Monthly and Quarterly Activity Returns Statistics Consultation

Monthly and Quarterly Activity Returns Statistics Consultation

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Additional Circulation List	
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Document Status

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Monthly and Quarterly Activity Returns Statistics Consultation

1 Executive summary

NHS England is seeking views from data providers, users and other interested parties on the proposal to reduce the scope of the Monthly and Quarterly Activity Returns (MAR and QAR).

NHS England currently collects and publishes official statistics on NHS activity in England, through the MAR and QAR. They are aggregate collections used to monitor referrals for consultant-led outpatient activity, plus outpatient and inpatient activity. The data is collected and published at provider and commissioner level.

However, there are two alternative robust patient-level sources for much of the information contained in these returns: Secondary Uses Service (SUS+) data and Hospital Episode Statistics (HES). Both sources provide a much more detailed level of information than the aggregate MAR and QAR collections and support a potentially deeper level of analysis. For these reasons, many data items in MAR and QAR could be viewed as a duplication of data collection, resulting in undue burden to NHS data providers, as well as potential confusion for users.

This consultation provides an analysis of the information collected in MAR and QAR and the potential alternative sources, and uses this to inform recommendations on their future and a set of proposals.

Consultation Proposals

NHS England would welcome feedback on the proposals below. The proposals are described in detail in the main body of this consultation document.
1.1 Terminate the Quarterly Activity Return (QAR) collection.
1.2 Continue collecting referrals data items in the Monthly Activity Return (MAR), adding one sub-item ("All specialties") to the existing MAR item "Other referrals made".
1.3 Stop collecting outpatient data items in MAR.
1.4 Stop collecting inpatient data items in MAR.
1.5 Instigate a new NHS England monthly activity publication (sourced from Secondary Uses Service (SUS+) data) covering the outpatient and inpatient data items shown in Table 5, provisionally titled the "Consultant-led Activity Report".
1.6 Present time series data in the "Consultant-led Activity Report" as a combination of SUS+ data (recent data) and Hospital Episode Statistics (HES) - older data, as soon as provider-level HES data is published.
1.7 Terminate the eight existing MAR and QAR data items in Table 6 with no replacement.

Instructions for how to respond to this consultation are contained in Section 7 of the document, with the consultation questions contained in Annex E.

2   Introduction

NHS England is seeking views from data providers, users and other interested parties on the proposal to reduce the scope of the Monthly and Quarterly Activity Returns.

3   Background

NHS England 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 outpatient activity, plus outpatient and inpatient activity.

However, there are two other robust sources for much of the 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.

4   Analysis

This section presents analysis of data items in the existing Monthly and Quarterly Activity Returns (MAR and QAR), and makes proposals for the future of each item. The items are analysed in order of patient flow from primary care to secondary care, as follows:
- Referrals (from primary care to outpatient care).
- Outpatient care.
- Inpatient care.

4.1 Referrals analysis

This section examines the data collected in MAR and QAR on referrals of patients from "primary care" (usually from general practitioners) to "secondary care" (often, but not always, in hospital settings) for consultant-led outpatient appointments.

NHS England is aware that the referrals information collected in MAR and QAR is widely used by key stakeholders in NHS England, the Department of Health, NHS Improvement, NHS Digital and wider. There is no other current complete and robust source of information for referrals.

Table 1 lists the data items collected in QAR and MAR for referrals, assigns an ID for each item and summarises the NHS England proposal for each item.

Table 1:   Proposals for QAR and MAR data items on referrals

Collection	Assigned item id	Data Item	Proposal
QAR	QAR1	GP referrals made (all specialties)	Drop item from QAR – use existing MAR data item MAR1a
QAR	QAR2	Other referrals made (all specialties)	Drop item from QAR. Add "all specialties" to MAR item MAR2
MAR	MAR1	GP referrals made in a. All specialties, b. G&A specialties	Continue collecting
MAR	MAR2	Other referrals made in G&A specialties	Continue collecting, add sub-item "All specialties" (from QAR2)
MAR	MAR3	GP referrals seen in a. All specialties, b. G&A specialties	Continue collecting

In summary, the proposal is to discontinue the collection of the QAR referrals data items, and continue to collect the MAR data items, adding an "all specialties" sub item to MAR2 ("Other referrals made").

4.2 Outpatient care analysis

This section examines the data collected in MAR and QAR relating to NHS outpatient care. This is consultant-led care, often (but not always) delivered in hospital settings. It can include diagnosis, observation, consultation, treatment, intervention, and rehabilitation. It doesn't require (immediate) admission to hospital.

Section 3 discussed the Secondary Uses Service (SUS+) data that could potentially be used as an alternative source for many of the MAR and QAR data items.

Table 2 lists the data items collected in QAR and MAR relating to outpatient care and compares each item with the equivalent generated SUS+ indicator (where available). It makes a proposal for each item. Annex A describes the methods used to design the SUS+ indicators.

Table 2:   Comparison of QAR and MAR outpatients data items with equivalent SUS+ sourced indicators, 2016/17 and proposals

Collection	Assigned item id	Data Item	SUS vs MAR/QAR % difference[1]	% of trusts* within ±5% of SUS+	Proposal
QAR	QAR3	Decisions to admit	-7.3%	13.4%	Drop item from QAR
QAR	QAR4	Patients failed to attend (admission)	Not in SUS+	Not in SUS+	Drop item from QAR
QAR	QAR5	Removals other than admission	Not in SUS+	Not in SUS+	Drop item from QAR
QAR	QAR6	All first outpatient attendances seen	19.0%	32.5%	Drop item from QAR, replace with SUS+ indicator
QAR	QAR7	All first outpatient did not attends (DNAs)	1.8%	37.5%	Drop item from QAR, replace with SUS+ indicator
QAR	QAR8	Subsequent outpatient attendances seen	15.9%	26.2%	Drop item from QAR, replace with SUS+ indicator
QAR	QAR9	Subsequent outpatient did not attends (DNAs)	5.7%	34.3%	Drop item from QAR, replace with SUS+ indicator
MAR	MAR4	All 1st outpatient attendances (consultant led) in G&A specialties	17.9%	35.4%	Drop item from MAR, replace with SUS+ indicator

There are clearly substantial differences between MAR and QAR and SUS+ based indicators across many of the outpatient data items. For example, MAR4 "All 1st outpatient attendances (consultant-led) in G&A specialties" has an overall difference between the sources of 17.9%. Only 35.4% of providers have a difference of less than 5% between the sources.

