



STOCKPORT
METROPOLITAN BOROUGH COUNCIL

healthwatch
Stockport

NHS
Stockport
Clinical Commissioning Group

Stockport JSNA

joint strategic needs assessment

Gastrointestinal Scoping Pack

July 2016

Gastrointestinal: Summary



NHS England published a 'where to look pack' to support discussions about prioritising areas for change and utilising resources. (available at <https://www.england.nhs.uk/rightcare/intel/cfv/data-packs/north/#20>). The conclusions from this high level pack are as follows:

High Level Pack

- The high level pack suggests 34 lives a year are lost due to liver disease. The JSNA confirms that over the past ten years liver disease rates have risen from the national average to the North West average.
- Stockport is an outlier on alcohol-related emergency admissions, likely impacted on by the general high hospitalisation rate at SFT.
- The main area making Stockport an outlier on GI is in the number of endoscopies. The review team are aware of a project with NHS England on outpatient activity which is likely to prioritise GI.
- Stockport spends £390k more than comparators on primary care GI prescribing.
- The high level pack uses limited data (emergency admissions for alcohol-related liver disease). Early conversations with the regional Right Care lead indicate that there will not be a GI pack, given variation in data classifications. Using the model developed by Southampton, the Public Health data team undertook a local review.

Unfortunately there was no follow up focus pack concentrating on the gastrointestinal programme. Therefore Public Health decided to produce this document, an in depth review, the conclusions of which are as follows:

In depth review

- Unlike other pathways, GI activity was higher among electives than non-electives. There was also a noticeable difference in age patterns – with elective GI activity high among residents in their 30s and 40s. For the most part, this related to stomach, oesophagus and duodenum disease, intestines and hernia. This matches the JSNA and lifestyles data with high rates of stress, alcohol consumption and unhealthy eating patterns among this age group.
- £666k was spent on emergency admissions for constipation. It was noted that lifestyle factors such as healthy eating, increased exercise and reduced alcohol intake would make a major impact in this area, which has a saving potential of around £7.6m. Work should be considered with GP practices to look at difference care pathways for anxiety and alcohol.
- The majority of spending for GI procedures was related to endoscopies, which accounted for £4m of elective admissions.
- Stockport benchmarks highest in Greater Manchester for age standardised rate of admission for elective episodes where an endoscopic procedure took place. Stockport has a rate of 2,567.3 where the average is 2,062.7 and lowest value is 1,711.5 per 100,000 in Bury.
- An increase in consultant-to-consultant referrals was noted in South and Central Manchester hospitals, which are not part of the Stockport Together work on reducing outpatient appointments.
- £206k was spent on haemorrhoid treatments – this should be considered for a local EUR policy. It was noted that a number of procedures of limited clinical effectiveness covered by the Greater Manchester EUR policy are still being undertaken.
- GP practice analysis show a deprivation profile for elective and non-elective admissions but not for outpatient appointments.

Gastrointestinal: Main Providers



- The below table summarises the providers of gastrointestinal care in Stockport
- All data is taken from 2014-15 SUS data.
- Analysis shows that Stockport NHS Foundation Trust is the main provider, particularly of non-elective care, a finding similar to other specialities.
- Elective care accounts for a similar volume of activity as outpatients and non-elective care combined, in other words almost half the activity is through elective admissions.
- There are no outpatient appointments for a gastrointestinal speciality at Stockport NHS Foundation Trust, further work is needed to understand whether this is a recording issue or that GI outpatient appointments are placed elsewhere.

Main Providers

Provider	Elective (Inpatients & Daycase)	Outpatients	Non-Elective
Total	10,960	6,575	4,933
Stockport NHS Foundation Trust	67.4%	-%	81.3%
UHSM NHS Foundation Trust	12.6%	46.2%	10.1%
CMUH NHS Foundation Trust	10.8%	33.6%	5.0%
Other	9.2%	20.2%	3.6%

Gastrointestinal: Spend headlines



- The below table summarises the estimated Stockport CCG spend by problems of the gastro-intestinal system programme and their care settings.
- All data is taken from the 2014-15 Programme Budgeting Benchmarking tool.

£ How much did Stockport CCG spend? Expenditure on own population (£s)

	Total spend	Primary care prescribing	Elective & day case	Outpatients	A&E attendances	Non-elective admissions
Gastrointestinal	26,066,000	4,582,000	7,623,000	1,732,000	645,000	8,696,000
▪ Upper GI	4,766,000	950,000	1,715,000	272,000	No data	1,706,000
▪ Lower GI	7,704,000	1,737,000	2,446,000	317,000	No data	1,869,000
▪ Hepatobiliary	4,718,000	127,000	1,388,000	288,000	No data	2,535,000
▪ Other problems of gastrointestinal system	8,878,000	1,768,000	2,074,000	855,000	645,000	2,586,000

Gastrointestinal: Benchmarking headlines



- The benchmarking compares Stockport CCG with our 10 most similar CCGs.
- Spend benchmarking is taken from 2014-15 programme budgeting standardised for the size of the CCG population. This provides an estimate of how much more or less Stockport CCG spends compared to the cluster average per 100,000 population.
- Stockport CCG on average spends more in 21 out of 27 below categories where there is available data.

£ How much more or less did Stockport CCG spend compared to similar CCGs? (£s)

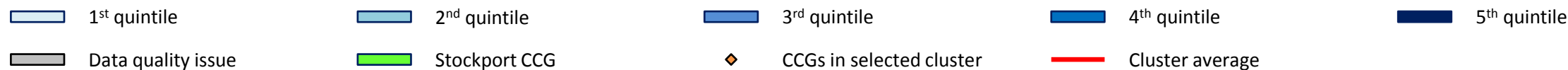
	Total spend	Primary care prescribing	Elective & day case	Outpatients	A&E attendances	Non-elective admissions
Gastrointestinal	437,624 more (6%)	-13,665 less (1%)	485,906 more (25%)	-74,420 less (12%)	25,178 more (14%)	104,495 more (4%)
▪ Upper GI	99,970 more (7%)	-11,670 less (4%)	94,425 more (21%)	9,780 more (13%)	No data	14,345 more (3%)
▪ Lower GI	212,326 more (10%)	-6,842 less (1%)	206,415 more (36%)	19,413 more (24%)	No data	22,580 more (4%)
▪ Hepatobiliary	121,377 more (9%)	-5,090 less (11%)	59,831 more (16%)	27,247 more (43%)	No data	51,285 more (7%)
▪ Other problems of gastrointestinal system	3,950 more (0%)	9,937 more (2%)	125,235 more (24%)	-130,860 less (33%)	25,178 more (14%)	16,286 more (2%)

