards are reporting this data consistently using the more detailed codes. For this publication, treatment specialties have been recoded as their previous description to avoid inconsistent reporting.

Treatment specialty data quality note – A difference of 26,000 episodes has been found between this year and last year's figures for General Medicine in Hywel Dda University Health Board (provider). Consequently, a combined rise of 26,000 episodes has been found in the specialties of Respiratory Medicine, Gastroenterology and Geriatric Medicine. The Treatment Function Code (TFC) against which Health Boards record activity is determined locally. There can be cases where activity previously recorded against one specialty (e.g. General Medicine) can be moved to other specialties to enhance local reporting or service configuration. This is not necessarily related to the introduction of new TFCs in April 2016.

Assessment Units – There are inconsistencies in approaches to recording Assessment Unit (AU) activity across Wales. Assessment and clinical decision units are often used as a potential alternative to admission, however, the configuration of these units within health boards along with current national data standards can result in this activity being recorded as admitted inpatient records. In addition to this, there is variation in the way that Local Health Boards (LHBs) report assessment unit activity and for this reason, it is difficult to identify. It is advised that care should be taken when comparing activity that may include Assessment Unit activity with other Health Boards and with previous years. This mainly affects emergency and maternity inpatient admissions and may also have an effect on length of stay and bed days.

## 2016/17 PUBLICATION

Coding Completeness – This data was extracted from the Admitted Patient Care database at the end of August 2017. At this point most of the LHBs / Trusts achieved the national target of 95% clinical coding completeness for the financial year except for Aneurin Bevan (92.2%) and BCU (88.6%).

Data validity – The validity target for Main Specialty (Consultant) has been met each year by all organisations apart from Powys. The records which are causing this low validity mainly relate to activity where a general practitioner is responsible for the patient during their inpatient stay. The main specialty code relating to GPs changed when the list of values for this data item was revised in April 2015 as per DSCN 2014 / 078. Four organisations submit activity where GPs are responsible for a patient during their inpatient stay, and they are all still using the old main specialty code instead of the new one. This issue has been highlighted in Powys as the proportion of such activity is considerable, but the issue was not as apparent in the other organisations as the validity target was still being met - although there were similar numbers of invalid codes, the proportion was negligible due to the larger total volume of records. These invalid codes have an impact on financial costing because without a valid Main Specialty (Consultant) code, records cannot be allocated a HRG code. For further information on the data quality of the 2016/17 data, please refer to the Data Quality Status Report that accompanies this release.

Assessment Units – There are inconsistencies in approaches to recording Assessment Unit (AU) activity across Wales. Assessment and clinical decision units are often used as a potential alternative to admission, however, the configuration of these units within health boards along with current national data standards can result in this activity being recorded as admitted inpatient records. In addition to this, there is variation in the way that Local Health Boards (LHBs) report assessment unit activity and for this reason, it is difficult to identify. It is advised that care should be taken when comparing activity that may include Assessment Unit activity with other Health Boards and with previous years. This mainly affects emergency and maternity inpatient admissions and may also have an effect on length of stay and bed days.

## 2015/16 PUBLICATION

Coding Completeness – This data was extracted from the Admitted Patient Care database at the end of August 2016. At this point all LHBs / Trusts achieved the national target of 95% clinical coding completeness for the financial year except Cardiff & Vale who achieved 94.7%.

Data validity – Overall performance against the 98% Data Validity target for Main Specialty (consultant) was good, although the figure for Powys was 66.9%. This field is used to generate HRG groupings for financial costing purposes. As a result of the use of Main Specialty codes, which were retired on 31st March 2015, and therefore are invalid for 2015-16 activity, HRG codes could not be generated for these records. This was particularly noticeable for Powys, as this LHB has a comparatively high proportion of admissions overseen by GPs which were recorded with the retired code 620, however the problem was also evident for other organisations. For further information on the data quality of the 2015/16 data, please refer to the Data Quality Status Report that accompanies this release.

