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This report was authored by Chris Raspin, with support from Laura Thomas.

Data provided by patients and collected by the NHS as part of their care and support. Where HES data is used, it is with the permission of NHS England.

About CHKS

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Since 1989 we have been developing solutions for healthcare organisations in over 20 countries and have worked with over 400 clients worldwide. Our ambition is to support our clients in delivering real improvement in core areas of quality, safety and efficiency.

Our market-leading programmes include hospital benchmarking, supported by NHSexperienced consultants who turn data into actionable information that drives decision making.

We bring insight and expertise to help deliver cost-effective, safe care and provide assurance that you are committed to the highest levels of quality and improvement.

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Executive summary

CHKS has reviewed three years of data to look at average lengths of stay in Wales compared to England. This follows a 2022 report from the Nuffield Trust 'How well is the NHS in Wales performing'¹ which found that average lengths of stay in Wales were significantly higher than those in England. Working in partnership with the Welsh Government, CHKS has looked to see whether the Nuffield result could be confirmed and to shed further light on the variation.

Our analysis broadly confirms the finding from the Nuffield Trust that lengths of stay are significantly higher than those in England, though our best estimate of the percentage difference is lower. Nuffield's analysis put the average stay in 2020/21 at 7 days against just 4.3 days in England, suggesting that Welsh patients stay more than half as long again (63% longer) than their English counterparts. Our simple analysis of average length of spell gave a similar result.

However, we used a Risk Adjusted Length of Stay (RALI) metric to give a more accurate assessment of the real difference in length of stay in acute care. Using this approach, we found that average length of stay is 29% higher in Wales for non-elective care and 16% higher for elective care than in England. As non-elective cases consume most available beds (94% in Wales), the overwhelming opportunity for reducing length of stay in Wales is in non-elective rather than elective care.

All the non-elective conditions we examined had higher lengths of stay in Wales than in England. Some conditions (notably heart attack and diabetic ketoacidosis) exhibited only a small difference, with very similar distributions to England. Others (stroke and COPD) exhibited more significant differences, with longer stays being far more common in Wales than in England.

Conditions with the most profound differences between Wales and England were non-elective cases admitted with diagnoses of dementia and fractured neck of femur. We also found that patients who require discharge to a care home (irrespective of diagnosis) appear to be far more delayed than their English counterparts. The distributions in each of these cohorts differ most significantly in the longest stays, with patients with stays of over 90 days being three times more likely in Welsh beds than in those in England.

Non-elective patients appear to be transferred between hospitals more frequently in Wales than in England (6.5% of cases vs 4.5%). In these cases, the same patient clocks up two spells. We estimate that counting each patient only once would result in Welsh length of stay being a further 2% higher relative to England. However, it is also possible that this difference is purely administrative: in England a transfer between hospitals within the same Trust does not trigger a new spell whereas in Wales it does.

¹ https://www.nuffieldtrust.org.uk/news-item/how-well-is-the-nhs-in-wales-performing

We recommend further work to:

- Establish reasons for exceptionally long lengths of stay in Wales, uncovered by our analysis, which may be due either to poor data quality or to real process differences.
- Examine in greater depth the relative frequency of transfers between hospitals, in particular differences in service provision between acute, community and specialist centres between the two countries.
- Compare the processes for discharge of patients with specified conditions, including processes for discharge to care homes, between Wales and England.

Methodology

Our analysis was based on the 3-year period from April 2019 to March 2022. We compared Welsh health board activity which is submitted to CHKS by each health board with English acute hospital activity from HES (Hospital Episode Statistics) provided to us by the English NHS.

We looked in summary at all diagnoses (ICD-10 codes at 3-character level) to discern which diagnoses were responsible for most bed use in Wales compared to England. We looked in more detail at six elective conditions (defined by procedure), and six non-elective conditions (defined by diagnosis). These are listed in Table 1 below.

Elective procedures	Non-elective conditions
Cataracts	Neck of femur fracture
Primary hip replacements	Stroke
Primary knee replacements	Heart Attack
Hernias - all types	Diabetic ketoacidosis
Gall bladder removal – both approaches	COPD
Prostate removal - non-cancerous	Dementia

Table 1: Specific conditions and procedures for detailed review

Except for dementia, these were all specified (at 4-character level) by Welsh Government. Specifications for the detailed conditions are given in Appendix 1.

