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Mr P.F.O Whitehurst  
Solicitor to the Inquiry  
**Bristol Royal Infirmary Inquiry**  
2-10 Temple Way  
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11 August 1999

Dear Mr Whitehurst,

Here is some further information for the Bristol Royal Infirmary Inquiry on the transcript for the hearing on 13<sup>th</sup> July 1999, in support of written witness statement (WIT 189/1).

1. Section 0054 - KP70 (Körner Patient aggregated return no.70) was formally introduced as a routine central statistical collection from the end of the data year 1988/89, after the trial of an ad-hoc BLC (Bottom Line Count) aggregated collection at the end of the 1987/88 data year. The original return collected counts for both finished consultant episodes (FCE's) ending during the data year and unfinished consultant episodes at midnight on 31<sup>st</sup> March, at the end of the data year. The collection of unfinished consultant episodes was terminated from 1<sup>st</sup> April 1991, as a result of the "Working for Patients" review of information systems. The original collection of unfinished episodes on KP70 was considered to overlap with the KH03 (Körner Hospital aggregated return no.3) return, which relates to the number of available bed days in the year, by ward type. The KP70 data has always been collected at the level of patient classification (i.e. Ordinary admissions, day cases, regular day and night admissions, mothers & babies using delivery facilities only) within specialty function code of consultant. The original KP70 collection was by "District (Health Authority) Spell of Treatment" until April 1991, but subsequently by main hospital provider (e.g. NHS Trust) of treatment.
2. Section 0056 - The layout and national definitions for the completion of KP70 are circulated in advance each year to NHS Trusts, but the process by which the return is completed is for local determination. It is a local count of finished episodes in the year, and validated centrally by year-on-year tolerance testing. KP70 was considered the "gold standard" until a few years ago when increased resources in Statistics Division permitted a more detailed dialogue with individual Trusts and revealed errors of inconsistency between KP70 and

HES. In particular the same activity is sometimes allocated between the two returns to a different patient classification or specialty function. The improved dialogue allows for a better correlation by amending the count in KP70 or the data in HES, before commencing the calculation of the “grossing” factors that attempt to compensate for missing records in HES.

3. Section 0059 - The number of records in HES and the summary counts for KP70 are both generated locally from an operational system, and ideally they should be accurate and identical. When, at the lowest level of KP70, the calculated coverage ratio deviates significantly from one for a Trust then we judge that some inaccuracy has been introduced into the information. However it should be noted that these discrepancies could be masked during comparison between KP70 and HES at higher levels of aggregation. In particular the duplication of records at one level can be offset by a shortfall of records from another. Persons who are not used to dealing with these numbers may attach a spurious accuracy to the figures as reported. See Appendix A, 8.3 in written evidence.
4. Section 0064 - Copies of the existing summary Regional Data Quality Reports, produced by Statistics Division on the annual HES data, for the data years 1992/93 – 1996/97, have been prepared and separately despatched to the Inquiry.
5. Section 0066–0070 The ratio of episodes to spells is monitored as part of the annual evidence to the Parliamentary Health Committee Public Expenditure Inquiry. A similar methodology can be applied to examine the issue of whether or not paediatric cardiac surgeries are predominantly part of multi-episode spells. Paediatric cardiac surgery could employ either the specialty functions Paediatric Surgery (171)/Cardiothoracic Surgery (170), or the relevant procedure codes, with or without an age filter, to select the appropriate data.
6. Section 0067 – “Fuzzy matching” (the linking of episodes of care for the same patient by matching combinations of sex, date of birth and postcode of home address) has been developed within the Statistics Division over the last two years. It was recently used to generate the Clinical Indicators. In addition a forthcoming standard facility in HES will enable routinely a separate count of individual patients in the year who are represented by a set of Finished Consultant Episodes.
7. Section 0071 - The HES database started to receive records including the “New NHS Number” from the data year 1997/98. However it is expected it will be several years before this unique identifier has been implemented widely and accurately within the NHS data systems as the sole means of linking episodes. Meanwhile the HES system is extending the use of “fuzzy matching” (including use of encrypted New NHS Number where available) to develop an additional range of options that link records within the year. These options should make available more routinely the analysis of re-admissions, multi-episode hospital spell, or even several hospital spells, although the need to maintain confidentiality will remain paramount.

8. Section 0077 – The HES Statistics Section at the Department of Health has an item on its 1999-2000 agenda to examine the feasibility of linking registered deaths' information with FCE's in the HES database.
9. Section 0078– The HES data fields of “Discharge Destination” and “Method of Discharge” should agree with one another when a patient's death in hospital concludes a hospital spell. HES data does not always show this correspondence, but “Method of Discharge” is the preferred identifier of death in hospital within the HES record. The equivalent category of death for “Discharge Destination” was mandated by Committee for Regulating Information Requirements for use in the Admitted Patient Care-Contract Data Set from 1 April 1996. In HES only the last episode of care within a hospital spell should contain the discharge details.
10. Section 0080 - The APC (Admitted Patient Care) – CDS (Contract Data Set) exchanged between NHS Trusts and their commissioners over the NHS Wide Clearing Service (NWCS) contains the scope to carry a primary diagnosis, a subsidiary diagnosis and up to twelve additional secondary diagnoses. The HES record currently accommodates a primary diagnosis, a subsidiary diagnosis and up to five additional secondary diagnoses.
11. Section 0089, line 15 – upper spiral should read upward spiral.

Additional clarification to the written statement of evidence, WIT 189/1

Section 5, page 7 – The question states, “without contravening any confidentiality agreements”. The collection of HES data is not subject to any confidentiality agreement directly with the NHS, but strives for a balance between the fundamental principles of Open Government (including forthcoming Freedom of Information) and Data Protection (including the common law duties of care and confidence).

Section 5.2, page 8 – Penultimate sentence should read, “ The postcode of residence of the patient is used to derive a variety of area of residence codes, including Local Government and Health Authority (both district and regional) areas.”

Section 6.2, page 9 – Penultimate sentence should read, “The years most affected were 1987/88 and 1988/89”; as identified in Support Document 5.

Section 6.9, page 10 – First sentence should read, “Additional items, which were not new to the contract dataset from which HES is drawn, were added to the HES dataset from 1997/98.”

Yours sincerely,



Richard Willmer  
Chief Statistician