Assessment Units – There are inconsistencies in approaches to recording Assessment Unit (AU) activity across Wales. Assessment and clinical decision units are often used as a potential alternative to admission, however, the configuration of these units within health boards along with current national data standards can result in this activity being recorded as admitted inpatient records. In addition to this, there is variation in the way that Local Health Boards (LHBs) report assessment unit activity and for this reason, it is difficult to identify. It is advised that care should be taken when comparing activity that may include Assessment Unit activity with other Health Boards and with previous years. This mainly affects emergency and maternity inpatient admissions and may also have an effect on length of stay and bed days. In relation to this, it has been noted that the volumes of activity have increased at Aneurin Bevan University Health Board from 2014/15 to 2015/16: inpatient FCEs up by 7.5% on the previous year (an increase of 14,800 episodes). This is a larger percentage than has been seen in previous years and at other HBs. Investigation has shown that this is mainly due to an increase in activity being recorded at Assessment Unit, mainly at the Royal Gwent site. Whilst mainly affecting maternity inpatient activity at only one hospital, the increase in activity is sufficient to impact on the whole Health Board and possibly national figures.

## 2014/15 PUBLICATION

Data Quality – This data was extracted from the Admitted Patient Care database at the end of August 2015. At this point all LHBs / Trusts achieved the national target of 95% clinical coding completeness for the financial year except Cardiff & Vale who achieved 94.3%. For further information on the data quality of the 2014/15 data, please refer to the Data Quality Report that accompanies this release.

## 2013/14 PUBLICATION AND REVISED 2012/13 TABLES (DECEMBER 2014)

Data Quality Note – Following a review of the requirement for day case flagging in the APC dataset and discussions between Welsh Government and NWIS, a decision was taken that day case flagging should be decommissioned from the national APC dataset on 1 September 2014. As the business requirement for day case flagging has been removed, the decision was taken that the 2013/14 reports (and the revised 2012/13 reports) should be based on the patient classification code submitted by providers and not a patient classification derived using the day case flagging routine. In practice, this affects only a very small amount of day case episodes (0.05% of all Welsh provider episodes for 2013/14) that would have been reclassified to regular day attenders. However, this means that some tables in the 2013/14 (and revised 2012/13) reports are not directly comparable with those previously published. This data was extracted from the Admitted Patient Care database at the end of September 2014. There are no known data quality issues with the data for 2013/14.

Revision of the 2012/13 data – The 2012/13 reports included a data quality note referring to the level of clinical coding in Cardiff & Vale Health Board. Subsequently, Cardiff & Vale have re-submitted APC data and increased the level of clinical coding completeness from 83.5% to 92.2%. Although this is below the 95% national target it is appropriate to re-issue the 2012/13 data to reflect this change.

## CHANGE OF DEFINITION: DELIVERY EPISODES (HEADLINE FIGURES)

Since 2010-11 the Admitted Patient Care extract used contained both delivery episodes where a delivery record type was recorded plus any episodes where there was any mention of ICD10 codes starting with O (Pregnancy, childbirth and the puerperium). This methodology produced a relatively small number of additional records which resulted in a slightly larger estimate of total deliveries, but which were omitted from all the tables and commentary as nothing was known about those deliveries. This methodology has also been used in the Admitted Patient Care on-line summary statistics since 2010-11. However further data quality work has indicated that these additional episodes were incorrectly recorded as delivery episodes, and until further investigation can be carried out, have been excluded from the extract.

## 2012/13 PUBLICATION (NOVEMBER 2013)

Data Quality Note – This data was extracted from the Admitted Patient Care database at the end of July 2013. At this point there were known issues with the clinical coding completeness associated with data from Cardiff & Vale LHB (85% complete across all specialties). All other LHBs / Trusts achieved the national target of 95% clinical coding completeness for the financial year. Cardiff and Vale are now attempting to achieve the national target by retrospectively coding those episodes not previously coded, this with a view to a possible Admitted Patient Care resubmission towards the end of the calendar year. These figures may, therefore, be subject to revision and possible formal re-publication later in the year.

ICD10 update – The 2012/13 publication includes episodes (from July 2012) coded to the new ICD10 (4th Edition) classification. Please see the DIAGNOSIS-BASED TABLES section below for information on the update and a summary of changes.

Specialty Figures – In publications prior to 2012/13, the consultant's main specialty was used for all specialty figures in the headlines publication. From 2012/13, to comply with current best practice and to match other publications, this was changed to the specialty under which the patient was treated. This means that specialty figures prior to 2012/13 will not be comparable to specialty figures provided for 2012/13 onwards in the 'headlines' publication. Please refer to the NHS Wales data dictionary http://www.datadictionary.wales.nhs.uk for definitions.