We calculated length of stay in three ways: Bed days per consultant episode; bed days per hospital spell; and risk-adjusted length of stay index (RALI). RALI is the more accurate measure as it adjusts for differences in case-mix (healthcare resource group, admission type, age, and sex) and it excludes poorly coded episodes and mental health spells.

We found a small number of very long stays in Wales which skewed overall averages and so for our detailed analysis of individual conditions, we excluded all patients with stays of over 100 days in both England and Wales. Statistics for each are provided in Appendix 2. The three indicators are further analysed by health board in Appendix 3.

This work uses data provided by patients and collected by the NHS as part of their care and support. Where HES data is used, it is with the permission of NHS England.

Overall beds used in Wales vs England

By way of overall context, we provide in this section:

- Overall comparison of the three length-of-stay measures
- All electives by diagnosis (on a single chart)
- All non-electives by diagnosis (on a single chart)

For completeness, in this section we consider all cases whether specified or not, and irrespective of length of stay (we do not exclude cases over 100 days).

Overall comparison of the three measures

Three alternative approaches to comparing length of stay are summarised below.

- RALI takes account of case mix (healthcare resource group, age, sex, admission type) and can therefore be used to directly compare occupied beds required at any level. It excludes mental health and any poorly coded cases, so reliably compares Wales on a like-for-like basis with England.
- Crude length of stay per hospital spell provides alternative but less accurate estimates as it does not take account of case mix variation
- Crude length of stay per finished consultant episode (FCE) provides a further alternative but less accurate estimate as it does not take account of case mix variation and is more prone to being skewed by differences in the recording of episodes between Wales and England

The approaches are compared below in Table 2, also providing aggregated national values.

Analysis and admission type	RALI		Length of s	stay (spell)	Length of stay (fce)	
	Elective	Non-elect	Elective	Non-elect	Elective	Non-elect
Indicator analysis:						
Wales spells	706,139	712,351	726,271	1,300,562	732,253	1,761,235
Wales bed days	400,417	5,927,208	494,138	8,313,238	516,219	8,399,208
Wales indicator value	99.01	118.64	0.68	6.4	0.7	4.8
England indicator value	85.2	91.92	0.46	4.2	0.45	2.9
Wales indicator value (% of England's)	116%	129%	148%	152%	156%	166%

Table 2: Three approaches to length of stay measurement compared

Notes:	Probably accurate or as takes case mix. RALI ha exclusions.	the most verall result account of Note that as some	Similar Nuffield res not take case mix.	value to sult. Does account of	Least accurate result as FCEs may be counted differently between two countries.		
Occupied bed estimate:							
Wales occupied beds	366	5,413	451	7,592	471	7,671	
Wales beds at England value	315	4,194	305	4,982	303	4,634	
Wales Excess Beds	51	1,219	146	2,610	168	3,036	

In the above analysis, and the two charts which follow, we have not excluded patients with length of stays over 100 days.

We calculate that without any exclusions or adjustments, crude length of stay per spell was 52% higher in Wales than in England for non-elective cases (48% for electives). The equivalent figure per finished consultant episode (FCE) is 66% (56% for electives). These are in line with Nuffield's overall finding (63% longer stays).

However, the more accurate assessment of the real difference in length of stay in acute care excluding mental health spells and poorly coded conditions and making allowance for case-mix variation is RALI. Using this more accurate approach, we find that spells are 29% longer in Wales for non-elective care and 16% higher for elective care. We identify that non-elective cases are far more consuming of bed space: 94% of occupied inpatient beds in Wales are occupied by non-elective cases.

All electives by primary diagnosis

We used RALI to calculate Welsh occupied beds at the England norm, and then plotted the 51 excess elective beds by diagnosis. See Chart 1 below. Each dot represents a different primary diagnosis. Very few diagnoses depart from the expected horizontal pattern around the zero axis. No individual diagnosis uses over 4 beds more than would be expected in England.



