NHS Digital

Publication, Part of Hospital Admitted Patient Care Activity

Hospital Admitted Patient Care Activity, 2021-22

National statistics

Publication Date:
22 Sep 2022

Geographic Coverage:
England

Geographical Granularity:
Independent Sector Health Care Providers, Hospital Trusts, Country, NHS Trusts, Clinical Commissioning Groups, Provider, Regions

Date Range:
01 Apr 2021 to 31 Mar 2022

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Introduction

Summary

This is a report on admitted patient care activity in English NHS hospitals and English NHS-

commissioned activity in the independent sector. This annual publication covers the financial year ending March 2022. It contains final data and replaces the provisional data that are released each month.

The data are taken from the Hospital Episodes Statistics (HES) data warehouse. HES contains records of all admissions, appointments and attendances for patients at NHS hospitals in England. The HES data used in this publication are called 'Finished Consultant Episodes', and each episode relates to a period of care for a patient under a single consultant at a single hospital. Therefore this report counts the number of episodes of care for admitted patients rather than the number of patients. This publication shows the number of episodes during the period, with a number of breakdowns including by patient's age, gender, diagnosis, procedure involved and by provider.

Hospital Adult Critical Care (ACC) data are now included within this report, following the discontinuation of the 'Hospital Adult Critical Care Activity' publication. The ACC data tables are not a designated National Statistic and they remain separate from the APC data tables. The ACC data used in this publication draws on records submitted by providers as an attachment to the admitted patient care record. These data show the number of adult critical care records during the period, with a number of breakdowns including admission details, discharge details, patient demographics and clinical information.

The purpose of this publication is to inform and support strategic and policy-led processes for the benefit of patient care. This document will also be of interest to researchers, journalists and members of the public interested in NHS hospital activity in England.

Supplementary analysis has been produced, by NHS Digital, containing experimental statistics using the Paediatric Critical Care Minimum Data Set (PCCMDS) data, collected by NHS Digital, against activity published in NHS Reference Costs. This analysis seeks to assist users of the data in understanding the data quality of reported paediatric critical care data.

Also included within this release, is supplementary analysis that has been produced in addition to the Retrospective Review of Surgery for Urogynaecological Prolapse and Stress Urinary Incontinence using Tape or Mesh: Hospital Episode Statistics (HES), Experimental Statistics, April 2008 - March 2017. It contains a count of Finished Consultant Episodes (FCEs) where a procedure for urogynaecological prolapse or stress urinary incontinence using tape or mesh has been recorded during the April 2021 to March 2022 period. Please Note: A summary of information relating to procedures for the treatment of Stress Urinary Incontinence is published here for transparency and scrutiny. Follow up is taking place with individual Trusts to confirm that specific treatment is as described for activity occurring since April 2021. This will lead to more accurate information on these procedures that occurred since April 2021 being being available in the future. In collating this information, it has already become clear that some Trusts mis-coded these procedures in Commissioning Data Set return used to produce these statistics. Alongside this the clinical coding guidance has been refined to enable more accurate identification of specific treatments. The data published here has been published for transparency purposes. However, for these reasons small numbers reported on treatments for this condition should be used as a starting point for further investigation rather than a definitive view.

Key Facts

Number of Finished Consultant Episodes (FCEs)

In 2021-22 there were 19.6 million FCEs recorded.

This is an increase of 21.4% on 2020-21 but is still below the level of activity in the years immediately preceding the COVID-19 pandemic.

Number of Finished Admission Episodes (FAEs)

In 2021-22 there were 16.0 million FAEs recorded.

This is an increase of 24.7% on 2020-21 but is still below the level of activity in the years immediately preceding the COVID-19 pandemic.

Adult Critical Care

There were 246,286 useable critical care records recorded in 2021-22.

This is a increase of 4.7 per cent from 2020-21.

Resources

Hospital Admitted Patient Care Activity, 2021-22: Report Tables

XLSX 316 KB

Hospital Admitted Patient Care Activity, 2021-22: CCG of responsibility

XLSX 94 KB

Hospital Admitted Patient Care Activity, 2021-22: Diagnosis

XLSX 6 MB

Hospital Admitted Patient Care Activity, 2021-22: Ethnic Category

XLSX 52 KB

Hospital Admitted Patient Care Activity, 2021-22: External causes

XLSX 149 KB

Hospital Admitted Patient Care Activity, 2021-22: Hospital providers

XLSX 207 KB

Hospital Admitted Patient Care Activity, 2021-22: Index of Multiple Deprivation (IMD)

XLSX 53 KB

Hospital Admitted Patient Care Activity, 2021-22: Main specialty

XLSX 80 KB

Hospital Admitted Patient Care Activity, 2021-22: Procedures and interventions

XLSX 5 MB

Hospital Admitted Patient Care Activity, 2021-22: Treatment specialty

XLSX 102 KB

Hospital Admitted Patient Care Activity, 2021-22: Time series

XLSX 52 KB

Hospital Admitted Patient Care Activity, 2021-22: Metadata

XLSX 80 KB

Hospital Admitted Patient Care Activity, 2021-22: Provider-level analysis

XLSX 3 MB

Hospital Admitted Patient Care Activity, 2021-22: Adult Critical Care tables

XLSX 179 KB

Hospital Admitted Patient Care Activity, 2021-22: Data Quality Paediatric Critical Care Analysis

XLSX 140 KB

Surgery for Urogynaecological Prolapse and SUI using tape or mesh, 2021-22

XLSX 84 KB

Pre-Release Access List

PDF 105 KB

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Introduction

Pages in this publication

Introduction

Background

Content

This publication looks at Admitted Patient Care activity in England for the financial year 2021-22.

This report includes but is not limited to analysis of hospital episodes by patient demographics, diagnoses, external causes/injuries, operations, bed days, admission method, time waited, specialty, provider level analysis and Adult Critical Care (ACC). It describes NHS Admitted Patient Care Activity, Adult Critical Care activity and performance in hospitals in England during financial year 2021-22.

The data sources for this publication are Hospital Episode Statistics (HES).

Hospital Episode Statistics (HES)

This comes from the HES data warehouse containing details of all admissions and outpatient

appointments at National Health Service (NHS) hospitals in England. It includes private patients treated in NHS hospitals, patients who were resident outside of England and care delivered by treatment centres (including those in the independent sector) funded by the NHS.

HES datasets are the data source for a wide range of healthcare analyses for the NHS, Government and many other organisations and individuals. HES is sourced from the Secondary Uses Service (SUS) database, which is collected from hospitals' patient administration systems on a monthly basis at record level.

Each record in HES includes a wide range of information including details of the patient (age, gender, geographic details), when they were treated and what they were treated for.

Episodes

Records in the HES Admitted Patient Care (APC) database, which form the basis of this publication, are called 'hospital episodes', and each hospital episode relates to a period of care for a patient under a single consultant within one hospital provider. A stay in hospital from admission to discharge is called a 'spell' and can be made up of one or more episodes of care. This publication looks at completed episodes, called Finished Consultant Episodes (FCEs), which are periods of care under one consultant at a single provider. A stay in hospital from admission to discharge, also known as a spell, can be made up of one or more FCEs. The first episode in any spell is known as the Finished Admission Episode (FAE).

Adult Critical Care (ACC)

From 2016-17 onwards, Adult Critical Care (ACC) is a subset of APC data. An Intensive Care Unit (ICU) or High Dependency Unit (HDU) ward in a hospital, known as a critical care unit, provides support, monitoring and treatment for critically ill patients requiring constant support and monitoring to maintain function in at least one organ, and often in multiple organs. Medical equipment is used to take the place of patients' organs during their recovery.

Some critical care units are attached to condition-specific treatment units, such as heart, kidney, liver, breathing, circulation or nervous disorders. Others specialise in neonatal care (babies), paediatric care (children) or patients with severe injury or trauma.

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Information in this publication

Summary Report

This is a high-level summary report of NHS Admitted Patient Care activity and performance of hospitals in England, during 2021-22 and as a comparison over time.

The summary report contains the following tables, charts or graphics:

- Number of FCEs and FAEs by year, 1998-99 to 2021-22.
- Number of FCEs by patient age and sex, 2021-22.
- Indexed change in the number of FAEs by admission method, 2011-12 to 202021-22.
- Elective and emergency admissions, by month, 2021-22.
- Rates of admission per 100,000 population by ethnic group, 2021-22.
- Rates of admission per 100,000 population by IMD decile, 2021-22.
- Admission method by IMD decile, 2021-22.
- Day cases and ordinary episodes, 2012-13 to 2021-22.
- Top 10 primary diagnoses, by region, 2021-22.
- Top 10 main procedures by region, 2021-22.
- Elective wait, by region, 2021-22.

The summary report contains the following tables, charts or graphics for Adult Critical Care (ACC):

- Critical Care records by year, 2012-13 to 202021-22.
- Critical Care records by region, 2021-22.
- Critical Care records by age and sex, 2021-22.
- Critical Care records by start and discharge day, 2021-22.
- Average length of stay by start day, 2021-22.
- Average length of stay by discharge day, 2021-22.

- Length of stay by critical care support type, 2021-22.

Published Tables

This publication includes detailed tables at a national level, with further breakdowns included in each table.

The tables include:

- CCG of responsibility.
- Diagnosis.
- External Causes.
- Hospital Providers.
- Main Specialty.
- Procedures and Interventions.
- Treatment Specialty.
- Time Series.
- Provider-level Analysis.
- Adult Critical Care (ACC).
- Index of Multiple Deprivation (IMD).
- Ethnicity.