## 2011/12 PUBLICATION

2010-11 mean and median waiting times for procedures may have been affected by an issue with data provided by Abertawe Bro Morgannwg University Health Board (ABMU). ABMU waiting time figures are substantially lower than expected for 2010-11, and this may have skewed the overall waiting time figures for Wales downwards. Data for 2011-12 is unaffected by this issue.

## 2010/11 PUBLICATION

A change has been made to the definition of 'Delivery Episodes' in the headline figures. It should be noted that figures may differ from previous years due to this amendment. A delivery episode is now defined as an episode which has a delivery procedure code (R17-R25), at any position OR an episode where a procedure took place (not specifically a delivery procedure) and also has an 'O' diagnosis code at any position AND a record type of 23 (a delivery episode). Previous years defined a delivery episode as an episode in which there was a delivery procedure code (R17-R25) in the primary position OR the episode had a record type of 23 coded (a delivery episode).

## PUBLICATIONS PRIOR TO 2009/10

There is a known issue with the age group breakdown within the 'External Causes' data tables prior to 2009/10. The sum of the age group breakdown may in some cases, be slightly more than the total episodes, this has been found to be due to the fact that in some cases, a diagnosis is coded more than once in an episode. Where this occurs, it has been counted as two episodes in the age group rather than one. This has been corrected from the 2009/10 publication.

## 2007/08 PUBLICATION

The regular attenders' tables show huge increases in the number of episodes for some of the principal procedures from 2006/07 to 2007/08, notably:

X65: radiotherapy delivery increased from 1942 episodes in 2006/07 to 52,913 episodes in 2007/08

X70: procure. drugs for chemo. for neoplasm in bands 1-5 increased from 192 in 2006/07 to 11,266 in 2007/08

X71: procure. drugs for chemo. for neoplasm in bands 6-10 increased from 110 in 2006/07 to 4,656 in 2007/08

Further investigation shows these increases to be from Velindre Trust but seem to correlate with a huge decrease in the number of un-coded procedures for 2007/08 than previous years. The overall total regular attender episodes for the trust support this notion as the trend remains consistent.

## ADMITTED PATIENT CARE DATA TABLES – TABLE CONTENTS

A brief outline of each of the Admitted Patient Care tables is given below along with a list of data items provided in each table. Many of the tables have common data items. Please refer to the next section "Table Column Definitions" for full specification of each data item.

### SUMMARY TABLES

#### HEADLINE FIGURES

Key facts are available for each Organisation for both Provider and Resident patient coverage. A link within the document allows users to view or download the Headline Figures which include totals of admissions, discharges and episodes with an age breakdown for the latter, plus numbers of private patients treated in NHS hospitals and NHS maternity patients. Indicators relating to hospital admissions and provider spells are broken down into more detail by broad specialty groups, patient classification and admission methods.

An additional section provides episode counts by some of the most commonly performed operations and major diagnosis groupings. Indicators provided include episode counts by sex, admission method and patient classification, as well as mean and median waiting times* and lengths of stay (see below for table column definitions).

A link to the most recent APC Data Quality Status Report is also available with the document.

### DIAGNOSIS-BASED TABLES

Diagnosis codes are taken from the International Classification of Diseases and Health Related Problems, tenth revision (ICD10). An update to ICD10 called ICD10 (4th Edition) was mandated for use by NHS Wales Organisations from 1st July 2012. Further details on all the changes in ICD-10 4th Edition can be found into the following NHS Classifications Service (NCS) publication:

Further information regarding the changes including a Summary of Changes ICD10 Reprinted (with corrections and updates) 2000 can be found on the NHS Digital website.

The following links may also be of interest:

Welsh Clinical Coding Standards and Guidance

World Health Organization - ICD10 Online

Welsh Reference Data and Terminology Service (WRTS) (NHS only)

## PRIMARY DIAGNOSIS (SUMMARY):

Episodes grouped within broad ranges of Primary Diagnoses. Primary Diagnosis is the main condition treated or investigated during the relevant episode of healthcare. Where there is no definitive diagnosis, the main symptom, abnormal findings or problem is recorded as primary.

## PRIMARY DIAGNOSIS (3 CHARACTER LEVEL):

Episodes grouped by 3-digit primary diagnosis codes (ICD10).