Gastrointestinal Spend Benchmarking

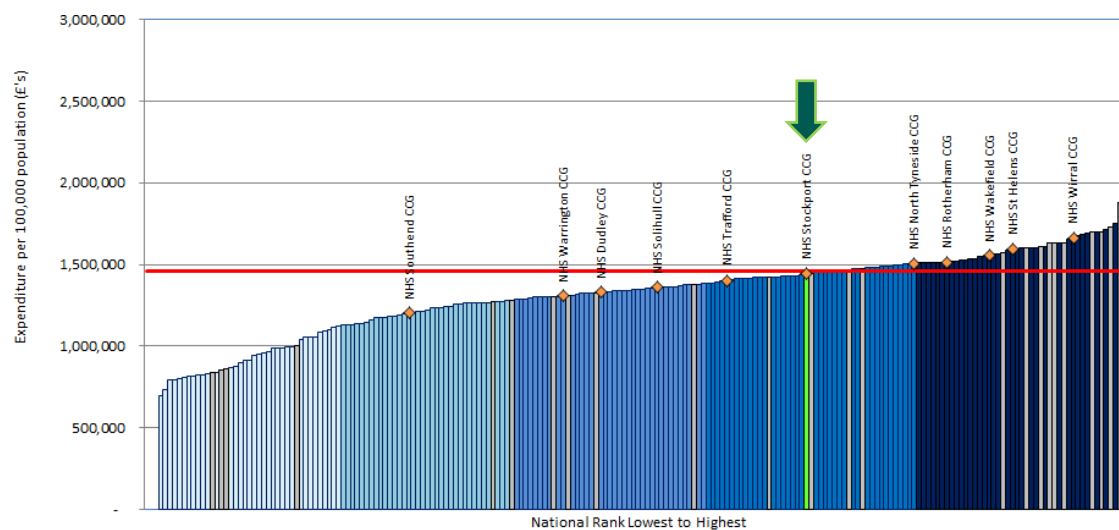


Stockport JSNA

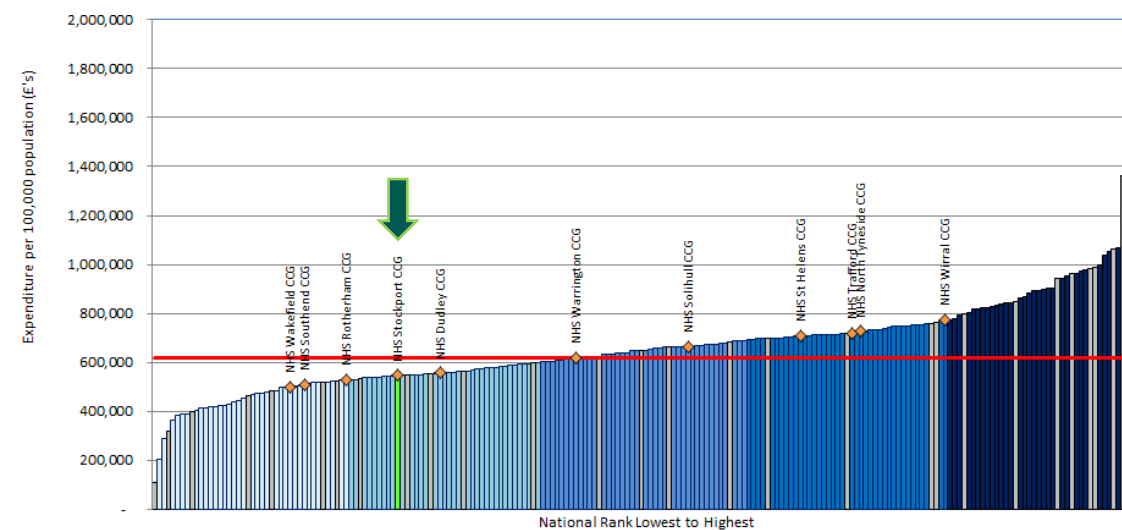
joint strategic needs assessment



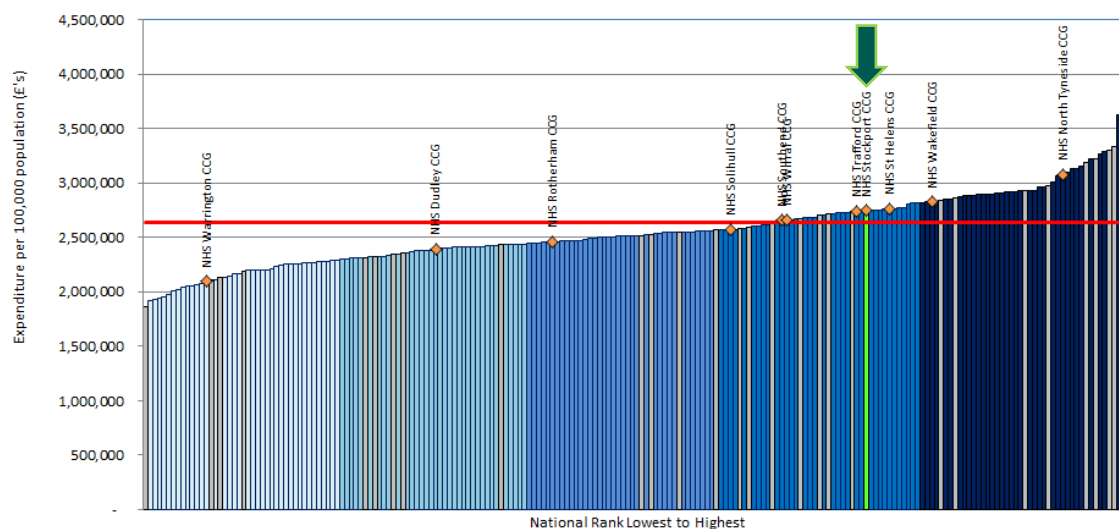
Primary prescribing expenditure per 100,000