Figure B.1 in Annex B provides a time series comparison between MAR and SUS+ of this indicator (MAR4) from April 2015 to September 2017. It shows that the differences between MAR and SUS+ have been consistent over the last two and a half years for this item. NHS England analysis suggests this is also true of the other outpatient items in MAR and QAR where comparison is possible with SUS+. Therefore the observed differences for 2016/17 shown in Table 2 are a reasonable estimate of the ongoing historical differences between MAR/QAR and SUS+ for these data items.

Figure B.2 in Annex B shows the provider level distribution of the differences between MAR and SUS+ for 2016/17 also for MAR4. There is an uneven spread of differences between providers. This is likely to reflect different methods of recording or reporting information (particularly in MAR and QAR) between providers. Annex A summarises the key reasons for the differences, and the benefits of moving to a SUS+ based approach.

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[1] Trusts that submit at least 50 spells/appointments to both sources each month

In summary, the proposal is to discontinue the collection of all outpatient data items in MAR and QAR. However, NHS England are aware that the outpatients information collected in MAR and QAR is widely used. Therefore NHS England propose to publish a new monthly report of SUS+ based outpatient indicators. This is discussed in more detail in Section 5.3.

4.3 Inpatient care analysis

This section examines the data collected in MAR and QAR relating to NHS inpatient care. This is care that requires day case or overnight admission to a hospital bed.

Table 3 lists the data items collected in QAR and MAR relating to inpatients. Similarly to the outpatients analysis in Section 4.2, it compares the MAR or QAR item with the equivalent generated SUS+ indicator. The NHS England proposal is summarised for each item.

Table 3:   **Comparison of QAR and MAR inpatient data items with equivalent SUS+ sourced indicators, 2016/17 and proposals**

Collection	Assigned item id	Data Item	SUS vs MAR/QAR % difference[2]	% of trusts* within ±5% of SUS+	Proposal
QAR	QAR10	Patients admitted (waiting list and booked)	8.3%	55.2%	Drop item from QAR
MAR	MAR5	Elective G&A ordinary admissions	2.7%	81.5%	Drop item from MAR, replace with SUS+ based indicator
MAR	MAR6	Elective G&A day case admissions	1.2%	86.3%	Drop item from MAR, replace with SUS+ based indicator
MAR	MAR7	Elective G&A total admissions	1.4%	86.6%	Drop item from MAR, replace with SUS+ based indicator
MAR	MAR8	Elective G&A planned ordinary admissions	0.9%	66.9%	Drop item from MAR
MAR	MAR9	Elective G&A planned day case admissions	-2.5%	79.7%	Drop item from MAR
MAR	MAR10	Elective G&A planned total admissions	-2.2%	79.5%	Drop item from MAR
MAR	MAR11	Elective G&A admissions – Treatment centres	N/A	N/A	Drop item from MAR
MAR	MAR12	Non-elective G&A total admissions	1.4%	69.7%	Drop item from MAR, replace with SUS+ based indicator

It is clear at national level that reported inpatient activity is similar between MAR and QAR and SUS+ across all inpatient items.

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[2] Trusts that submit at least 50 spells/appointments to both sources each month

Figures B.3 to B.6 in Annex B compare MAR/QAR and SUS+ for two of the key inpatient data items in MAR:

- MAR7: "Elective G&A total admissions".
- MAR12: "Non-elective G&A total admissions".

A national level time series and the provider level distribution of differences are provided for each item. These analyses show that the differences between the sources are consistently close over time and generally evenly spread at provider level. Therefore the observed differences for 2016/17 in Table 3 are a reasonable estimate of the historical difference between MAR/QAR and SUS+ for these items. NHS England analysis suggests this is also true of the other inpatient items in MAR and QAR.

In summary, it appears that, for inpatient data items, the much richer, patient level SUS+ data is close enough to the aggregate MAR and QAR data items to allow discontinuation of the MAR and QAR inpatient data items.

Therefore NHS England propose to discontinue the collection of all MAR and QAR data items relating to inpatient data, and replace many of them with the new monthly publication of SUS+ based indicators discussed in Section 5.3.

5 Outcomes of proposals

If all the proposals outlined in Section 4 were implemented, it would generate the following outcomes.

5.1 Termination of the Quarterly Activity Return

The Quarterly Activity Return (QAR) would be terminated as soon as conveniently possible for data providers.

5.2 Implementation of a new, reduced Monthly Activity Return

The new Monthly Activity (MAR) return would focus solely on referrals for consultant-led outpatient activity. The items proposed for inclusion are shown in Table 4.

Table 4: **Data items proposed for inclusion in the revised Monthly Activity Return**

	Item	Notes
1	GP referrals made in a. All specialties, b. G&A specialties	Existing MAR item (MAR1) and QAR item (QAR1)
2	Other referrals made in a. All specialties, b. G&A specialties	Existing MAR item (MAR2), plus the addition of sub-item from QAR2: a. "All specialties"
3	GP referrals seen in a. All specialties, b. G&A specialties	Existing MAR item (MAR3)

NHS England periodically review and update the guidance for statistical collections. The proposed change of scope for the Monthly Activity Report represents a good opportunity to update the guidance for these remaining items, using the latest data dictionary items. The proposal is for this collection to remain on a consultant specialty

basis, as this is the basis upon which referrals are made. This approach matches other systems in development in this area, such as the e-Referral Service.

5.3 New Secondary Uses Service (SUS+) based monthly activity publication – the "Consultant-Led Activity Report"

NHS England collects statistics on the number of website hits for each of the published collections. These statistics (shown in Annex C) indicate that there is substantial interest in MAR and QAR data. Therefore NHS England should seek to replicate and publish any items that are dropped from MAR and QAR using alternative data sources where possible.

The intention is to meet this need through an activity report containing indicators sourced from Secondary Uses Service (SUS+) data[3] and published by NHS England. The proposal is to name this the "Consultant-Led Activity Report".