Metadata

The table descriptions that accompany this publication are given in the document entitled 'Hospital Admitted Patient Care Activity, 2021-22: Metadata'; this includes descriptions of the tables included in the report, as well as providing useful links to other relevant web pages and documents.

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Summary Report - Episodes

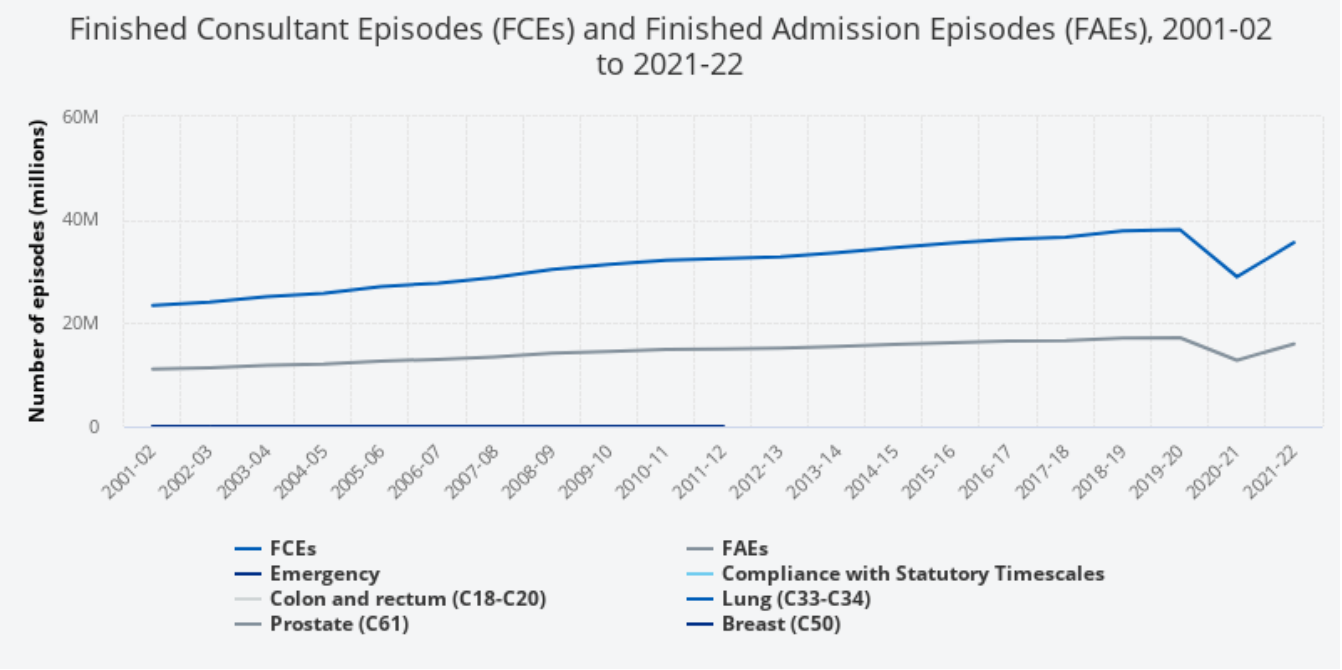
Summary Report - Episodes

Finished Consultant Episodes (FCEs) and Finished Admission Episodes (FAEs)

19.6 million FCEs and 16.0 million FAEs were recorded in 2021-22.

This represents a 21.4 per cent increase in FCEs from 2020-21 . The increase in FAEs is 24.7 per cent.

Although both figures represent an increase in activity following the COVID-19 pandemic, total episodes and admissions are still below those recorded in the years immediately preceding the pandemic.

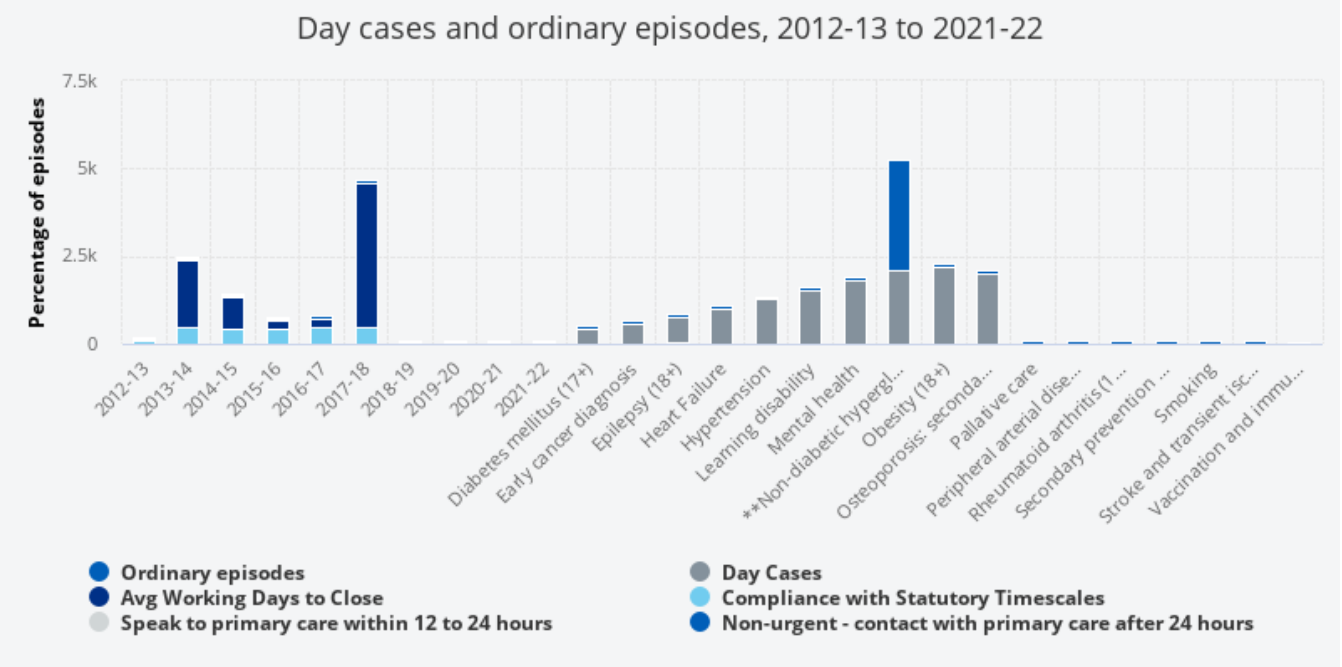


Download the data for this chart Finished Consultant Episodes (FCEs) and Finished Admission Episodes (FAEs), 2001-02 to 2021-22

Day case and ordinary episodes, 2012-13 to 2021-22

In 2021-22 65.3 per cent of episodes were ordinary episodes involving a planned overnight stay and 35.7 per cent were day cases.

This shows a return to levels similar to those before the COVID-19 pandemic, during which the number of day cases was impacted more than ordinary admissions.



Download the data for this chart Day cases and ordinary episodes, 2012-13 to 2021-22

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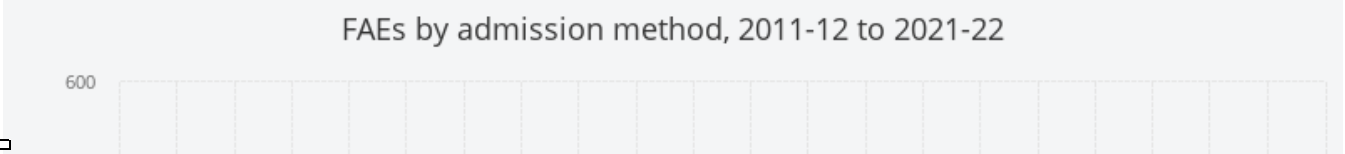
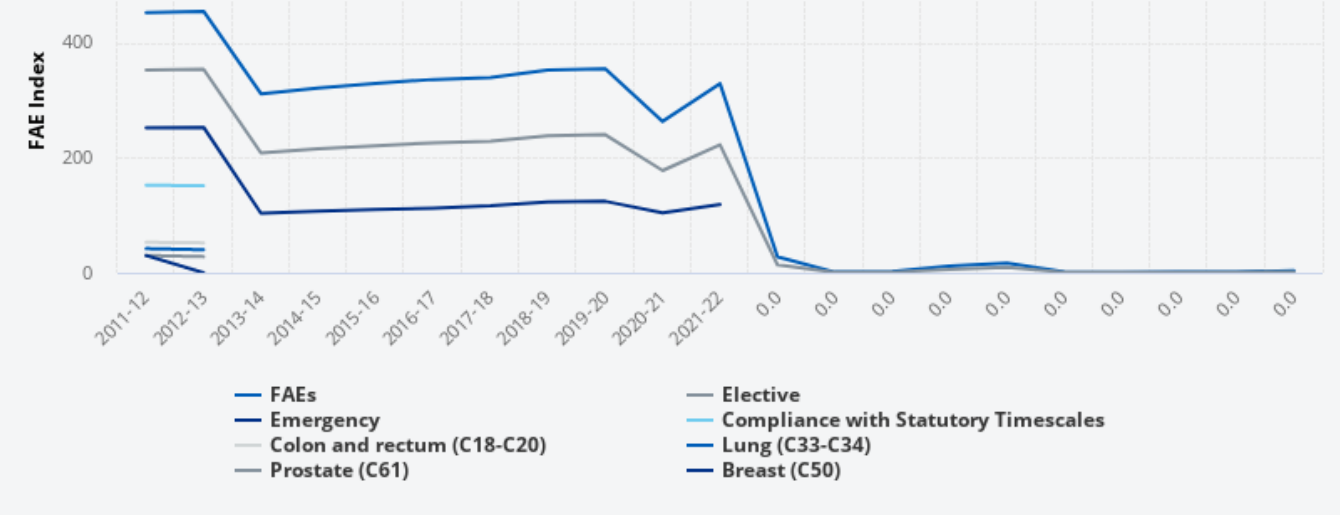
Summary Report - Admissions