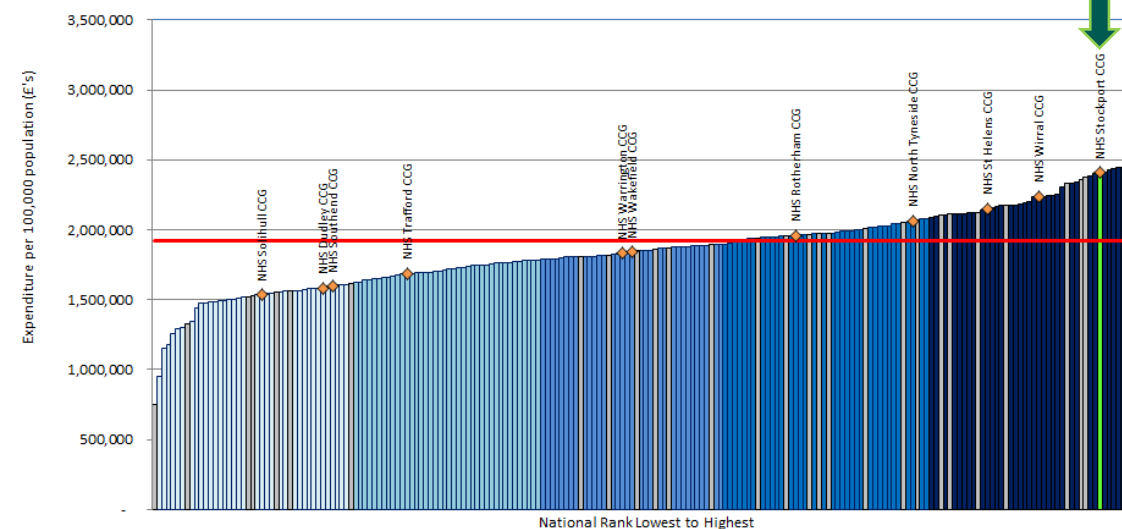
Outpatient expenditure per 100,000



Non-elective admissions expenditure per 100,000

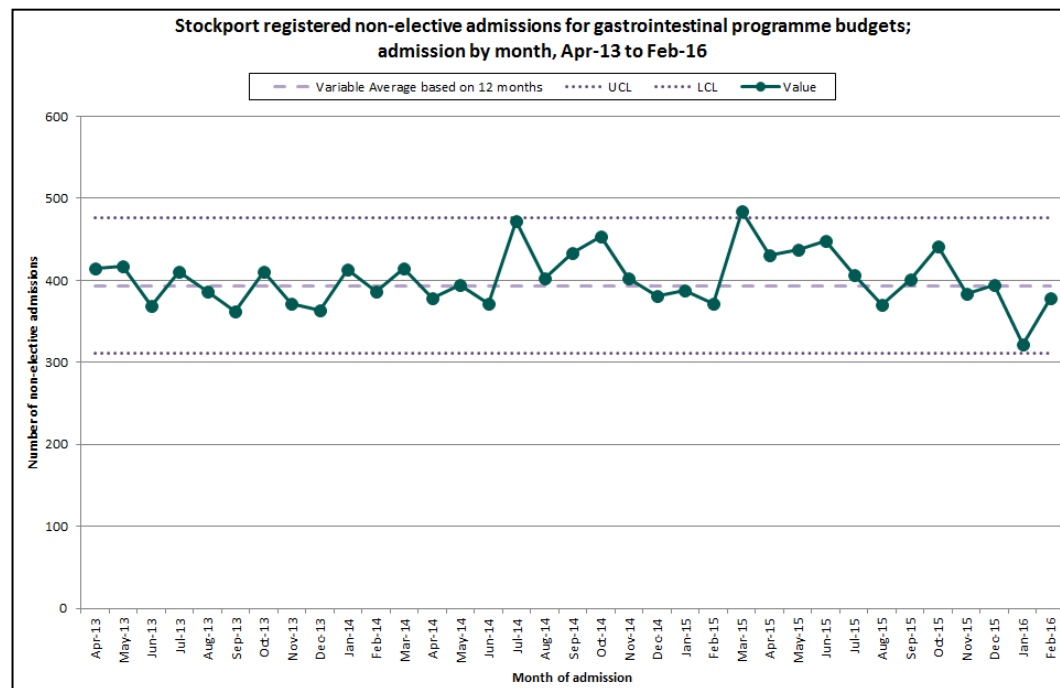


Day case and elective expenditure per 100,000



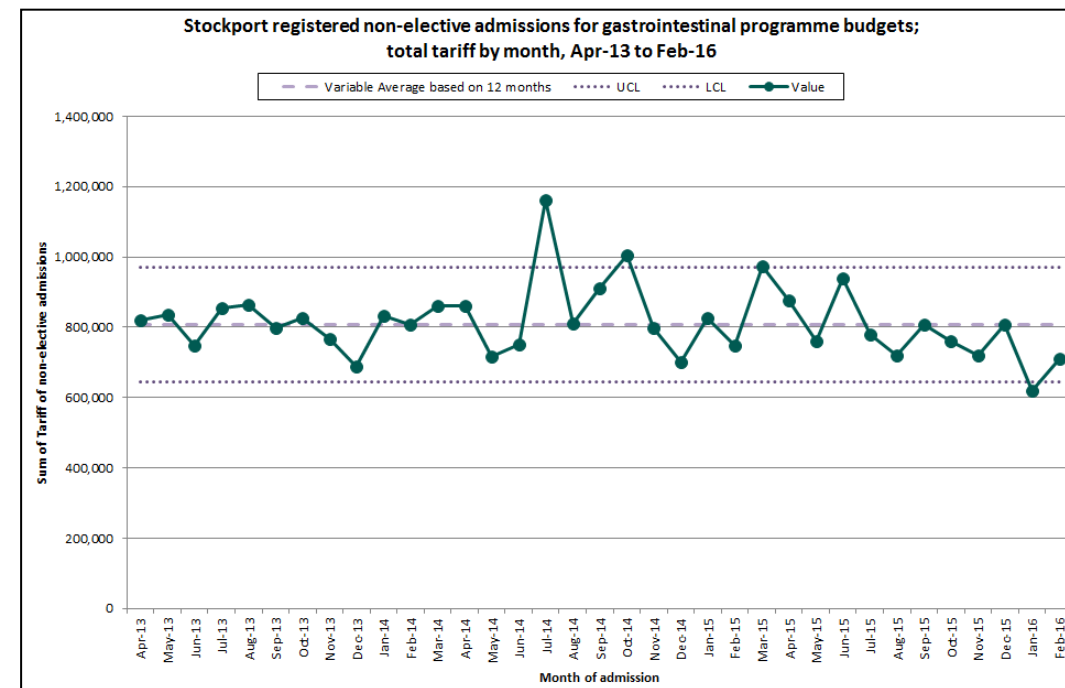
Non-elective admissions: Trends

Activity by month



- Non-elective admissions by count of activity have been relatively flat and in control between April 2013 and February 2016. There was one period when costs were out of control: March 2015 when costs were high.
- There was a peak in admissions in March 2015 of 484 and a low in January 2016 of 322. (January 2016 low could be due to data lag)
- March 2015 saw the start of a period of greater than average admissions but for the majority of time they remain around the first 12 month average of 393 admissions a month.