Items proposed for inclusion in this report are shown in Table 5. They are expressed in order of the patient flow – outpatient through to inpatient activity.

Table 5:   Data items proposed for the new SUS+ based "Consultant-Led Activity Report"

	Existing data collection (item no.)	Data Item name
Outpatient activity		
1	QAR6 / MAR4	All first outpatient attendances seen
2	QAR7	All first outpatient did not attends (DNAs)
3	QAR8	Subsequent outpatient attendances
4	QAR9	Subsequent outpatient did not attends (DNAs)
Inpatient activity		
5	MAR5	Elective ordinary admissions
6	MAR6	Elective day case admissions
7	MAR7	Elective total admissions
8	MAR12	Non-elective total admissions

The queries used to generate the indicators would be published alongside the report. The queries would identify relevant activity using Treatment Function Codes as the underlying basis for identifying activity. This method, and its advantages were described further in Annex A.

Each indicator will include a breakdown of "Total" and "Specific Acute" activity, to account for the differing coverages of MAR and QAR.

Early feedback from users of MAR and QAR is that a key benefit of these collections is the timely availability of official published statistics for use by decision-makers, particularly for "within-year" reporting. To continue to support this, NHS England would publish the proposed SUS+ based "Consultant-Led Activity Report" on the

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[3] There is also the potential to use HES provisional data for this report, rather than SUS+. NHS England are working with NHS Digital to establish the best data source. The analysis in this report and the sample "Consultant-led Activity Report" provided alongside it use SUS+ data.

publication day of the NHS England monthly combined performance statistics. This is the date when MAR is currently published.

Users also suggest that they value the time-series data in the MAR and QAR publications. NHS England propose to continue to meet this need by publishing (monthly) time series of the items in the "Consultant-Led Activity Report". It is anticipated that SUS+ based indicators would be used for recent months, until equivalent figures could be generated from final Hospital Episode Statistics (HES) data. This would replace the initial SUS+ based figures at this point. HES figures have the advantage of being official statistics for outpatient and inpatient activity, and once published are final and unchanged. Users have suggested they value the "official statistics" status of MAR and QAR. Therefore this proposal would continue to meet that need in the loner term.

As discussed in Section 3, SUS+ and HES figures are sourced from the same underlying dataset. NHS England analysis shown in Annex D suggests that the SUS+ based indicators in Table 5 are very close to HES-sourced results, both at aggregate level and for within-year patterns of activity. Overall for the three indicators previously analysed in Section 4 in 2016/17:
- For outpatients there is small difference between the sources (1.7%). This decreased from 2.5% in 2015/16.
- For elective inpatients there is a negligible difference (0.1%).
- For non-elective inpatients there is a slight difference (1.5%).

Therefore publishing a time series with a combination of SUS+ and HES sourced data is a robust approach. NHS England will work closely with NHS Digital (who publish HES) on these proposals. An example report based on October 2017 data is available alongside this consultation document.

5.4 Discontinuation of existing Monthly and Quarterly Activity Return data items with no replacement

Existing items in MAR and QAR that NHS England do not plan to replicate with SUS+ based indicators are shown in Table 6. These versions of MAR and QAR were established in 2011. Initial informal consultation within NHS England suggests there is not likely to be an ongoing requirement for these data items. NHS England would appreciate feedback on this proposal from this consultation.

Table 6: Existing MAR and QAR data items proposed to be discontinued[4]

Existing data collection (item no.)	Data item name
QAR3	Decisions to admit
QAR4	Patients failed to attend (admission)
QAR5	Removals other than admission
QAR10	Patients admitted (waiting list and booked)
MAR8	Elective G&A planned ordinary admissions
MAR9	Elective G&A planned day case admissions
MAR10	Elective G&A planned total admissions
MAR11	Elective G&A admissions – Treatment centres

6 Summary of proposed changes

For the reasons stated in the consultation, NHS England proposes to significantly reduce the overall scope of the Monthly and Quarterly Activity Returns. The proposal is summarised as follows.

6.1 Terminate the Quarterly Activity Return (QAR) collection.

6.2 Continue collecting referrals data items in the Monthly Activity Return (MAR), adding one sub-item ("All specialties") to the existing MAR item "Other referrals made".

6.3 Stop collecting outpatient data items in MAR.

6.4 Stop collecting inpatient data items in MAR.

6.5 Instigate a new NHS England monthly activity publication (sourced from Secondary Uses Service (SUS+) data) covering the outpatient and inpatient data items shown in Table 5, provisionally titled the "Consultant-led Activity Report".

6.6 Present time series data in the "Consultant-led Activity Report" as a combination of SUS+ data (recent data) and Hospital Episode Statistics (HES) - older data, as soon as provider-level HES data is published.

6.7 Terminate the eight existing MAR and QAR data items in Table 6 with no replacement.

The impact of the proposal is the termination of an existing collection (QAR) and an overall data collection burden reduction of around 65% (total data items per anum) across the two collections.

7 Consultation process

Responses to this consultation should be sent via the online survey by Thursday 5 April 2018. If you have any questions about the consultation, please email england.nhsdata@nhs.net.

The responses will be analysed to inform the future scope of the Monthly and Quarterly Activity Statistics Returns (MAR and QAR).

NHS England will publish a document which will summarise responses to the consultation, and the decisions made based on the responses, in May/June 18.

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[4] i.e. excluded from both the new MAR collection, and the new SUS+ based report

Please note that (anonymised) individual responses may be published unless requested otherwise.

If you have any other general feedback about the Monthly and Quarterly Activity Statistics Return publications, please email england.nhsdata@nhs.net.

7.1 Patient and public involvement

MAR and QAR are NHS England official statistics and available in accessible form at https://www.england.nhs.uk/statistics/statistical-work-areas/hospital-activity/. As official statistics, they are subject to the UK Statistics Code of Practice (available at https://www.statisticsauthority.gov.uk/osr/code-of-practice/). This code requires NHS England to consult users of the statistics (including patients and the public) before making changes to official statistics. This consultation aims to meet that requirement.