## PRIMARY DIAGNOSIS (4 CHARACTER LEVEL):

Episodes grouped by 4-digit primary diagnosis codes (ICD10), providing further diagnosis detail to the 3-character level table.

### Data Items Provided

Counts by episodes, admissions, sex, admission method, waiting list admissions, mean and median waiting times and length of stay, mean age, age-group breakdown, patient classification and bed-days.

## EXTERNAL CAUSES:

Episodes grouped according to secondary diagnoses that describe external causes of morbidity (normally accidents and poisoning). These are ICD10 codes in the range V01 to Y98.

### Data Items Provided

Counts by episodes, admissions, sex, emergency admissions, mean and median length of stay, mean age, age-group breakdown and bed-days. As external cause codes normally relate to accidents or poisonings, there is no elective admission count and associated waiting times provided in this table.

Note that the 'Total' row may not add up to the total of each individual row for this table. This is because, in the event that an episode has multiple external cause codes coded,

the episode will be counted against each external cause code, but only once in the grand total.

## PROCEDURE-BASED TABLES

Up until the 2011/12 release, these tables were termed 'main operation' tables. With the evolution and expansion of the OPCS classification (currently OPCS 4.7), it is now felt that 'procedures' is a more accurate term to use for tables containing OPCS codes.

Procedure codes are taken from the Office of Population Censuses and Surveys Classification of Surgical Operation and Procedures, Fourth revision (OPCS4). All tables up to and including 2006/07 use OPCS-4.3, 2007/08 to 2009/10 tables use OPCS-4.4, 2010/11 use OPCS 4.5, 2011/12, 2012/13 and 2013/14 use OPCS 4.6. The revised OPCS-4.7 classification has been used for 2014/15, 2015/16 and 2016/17

For further information on OPCS4, please see the following links:

Welsh Clinical Coding Standards and Guidance

Welsh Reference Data and Terminology Service (WRTS) (NHS only)

### PRINCIPAL PROCEDURE SUMMARY:

Episodes grouped within broad ranges of main procedures. The principal procedure is defined as the operation/operative procedure relating to the principal condition for which the patient was treated or investigated. Where more than one operation/operative procedure is performed in a particular consultant episode, other operations/operative procedures are coded in order of decreasing importance.

### PRINCIPAL PROCEDURE (3 CHARACTER LEVEL):

Episodes grouped by main operation codes to the 3-character level (OPCS4).

### PRINCIPAL PROCEDURE (4 CHARACTER LEVEL):

Episodes grouped by main operation codes to the 4-character level (OPCS4), providing further procedure detail to the 3-character level table.

#### Data Items Provided

Counts by episodes, admissions, sex, admission method, waiting list admissions, mean and median waiting times and length of stay, mean age, age-group breakdown, patient classification and bed-days.

### TOTAL PROCEDURES:

Up to twelve OPCS4 codes are recorded within each episode. This table provides an aggregate summary of all such codes - i.e., including the main (first recorded) operation.

### Data Items Provided

Counts by number of procedures and if main procedure in episode, breakdown by sex, mean age, age-groups and patient classification.

Note that the 'Total' row may not add up to the total of each individual row for this table. This is because, in the event that an episode has multiple procedure codes coded, the episode will be counted against each procedure code, but only once in the grand total.

## HOSPITAL PROVIDER & RESIDENCY TABLES

The reorganisation of NHS Wales, which came into effect on October 1st, 2009, created seven Local Health Boards plus Velindre NHS Trust which remained the only Trust. These organisations are responsible for delivering all healthcare services within a geographical area, rather than the Trust and Local Health Board system that existed previously.

Prior to the 2009/10 publication, the Trust table provides data on hospital episodes that took place in the 14 NHS Wales Trusts. The 2009/10 publication provides data on hospital episodes that took place in the newly formed 7 local health boards plus any that took place in the remaining Velindre Trust. These organisations are now collectively called NHS Wales providers.

The LHB of Residence table prior to the 2009/10 publication provides data on the 22 local health boards where the patient is normally resident. The 2009/10 publication provides data on the newly formed 7 local health boards where the patient is normally resident.

For more information on the NHS Wales reorganisation, please see the Health in Wales website for further information.