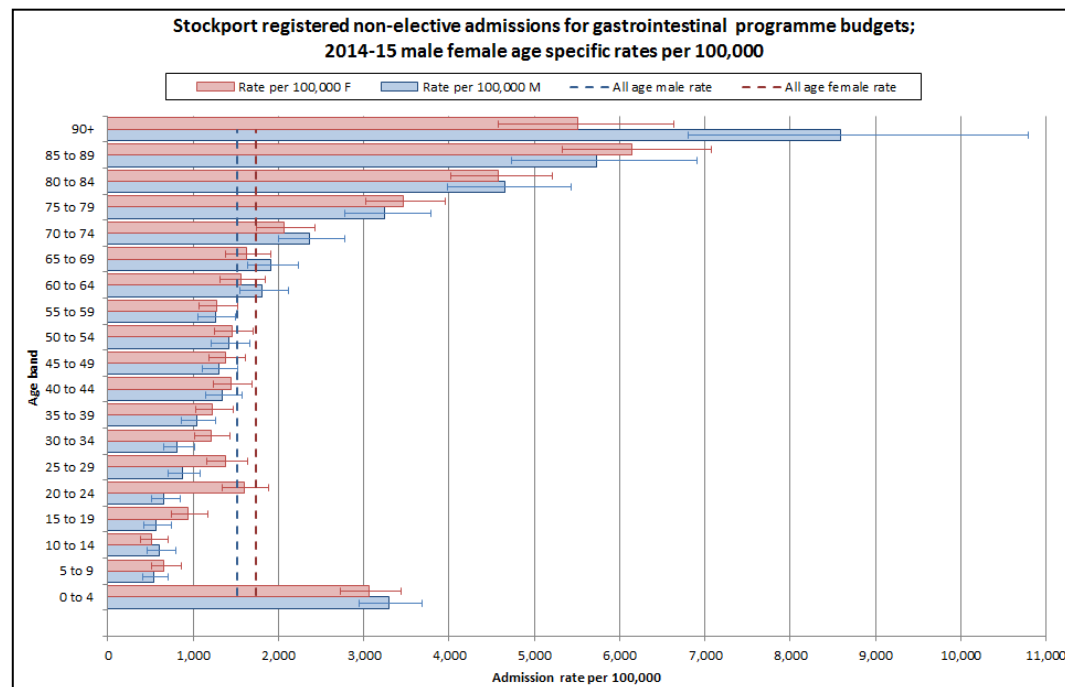
Cost by month



- Non-elective admissions by sum of tariff have also been relatively flat and in control between April 2013 and February 2016. There were 4 periods of costs out of control; July 2014, October 2014 and March 2015 when costs were exceptionally high and January 2016 when costs were low.
- There was a peak in costs in July 2014 of £1,161,937 and a low in January 2016 of £619,079. (January 2016 low could be due to data lag)
- The average cost per month of activity for the first 12 months was £819,128.

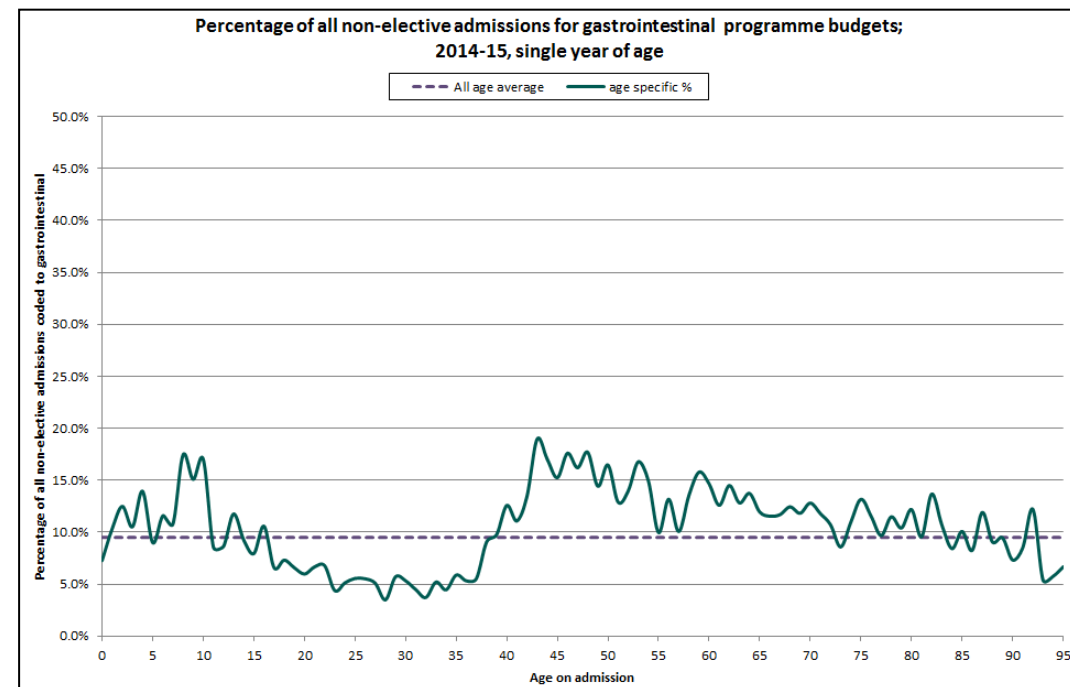
Non-elective admissions: Trends

Age and gender



- All age female rates are higher (1,737.6 per 100,000) than all age male rates (1,522.0)
- Rates are higher than average in ages 0 to 4 but then fall below the average until age 60 to 64 in males and 70 to 74 in females.
- In males the only age groups that are not significantly different from the average are those aged 40 to 54.
- In females those aged 20 to 24 and 60 to 69 show no significant difference to the female average.
- Those aged over 60 are responsible for 41% of all non-elective admissions yet make up 24% of the registered population.
- The most common age group admitted is 0 to 4 in terms of raw numbers.

Age as proportion of all non-elective admissions



- As a percentage of all non-elective admissions gastrointestinal programmes were responsible for 9.5% in 2014-15.
- In the young the proportion of admissions peaked in those aged 8 to 10 before falling consistently below average in the late teens.
- The decade with the highest proportion of non-elective admissions due to gastrointestinal programmes is the 40s with the peak at age 43 with almost 1 in 5 admissions.
- From age 43 there is an overall gradual decline in the proportion of non-elective admissions due to gastrointestinal problems although the trend is relatively volatile.

Non-elective admissions: Activity & cost breakdown 2014-15



Gastrointestinal categories and subcategories

	Activity	Cost (£)
Digestive System	3,534	7,768,876
• Other diseases of intestines	986	2,148,331
• Disorders of gallbladder, biliary tract and pancreas	787	1,890,115
• Diseases of oesophagus, stomach and duodenum	556	777,363
• Other diseases of the digestive system	377	730,103
• Diseases of appendix	229	613,035
• Diseases of liver	180	602,269
• Hernia	174	412,964
• Non infective enteritis and colitis	155	414,688
• Diseases of oral cavity, salivary glands and jaws	48	52,521
• Diseases of peritoneum	42	127,487
Infectious and Parasitic Diseases	799	1,533,181
• Intestinal infectious diseases	787	1,513,611
• Viral hepatitis	8	16,175
• Viral infections characterized by skin and mucous membrane lesions	2	1,634
• Mycoses	2	1,761
Symptoms and Ill-defined Conditions	337	570,565
• Symptoms and signs involving the digestive system and abdomen	316	537,504
• Abnormal findings on diagnostic imaging and in function studies, without diagnosis	21	33,061
Congenital Abnormalities	176	212,558
• Other congenital malformations of the digestive system	172	201,969
• Cleft lip and cleft palate	4	10,589
Circulatory System	74	151,029
• Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified	66	101,539
• Other and unspecified disorders of the circulatory system	8	49,490
Factors Influencing Health Status	13	31,098
• Persons encountering health services for specific procedures and health care	13	31,098
Grand Total	4,933	10,267,307