Chart 1: Excess beds analysis - all elective diagnoses

Note, the outlier (where Wales consumes 13 fewer beds than in England) is elective admissions for patients with myeloid leukaemia. We suspect this is for chemotherapy treatment. On average these visits take slightly less time in Wales (0.54 days) than in England (1.1 days), resulting in the 13 fewer occupied beds in Wales.

Overall, we conclude that lengths of stay for elective care are generally very similar to England's.

All non-electives by primary diagnosis

We found the pattern for non-elective care is very different from elective care. Chart 2 below is the same format as the one above but here we see a large divergence from the 0 horizontal axis and very few cases where non-elective bed days are below those for England. Nearly all non-elective conditions result in more beds being used in Wales than in England.

90 S72 - Fracture of femur 0 R29 - Other symptoms and J18 - Pneumonia; organism unspecified signs involving the nervous and musculoskeletal systems 80 ò N39 - Other disorders of urinary system F00-F03 Dementia 163 - Cerebral infarction (aggregated group) Excess beds 150 - Heart failure 40 0 С A41 - Other sepsis 20 0 J44 - Other chronic 0 c obstructive pulmonary disease 0 0 0 С C 9 00 0 0 0 0 10 128 14K 16 18 28 308 268 Included Spells

Chart 2: Excess beds analysis – all non-elective diagnoses

Because its length of stay is longer, and because it is such a common condition, fracture of femur on its own accounts for 89 beds more than would be required in England.

The group labelled dementia is a clear outlier: the number of excess beds is out of line with the modest number of spells involved. This does not cover all patients with dementia in hospital, but only those with a primary diagnosis of dementia, i.e., dementia is the main condition being treated or investigate. Understanding this better may add insight, so we have aggregated all four dementia diagnoses (F00 through F03) into an additional category which we will present in the next section along with other selected conditions specified by Welsh Government.

Selected conditions

This section looks at each of the conditions that the Welsh Government are particularly interested in plus dementia cases which we added ourselves.

The detailed analysis of specified conditions which follows provides:

- A note on length of stay distributions (using all non-electives as an example)
- Analysis of specified elective day case rates
- Analysis of selected elective procedures
- Analysis of selected non-elective conditions
- Note on the effect of transfers between providers in nonelective care

This section covers only specific procedures and conditions, and to avoid significant skew from small numbers of cases, we exclude patients who stayed for longer than 100 days.

Introductory note on bed use by length of stay distributions

Length of stay distributions tend to be neither normal (bell shaped curve) nor narrow (all patients close to the average). When this is the case, it is important to look at the whole distribution. We display bed use as a percentage on our distribution charts. All values on each chart sum to 100% of occupied beds in the respective country.

Simple averages are not sufficient to describe what's going on. For example, excluding the longest stays (>100 days), non-elective patients stay for on average 5.4 days in Wales (4.0 in England). But as the following chart shows, there is a very wide distribution in both countries but particularly so in Wales. As those who stay longer consume more bed days, the distribution of bed use is highly skewed: For example, in Wales, patients with stays less than the average 5.4 days occupy only 16% of beds whilst those who stay longer than average consume 84%.

Because patients are so different from each other, it is only by looking at distributions that we can understand which patients are causing differences in bed use. The two images below in Chart 3 show the same information in different ways:

- The top graph is the detailed distribution of bed use by individual length of stay group in days (there are 100 different groups from 1 to 100 days).
- The lower bar chart aggregates patients into four summary groups (1 to 7 days, 8-30, 31-60, 61-100). The green shows that a third of English beds are occupied by patients who stay a week or less, but this is less than a quarter of beds in Wales. The red area shows that there are approximately 2.5 times more beds occupied by the longest stays (61 days or more) in Wales (15%) than in England (6%).





Due to small numbers suppression applied to HES data, any points involving a small number of patients (fewer than 8) display as zero on the England line, though Wales figures are not suppressed in this way. The effect can be seen in some bed use distributions for specific conditions which follow, and we have identified where this occurs.

Analysis of elective day case rates

Of the elective conditions we reviewed, three are commonly performed as day case procedures: cataracts, hernia, and gall bladder. Day case rates for these three procedures are compared with England in Table 3 below.