The proposals in this consultation will not have a direct impact on patients or the wider public. As discussed in the consultation, plans are in place to source and publish the majority of the data that would be lost from MAR and QAR from other sources. This publication would be directly accessible by any interested party. The most direct relevance will be to NHS data providers and data users both within the NHS and in wider sectors such as research groups or academia. However, NHS England also welcomes direct feedback from patients and the public on the proposals in this consultation.

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact 0300 311 22 33 or email england.contactus@nhs.net stating that this document is owned by Operational Information for Commissioning - Central, Operations and Information Directorate.

Annex A: Construction of Secondary Uses Service (SUS+) indicators

The aim for the Secondary Uses Service (SUS+) data indicators generated for this consultation is that they should replicate as far as possible the Monthly and Quarterly Return (MAR and QAR) guidance, to enable effective comparison between the sources. When constructing the SUS+ indicators, NHS England have used Treatment Function Codes as the basis for identifying activity[5]. Non-consultant led activity is then removed using the main specialty code. There are numerous advantages to this approach:

- The methodology is transparent, robust and repeatable.
- It doesn't rely on differing methods between data providers in interpreting guidance.
- It removes the collection burden completely from data providers.
- It provides greater comparability between providers.
- It increases the focus on the richer and more robust patient-level datasets, encouraging greater use of such data
- It is centred on the treatments received by patients.
- It supports a process of regular automated updates of the coverage and design of queries. For example, to align with latest NHS data dictionary definitions and other reporting mechanisms such as planning activity reports and HES, rather than the current "ad-hoc" updates of MAR guidance.

Example scenario - outpatients

Table 2 and Figures B.1 and B.2 suggest there are significant differences (15% to 20%) between MAR and QAR and constructed SUS+ based outpatient indicators. To understand this issue further, NHS England liaised with data providers with the largest differences. Feedback was obtained from 14 providers. This suggested the bulk of discrepancies between the sources are generated from the following reasons:

- Inappropriate use of the field "consultant code" to identify consultant- led activity reported to MAR and QAR. NHS England analysis suggests that this field is incomplete up to 10% of the time for outpatient activity.
- Omission of some specialties from the MAR and QAR returns.
- Misinterpretation of MAR and QAR guidance.
- Differing approaches to coding of some specialties (e.g. diagnostic imaging) between MAR and QAR and SUS+.

NHS England analysis suggests that once these issues are accounted for, there would be a close match between outpatient data in MAR/QAR and SUS+ based indicators. This scenario illustrates the benefits of moving towards a SUS+ based approach.

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[5] Activity is defined as completed spells – slightly different from MAR, which uses First Finished Consultant Episodes

Annex B: Analysis

These charts examine the differences between selected Monthly Activity Return (MAR) indicators and equivalents generated from the Secondary Uses Service (SUS+). Each comparison is provided in two breakdowns:

- A comparison time series from April 2015 to September 2017 (for example, chart B.1).
- A distribution of the MAR vs SUS+ difference at provider level (for example, . chart B.2).
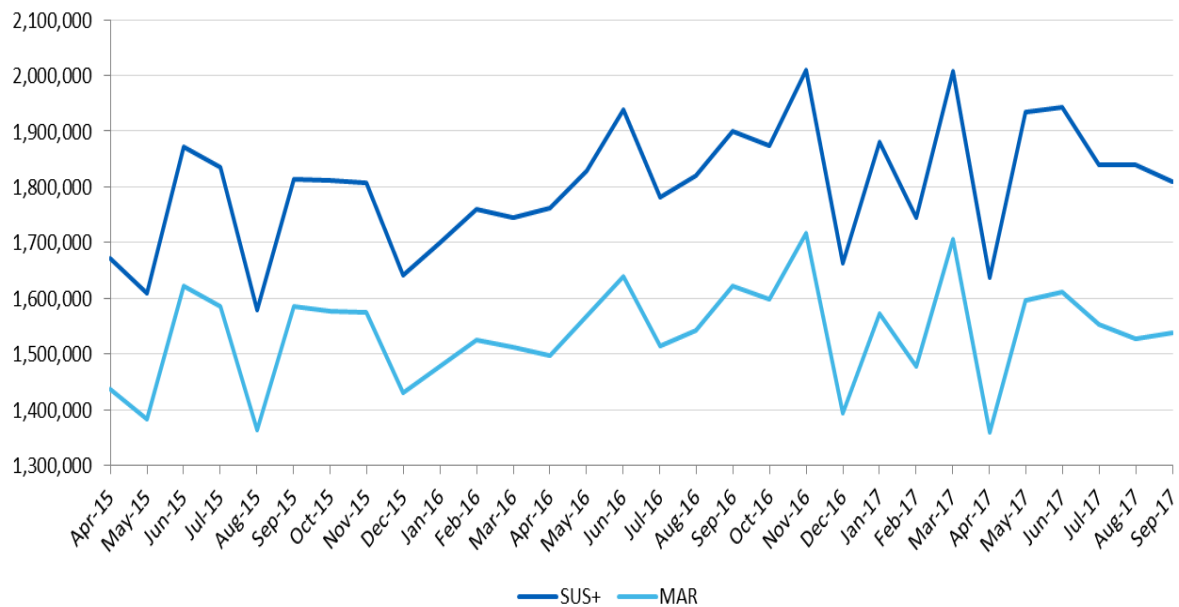
B.1: "Total 1st Outpatient Appointments Seen": MAR vs SUS+

Chart B.1 shows that although there are significant differences between the MAR data item and the SUS+ based indicator, the differences are consistent over time.