FAEs by admission method, 2011-12 to 2021-22

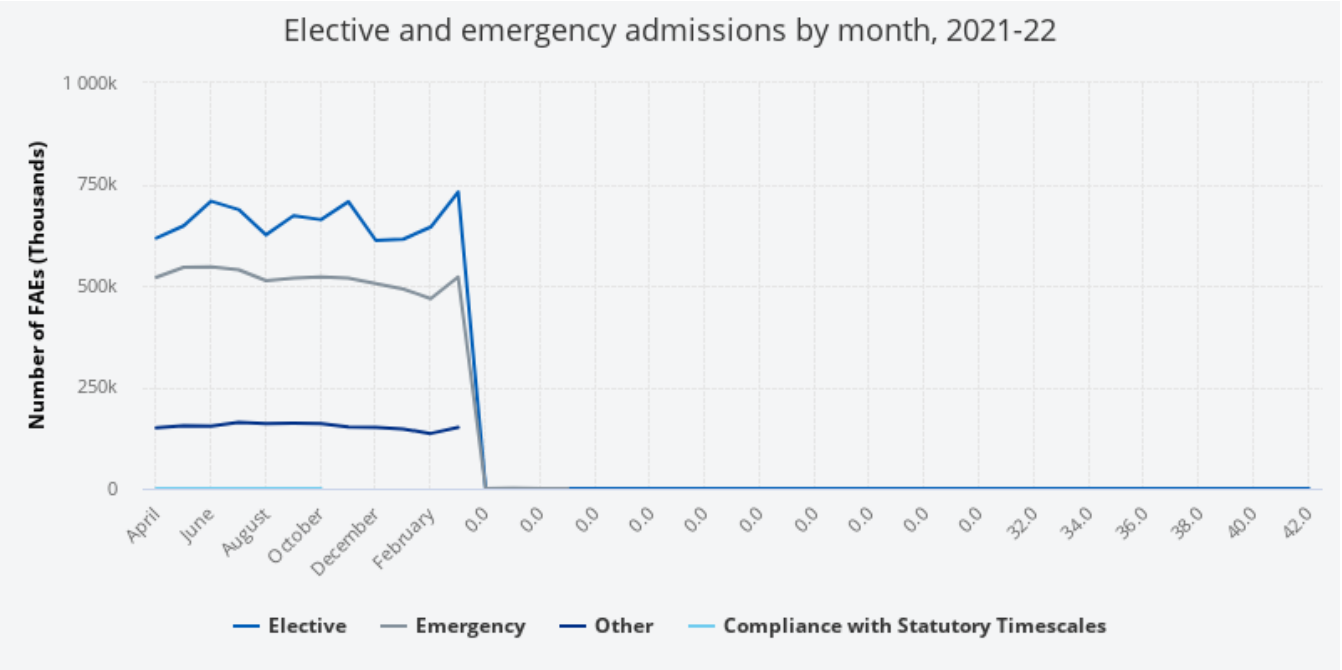
In this chart FAEs have been indexed to 2011-12 levels, showing relative growth rates of emergency and elective admissions.





Download the data for this chart FAEs by admission method, 2011-12 to 2021-22

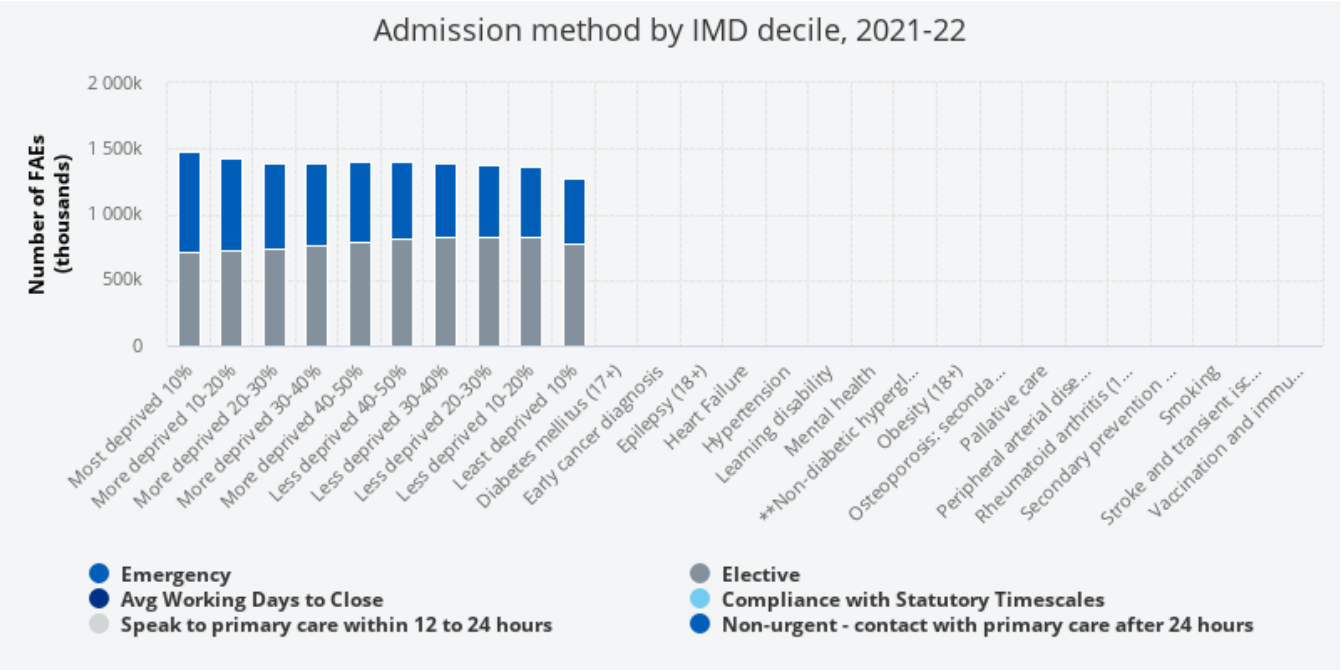
Elective and emergency admissions by month, 2021-22



Download the data for this chart Elective and emergency admissions by month, 2021-22

Admission method by IMD decile, 2021-22

We can see in this chart that emergency admissions were more common in the more deprived decile groups compared with the less deprived groups.

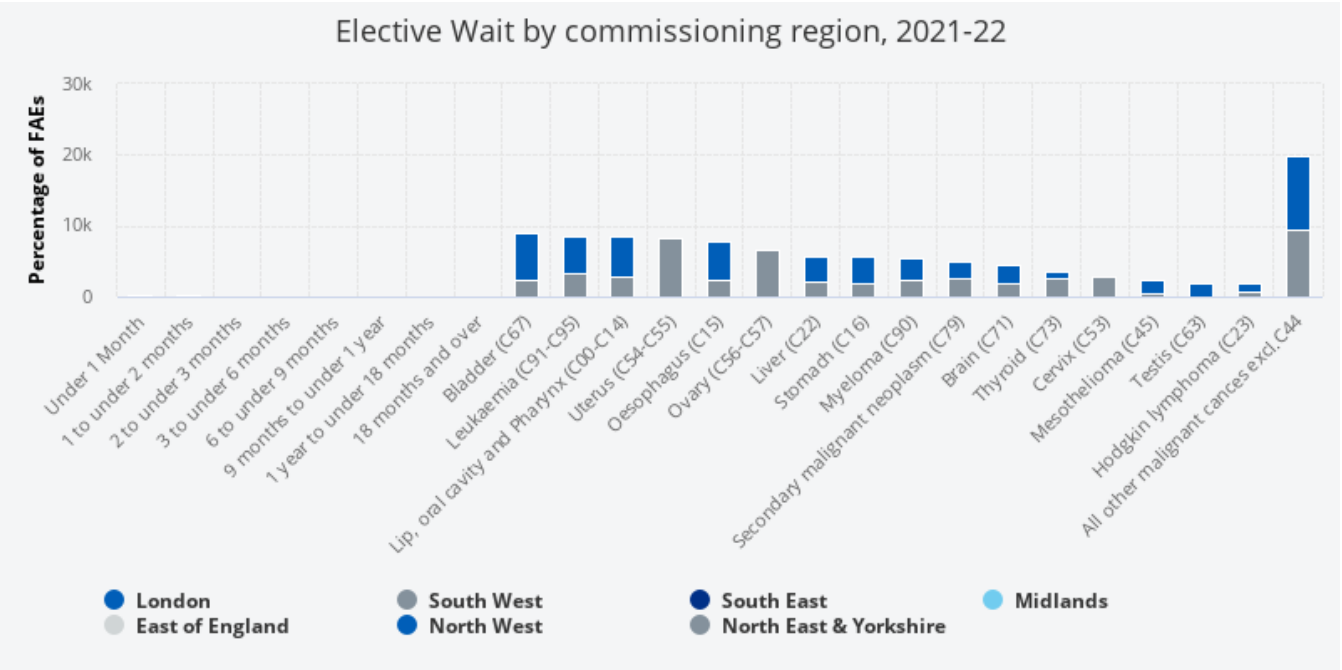


Download the data for this chart Admission method by IMD decile, 2021-22

Elective wait by commissioning region, 2021-22

The mean waiting time for an elective admission was 83 days; this is 6 days longer than the mean waiting time in 2020-21.

