Monthly and Quarterly Activity Returns Statistics: Outcome of Consultation

NHS England and NHS Improvement

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Summary

In 2018, NHS England sought views from data producers and users on proposals to reduce the scope of the Monthly and Quarterly Activity Returns (MAR and QAR). This document summarises the responses received and sets out next steps. These are to:

- End the Quarterly Activity Return (QAR) collection after Q4 of 2019/20.
- Stop collecting outpatient and inpatient data items in the Monthly Activity Return (MAR) from 2020/21, thus limiting the collection to referrals; and add one sub-item for “Other referrals made - All specialties”.
- Include additional information on consultant-led outpatient and inpatient activity in NHS Digital’s Monthly Hospital Episode Statistics publication.
- Make more use of information on referrals from the Electronic Referrals System and review on an ongoing basis the scope for using this in place of some of the referral data items in what will remain of the Monthly Activity Return (MAR).

Background

NHS England and NHS Improvement currently collects and publishes official statistics on NHS activity in England through the Monthly and Quarterly Activity Returns (MAR and QAR). The returns have been published since April 2008. They are aggregate collections collected and published at provider and commissioner level. They cover referrals for consultant-led activity, plus outpatient and inpatient activity.

There are two other robust sources for the outpatient and inpatient information contained in these returns:

- Secondary Uses Service (SUS+) data is collected by NHS hospital trusts, sourced from the Commissioning Data Set.
- Following a suite of validations and field derivations of the core SUS+ data, Hospital Episode Statistics (HES) are published monthly by NHS Digital, and are official statistics.

Both of the above sources support a much richer level of data and analysis than MAR and QAR because:

- They are collected and available at patient level.
- They cover a wide range of dimensions, including demographic information such as GP registered practice, patient postcode, ethnicity, gender, age. The dimensions include many of the nine “protected characteristics” that are used in equality and health inequalities analyses.

For these reasons, many data items in MAR and QAR could be viewed as a duplication of data collection, resulting both in undue burden to NHS data providers and potential confusion for users, when a superior data source is available.

Responses and next steps

Overall number of responses and types of responders

In all there were 52 responses to the consultation, of which 40 were from NHS providers, 6 from Clinical Commissioning Groups (CCGs), and 1 each from the Department of Health and Social Care, within NHS England, the Office for National Statistics, a non-NHS organisation, a journalist and a patient.

Overall support for the proposals

The proposals were supported in full by 42 of the respondents and in part by 9. The responding patient did not support the proposals. Among NHS providers, 36 supported the proposals in full and 4 in part. Among CCGs, 4 supported the proposals in full and 2 in part. As well as referring to the potential reduction in burden, those supporting the proposals also said the changes would reduce the prevalence of conflicting information.

Ending the Quarterly Activity Return

As reported above, 42 of the respondents supported the package of proposals in full. Among the 9 respondents who only supported the proposals in part, 8 said they supported ending the QAR. This was generally for the reasons given in the consultation document: that there are other, better sources of information and therefore the return offers little value and places unnecessary burden on the NHS.

The one respondent that did not support this particular proposal was an NHS provider that does not submit the return and therefore did not feel placed to comment. The responding patient cited the issue of trust in relation to the motive for changing the statistics.

In light of this widespread support, we will end the Quarterly Activity Return (QAR) after the submission and publication of data for Quarter 4 of 2019/20. The concerns of the responding patient will be addressed through the release of additional activity information in NHS Digital's Monthly Hospital Episode Statistics publication.

Stopping the collection of outpatient and inpatient data in the Monthly Activity Return (MAR)

Similarly, only two organisations in addition to the responding patient said they did not support stopping the collection of outpatient and inpatient data in the MAR. One was a CCG that said the information is of value because is received a month before SUS data are available. However, the deadline for providers to submit MAR typically falls between the 22nd and 24th of the following month, whereas the equivalent date for SUS typically falls between the 17th and 20th. A second CCG said that the MAR provides a useful cross reference to help identify discrepancies such as duplicate records. We acknowledge the importance of data quality. A number of alternative mechanisms are in place both to identify and handle issues in submitted data and to reduce future prevalence. This includes, but is not limited to, the identification and removal of duplicate records in both the SUS and HES data sets.

We will therefore stop collecting outpatient and inpatient data items in the Monthly Activity Return (MAR) from 2020/21 – that is, for June 2020 data that would otherwise be submitted by providers in July and published in August.

Retaining the referrals data items in the Monthly Activity Return (MAR) and adding "Other referrals made - All specialties"

Four organisations in addition to the responding patient said they did not support retaining the referrals data items in the MAR and adding a sub-item for "Other referrals made - All specialties".

One CCG wanted the items expanded to provide a breakdown by treatment function. However, even if this were limited to the 19 treatment function categories used in the Referral-to-Treatment return and even with the removal of the outpatient and inpatient data items, this would represent an almost eightfold increase in the number of data items requested.

Three providers said that, as community and mental health organisations, referral to consultant-led services form a very small part of their activity and that similar information is available from the Mental Health Services Data Set (MHSDS) or Referral-to-Treatment (RTT) return. Another respondent mentioned the future

potential of referrals data from the Electronic Referrals System (eRS) and a few respondents raised the idea of a referral data set. Data from the MHSDS only captures pathways at the point first activity takes place and so does not offer a replacement for the "referrals made" items in the MAR. The RTT return does include a measure of new pathways, but this is limited to General and Acute treatment functions and differs to information submitted via the MAR. We propose carrying out work to better understand the relationship between the MAR and RTT information and that available from eRS and will review on an ongoing basis the scope for using this in place of some of the referral data items in what will remain of the Monthly Activity Return (MAR). We will also work with NHS Digital to review what changes might be made to the Commissioning Data Sets as part of version 6.3 to support the identification of new pathways.

One respondent made the valid point that information on "referrals seen" can, like the outpatient and inpatient information, be sourced from alternative patient-level data sets. We will therefore stop collecting those items too.

Publish replacement activity information from an alternative source

Only one organisation in addition to the responding patient did not support publishing replacement activity information derived from an alternative source. Both, along with a couple of other respondents, raised the point that it is important to have access to information about non-consultant led activity too. Such information is available through NHS Digital's Hospital Episode Statistics and, in the case of community and mental health providers, through the Community Services Data Set and the Mental Health Services Data Set. To ensure consistency and support coherence, replacement information will be published as part of NHS Digital's existing monthly official statistics publication series Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatients and Accident and Emergency. In doing so, we will meet the request made by a number of respondents that the definitions and methods for generating those numbers are made clear and that data are made available for a number of years. We will align the definitions as closely as possible with those used for related management information. The monthly HES data are released on the same day as the MAR data, so there will be no impact on timeliness.