

Reponses to National Statistics consultation on proposals for changing (i) the methodology and source of data used to collect and compile official inpatient and day case admission information in Northern Ireland and (ii) the format and content of the annual publication entitled ‘Hospital Statistics’.

Hospital Information Branch (HIB), within the Department of Health, Social Services and Public Safety (NI), conducted a National Statistics consultation on proposed changes to the methodology and source of data used to collect and compile official inpatient and day case admissions and to change the format and content of the annual Hospital Statistics publication. This consultation began on 22nd March 2010 and closed on 14th June 2010.

This was a very open consultation and specifically asked users; if they were content that HIB use the Hospital Inpatients System (HIS) as the source for official data on patients admitted to hospital for acute services, rather than the current KH03a aggregate return, as discussed in section 4 of the consultation; if they were content with the proposed change in methodology for the calculation of day case rate, as outlined in section 4; if they agreed that HIB should commence the official publication of data on persons admitted to hospital for acute services derived from the proposed new methodology for the position at the end of financial year 2009/10; if they were content that HIB adopt the proposed change to the format for the structure of the publication ‘Hospital Statistics’, as discussed in section 9 of the consultation; and if they were in agreement that HIB should commence the publication of four new publications relating to (i) Inpatients, (ii) Outpatients, (iii) Mental Health and Learning Disability, and (iv) Accident and Emergency derived from the proposed new methodology for the position at the end of financial year 2009/10.

Three responses were received to the consultation, two from HSC Trusts and one from the British Medical Association (appendix 1). All responses were broadly supportive of the proposals.

Hospital Information Branch will commence publication of data utilising the new methodology from August 2010 for financial year 2009/10 and for each year thereafter.

Response from the British Medical Association

Thank you for the opportunity to respond to the above consultation.

While BMA(NI) has no specific objections to the proposals as outlined in the document, the consultation document is not clear regarding the implications of the new system on doctor's workload. Therefore, we would seek assurance from the Department that the proposals, both during development and operation, will not increase the burden of work placed on doctors.

From the document, BMA(NI) understands that "patient level" information is to be gathered from PAS and then stored at data warehouse level for subsequent analysis. Such analysis is not related to any individual patient's clinical care and therefore the information will need to be robustly anonymised.

BMA(NI) is concerned that the consultation paper and the proposals are very technical and would not be easily understood by some stakeholders. BMA(NI) is in favour of data being published in an open and transparent manner and encourage the Department to publish the statistics in an easily understandable format.

Further clarity is required in Appendix C, in terms of POC1 - the list of hospital specialties. Number 140 is oral surgery, which is being used to cover oral and maxillofacial surgery. However, oral surgery is now a separate specialty, regulated by the General Dental Council; maxillofacial surgery is a specialty regulated by the General Medical Council. Failure to correct this error may lead to errors in statistical analysis, especially as oral surgery is not a hospital based specialty and there are no departments of oral surgery in any hospital in Northern Ireland.

Furthermore, number 990 is labelled as joint consultant clinics – does this label refer to multi disciplinary teams and how will this match in with individual specialty stats?

BMA(NI) would be willing to discuss its response to this consultation with you. I would also be grateful if you would advise when the final policy will be published.

Response on behalf of Southern HSC Trust

Part 1:- Proposal to adopt a new source and methodology for the production of hospital inpatient activity information in Northern Ireland

1 -Are you content that HIB use the Hospital Inpatient System (HIS) as the source for official data on patients admitted to hospital for acute services, rather than the current KH03a aggregate return, as discussed in section 4 of this document?

Yes (please circle your answer)

If no, please provide reason for this response:

If yes to question 1,

2 – Are you content with the proposed change in methodology for the calculation of day case rate outlined in section 4?

Yes (please circle your answer)

If no, please outline reasons for this response together with suggestions for alternative methodology.

3 – Are you in agreement that HIB should commence the official publication of data on persons admitted to hospital for acute services derived from the proposed new methodology for the position at the end of financial year 2009/10?

Yes (please circle your answer)

If no, please provide reason for this response:

General comments

4 – Do you have any other comments relevant to this section of the consultation?

The Southern Health and Social Care Trust's, Inpatients and Daycases for Maternity, Elderly Care, Mental Health and Learning Disability Specialties are also recorded on PAS, as such the same process where HIB source these figures direct from the Data Warehouse could potentially be applied for these areas also – for the Southern Trust. However it is recognised that the preference of HIB may be to have a consistent regional approach across specialties.

In relation to the text in Table 5 (Strengths Column), which states that Renal patients can be identified and will be excluded from activity figures for all hospitals ensuring consistency. Does this then mean that Renal activity will no longer be reported as Trust activity in the KH03A return and hence reported in official publications. Also, will Regular Day / Night Attenders (i.e. Renal Dialysis patients and Chemotherapy treatments) be shown separately or reported within the Inpatient/Daycase figures?