Procedure	Wales day case rate	England day case rate
Cataract removal	99.2%	99.3%
Hernia repair	70.7%	71.4%
Gall bladder removal	54.7%	60.7%

Table 3: Day case rate comparisons (relevant procedures only)

The table demonstrates that there is very little difference between Wales and England in day case rates for these most common elective procedures.

Analysis of selected elective procedures

Cataract removal

Over 99% of cataracts in England and Wales are performed as day cases. The bed use distribution shown below therefore represents less than 1% of patients who have a cataract. It is shown here for completeness (Chart 4) so whilst there are differences, these represent very small numbers of patients.

Chart 4: Bed use distribution (cataract removal)



Cataract removal

Hip replacements

Hip replacements are hardly ever (<1%) performed as day cases. Consequently, nearly all patients' bed use is counted in Chart 5 below. There is no significant difference between the Welsh and English distributions.





Knee replacements

Knee replacements are hardly ever (<1%) performed as day cases. Consequently, nearly all patients' bed use is counted in Chart 6 below. There is no significant difference between the Welsh and English distributions.





Hernia repairs

Hernia repairs are frequently (71%) performed as day cases. The remainder of patients' bed use is counted in Chart 7 below. There is no significant difference between the Welsh and English distributions.





Gall bladder removal

Gall bladder removals are frequently (55%) performed as day cases. The remainder of patients' bed use is counted in Chart 8 below. There is no significant difference between the Welsh and English distributions.





Prostate removal (non-cancer)

Prostate removals in non-cancer cases are occasionally (9%) performed as day cases. The remainder of patients' bed use is counted in Chart 9 below. There is no significant difference between the Welsh and English distributions.





Prostate removal (non cancer)

Analysis of selected non-elective conditions

Fractured neck of femur

The average length of stay for Welsh patients admitted with this condition (19.2 days) is significantly longer than for English patients (15.1 days).

However, a simple average provides little insight as the variation in lengths of stay between patients is extremely wide. Chart 10 below shows that the rate of decline of long stay patients in Wales is slower than that in England, particularly in those patients who stay longer than 30 days: 50% of bed days for patients with fracture of femur in Wales are occupied for more than 31 days whereas the corresponding English figure is only 28%.

Chart 10: Bed use distribution (fracture neck of femur)



Stroke

The average length of stay for Welsh patients admitted with this condition (15.3 days) is significantly longer than for English patients (12.5 days).

However, a simple average provides little insight as the variation in lengths of stay between patients is extremely wide. As the following distributions (Chart 11) demonstrate, long stay patients (for example over 60 days) are more common in Wales (29% of beds are occupied by such patients) but are less common in England (20%). It is the higher relative frequency of long stay patients in Wales which is the cause of the variance with England.

Stroke 2.5% Wales England 2.0% Beds used % 1.5% 1.0% 0.5% 0.0% 20 0 40 60 80 100 Length of stay England Wales 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% Beds used % 8 to 30 days 31 to 60 days 1 to 7 day stays 61 to 100 days

Chart 11: Bed use distribution (stroke)

Heart attack

The average length of stay for Welsh patients admitted with this condition (5.7 days) is the same as for English patients. In addition, the distributions of bed use by length of stay are almost identical between the two countries (Chart 12 below).

Chart 12: Bed use distribution (heart attack)



Diabetic ketoacidosis

The average length of stay for Welsh patients admitted with this condition (5.6 days) is slightly longer than for English patients (5.0 days). The distributions of bed use by length of stay (Chart 13 below) are almost identical between the two countries.

It is the higher relative frequency of long stay patients in Wales which is the cause of the variance with England.





Diabetic KA (exc in pregnancy)

Note: small numbers (<8) suppression has been applied to English data in line with HES requirements.

Note that our definition for this condition excludes cases arising in pregnancy. We analysed these cases separately and found no significant differences between distributions in England and Wales. There were very few cases in Wales (we counted just 13 in 3 years).

COPD

The average length of stay for Welsh patients admitted with this condition (6.9 days) is longer than for English patients (5.4 days).