Non-elective admissions: Top primary diagnoses 2014-15



Primary Diagnosis (sorted by activity)	Total activity
A099 - Gastroenteritis and colitis of unspecified origin	438
K590 - Constipation	394
A084 - Viral intestinal infection, unspecified	249
K922 - Gastrointestinal haemorrhage, unspecified	202
K219 - Gastro-oesophageal reflux disease without oesophagitis	164
Q381 - Ankyloglossia	158
R11X - Nausea and vomiting	155
K805 - Calculus of bile duct without cholangitis or cholecystitis	113
K920 - Haematemesis	111
K802 - Calculus of gallbladder without cholecystitis	103
K297 - Gastritis, unspecified	102
K610 - Anal abscess	94
K801 - Calculus of gallbladder with other cholecystitis	89
K573 - Diverticular disease of large intestine without perforation or abscess	87
K358 - Acute appendicitis, other and unspecified	78
K37X - Unspecified appendicitis	73
K566 - Other and unspecified intestinal obstruction	72
K800 - Calculus of gallbladder with acute cholecystitis	69
K859 - Acute pancreatitis, unspecified	68
K704 - Alcoholic hepatic failure	58

Primary Diagnosis (sorted by cost)	Total spend
A099 - Gastroenteritis and colitis of unspecified origin	974,509
K590 - Constipation	666,060
K922 - Gastrointestinal haemorrhage, unspecified	377,650
K920 - Haematemesis	246,062
A084 - Viral intestinal infection, unspecified	245,189
R11X - Nausea and vomiting	230,362
K704 - Alcoholic hepatic failure	224,399
K801 - Calculus of gallbladder with other cholecystitis	218,341
K805 - Calculus of bile duct without cholangitis or cholecystitis	216,603
K565 - Intestinal adhesions [bands] with obstruction	205,073
K566 - Other and unspecified intestinal obstruction	205,002
K802 - Calculus of gallbladder without cholecystitis	202,192
K358 - Acute appendicitis, other and unspecified	198,102
K37X - Unspecified appendicitis	182,210
K800 - Calculus of gallbladder with acute cholecystitis	172,540
K573 - Diverticular disease of large intestine without perforation or abscess	169,509
A047 - Enterocolitis due to Clostridium difficile	161,291
R13X - Dysphagia	151,189
K353 - Acute appendicitis with localized peritonitis	145,839
Q381 - Ankyloglossia	142,806

- In 2014-15 there were 4,933 non-elective gastrointestinal admissions at a cost of £10,267,307.
- The top 20 diagnoses above account for 58% of the total non-elective gastrointestinal activity and 52% of the total cost.
- Those aged 0-4 are responsible for 16% of the top 20 admissions (by count) combined with gastroenteritis and colitis of unspecified origin, viral intestinal infection, unspecified, gastro-oesophageal reflux disease without oesophagitis, ankyloglossia and nausea and vomiting being particular predominant in the very young.
- Admissions that are disproportionately affecting the elderly are gastrointestinal haemorrhage, unspecified, other and unspecified intestinal obstruction, diverticular disease of large intestine without perforation or abscess and haematemesis.
- There are no stand out secondary diagnoses to these admissions – 13% of admissions have no first secondary diagnosis.

Non-elective admissions: Short stays and Non-elective procedures 2014-15



Short stay admissions (0 or 1 day length of stay)

- In 2014-15 40% of non-elective gastrointestinal admissions were short stay (0 or 1 day length of stay)
- The below table shows the top 20 primary diagnoses for non-elective short stay admissions by cost

Primary Diagnosis	Activity	Cost
A084 - Viral intestinal infection, unspecified	194	106,496
A099 - Gastroenteritis and colitis of unspecified origin	191	103,357
K590 - Constipation	192	98,939
K219 - Gastro-oesophageal reflux disease without oesophagitis	142	67,394
K610 - Anal abscess	70	60,031
Q381 - Ankyloglossia	68	58,302
R11X - Nausea and vomiting	96	53,949
K805 - Calculus of bile duct without cholangitis or cholecystitis	53	50,134
K37X - Unspecified appendicitis	13	31,983
K297 - Gastritis, unspecified	67	29,618
K802 - Calculus of gallbladder without cholecystitis	39	28,863
K358 - Acute appendicitis, other and unspecified	12	28,700
K922 - Gastrointestinal haemorrhage, unspecified	55	26,942
K920 - Haematemesis	31	18,373
Z434 - Attention to other artificial openings of digestive tract	3	18,343
K801 - Calculus of gallbladder with other cholecystitis	18	17,246
K409 - Unilateral or unspecified inguinal hernia, without obstruction or gangrene	20	17,081
R18X - Ascites	19	15,732
K509 - Crohn disease, unspecified	9	12,555
K529 - Non-infective gastroenteritis and colitis, unspecified	25	12,197

Non-elective admissions and associated procedures

This table shows the top 20 primary diagnoses for non-elective gastrointestinal admissions in 2014-15. It then splits how many admissions went on to have a procedure. There are high numbers of admissions that did not go on to have a procedure, the highest being viral intestinal infection, unspecified. Less than a third (29%) of all non-elective admissions went on to have a procedure.

Primary diagnoses	Activity	Was there a procedure?			
		Activity		Percentage	
		Yes	No	Yes	No
A099 - Gastroenteritis and colitis of unspecified origin	438	46	392	11%	89%
K590 - Constipation	394	78	316	20%	80%
A084 - Viral intestinal infection, unspecified	249	6	243	2%	98%
K922 - Gastrointestinal haemorrhage, unspecified	202	41	161	20%	80%
K219 - Gastro-oesophageal reflux disease without oesophagitis	164	4	160	2%	98%
Q381 - Ankyloglossia	158	113	45	72%	28%
R11X - Nausea and vomiting	155	12	143	8%	92%
K805 - Calculus of bile duct without cholangitis or cholecystitis	113	36	77	32%	68%
K920 - Haematemesis	111	18	93	16%	84%
K802 - Calculus of gallbladder without cholecystitis	103	40	63	39%	61%
K297 - Gastritis, unspecified	102	14	88	14%	86%
K610 - Anal abscess	94	61	33	65%	35%
K801 - Calculus of gallbladder with other cholecystitis	89	44	45	49%	51%
K573 - Diverticular disease of large intestine without perforation or abscess	87	58	29	67%	33%
K358 - Acute appendicitis, other and unspecified	78	75	3	96%	4%
K37X - Unspecified appendicitis	73	70	3	96%	4%
K566 - Other and unspecified intestinal obstruction	72	43	29	60%	40%
K800 - Calculus of gallbladder with acute cholecystitis	69	32	37	46%	54%
K859 - Acute pancreatitis, unspecified	68	25	43	37%	63%
K704 - Alcoholic hepatic failure	58	26	32	45%	55%

Non-elective admissions: Endoscopies 2014-15

Non-elective procedures

- In 2014-15 71% of non-elective gastrointestinal admissions had no procedure.
- 6% of non-elective admissions went on to have some form of endoscopy.
- 29% went on to have some other procedure.