Fifty per cent of patients were admitted within 1 month and 95 per cent within a year.



Download the data for this chart Elective Wait by commissioning region, 2021-22

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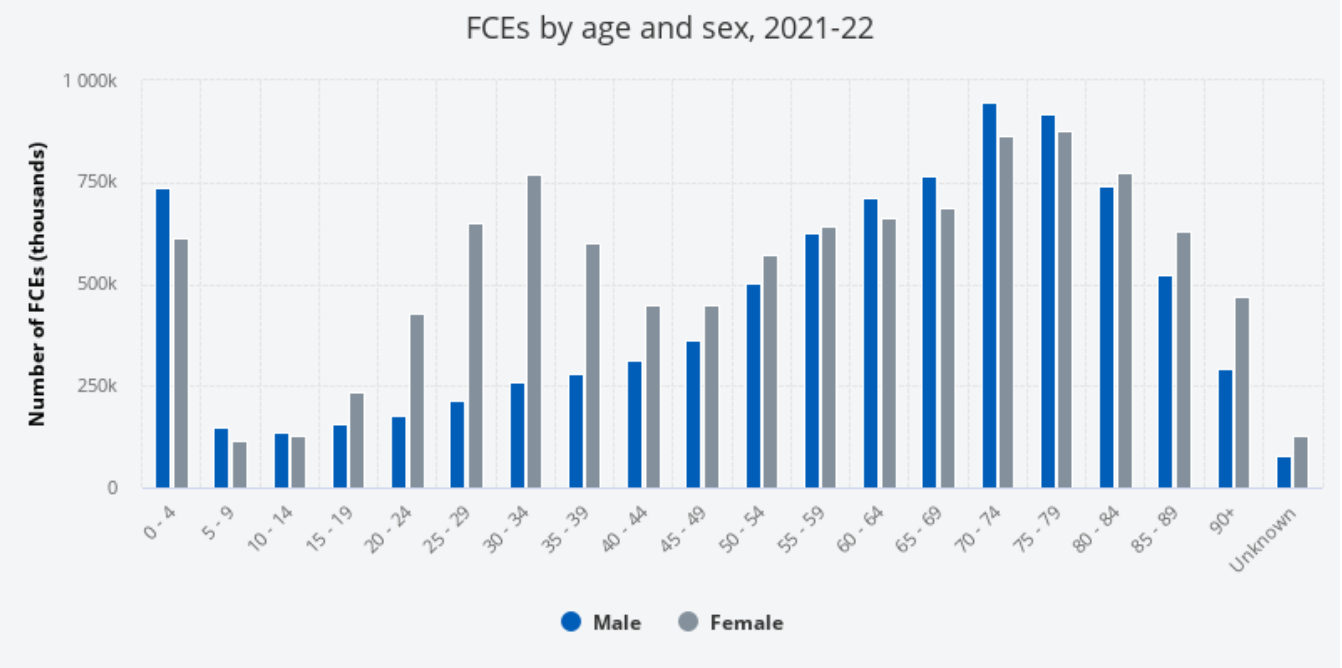
Summary Report - Patient

FCEs by age and sex, 2021-22

The age group with the highest number of episodes was the 70-74 year group (1.8 million). This accounts for 9.2 per cent of all episodes.

Female patients accounted for 10.7 million (54.7 per cent) of episodes.

Episodes for females aged 20-39 years were over 2.5 times those of males in the same age groups. Maternity service are responsible for a large proportion of admitted patient care activity for females in these age groups.



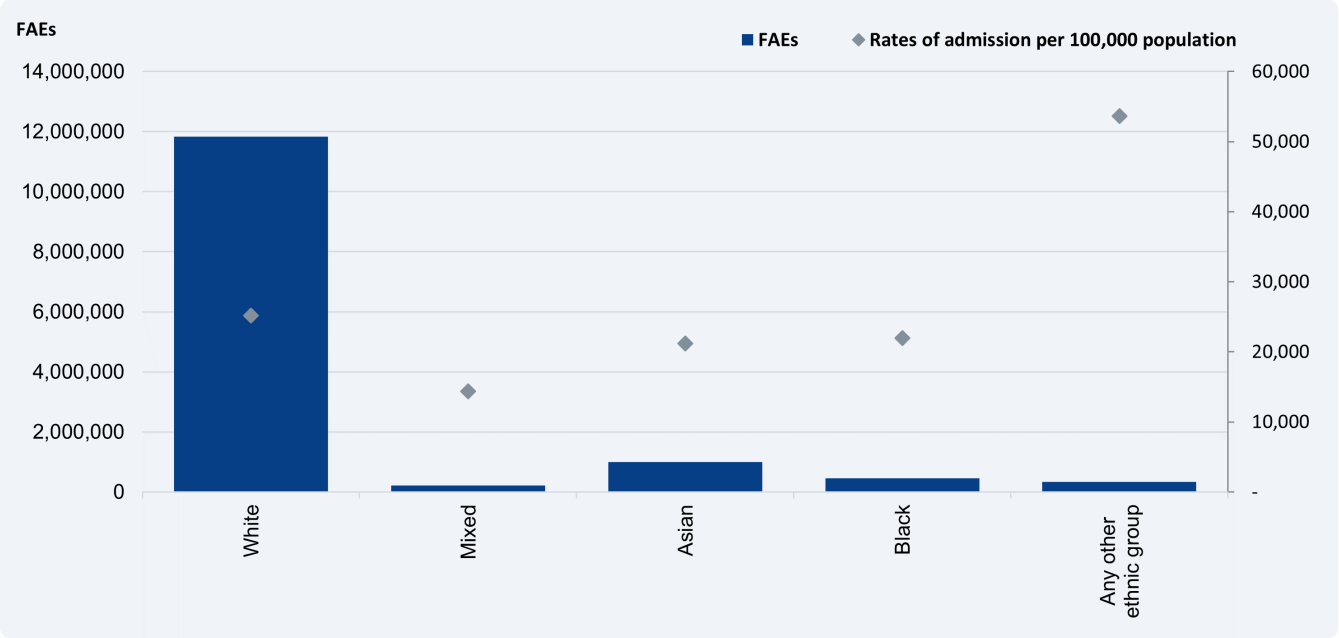
Download the data for this chart FCEs by age and sex, 2021-22

Admission by ethnicity and rate per 100,000 population, 2021-22

The highest rate of admissions was for the 'Any other ethnic' category with 53,653 admissions for every 100,000 people. This group accounted for 2.4 per cent of all admissions with a recorded ethnicity.

The largest volume of admissions were for White British patients (11.8 million).

Mixed ethnic groups had the lowest rate of admissions with 14,357 admissions per 100,000 people.



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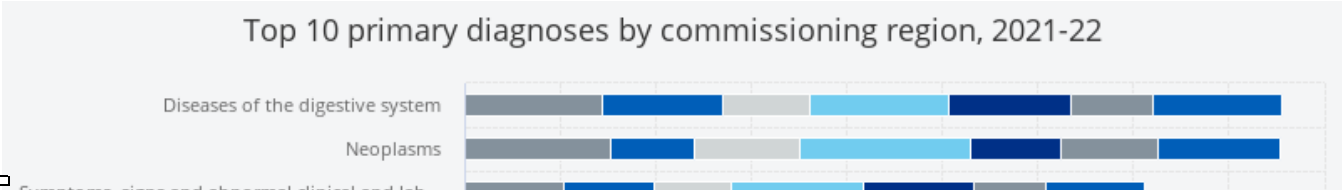
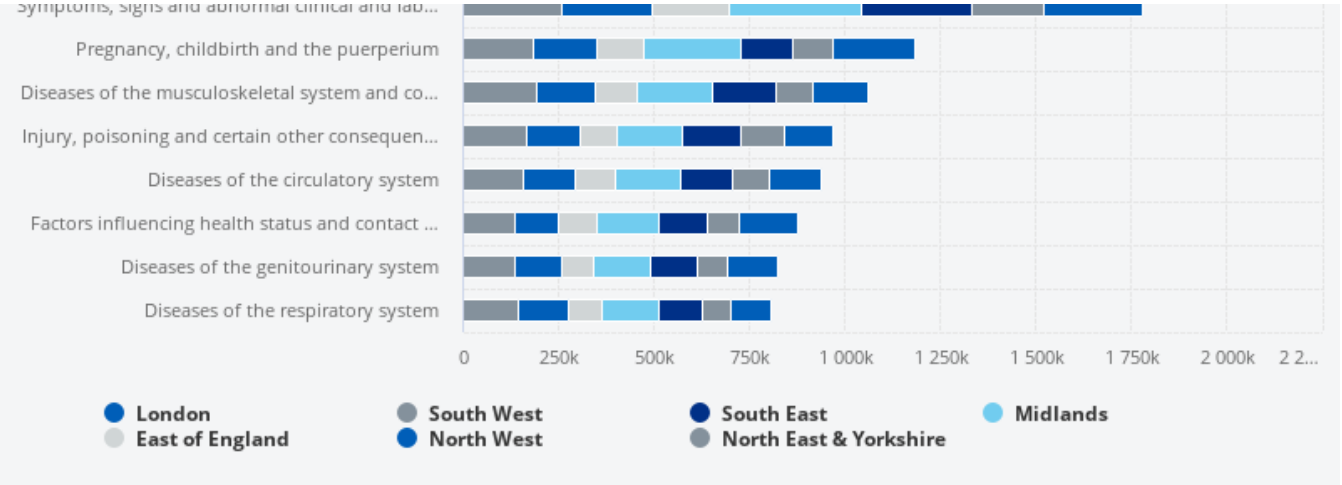
Summary Report - Clinical Information

Top 10 primary diagnoses by commissioning region, 2021-22

There were 2.1 million admissions with a primary diagnosis of diseases of the digestive system and a similar number for with a primary diagnosis of a neoplasm.