The Trust would welcome a similar process which HIB has adopted for changes to methodologies for other official statistics to be applied also to the KH03A. It has proven effective where HIB and Trust staff work together on the development of a standard Business Objects query that will be used to source the figures from the Data Ware House and then QA the figures.

Part 2:- Proposal to adopt a new format for the structure of the publication ‘Hospital Statistics’

5 -Are you content that HIB adopt the proposed change to the format for the structure of the publication ‘Hospital Statistics’, as discussed in section 9 of this document?

Yes (please circle your answer)If no, please provide reason for this response:

6 – Are you in agreement that HIB should commence the publication of four new publications relating to (i) Inpatients, (ii) Outpatients, (ii) Mental Health and Learning Disability and (iv) Accident and Emergency derived from the proposed new methodology for the position at the end of financial year 2009/10?

Yes (please circle your answer)

If no, please provide reason for this response:

General comments

7 – Do you have any other comments relevant to this section of the consultation?

The Trust welcomes the proposed changes to the publication of Hospital Statistics publications in Northern Ireland. As the proposed changes reflects how services are organized and delivered and the Directorate management structure within Trusts, this will allow for more targeted and effective use of the publications for regional benchmarking purposes.

Response on behalf of South Eastern HSC Trust

Part 1:- Proposal to adopt a new source and methodology for the production of hospital inpatient activity information in Northern Ireland

Please answer the following questions as fully as possible to help HIB (DHSSPS) evaluate the feasibility of introducing the proposals to change the source and methodology used to collect information relating to hospital admissions for acute services.

1 - Are you content that HIB use the Hospital Inpatient System (HIS) as the source for official data on patients admitted to hospital for acute services, rather than the current KH03a aggregate return, as discussed in section 4 of this document?

YES No (please circle your answer)

If no, please provide reason for this response:

If yes to question 1,

2 – Are you content with the proposed change in methodology for the calculation of day case rate outlined in section 4?

Yes No (please circle your answer)

If no, please outline reasons for this response together with suggestions for alternative methodology.

3 – Are you in agreement that HIB should commence the official publication of data on persons admitted to hospital for acute services derived from the proposed new methodology for the position at the end of financial year 2009/10?

Yes No (please circle your answer)

If no, please provide reason for this response:

General comments

4 – Do you have any other comments relevant to this section of the consultation?

- Please review Data Access Agreement to ensure covers this
 - 8th of the month is far too early, when doing Korner would not have started to 3th week after month end to allow for validations. Any earlier figures change too much, particularly after a bank holiday
 - As well as running 2009/10 consider running previous year for trend information
 - It would be useful if there was a column for regular day attenders on Table 2, ie collect by site by specialty better than a total figure on KP20
 - Formula should state clearly whether regular day attenders are excluded or not. You include a definition for regular day attenders but do not state whether they are in the figures/formulas or not in the document. Is it implied by the reference to Renal page 13 that they are excluded. Please clarify clearly in guidance for return and with formulas.
 - Regular day attenders are not just Renal page 13, they occur in Clinical Oncology and pending clarification from PMSID may well be the currency for Anti TNF re-visits.
 - Assuming the sample data is based on discharges in the period then elective inpatients plus non-elective inpatients on Table 2 should add up to Deaths & Discharges on Table 1, they do not. Equally Daycases should be the same but they differ??
 - Available and Occupied Beds continue, therefore you will be revamping the form. Have you considered consulting with Trusts and appending an official section to cover official changes in Bed Complement with reasons/explanations to collect a history by site which would help to explain reductions/increases in activity?

Part 2:- Proposal to adopt a new format for the structure of the publication ‘Hospital Statistics’

Please answer the following questions as fully as possible to help HIB (DHSSPS) evaluate the feasibility of introducing a new format for the structure of the publication ‘Hospital Statistics’.

5 - Are you content that HIB adopt the proposed change to the format for the structure of the publication ‘Hospital Statistics’, as discussed in section 9 of this document?

Yes No (please circle your answer)

If no, please provide reason for this response:

6 – Are you in agreement that HIB should commence the publication of four new publications relating to (i) Inpatients, (ii) Outpatients, (ii) Mental Health and Learning Disability and (iv) Accident and Emergency derived from the proposed new methodology for the position at the end of financial year 2009/10?

Yes No (please circle your answer)

If no, please provide reason for this response:

General comments

7 – Do you have any other comments relevant to this section of the consultation?

No. It is assumed opportunity for Trusts to validate prior to publication will continue.