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Announcement of methodological change to Seven-day Services – England, Provisional, July 2014 – June 2015, Experimental statistics: Emergency readmissions within seven days of discharge from hospital indicator

The Seven-day Services publication was initially released in September 2015 as an experimental statistic to provide a starting point for discussions on how both improvement and variation in care provision across the week could effectively be measured. Following initial feedback and further consideration of the methodology, the following changes have been made to the emergency readmissions within seven days of discharge from hospital indicator:

- **A change to the underlying data source**
- **A change to a data filter used to identify eligible hospital discharges**

Change to the data source

Previously, the emergency readmissions within seven days of discharge from hospital indicator was produced from the Hospital Episode Statistics (HES) finished provider spells dataset, where a provider spell is a continuous period of time spent as a patient within a single trust (provider). A spell may be composed of more than one episode (a single period of care under one consultant) and is finished when the spell ends i.e. the patient is discharged from the trust or dies.

From the January 2016 publication (which covers discharges in the reporting period July 2014 – June 2015), this indicator will be produced from the HES finished continuous inpatient spells (CIP) dataset in order to prevent patients who are transferred between trusts in an emergency being counted as emergency readmissions. A CIP spell may be composed of one or more provider spells and is a continuous period of time spent as a patient regardless of whether this is within a single trust or across many trusts. A CIP spell is finished when the patient is discharged from hospital or dies.

Change to the definition of eligible hospital discharges

Previously patients who were discharged as dead were excluded from the discharges analysed, as these patients are unable to be readmitted. This filter has been extended to additionally exclude stillbirths, as a readmission is not possible.

Effect of the changes

The changes to the methodology mean that fewer readmissions are identified and the emergency readmission rate has decreased across the week. The full effect of these changes at an England level can be seen in Table 1 below which compares the results presented in the September 2015 publication with the results which would have been obtained using the new methodology.

Table 1: Impact of changes to the methodology used for the calculation of the emergency readmissions indicator, January 2014 – December 2014

Day of discharge	Emergency readmission rate (%) with:	
	Updated methodology	Previous methodology
Monday	3.2	3.6
Tuesday	3.2	3.6
Wednesday	3.2	3.7
Thursday	3.3	3.7
Friday	3.6	4.0
Saturday	4.1	4.8
Sunday	4.9	5.8
Monday to Friday	3.3	3.7
Saturday to Sunday	4.4	5.2
Total	3.4	3.9

Source: Hospital Episode Statistics (HES) provider and continuous inpatient spells dataset, Health and Social Care Information Centre

Questions and feedback on the publication are welcomed and should be sent to enquiries@hscic.gov.uk or alternatively call 0300 303 5678.