

Statement of Administrative Sources

Annex B: Supporting metadata

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Statement of Administrative Sources

Organisation	The Health and Social Care Information Centre (HSCIC) http://www.hscic.gov.uk/	
Enquiries	Please contact the Health and Social Care Information Centre contact centre Telephone: 0845 300 6016 and email: enquiries@hscic.gov.uk	
Responsible Statistician	Name: Heather Dawe Section: Clinical Indicators	
Section 1: Statistical End Product	CCG Indicator Set – Emergency Admissions Indicators The emergency admissions indicators in the CCG Indicator Set report on the levels of emergency hospital admissions for the Clinical Commissioning Groups in England.	
Section 2: Original Administrative/Management Source/System	Name	HES
	Name of the organisation responsible	NHS Trusts
	Purpose of the administrative source	Administering patient care
	Unit of Inquiry	Finished and unfinished continuous inpatient spells (CIPS)
	Intended Coverage	Activity in English NHS Hospitals for patients registered in England
	Actual Coverage	All episodes submitted by the NHS for patients registered in England
	Geographical Coverage	England
	Lowest level of Geographical Coverage	Clinical Commissioning Groups
	Extent to which statistical end-producers can influence system?	NHS Information Standards Board controls what information is collected from hospital administration systems
	Data definitions used	Link to HES data dictionaries: http://www.hscic.gov.uk/hesdatadictionary

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	Classification systems used	Link to ICD10 codes for diagnosis: http://apps.who.int/classifications/icd10/browse/2010/en#/I26-I28
Data Collection Process	1)Periodicity/Timing 2)Validation process	<p>1. Currently, this indicator is produced annually using Final HES data. The time lag on this is roughly 6 months from the end of financial year. Going forwards, this will be produced quarterly using provisional HES data where necessary. This data will have a 4 month lag from the end of the quarter.</p> <p>2. When submitting data there are some validation checks which ensure valid data items are entered. In addition, data validation and cleaning is carried out when the HSCIC receive HES.</p>
	Access Arrangements	Access to HES data is strictly controlled by the NHS National Information Governance Board. Two committees of this Board, the Ethics & Confidentiality Committee and the Database Monitoring Sub Group, approve any access to HES data.
	Dissemination Procedures	N/A
	Publication procedure	N/A
	Timing/Periodicity of public release	N/A
	Nature of changes to system that could impact on statistics	<p>System changes are implemented by Dataset Change Notice(s) (DSCNs).</p> <p>http://www.connectingforhealth.nhs.uk/systemsandservices/clin_safety/dscn</p>

<p>Section 3: Change Process</p>	<p>Dataset Change Notice process is followed (as above).</p>	
<p>Section 4: The subsequent statistical production process</p>	<p>Validation procedures</p>	<ol style="list-style-type: none"> 1. Indicator Calculation <ul style="list-style-type: none"> · Extraction and calculation, according to the indicator specification, carried out SQL server by Clinical Indicators Database Support team. 2. Calculation validation <ul style="list-style-type: none"> · Manual extraction from SQL and Peer review calculations built in SAS according to the methodology specification document 3. Data publishing (Indicator portal) <ul style="list-style-type: none"> · Validation of overall numbers
	<p>Quality assessment</p>	<p>The statistical output is published with an accompanying data quality statement which highlights any underlying issues discovered with the data.</p>
	<p>Periodicity of release</p>	<p>Currently, annually. In the near future this will become a quarterly release.</p>
	<p>Potential impact of changes to the source on the statistics produced</p>	<p>Substantive changes to source data will result in breaks in time series data. For example, new diagnosis codes and changes in geographical boundaries.</p>

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	Procedures for mitigating such discontinuities	Discontinuities are assessed on an individual basis with any resulting action decided and reflected on the relevant documentation, web pages, etc.
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