

3) Primary care acute conditions; primary care chronic conditions; stroke hospitalisation

3.1 Numerator: The number of finished and unfinished continuous inpatient spells (epiorder 1, excluding transfers) for all ages, with an emergency method of admission and with any of the following primary diagnoses :

Acute conditions (ICD 10 codes) - suppurative and unspecified otitis media (H66), acute pharyngitis (J02), acute tonsillitis (J03), acute laryngitis (J04.0), acute upper respiratory infections of multiple and unspecified sites (J06), chronic rhinitis, nasopharyngitis and pharyngitis (J31), renal tubulo-interstitial disease, unspecified (N15.9), acute cystitis (N30.0), urinary tract infection, site not specified (N39.0), hypertensive heart disease (I11), heart failure (I50).

Chronic conditions (ICD 10 codes) - asthma (J45), status asthmaticus (J46), insulin-dependent diabetes mellitus (E10), non-insulin-dependent diabetes mellitus (E11), malnutrition-related diabetes mellitus (E12), other specified diabetes mellitus (E13), unspecified diabetes mellitus (E14).

Stroke (ICD 10 codes) – intracerebral haemorrhage (I61), other nontraumatic intracranial haemorrhage (I62), cerebral infarction (I63), stroke, not specified as haemorrhage or infarction (I64).

It is important, for the purposes of measuring incidence, to count persons as opposed to episodes of care, as each person with the condition should only be counted once within each continuous spell of care. This is done by counting continuous inpatient spells (epiorder 1) only. Some transfers, which are also coded epiorder 1 and emergency could lead to double counting. In order to avoid this, spells which have an admission of 51-53, indicating a transfer from another NHS Trust, are excluded. Individual finished and

unfinished consultant episodes are linked within a financial year with other episodes where all are part of one continuous spell of care for a patient. A spell may contain HES data from another financial year only when one of its episodes spans years. For example, a spell which finished during April may contain admission information from an episode which started during March in the previous financial year. In order to avoid double counting that spell in both years, only spells which started during the financial year of analysis are counted. Deaths in the community prior to admission are not included as data about them are not available. Nor are patients who get treated in the community. Emergency method of admission and primary diagnosis are used to distinguish between new disease and readmission for the same problem previously treated in hospital. However, there could be double counting if the readmission is coded as an emergency and has the same primary diagnosis. Spells are attributed to the geographical area of residence, based on the numerator. There is variation in the completeness of hospital records and quality of coding (see HES data quality Table 1 in the main paper). This shows the proportion of diagnoses not coded. There may be variation in the procedures for coding diagnoses to the various fields in each episode, particularly primary diagnosis. For instance, Trusts may code diagnoses chronologically or according to the degree of complexity. This may affect comparability of the data. The fields that are needed for the calculation of this indicator are shown in Table 1.1.

3.2 Denominator: Estimates of mid-year resident population by gender for the specified ages, for each geographic area and each year. The figures are ONS rebased and revised mid-year estimates for 1998-2000 based on the 2001 Census, and ONS revised mid-year estimates for 2001-2 derived from the 2001 Census, with allowance for subsequent births, deaths, migration and ageing of the population.