In 2020-21 the most common primary diagnosis was for ‘Neoplasms’ with digestive disorders being the second most common.

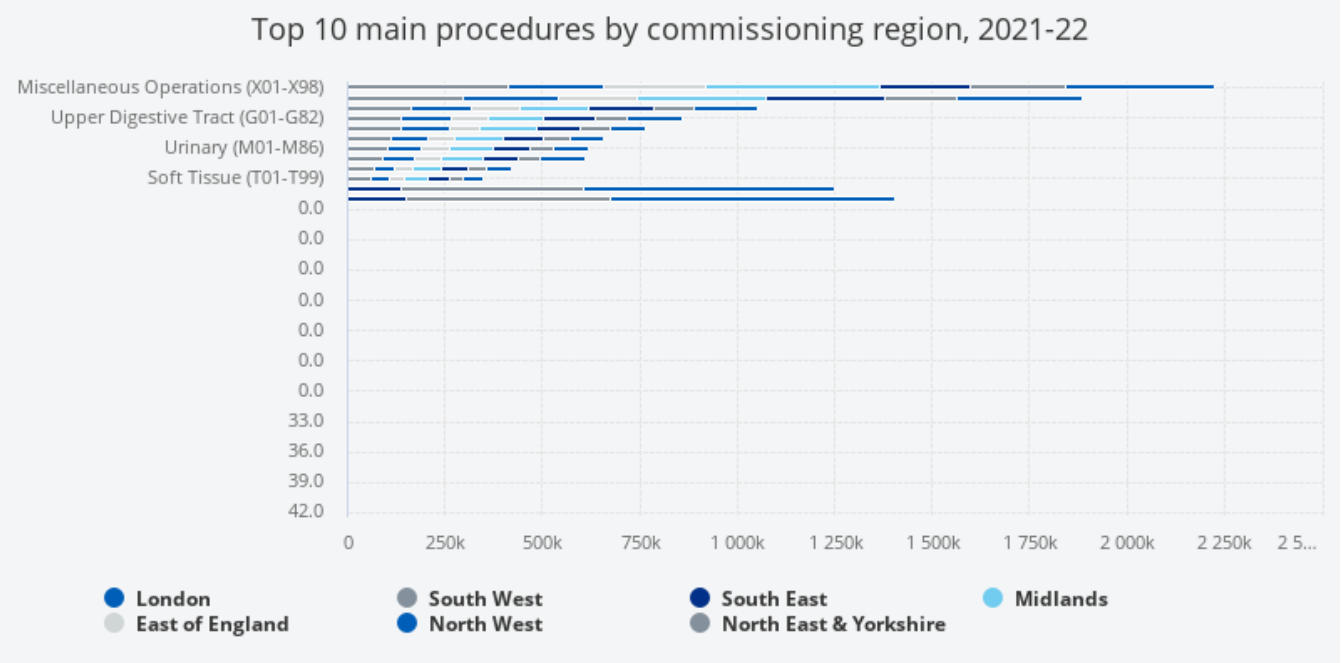




Download the data for this chart Top 10 primary diagnoses by commissioning region, 2021-22

Top 10 main procedures by commissioning region, 2021-22

Nationally, the most commonly recorded main procedures, were ‘miscellaneous operations’ (2.2 million episodes), comprising of operations on multiple systems, drug therapy, and operations that could not be categorised elsewhere.



Download the data for this chart Top 10 main procedures by commissioning region, 2021-22

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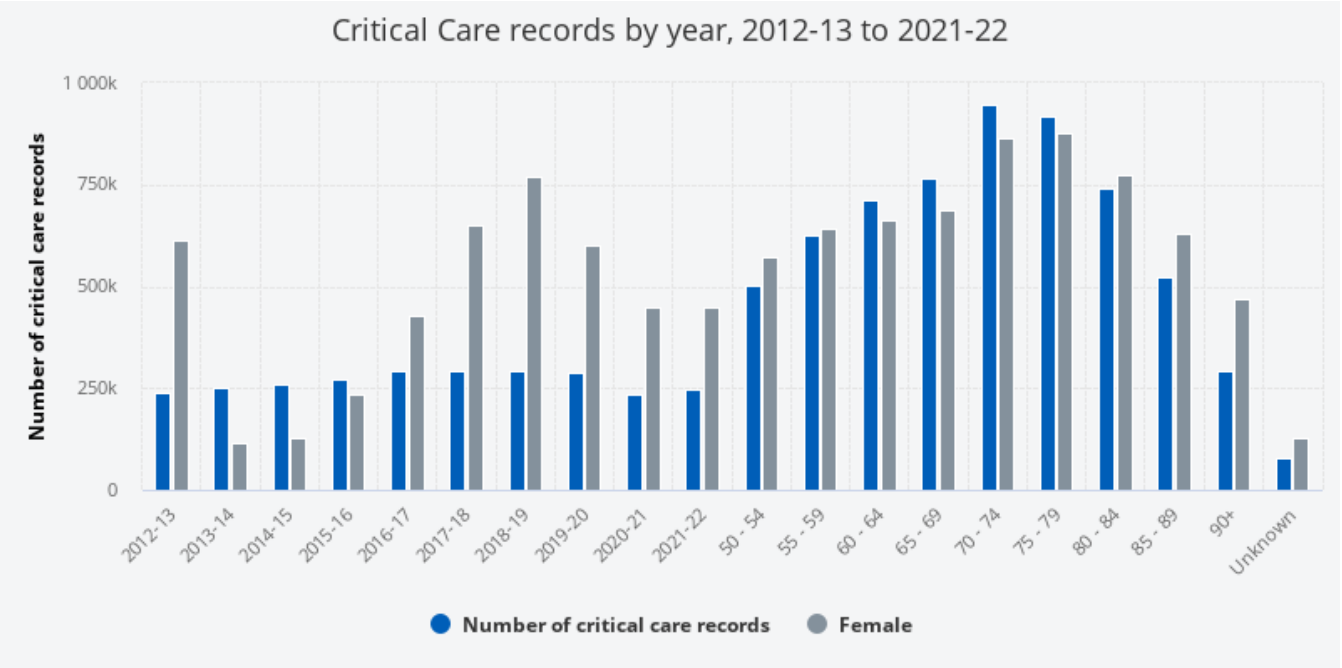
Summary Report - ACC

Critical Care records by year, 2012-13 to 2021-22

There were 246,286 useable critical care records in 2021-22, an increase of 4.6 per cent from 2020-21 (235,262 records).



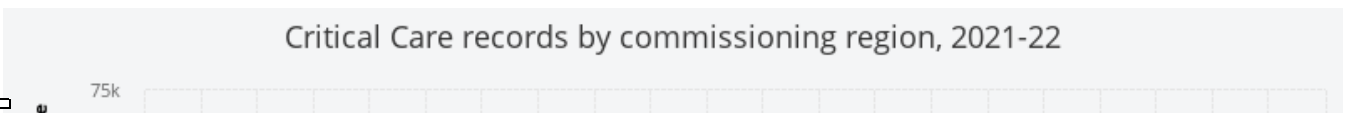
Download the data for this chart Critical Care records by year, 2012-13 to 2021-22

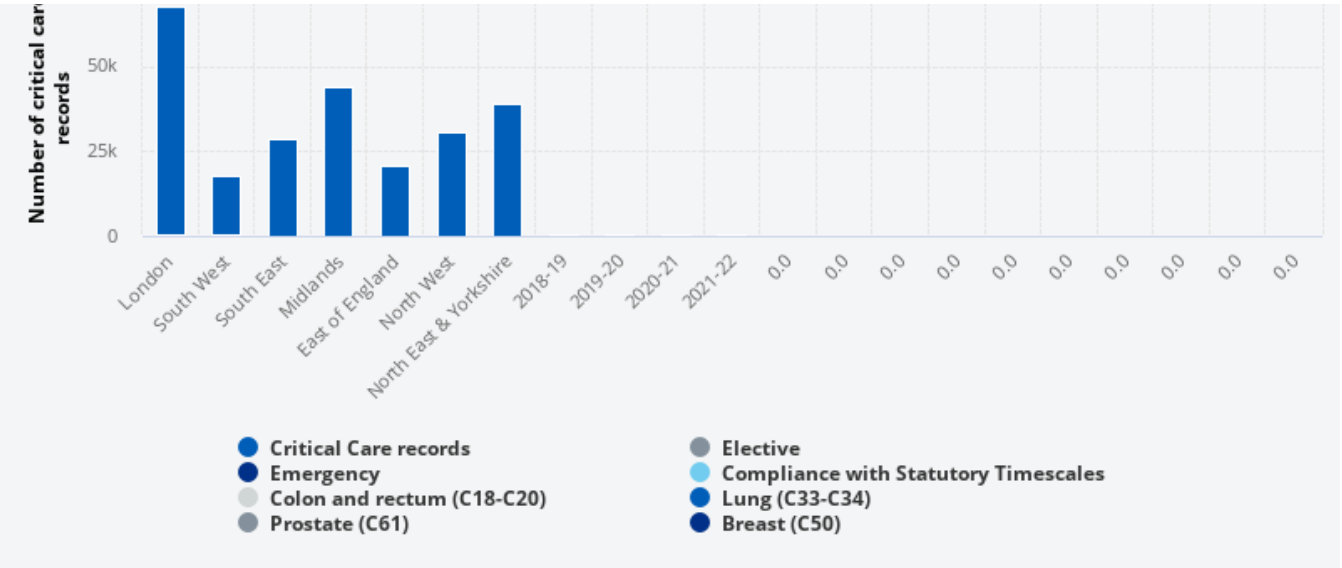
Critical Care records by commissioning region, 2021-22

This chart shows a breakdown of critical care records by the Commissioning Region of treatment.