However, a simple average provides little insight as the variation in lengths of stay between patients is extremely wide. As the following distributions (Chart 14 below) demonstrate, extremely long stay patients (for example over 30 days) are common in Wales (25% of beds are occupied by such patients) but are less common in England (13%). It is the higher relative frequency of long stay patients in Wales which is the cause of the variance with England.



Chart 14: Bed use distribution (COPD)

Dementia

The average length of stay for Welsh patients admitted with this condition (30.3 days) is significantly longer than for English patients (11.4 days).

The following distributions demonstrate extremely long stay patients of over 60 days are common in Wales with 43% of beds are occupied by these patients. See Chart 15 below. This is in stark contrast to England where 10% of beds are occupied for over 60 days. Chart 15 also shows that the reduction of patients as length of stay progresses above 40 days is far less in Wales (the distribution is flatter) than in England.



Chart 15: Bed use distribution (dementia)

Note: small numbers (<8) suppression has been applied to English data in line with HES requirements.

This condition was added because in our earlier analysis (see Chart 2: Excess beds analysis – all non-elective diagnoses), dementia diagnoses were clear outliers warranting further investigation.

All non-electives discharged to care homes

The average length of stay for Welsh patients (28.6 days) in this category is significantly longer than for English patients (16.8 days).

The following distributions (Chart 16 below) demonstrate extremely long stay patients (for example over 60 days) are common in Wales with 42% of beds occupied by such patients but these are rarer in England (15%). Chart 16 also shows that the reduction of patients as length of stay progresses above 40 days is far less in Wales (the distribution is flatter) than in England.

Chart 16: Bed use distribution (non-electives discharged to care homes)



Note that we added this category to our analysis because of its similarity of the distributions to the dementia diagnosis above, but also because it includes a much larger cohort of patients (16,927) than dementia alone (2,137). It may thus offer the most significant cohort to investigate further to establish processes by which the length of stay differs so widely between the two countries.

The effect of transfers in non-elective care

Transfers of care from one provider to another (for example from hospital after an initial assessment to a more specialist unit for treatment) appear to be slightly more common in Welsh data (6.5%) than they are in English data (4.5%), and we are aware that this could affect accurate comparisons of the length of stay between Wales and England. This is because patients transferred between hospitals within the same Trust in England will continue the same spell, but transfers between hospitals within the same health board in Wales will create multiple spells.

In general, we think that such transfers will result in double counting of cases. Meanwhile bed days will not be double counted. In theory, the result would be an understatement of length in the full stay by approximately the same percentage. This means that relative to England, the Welsh length of stay would be understated by approximately 2% overall.

We analysed the percentage of transfers against England across all diagnoses and found that the percentages were systematically higher in Wales across all main diagnoses. Fracture of femur cases were most prominent due to the high volume of cases and large difference in transfer rate between Wales and England (29% versus 7%). Using this condition, we tested the hypothesis that transfers of care leads to double counting of cases. We found that 2,400 more cases than would be expected in England (based on respective 2021 census populations over 65 years) were counted in Wales in our 3-year analysis period. This approximately matched the number of patients counted twice in Wales due to transfers of care (2,685). We concluded that the measured Welsh length of stay for these patients (19.2 days) would indeed be higher (24.5 days) without double counting due to transfers of care.

Conclusion and recommendations

Our analysis broadly confirms the finding from the Nuffield Trust that lengths of stay are significantly higher than those in England, though our analysis finds a more modest difference.

Our best estimate is that average length of stay is 29% higher in Wales for non-elective care and 16% higher for elective care than in England. As nonelective cases consume most available beds (94% in Wales), the overwhelming opportunity for reducing length of stay in Wales is in nonelective rather than elective care.

Despite our finding of overall higher (16%) length of stay for elective care, our analysis of the specified procedures we were asked to review found generally similar day case rates and bed use distributions between Wales and England in these procedures.

However, all the non-elective conditions we examined had higher lengths of stay in Wales than in England. Some conditions (notably heart attack and diabetic ketoacidosis) exhibited only a small difference, with similar distributions to England. Others (stroke and COPD) exhibited more significant differences, with longer stays being far more common in Wales than in England.