### LHB PROVIDER (PROVIDER OF HEALTH CARE):

Episodes grouped according to the provider of patient care; NHS Trust prior to 2009/10 publication, providing Local Health Board 2009/10 onwards.

### LHB OF RESIDENCE (OF PATIENT):

Episodes grouped according to the responsible Local Health Board where the patient is normally resident.

### Data Items Provided

Counts by episodes, admissions, sex, admission method, waiting list admissions, mean and median waiting times and length of stay, mean age, age-group breakdown, patient classification and bed-days.

## HEALTHCARE RESOURCE GROUPS (HRGS) TABLES

Healthcare Resource Groups (HRGs) are groupings of treatment episodes which are similar in resource use and in clinical response. Up until 1st April 2005, NHS Wales specified the use of Healthcare Resource Group version 3.1 for all recorded patient activity and programme budget returns, whereas in England, version 3.5 had been in use since 1st April 2004. HRG version 4 was introduced from 1st April 2009.

### HRG VERSIONS AND DATA AVAILABLE:

HRG version 3.1, data available: 1999/00 – 2007/08

HRG version 3.5, data available: 1999/00 – 2012/13

HRG version 4, data available 2009/10 onwards

### HRG VERSION 3.1:

Episodes grouped according to HRG version 3.1.

### HRG VERSION 3.5:

Episodes grouped according to HRG version 3.5.

### ABBREVIATIONS USED IN THE HRG TABLES ARE AS FOLLOWS:

| | | |
|---|---|---|
| AMI | – | Acute Myocardial Infarction |
| cc | – | Complications and Co morbidities |
| CNS | – | Central Nervous System |
| ENT | – | Ear, Nose and Throat |
| IBD | – | Inflammatory Bowel Disease |
| TBSA | – | Total Body Surface Area |
| w | – | With |
| w/o | – | Without |

### ALL AGE-RELATED ABBREVIATIONS FOLLOW THE FORMAT BELOW:

| | | |
|---|---|---|
| <70 | – | Patient under 70 years |
| >69 | – | Patient older than 69 years |

### Data Items Provided

Counts by episodes, admissions, sex, admission method, waiting list admissions, mean and median waiting times and length of stay, mean age, age-group breakdown, patient classification and bed-days.

## HRG VERSION 4:

HRG 4 was introduced from 1st April 2009.

### Data Items Provided

Counts by episodes, admissions, sex, admission method, waiting list admissions, mean and median waiting times and length of stay, mean age, age-group breakdown, patient classification and bed-days.

# OTHER TABLES

## MAIN SPECIALTY:

Episodes grouped according to the contracted specialty of the consultant with prime responsibility for the patient. The specialty titles are those recognised by the Royal Colleges and Faculties.

### Data Items Provided

Counts by episodes, admissions, sex, admission method, waiting list admissions, mean and median waiting times and length of stay, mean age, age-group breakdown, patient classification and bed-days.

## TREATMENT SPECIALTY:

Episodes grouped according to the specialty under which the patient was treated.

### Data Items Provided

Counts by episodes, admissions, sex, admission method, waiting list admissions, mean and median waiting times and length of stay, mean age, age-group breakdown, patient classification and bed-days.

## REGULAR ATTENDERS:

This table contains information on patients who are admitted to hospital on a regular basis to receive treatment. The top thirty primary diagnoses and main operations have been extracted for each financial year and indicators pertaining to these diagnoses and procedures are displayed. Please note that these episodes have not been included elsewhere in the Admitted Patient Care data tables.

### Data Items Provided

Counts by episodes, patients, first episode, sex, age-group breakdown, and regular day attenders.

## NOTES & DEFINITIONS FOR TABLE COLUMNS

The Admitted Patient Care data tables largely contain the same table columns as the HES data tables. The definitions of the data columns are provided below, and they have been kept as similar as possible to the HES data to facilitate better comparisons. Any known deviations from HES Table definitions have been referenced and explanations have been provided on the last page of this document.

All table fields are defined below. Many of the tables have common fields which have been listed first.

The definitions below apply to the following tables:

- Primary Diagnosis Tables
- Principal Procedure Tables
- Main Specialty
- Treatment Specialty
- Healthcare Resource Groups
- Hospital Providers
- LHB of Residence
- External Causes

### FINISHED CONSULTANT EPISODES (FCES):

A count of the total number of FCEs for all patients.