Over a quarter (27 per cent) of all critical care records were for the London region.

The South West region again recorded the least critical care records (17,553), followed by the East of England region (20,284 records).





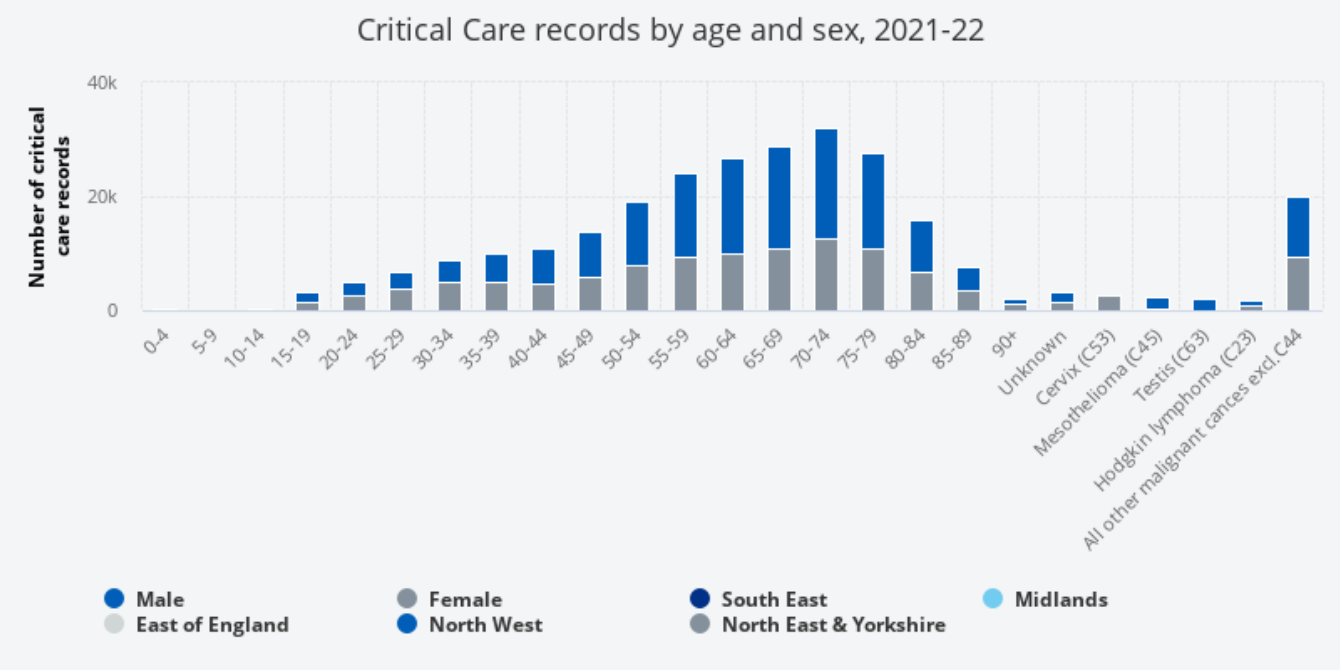
Download the data for this chart Critical Care records by commissioning region, 2021-22

Critical Care records by age and sex, 2021-22

In 2021-22 patients aged 70-74 years represented the age group with the largest number of critical care records (32,186 records).

Children and young people (patients aged between 0-19 years) accounted for 3,418 (1.4 per cent) of critical care records.

Male patients accounted for over half (58.1 per cent) of critical care records.

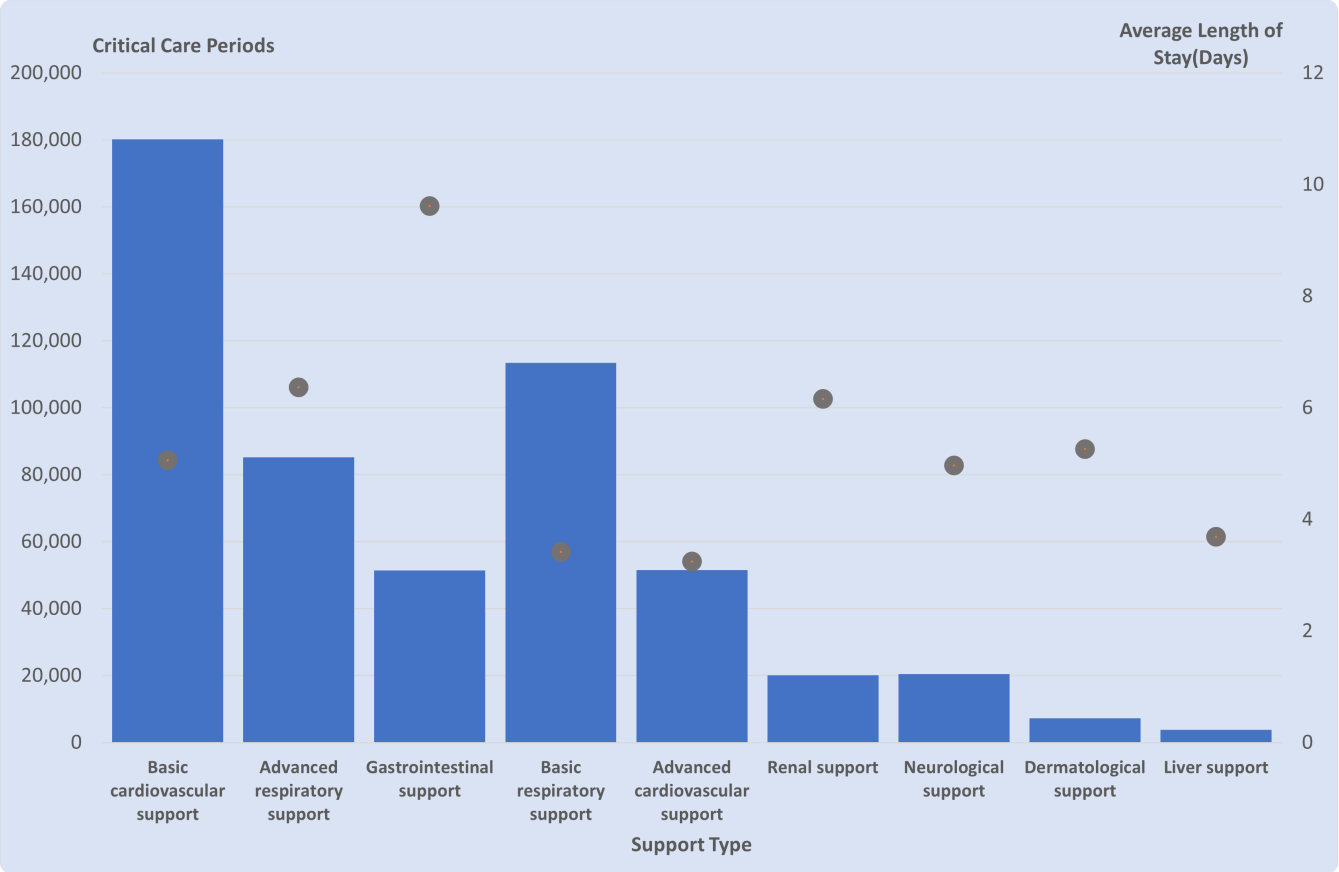


Download the data for this chart Critical Care records by age and sex, 2021-22

Length of stay by critical care support type, 2021-22

The longest average length of stay was for Gastrointestinal support with 9.6 days (51,436 critical care periods).

Although the total number of critical care periods increased from 2020-21, the average length of stay decreased in cardiovascular and respiratory support categories. The overall average (mean) length of a critical care period fell slightly from 5.6 days to 5.2 days.