Procedure type	Activity	Cost
Diagnostic endoscopy	257	732,163
Therapeutic endoscopy	26	62,547
Other procedure (not endoscopy)	1,438	4,246,940
No procedure	3,212	5,225,657
Grand total	4,933	10,267,307

Cost tariffs for non-elective endoscopies

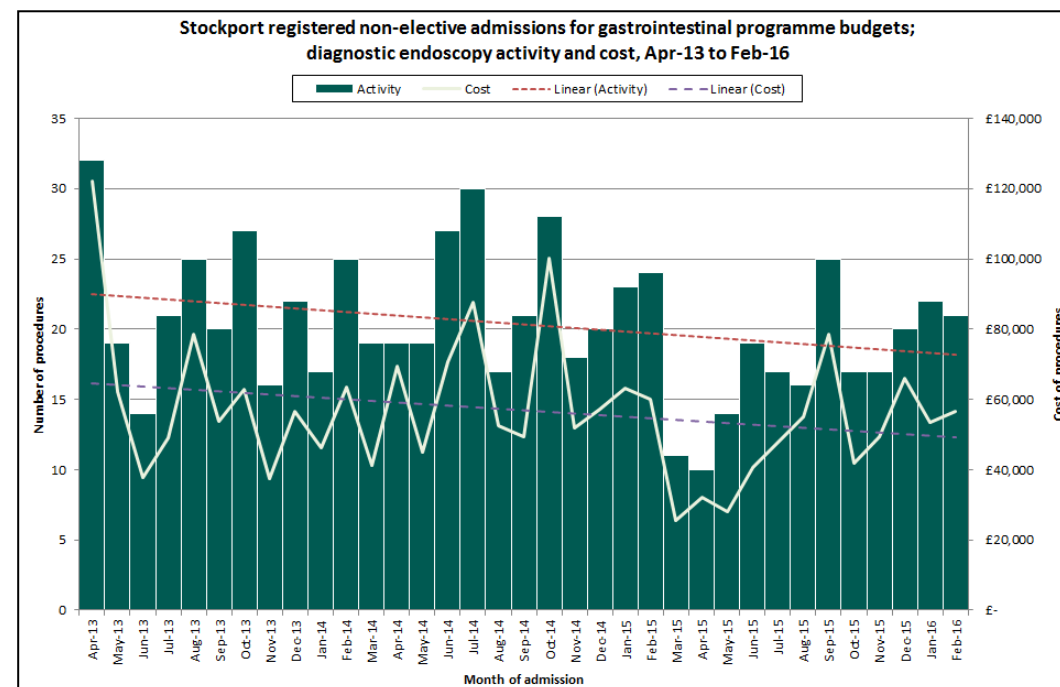
- Non-elective tariffs for endoscopies are significantly higher than the elective endoscopy tariffs.
- The below table shows the difference between the non-elective and elective cost tariffs for the 5 most common non-elective endoscopic procedures

Top 5 Non-elective endoscopies

	Elective tariff	Non-elective tariff	Tariff difference
FZ29Z Major or Therapeutic Endoscopic Procedures for Gastrointestinal Bleed	£611	£2,327	£1,716 +281%
GB06B Endoscopic Retrograde Cholangiopancreatography category 2 with length of stay 3 days or more with Intermediate CC	£3,113	£3,805	£692 +22%
GB06D Endoscopic Retrograde Cholangiopancreatography category 2 with length of stay 2 days or less	£794	£1,132	£338 +43%
FZ25A Therapeutic Endoscopic or Intermediate Stomach or Duodenum Procedures 19 years and over	£490	£567	£77 +16%
FZ61Z Diagnostic Endoscopic Procedures on the Upper GI Tract with biopsy 19 years and over	£382	£751	£369 +97%

Non-elective Diagnostic endoscopies

NEL diagnostic endoscopy activity and cost have shown a downward trend in the last few years albeit a erratic one.



Non-elective admissions: Endoscopies 2014-15



Diagnostic Endoscopies

Top 10 Primary diagnosis by cost

Primary diagnosis	Activity	Cost
K803 - Calculus of bile duct with cholangitis	14	64,468
K805 - Calculus of bile duct without cholangitis or cholecystitis	17	55,024
K922 - Gastrointestinal haemorrhage, unspecified	19	45,773
K920 - Haematemesis	13	31,980
K851 - Biliary acute pancreatitis	7	31,417
I850 - Oesophageal varices with bleeding	6	23,954
K297 - Gastritis, unspecified	10	23,506
I983 - Oesophageal varices with bleeding in diseases classified elsewhere	4	20,521
R13X - Dysphagia	9	20,013
K573 - Diverticular disease of large intestine without perforation or abscess	9	19,932

Top 10 Secondary diagnosis by cost

Secondary diagnosis	Activity	Cost
K802 - Calculus of gallbladder without cholecystitis	8	40,746
K449 - Diaphragmatic hernia without obstruction or gangrene	13	30,153
D649 - Anaemia, unspecified	9	26,918
K922 - Gastrointestinal haemorrhage, unspecified	7	25,685
K210 - Gastro-oesophageal reflux disease with oesophagitis	7	22,621
- No secondary diagnosis	10	17,711
K703 - Alcoholic cirrhosis of liver	3	16,791
K297 - Gastritis, unspecified	6	15,636
K914 - Colostomy and enterostomy malfunction	1	15,271
K851 - Biliary acute pancreatitis	3	14,228

Top 10 Diagnostic endoscopies

Diagnostic endoscopies	Activity	Cost
G451 - Fiberoptic endoscopic examination of upper gastrointestinal tract and biopsy of lesion of upper gastrointestinal tract	73	186,433
G459 - Unspecified diagnostic fiberoptic endoscopic examination of upper gastrointestinal tract	41	109,823
J381 - Endoscopic sphincterotomy of sphincter of Oddi and removal of calculus HFQ	28	90,974
G437 - Fiberoptic endoscopic rubber band ligation of upper gastrointestinal tract varices	10	48,513
H259 - Unspecified diagnostic endoscopic examination of lower bowel using fiberoptic sigmoidoscope	20	41,912
H251 - Diagnostic endoscopic examination of lower bowel and biopsy of lesion of lower bowel using fiberoptic sigmoidoscope	15	41,371
J382 - Endoscopic sphincterotomy of sphincter of Oddi and insertion of tubal prosthesis into bile duct	5	28,889
H221 - Diagnostic fiberoptic endoscopic examination of colon and biopsy of lesion of colon	9	27,341
G443 - Fiberoptic endoscopic dilation of upper gastrointestinal tract NEC	1	15,271
J411 - Endoscopic retrograde extraction of calculus from bile duct	3	13,298