The most profound differences between Wales and England were in nonelective cases admitted with diagnoses of dementia and fractured neck of femur. We also found that patients who require discharge to a care home (irrespective of diagnosis) appear to be far more delayed than their English counterparts. The distributions in each of these cohorts differ most significantly in the longest stays, with patients with stays of over 90 days being three times more likely in Welsh beds than in those in England.

Non-elective patients appear to be transferred between hospitals more frequently in Wales than in England (6.5% of cases vs 4.5%). In these cases, the same patient clocks up two spells. We estimate that counting each patient only once would result in Welsh length of stay being a further 2% higher relative to England. However, it is also possible that this difference is purely administrative: in England a transfer between hospitals within the same Trust does not trigger a new spell whereas in Wales it does.

We recommend further work to:

- Establish reasons for exceptionally long lengths of stay in Wales, uncovered by our analysis, which may be due either to poor data quality or to real process differences.
- Examine in greater depth the relative frequency of transfers between hospitals, in particular differences in service provision between acute, community and specialist centres between the two countries.

• Compare the processes for discharge of patients with specified conditions, including processes for discharge to care homes, between Wales and England.

Appendix 1: Selected condition definitions

Condition/Procedure	Admission	Px/Dx definition	Codes Sub-codes I		Notes
Cataracts	Elective	Px	C75	1,4	with C71.2 as secondary
Primary hip replacements	Elective	Px	W93	1	
			W94	1	
			W95	1	
			W37	1	
			W38	1	
			W39	1	
Primary knee replacements	Elective	Px	W40	1	
·			W41	1	
			W42	1	
			018	1	
Hernias - all types	Elective	Px	G23	1,2,3,4,8,9,	
			T16	4,	
			T19	1,2,8,9,	
			T20	1,2,3,4,8,9,	
			T21	1,2,3,8,9,	
			T22	1,2,3,8,9,	
			Т23	1,2,3,8,9,	
			T24	1,2,3,8,9,	
			T25	1,2,3,8,9	
			T26	1,2,3,8,9,	
			T27	1,2,3,8,9,	
			Т97	1,2,3,8,9,	
			Т98	1,2,3,8,9,	
Gall bladder removal	Elective	Px	J18	1,2,3,4,5,8,9,	to include both approaches
Prostate removal	Elective	Px	M61	1,2,3,4,8,9,	Exclude cancer cases PDx C61X
			M65	1,2,3,4,5,6,8,9,	Exclude cancer cases PDx C61X
Neck of femur fracture	Non-elective	Dx	S72	0,	
Stroke	Non-elective	Dx	160	all	
			161	all	
			162	all	
			163	all	
			164	all	
Heart Attack/cardiac	Non-elective	Dx	121	all	
			122	all	
Diabetic ketoacidosis	Non-elective	Dx	E10	1	
			E11	1	
			E12	1	
			E13	1	
			E14	1	
COPD	Non-elective	Dx	J44	0,1,8,9,	
Dementia	Non-elective	Dx	F00	all	condition added by CHKS
			F01	all	
			F02	all	
			F03	all	
All non-electives to care	Non-elective	DisDest	20,21,23,6	5,85,86,88	category added by CHKS

Appendix 2: Length of stay indicators for selected conditions

	Spells		Avg Length of Spell (days)		Avg Ler FCE (days	igth of)	RALI index	
	England	Wales	England	Wales	England	Wales	England	Wales
Cataracts ²	666,573	37,260	0.02	0.04	0.02	0.04	75	217
COPD	301,335	17,468	5.4	6.9	2.6	4.6	98	122
Dementia	21,914	2,137	11.4	30.3	6.7	24.5	58	138
Diabetic KA	62,590	3,647	5.0	5.6	2.5	3.4	117	128
FNOF	128,894	10,976	15.1	19.2	9.3	16.9	83	107
Gall bladder	126,367	6,609	0.9	0.9	0.8	0.9	85	87
Heart attack	233,347	15,329	5.7	5.7	3.0	3.5	93	97
Hernias	166,576	8,094	0.7	0.7	0.6	0.7	78	86
Hips	104,696	5,066	3.6	4.2	3.5	4.2	80	97
Knees	102,855	4,996	3.7	4.4	3.6	4.4	84	100
Prostate	37,835	1,436	1.7	2.1	1.7	2.0	83	96
Stroke	295,110	19,633	12.5	15.3	7.1	11.3	81	98

² Extreme values caused by 9 patients whose spells lasted over 50 days. Possible data quality issue.