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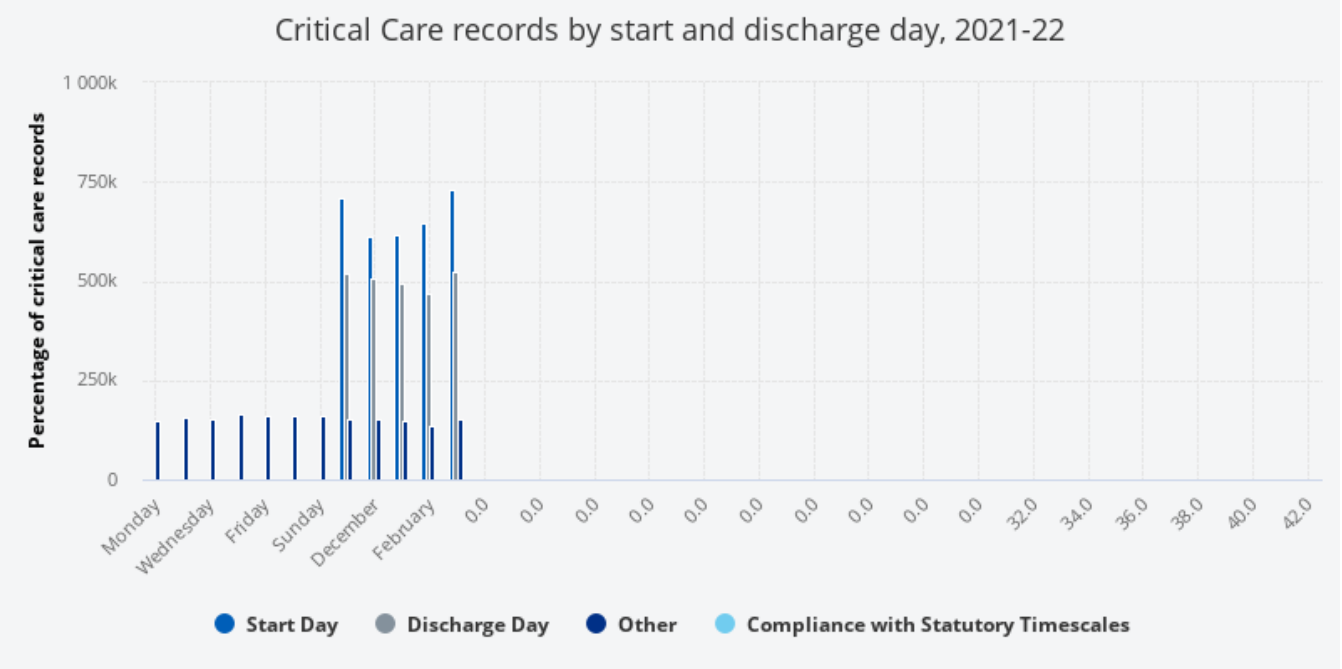
Summary Report - ACC - Days

Critical Care records by start and discharge day, 2021-22

This chart shows the distribution of critical care records through the week.

Most critical care records started on a weekday (197,672 records, 80.3 per cent).

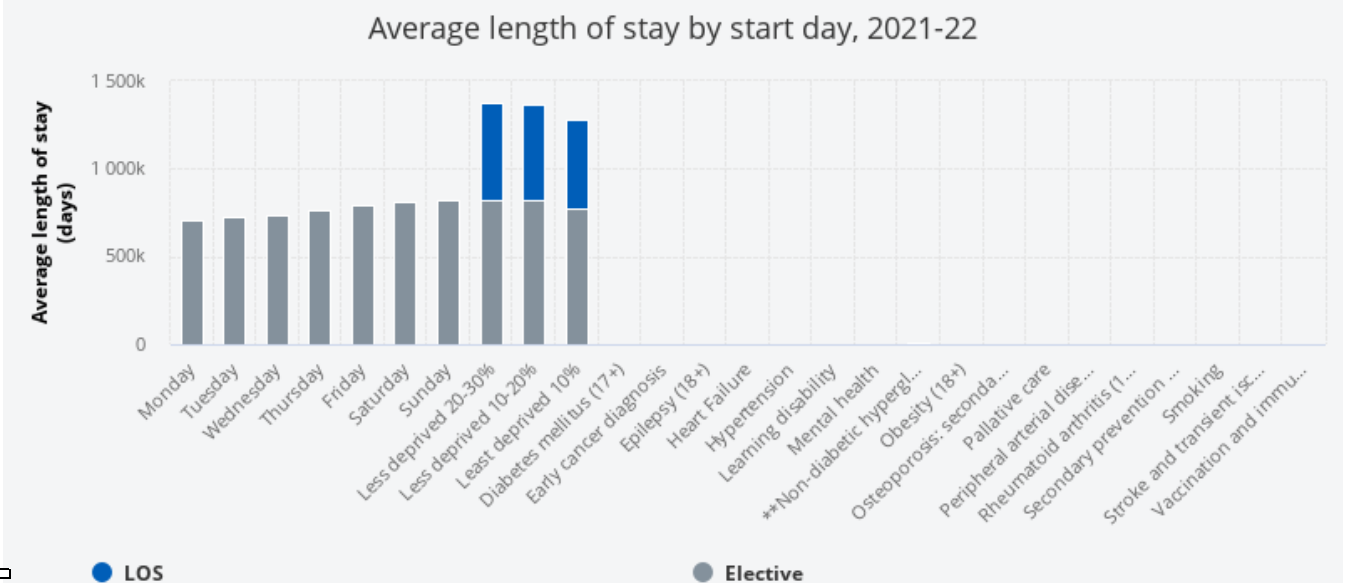
Just under half (49.5 per cent) of discharges were between Wednesday and Friday.



Download the data for this chart Critical Care records by start and discharge day, 2021-22

Critical Care - Average length of stay by start day, 2021-22

Although we can see from the previous chart that fewer critical care records start at the weekend, the average length of stay for patients that were admitted on a Saturday or Sunday was one day longer compared with those admitted on a weekday.



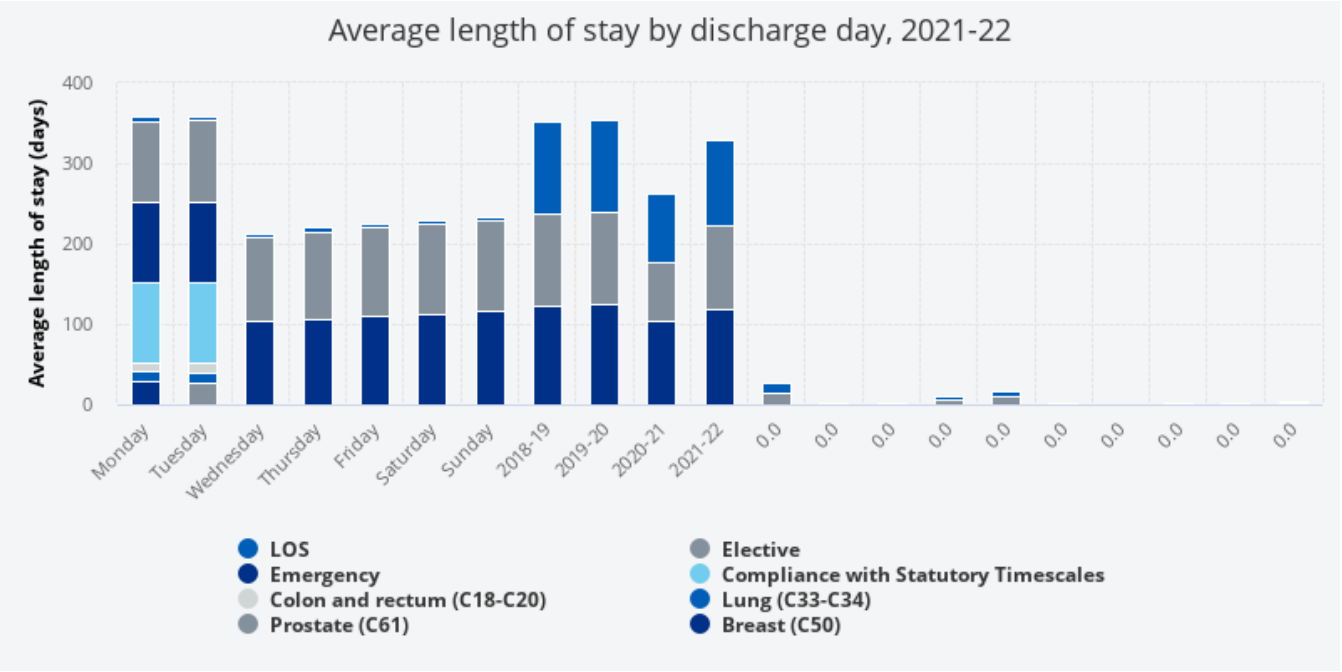
Download the data for this chart Average length of stay by start day, 2021-22

Critical Care - Average length of stay by discharge day, 2021-22

The average length of stay was longest for critical care records ending on a Monday (5.8 days).

This is over 1 day longer than discharges at the end of the working week (1.6 days longer than Saturdays, 1.1 days longer than Sundays).

Patients discharged on a Saturday had the shortest average length of stay at 4.2 days.



Download the data for this chart Average length of stay by discharge day, 2021-22

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Hospital Adult Critical Care Activity - Technical Guide

Hospital Adult Critical Care Activity - Technical Guide

Background to Critical Care Data

An Intensive Care Unit (ICU) or High Dependency Unit (HDU) ward in a hospital, known as a critical care unit, provides support, monitoring and treatment for critically ill patients requiring constant support and monitoring to maintain function in at least one organ, and often in multiple organs. Medical equipment is used to take the place of patients' organs during their recovery.

Some critical care units are attached to condition-specific treatment units, such as heart, kidney, liver, breathing, circulation or nervous disorders. Others specialise in neonatal care (babies), paediatric care (children) or patients with severe injury or trauma.