Non-elective admissions: Endoscopies 2014-15



Therapeutic Endoscopies

Top 10 Primary diagnosis by cost

Primary diagnosis	Activity	Cost
K260 - Duodenal ulcer, acute with haemorrhage	5	13,028
K269 - Duodenal ulcer unspecified as acute or chronic, without haemorrhage or perforation	2	8,760
K922 - Gastrointestinal haemorrhage, unspecified	3	7,140
K703 - Alcoholic cirrhosis of liver	2	6,872
K254 - Gastric ulcer, chronic or unspecified with haemorrhage	3	5,925
I864 - Gastric varices	2	5,007
K263 - Duodenal ulcer, acute without haemorrhage or perforation	2	3,762
K264 - Duodenal ulcer, chronic or unspecified with haemorrhage	2	3,143
K552 - Angiodysplasia of colon	1	3,109
K226 - Gastro-oesophageal laceration-haemorrhage syndrome	1	2,785

Top 7 Secondary diagnosis by cost

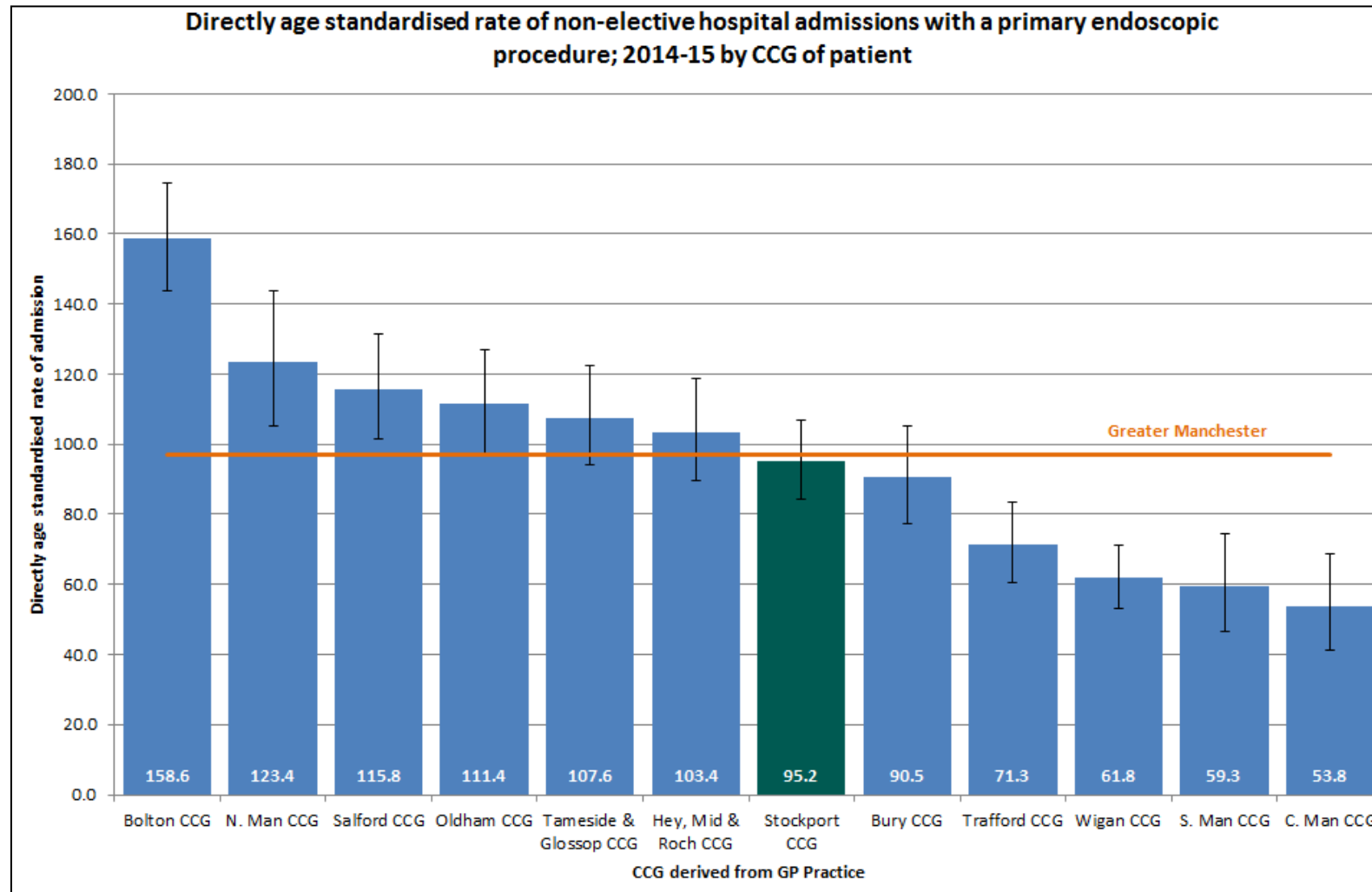
Secondary diagnosis	Activity	Cost
Helicobacter pylori [H.pylori] as the cause of diseases classified to other chapters	4	11,900
Anaemia, unspecified	2	6,266
Gastritis, unspecified	2	4,355
Oesophageal varices with bleeding in diseases classified elsewhere	1	3,436
Oesophageal varices without bleeding in diseases classified elsewhere	1	3,436
Oesophageal varices without bleeding	1	3,130
Polyp of colon	1	3,109

Therapeutic endoscopies

Therapeutic endoscopies	Activity	Cost
G436 - Fibreoptic endoscopic injection therapy to lesion of upper gastrointestinal tract NEC	20	49,272
G448 - Other specified other therapeutic fibreoptic endoscopic operations on upper gastrointestinal tract	3	6,232
G434 - Fibreoptic endoscopic sclerotherapy to lesion of upper gastrointestinal tract	1	5,597
H248 - Other specified other therapeutic endoscopic operations on lower bowel using fibreoptic sigmoidoscope	2	1,446

Non-elective admissions: Endoscopies 2014-15

Benchmarking endoscopies within Greater Manchester



- Stockport has a directly age standardised rate of admission for non-elective episodes where the budget code was gastro-intestinal and a endoscopic procedure took place of 95.2 per 100,000.
- This is similar to the Greater Manchester rate of 97.2 per 100,000 with a range of 104.7 from 158.6 in Bolton to 53.8 in Central Manchester.
- Stockport ranks 7 out of the 12 CCGs in Greater Manchester where 1 would be the CCG with the highest rate of admission.