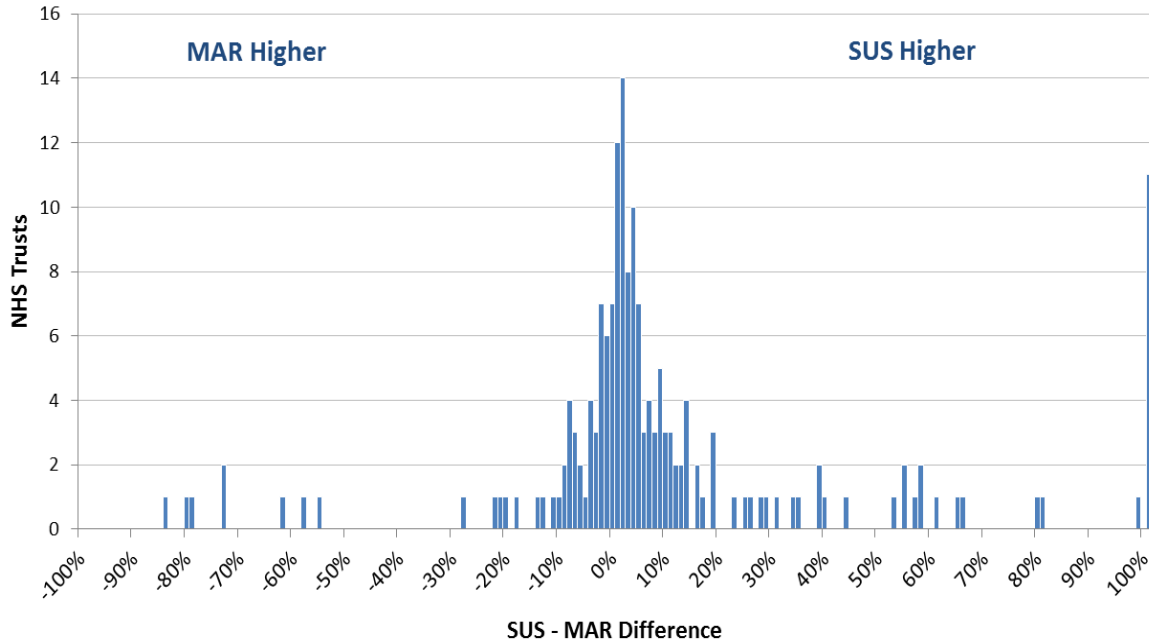**B.2: Trust distribution: "Total 1ˢᵗ Outpatient Appointments Seen" (2016/17): MAR vs SUS+**

Chart B.2 shows that there are significant differences (up to 100%) between the MAR data item and the SUS+ based indicator for a substantial number of NHS Trusts.
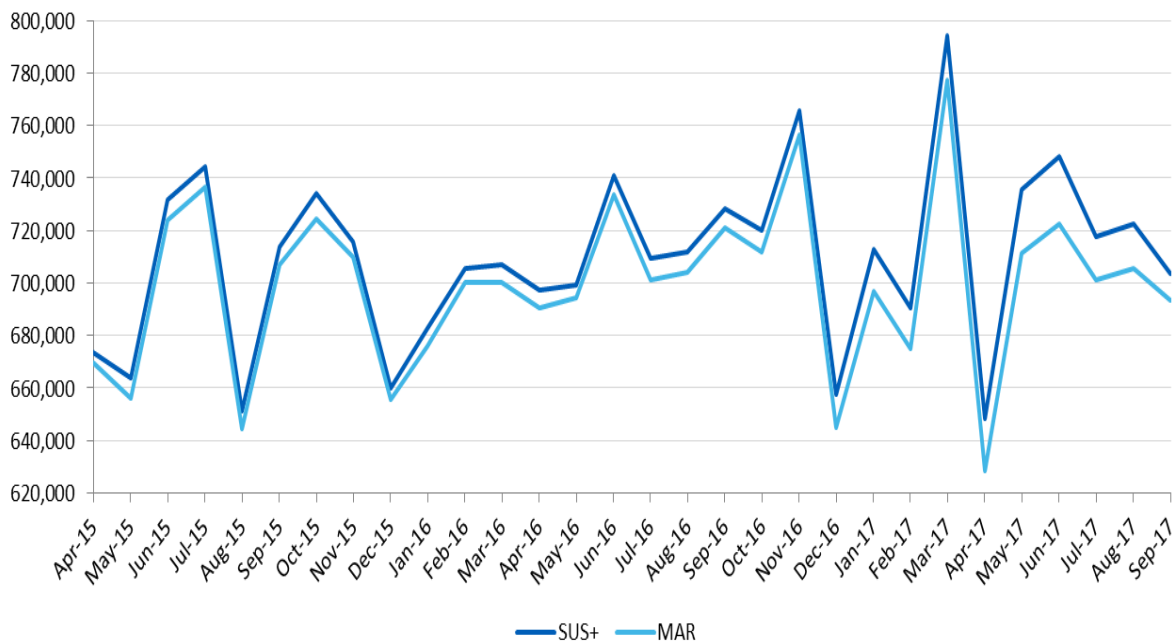
B.3: "Total Elective Admissions": MAR vs SUS+

Chart B.3 shows that the differences between the MAR data item and the SUS+ based indicator are consistent over time.

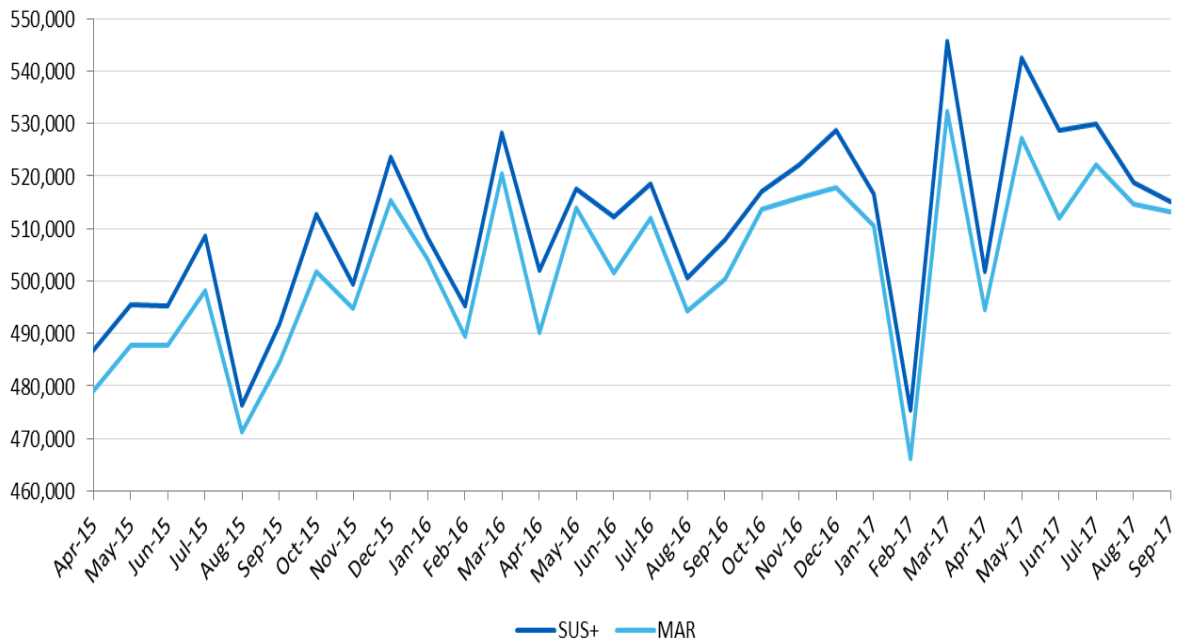## B.4: "Total Non-Elective Admissions": MAR vs SUS+