### ADMISSIONS (ADMISSION EPISODES):

The total number of FCEs that were first in the spell of patient treatment. Only completed admission episodes are included. Admission episodes in Admitted Patient Care Excel tables are completed episodes and are reported in the year in which they ended. Admission episodes from unfinished provider spells may be included here as it is only the admitting episode that is being counted (even though the patient may not yet be discharged). The number of admission episodes is generally smaller than the total number of consultant episodes in a period by approximately 10%.

MALE:

The number of FCEs for male patients. A female column has also been included to provide further information. Unknown/invalid/unspecified/indeterminate sex will be included in the FCEs total.

FEMALE:

The number of FCEs for female patients. A male column has also been included to provide further information. Unknown/Invalid/Unspecified/Indeterminate Sex will be included in the FCEs total.

EMERGENCY:

The number of admission episodes with an admission method indicating the admission was an emergency (codes 21 to 25 or 27 to 28)[i].

WAITING LIST:

The number of admission episodes with an elective admission method indicating that the admission was from a waiting list (including booked, admission methods 11 and 12[ii]). Planned admissions (admission method 13) are not included. Private patients are excluded here as this column is used as the denominator for the waiting times mean and median calculation which also excludes private patients. Please note this figure may differ from the waiting list elective admission episodes in the headline figures which does not exclude private patients.

WAITING TIMES MEAN AND MEDIAN:

Please note that the waiting times published here use a different methodology to the Referral to Treatment NHS Hospital Waiting Times published by the Welsh Government, which is now the main source of information on NHS waiting times.

Waiting times are calculated in days. The waiting time is calculated from the date of the decision to admit for treatment to the actual date of admission. Invalid waits and waits from private patients have been excluded from the analysis. The median waiting time is the middle wait when all waits are ordered from shortest to longest, so half of all waits last within this time. It is commonly used in preference to the mean as it is less susceptible to extreme values. Derived mean and median waits have been suppressed if there are less than ten valid waits in a table row to enable a robust calculation.

Please note that the waiting times definition changed from the 2006/07 publication and now includes waiting times from persons with an admission from a Waiting List or a Booked admission (admission method = 11 or 12). This change applies to 2006/07 figures for Admitted Patient Care (old definition) and all figures for new definition Admitted Patient Care. Waiting Times are now defined as follows:

### LENGTH OF STAY MEAN AND MEDIAN:

Length of stay is calculated for in-patients only (patient class 1[iii]). All other patient classifications have been excluded. Length of stay is calculated in days and describes the duration of the patients' spell of care. A spell is a period of continuous in-patient care within a particular NHS provider, and the length of stay is calculated by subtracting the admission date from the discharge date. The final (discharge) episode of the spell is used to attribute the length of stay to the table subject (row). For example, in the Principal Diagnosis tables, the length of stay for the hospital spell has been attributed to the principal diagnosis of the discharge episode. Please note if there are less than ten admission episodes in a particular table row, the mean and median length of stay will be suppressed.

Please note changes in the suppression rules from the 2007/08 publication. Mean and median lengths of stay were previously suppressed if there were less than five admission episodes in a particular row. The updated suppression rules apply to Admitted Patient Care (old definition) 2006/07 and all other Admitted Patient Care tables from 2007/08.

### MEAN AGE:

The mean age of the patient in years at the beginning of the episode. Please note that if there are less than ten FCEs in a particular row, the mean age will be suppressed.

Please note changes in the suppression from the 2007/08 publication. Mean ages were previously suppressed if there were less than five FCEs in a row. The updated suppression rules apply to Admitted Patient Care (old definition) 2006/07 and all other Admitted Patient Care tables from 2007/08.

### AGE 0-14[iv]:

The number of FCEs relating to patients who were between the ages of 0 and 14 years (inclusive) when the episode began.

### AGE 15-59:

The number of FCEs relating to patients who were between the ages of 15 and 59 years (inclusive) when the episode began.

### AGE 60-74:

The number of FCEs relating to patients who were between the ages of 60 and 74 years (inclusive) when the episode began.

### AGE 75+:

The number of FCEs relating to patients who were 75 years of age or older when the episode began.

### INPATIENT:

The number of FCEs relating to patients who were not admitted electively, and any patients admitted electively with the intention of staying in hospital at least one night.