The Critical Care Minimum Dataset (CCMDS) is submitted by hospitals to the Secondary Uses Service (SUS) . The CCMDS contains 34 data items on periods of care in adult critical care units, of which 14 data items are mandatory for submitters. Each month, record-level data extracts are taken from SUS to populate the Hospital Episode Statistics (HES) data warehouse which is used to produce this publication. Figure 1 illustrates this process.

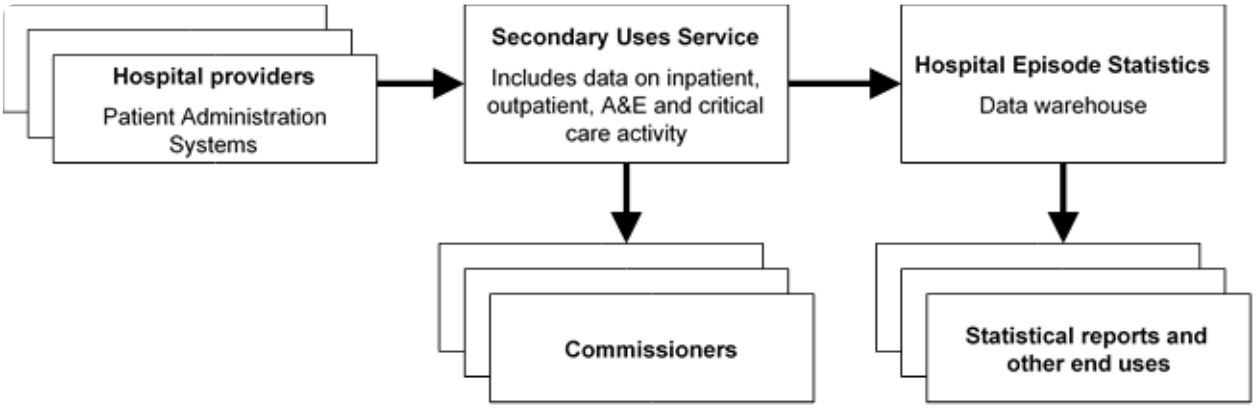


Figure 1: Data acquisition process

Critical care records contain information on:

- the organ support that the patient received; and
- the method, source and location of admission and discharge.

In addition, data in the associated HES APC records contain further details including:

- patient demographics, including sex and age; and
- diagnosis and treatment details.

HES critical care data now includes Neonatal and paediatric critical care data however, they have been filtered out and only adults are included in this report.

Selection of Data for Analysis

Adult care units only

Data range

Best match

Data cleaning

Best Match Methodology

A given raw record of critical care in the data set may be associated with more than one APC episode record. Reporting on the number of matches between critical care records and APC episodes would therefore represent an overstatement of critical care periods because some would be duplicated. To avoid this, an attempt has been made, for reporting purposes in this publication, to link each critical care period to one APC episode.

A multi-step algorithm is applied to identify the APC record that is the best match to each critical care period.

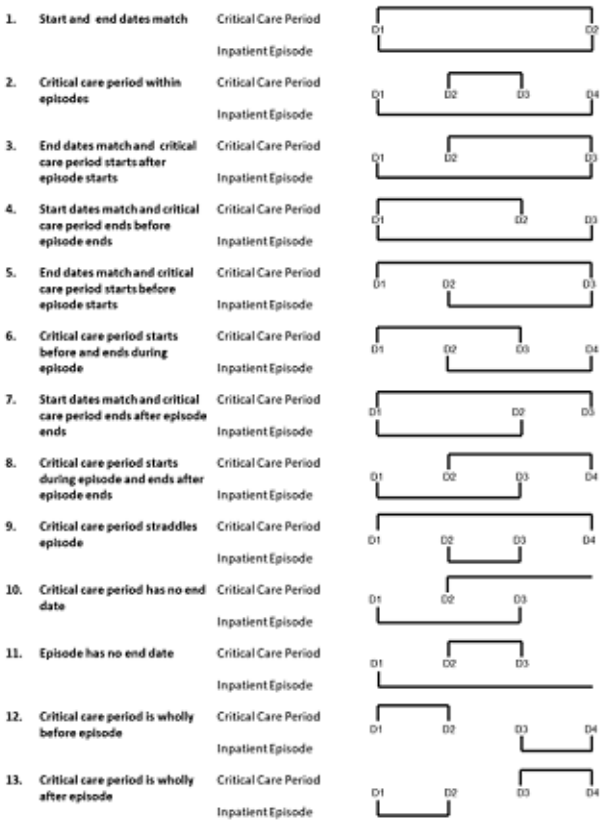
Step 1: Critical care to APC relationship

Step 2: Number of support activities

Step 3: Tie-breaker

Remaining duplicates

Figure 2:Relationships between critical care periods and APC episodes



Best Match Examples

Example 1: Two different critical care periods occur within an inpatient episode; both rows retained as best matches

Example 2: Critical care period is present three times, associated with three different episodes; one row is retained as best match

Example 3: Two critical care periods are present, one of which is associated with 2 inpatient episodes; one row retained as best match for each critical care period

Example 4: Three critical care periods are present, associated with a total of three inpatient episodes; one row retained as best match for each critical care period

Example 5: One critical care period is present, associated with four different inpatient episodes; each is retained as a best match

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Data Quality Statement

Introduction

HES data includes patient level data on hospital admissions, outpatient appointments and A&E attendances for all NHS trusts in England. It covers acute hospitals, mental health trusts and other providers of hospital care. HES includes information about private patients treated in NHS hospitals, patients who were treated in England but who were resident outside England and care delivered by treatment centres (including those in the independent sector) funded by the NHS.

Healthcare providers collect administrative and clinical information locally to support the care of the patient. These data are submitted to the SUS to enable hospitals to be paid for the care they deliver. HES is created from SUS to enable further secondary use of this data.

HES is the data source for a wide range of healthcare analysis used by a variety of people including the NHS, government, regulators, academic researchers, the media and members of the public.

HES is a unique data source, whose strength lies in the richness of detail at patient level going back to 1989 for APC episodes, 2003 for outpatient appointments and 2007 to 2020 for A&E attendances. HES data includes:

- specific information about the patient, such as age, gender and ethnicity;
- clinical information about diagnoses, operations and consultant specialties;

- administrative information, such as time waited, and dates and methods of admission an discharge; and
- geographical information such as where the patient was treated and the area in which they live.

The principal benefits of HES are in its use to:

- monitor trends and patterns in NHS hospital activity;
- assess effective delivery of care and provide the basis for national indicators of clinical quality;
- support NHS and parliamentary accountability;
- inform patient choice;
- provide information on hospital care within the NHS for the media;
- determine fair access to health care;
- develop, monitor and evaluate government policy;
- reveal health trends over time; and support local service planning.

Relevance

Accuracy and reliability

Data Completeness - Admitted Patient Care

Final and Provisional Data Comparison

Data Completeness – Adult Critical Care

Over-counting of critical care periods

Under-reporting at financial year boundaries

Default critical care start and end times

Timeliness and Punctuality

NHS England – Critical Care Beds

UK Comparisons

Separate collections of hospital statistics are undertaken by Northern Ireland, Scotland and Wales. There are a number of important differences between the countries in the way that data measures are collected and classified, and because of differences between countries in the organisation of health and social services. For these reasons, any comparisons made between HES and other UK data should be treated with caution.

ONS used to produce UK Health Statistics which contained key figures about the use of health and social services, including hospital admitted patient activity and waiting times across the UK.

Other UK Data

Wider International Comparisons

Improvements over time

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Further information about HES

Further information about HES

Background

The NHS Digital website contains more background information about HES:

https://digital.nhs.uk/hes

Alongside this publication a Statement of Administrative Sources is also published, as required by the Code of Practice for Official Statistics. More information on the background and purpose of the Statement of Administrative Sources can be found at:

https://digital.nhs.uk/data-and-information/find-data-and-publications/statement-of-administrative-sources

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Accessing HES

The HES publications focus on headline information about hospital activity. Each annual publication includes a series of national tables and also provider-level breakdowns for some main areas.

All data items included in the published tables are explained in footnotes, and NHS Digital publish data dictionaries for HES describing the format and possible values for all HES data items:

https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/hospital-episode-statistics/hospital-episode-statistics-data-dictionary

These data are also readily accessible via an online interrogation service (for NHS users) or via our bespoke extract service:

https://digital.nhs.uk/services/data-access-request-service-dars

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Clinical Classifications

Diagnoses are coded in HES using the ICD10 classification.

Operative procedures are coded in HES using the OPCS classification.

Further information about these classifications, and changes to them, can be found at:

https://digital.nhs.uk/terminology-and-classifications/clinical-classifications

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Changes to organisation codes and geographical boundaries

The Organisation Data Service (ODS) is responsible for the publication of all organisation and practitioner codes and national policy and standards with regard to the majority of organisation codes. For more information about the ODS and changes to organisation codes and geographical boundaries visit:

https://digital.nhs.uk/organisation-data-service

Accessibility and Clarity

Trade-offs between Quality Components

Assessment of User Needs and Perceptions

Cost, Performance and Respondent Burden

Confidentiality, Transparency and Security

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Author, Copyright and Licensing

Author, Copyright and Licensing

Author: Secondary Care Analytical Team, NHS Digital
Responsible Statistician: Adam Langron, Information Analysis Lead Manager

This publication may be requested in large print or other formats.

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