Chart B.4 shows that the differences between the MAR data item and the SUS+ based indicator are consistent over time.

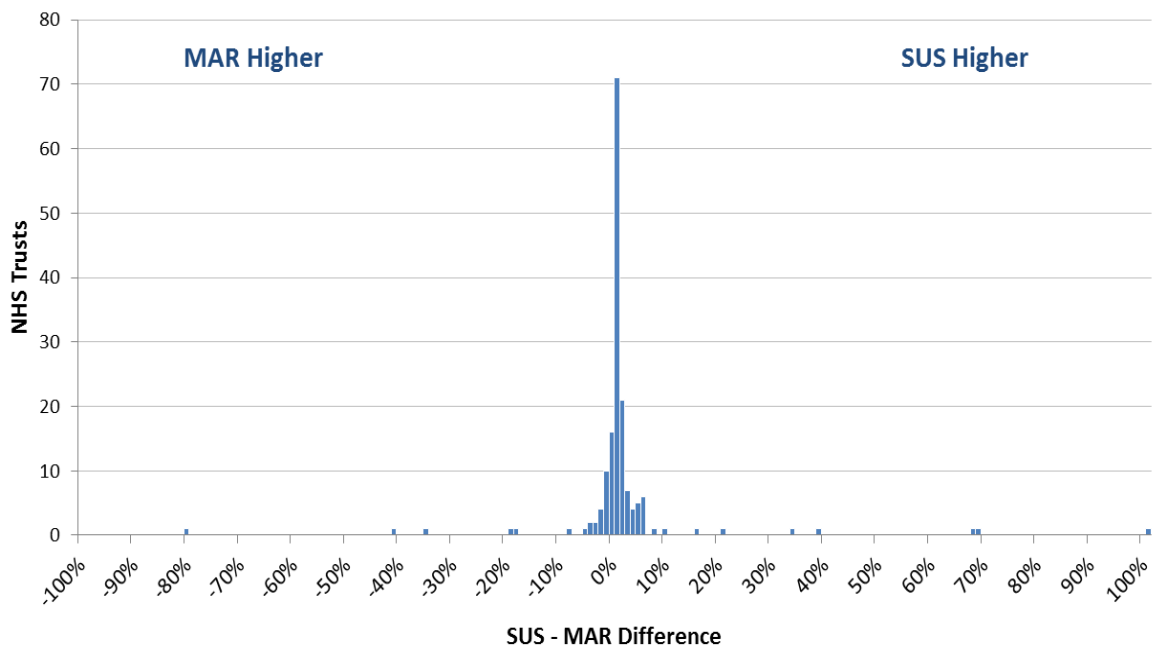## B.5: Trust distribution: "Total Elective admissions" (2016/17): MAR vs SUS+

Chart B.5 shows that although there are a small number of NHS trusts with significant differences (up to 100%) between the MAR data item and the SUS+ based indicator, the differences are small for the large majority of trusts.

B.6: Trust distribution: "Total Non-Elective admissions" (2016/17): MAR vs SUS+
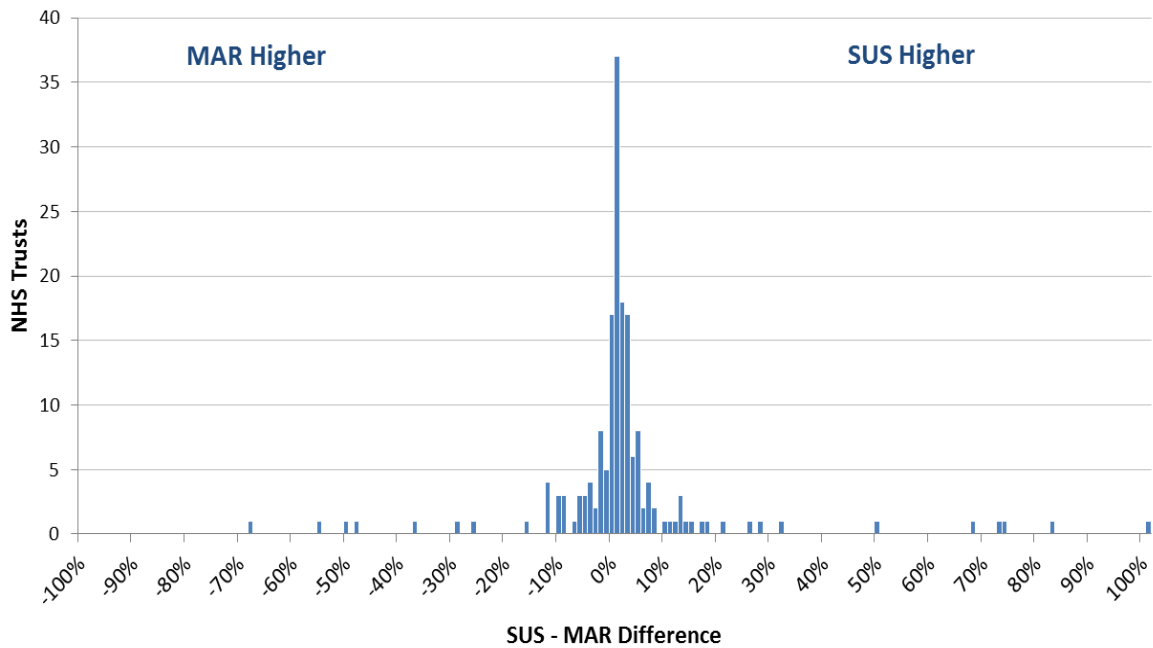

Chart B.6 shows that although there are a small number of NHS trusts with significant differences (up to 100%) between the MAR data item and the SUS+ based indicator, the differences are small for the large majority of trusts.