### DAY CASE[v]:

The number of FCEs relating to patients who are admitted electively (i.e., from a waiting list, or as planned admissions) and are treated during the course of the day.

### BED DAYS[vi]:

The sum of all the days that patients in the group occupied hospital beds during the particular financial year. This includes inpatients only (see previous definition). It should be noted that the bed day count is attributed to the year in which the episode ended, therefore, the actual number of bed days for groups containing patients who have spent more than a year in hospital may be underestimated.

## OTHER TABLES

### EXTERNAL CAUSES TABLE[vii]

Note that the 'Total' row may not add up to the total of each individual row for this table. This is because, in the event that an episode has multiple external cause codes coded, the episode will be counted against each external cause code, but only once in the grand total.

### TOTAL PROCEDURES TABLE

#### ALL PROCEDURES:

A procedure will be counted if any one of the first twelve procedures recorded falls within the group. If a procedure is repeated within an episode, the episode will be counted as many times as it occurs within the group.

#### PRINCIPAL PROCEDURE:

A procedure will be counted as a principal procedure if it was coded as the main procedure in the episode. As there can be only one principal procedure in an episode, this represents a count of episodes and is equivalent to the *FCE* column in the 3 Character Principal Procedure table.

#### OTHER COLUMNS:

The rest of the columns in the table are defined as above but they are at a procedure rather than episode level.

### REGULAR ATTENDERS TABLE

The regular attenders table has many standard columns which are defined as above. Additional columns are defined below:

#### PATIENTS

For regular day and night attender episodes, the number of patients is provided. The total row gives a count of all regular attender patients. Patient counts are based on NHS number. Patient counts for primary diagnoses/main procedures cannot be summed across the table as patients may have episodes in more than one row which would result in double counting of patients.

#### FIRST EPISODE

The number of episodes reported as being the first in a series of regular day or night admissions.

## COMPARING ADMITTED PATIENT CARE & HES DATA TABLES

[i] HES Emergency Admissions are defined as the number of admission episodes with an admission method indicating the admission was an emergency (codes 21 to 24 or 28). HES do not have admission methods 25 or 27 as Admitted Patient Care data. Please refer to the following Data Dictionary links for Admitted Patient Care NHS Wales Data Dictionary and HES Hospital Episode Statistics - Data Dictionary for explanations of Emergency Admission Methods.

[ii] HES Waiting List admission episodes are based on elective admissions with an admission method of 11 or 12, with the exclusion of planned admissions (code 13). Admitted Patient Care Waiting List figures prior to 2007/08 contained only admission method 11 due to poor data quality of the date decided to admit field for admission method 12. Waiting list data from 2007/08 onwards contains both admission methods 11 and 12. Date decided to admit is the date upon which the clinician decides to admit the patient to a hospital provider.

[iii] HES tables have excluded day cases only in their length of stay calculations. Therefore, HES table length of stay may include women using delivery facilities only (patient class 5). Admitted Patient Care length of stays are based on Inpatients only (patient class 1).

[iv] HES Tables include babies born in hospital. Admitted Patient Care excludes 'well babies' born in hospital and will only have a record for the baby if the baby is unwell and admitted following birth.

[v] Day case counts in Admitted Patient Care tables 1999/00 – 2005/06, old definition, are not directly comparable to HES data from the same period due to the day case cleanse of Admitted Patient Care data that was occurring at this time. HES day cases do not go through a cleansing procedure. Removal of the day case cleanse, 2006/07 figures onwards, makes day case counts more comparable with HES figures. Please see the 'Data Quality' section of this document for more information.

[vi] Admitted Patient Care bed day figures include inpatients only (patient class 1). HES bed days exclude day cases only. Therefore, HES bed days' total will be made up of inpatients

(patient class 1) and also bed day counts of women using delivery facilities (patient class 5). HES bed days' total also includes an uplift factor to 'compensate for the days contributed by episodes that had not finished on the last day of the HES year (31st March)'. It should be noted that Admitted Patient Care bed days do not include any such uplift factor.

[vii] In the event that an episode has multiple external cause codes, Admitted Patient Care External Causes table will count the episode against each external cause code. HES External Causes table counts the first mention of an external cause code only – if a patient has two or more external causes coded in the same episode, the episode will only be counted against the first external cause.

VERSION DETAILS

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