Appendix 3: Health board comparative performance on selected conditions

Average Length of Spell (days)									
	ABU HB	BCU HB	CTM HB	CVU HB	HD HB	SBU HB	England	Wales	
Cataracts ³	0.10	0.02	0.02	0.02	0.01	0.04	0.02	0.04	
COPD	4.9	8.0	7.2	6.1	6.9	7.9	5.4	6.9	
Dementia	15.9	29.2	34.0	33.0	31.3	31.3	11.4	30.3	
Diabetic KA	4.9	6.5	6.0	5.5	4.8	5.2	5.0	5.6	
FNOF	14.5	18.5	23.2	17.8	20.2	20.4	15.1	19.2	
Gall bladder	0.8	0.8	1.0	1.4	0.6	1.0	0.9	0.9	
Heart attack	6.2	4.6	5.7	5.6	6.5	6.4	5.7	5.7	
Hernias	0.7	0.7	0.6	0.8	0.5	1.2	0.7	0.7	
Hips	5.2	3.6	4.6	4.4	3.8	3.4	3.6	4.2	
Knees	5.2	3.8	4.3	5.4	4.1	3.1	3.7	4.4	
Prostate	1.3	2.4	1.9	2.4	2.3	2.2	1.7	2.1	
Stroke	14.2	15.1	15.4	15.6	16.3	13.3	12.5	15.3	

³ Extreme values caused by 9 patients whose spells lasted over 50 days. Possible data quality issue.

Average Length of FCE (days)										
	ABU HB	BCU HB	CTM HB	CVU HB	HD HB	SBU HB	England	Wales		
Cataracts ⁴	0.10	0.02	0.02	0.02	0.01	0.03	0.02	0.04		
COPD	2.9	5.8	4.7	4.4	4.6	4.4	2.6	4.6		
Dementia	13.8	24.1	29.6	25.7	22.7	22.2	6.7	24.5		
Diabetic KA	2.3	4.4	3.2	4.3	3.3	2.8	2.5	3.4		
FNOF	12.9	17.0	20.1	16.8	17.4	16.0	9.3	16.9		
Gall bladder	0.7	0.8	0.9	1.3	0.6	0.9	0.8	0.9		
Heart attack	4.5	4.0	3.0	4.4	4.5	2.5	3.0	3.5		
Hernias	0.7	0.6	0.5	0.7	0.5	1.2	0.6	0.7		
Hips	5.2	3.6	4.5	4.4	3.6	3.3	3.5	4.2		
Knees	5.2	3.8	4.2	5.3	4.1	3.1	3.6	4.4		
Prostate	1.3	2.4	1.9	2.3	2.3	2.1	1.7	2.0		
Stroke	10.8	12.6	12.7	12.0	10.4	7.5	7.1	11.3		

 $^{^{\}rm 4}$ Extreme values caused by 9 patients whose spells lasted over 50 days. Possible data quality issue.

RALI index								
	ABU HB	BCU HB	CTM HB	CVU HB	HD HB	SBU HB	England	Wales
Cataracts⁵	578	127	132	83	50	199	75	217
COPD	95	133	126	115	118	134	98	122
Dementia	85	127	160	162	125	144	58	138
Diabetic KA	113	139	150	129	108	115	117	128
FNOF	83	102	128	101	111	114	83	107
Gall bladder	78	74	97	124	65	94	85	87
Heart attack	105	82	93	98	104	105	93	97
Hernias	86	78	71	95	86	134	78	86
Hips	120	82	105	98	85	80	80	97
Knees	119	85	98	117	94	71	84	100
Prostate	59	113	90	103	112	104	83	96
Stroke	89	97	99	97	104	89	81	98

 $^{^{\}rm 5}$ Extreme values caused by 9 patients whose spells lasted over 50 days. Possible data quality issue.

CHKS Limited is a provider of healthcare intelligence and quality improvement services.

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