Annex C: NHS England published statistics website downloads

Table C.1: **Unique web downloads of NHS England Operational Information for Commissioning Central Team statistics***

	Diag Census	DM01	KH03	QAR	Msitrep	DTOC	MAR	A&E	MSA	QMCO	RTT
Oct-16	157	1,220	1,590	769	805	4,838	1,810	4,858	654	780	4,841
Nov-16	185	1,569	1,869	962	708	5,425	1,727	6,073	587	1,225	6,176
Dec-16	91	1,077	1,690	605	681	4,559	1,459	4,383	591	753	4,028
Jan-17	192	1,464	2,678	951	1,254	6,506	1,871	7,471	777	1,330	5,532
Feb-17	175	1,333	2,866	800	897	6,193	1,834	6,603	677	1,594	5,139
Mar-17	173	1,553	2,184	799	593	7,708	1,664	6,543	725	1,218	5,727
Apr-17	172	1,682	1,628	528	632	4,673	1,071	5,198	631	966	4,025
May-17	171	1,363	1,983	900	615	6,172	1,696	5,991	604	1,209	4,892
Jun-17	134	1,340	2,092	678	576	6,712	1,813	4,857	793	888	4,200
Jul-17	168	1,305	1,547	638	850	6,685	1,329	5,136	723	1,021	4,270
Aug-17	183	1,321	1,805	792	527	5,921	1,249	4,946	802	924	4,202
Sep-17	140	1,262	1,683	544	518	6,461	1,351	4,576	590	1,056	3,938

* As at October 2017

Annex D: Secondary Uses Service (SUS+) vs Hospital Episode Statistics (HES) indicators
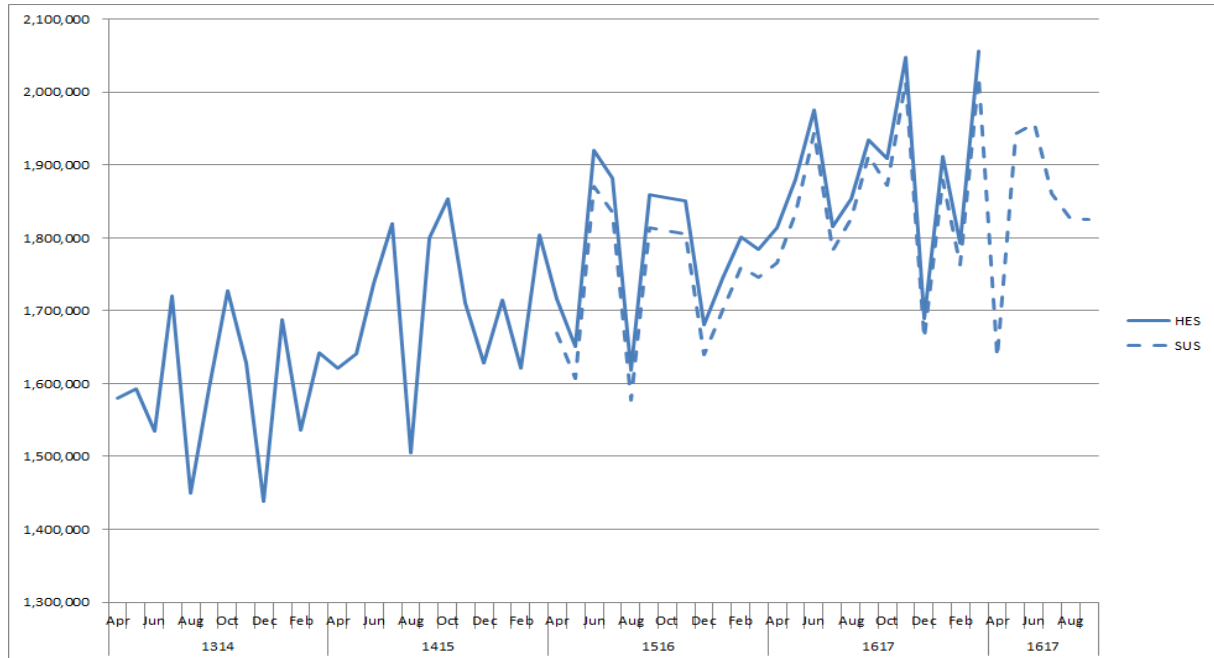
D.1: "First Outpatient Appointments": SUS+ vs HES

Chart D.1 shows that the differences between SUS+ and HES based indicators are small, and consistent over time for 1st outpatient appointments.

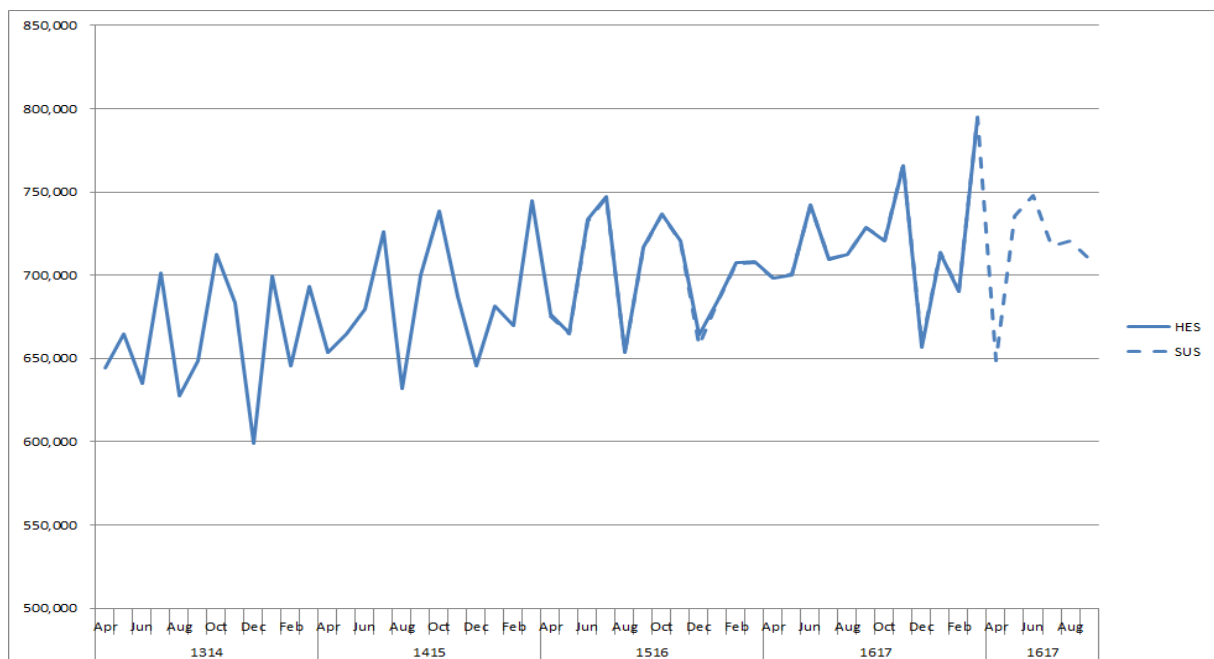## D.2: "Total Elective Admissions": SUS+ vs HES

Chart D.2 shows that the differences between SUS+ and HES based indicators are small, and consistent over time for total elective admissions.
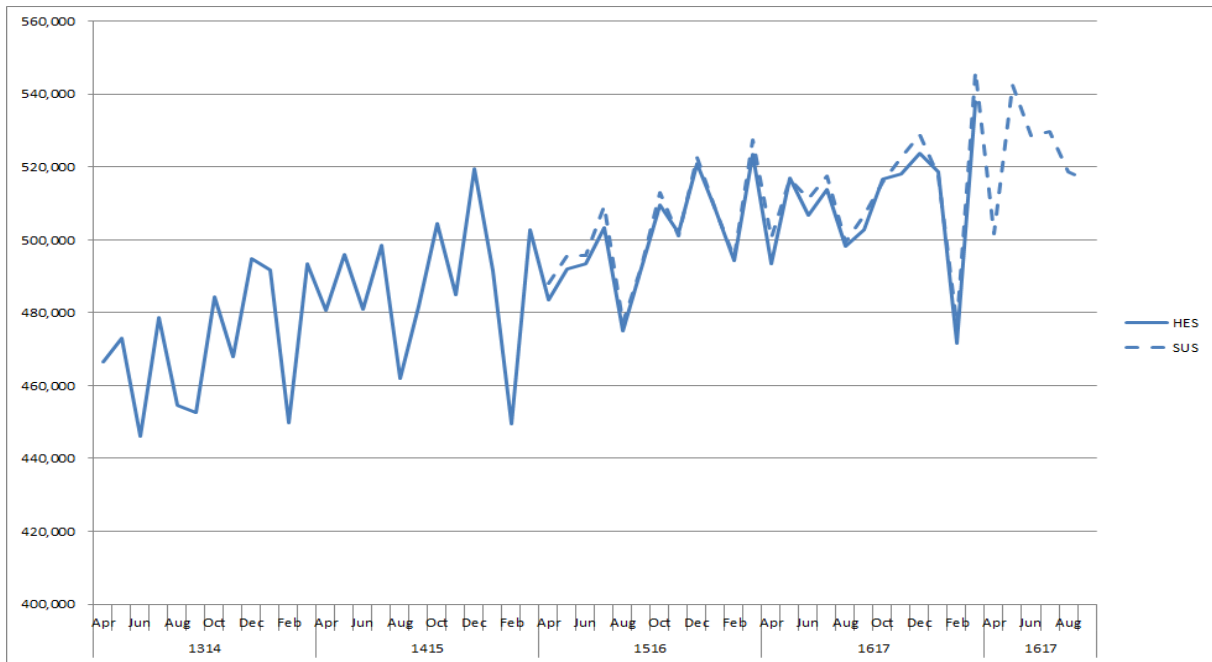
D.3: "Total Non-Elective Admissions": SUS+ vs HES

Chart D.3 shows that the differences between SUS+ and HES based indicators are small, and consistent over time for total non-elective admissions.

Annex E: Consultation Questions

1. What is your name?

2. To enable NHS England to interpret your response it would help us to understand why you are responding. Please can you tell us in what capacity you are completing or responding to this consultation (for example, NHS organisation (please state), patient, academic…)?

3. Do you support our proposals (the proposed changes in the Executive Summary (Section 1) of the consultation document (repeated in Section 6) either in whole or in part?
    - Yes, in whole
    - Yes, in part
    - No

4. If answered 'Yes, in part' or 'No' to question 1, please indicate which of the proposals you do or do not support, and the reasons or comments. For example, detail of how you use the information and the potential impact if it were not available.

	Proposal	Support? (Yes, No, Don't know)	Reasons (Free text)
1	Terminate the Quarterly Activity Return (QAR) collection.		
2	Continue collecting referrals data items in the Monthly Activity Return (MAR), adding one sub-item ("All specialties") to the existing MAR item "Other referrals made".		
3	Stop collecting outpatient data items in MAR.		
4	Stop collecting inpatient data items in MAR.		
5	Instigate a new NHS England monthly activity publication (sourced from Secondary Uses Service (SUS+) data) covering the outpatient and inpatient data items shown in Table 5, provisionally titled the "Consultant-led Activity Report".		
6	Present time series data in the "Consultant-led Activity Report" as a combination of SUS+ data (recent data) and Hospital Episode Statistics (HES) published data - older data, as soon as provider-level HES data is published.		
7	Terminate the eight existing MAR and QAR data items in Table 6 with no replacement.		

5. Do you have any further suggestions or proposals for consideration, including any comments about the impact on equality or health inequalities?

6. If you are happy for us to get in contact with you to discuss your response in greater detail, please provide your email address.