Non-elective admissions: Procedures 2014-15



Other procedures (not endoscopies)

Top 10 Primary diagnosis by cost

Primary diagnosis	Activity	Cost
K358 - Acute appendicitis, other and unspecified	75	191,310
K565 - Intestinal adhesions [bands] with obstruction	32	190,979
K37X - Unspecified appendicitis	70	178,472
K590 - Constipation	70	168,460
A099 - Gastroenteritis and colitis of unspecified origin	41	151,590
K566 - Other and unspecified intestinal obstruction	41	151,472
K353 - Acute appendicitis with localized peritonitis	46	139,762
K801 - Calculus of gallbladder with other cholecystitis	43	138,434
K572 - Diverticular disease of large intestine with perforation and abscess	24	123,499
Q381 - Ankyloglossia	113	112,874

Top 10 Secondary diagnosis by cost

Secondary diagnosis	Activity	Cost
No secondary diagnosis	114	258,698
Peritoneal adhesions	26	150,749
Singleton, born in hospital	112	112,195
Ascites	29	100,965
Retention of urine	32	87,768
Essential (primary) hypertension	31	83,114
Mental & behavioural disorders due to use of tobacco: Harmful use	38	69,778
Acute renal failure, unspecified	17	68,311
Asthma, unspecified	26	66,187
Peritonitis, unspecified	9	64,897

Top 20 non-endoscopy procedures by cost

Procedures	Activity	Cost
U212 - Computed tomography NEC	367	896,404
H012 - Emergency excision of abnormal appendix NEC	111	294,532
J183 - Total cholecystectomy NEC	68	277,810
T462 - Drainage of ascites NEC	63	188,887
U051 - Computed tomography of head	54	167,832
M479 - Unspecified urethral catheterisation of bladder	47	138,055
H029 - Unspecified other excision of appendix	49	129,187
F263 - Incision of frenulum of tongue	110	109,832
H335 - Rectosigmoidectomy and closure of rectal stump and exteriorisation of bowel	13	109,445
T413 - Freeing of adhesions of peritoneum	17	106,659
G693 - Ileectomy and anastomosis of ileum to ileum	9	93,697
H011 - Emergency excision of abnormal appendix & drainage HFQ	31	88,047
U162 - Magnetic resonance cholangiopancreatography	45	86,618
H582 - Drainage of perianal abscess	55	69,745
U201 - Transthoracic echocardiography	20	67,427
G699 - Unspecified excision of ileum	7	65,039
T243 - Repair of umbilical hernia using sutures	17	48,799
X904 - Intravenous nutrition Band 1	3	42,460
U081 - Computed tomography of abdomen NEC	15	39,650
H021 - Interval appendectomy	11	35,988

Non-elective admissions: Procedures 2014-15



No procedures

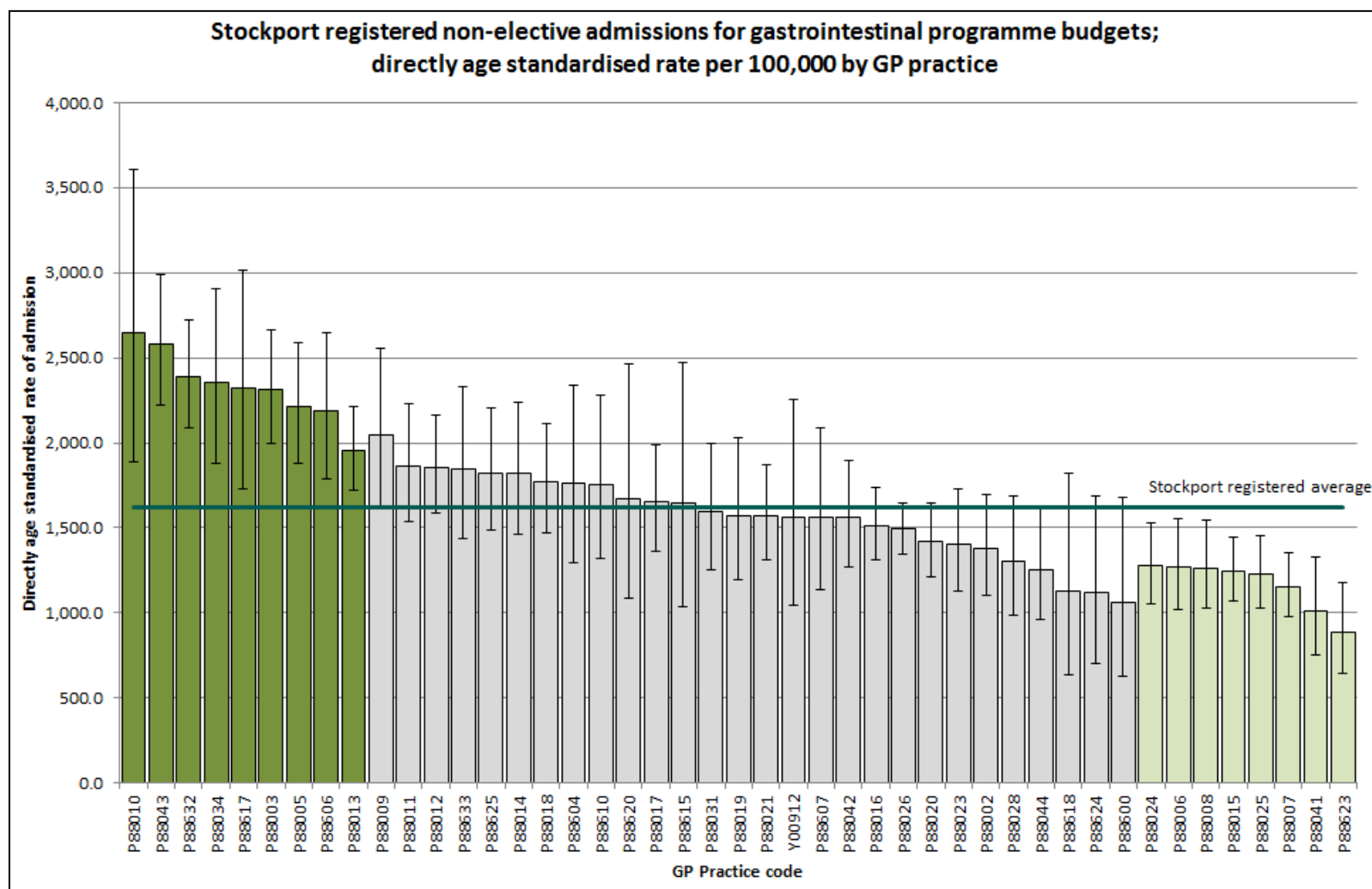
Top 10 Primary diagnosis by cost

Primary diagnosis	Activity	Cost
A099 - Gastroenteritis and colitis of unspecified origin	392	812,388
K590 - Constipation	316	479,909
K922 - Gastrointestinal haemorrhage, unspecified	161	280,751
A084 - Viral intestinal infection, unspecified	243	227,342
R11X - Nausea and vomiting	143	205,238
K920 - Haematemesis	93	200,122
A047 - Enterocolitis due to Clostridium difficile	25	122,935
R13X - Dysphagia	36	114,622
K704 - Alcoholic hepatic failure	32	111,765
K805 - Calculus of bile duct without cholangitis or cholecystitis	77	107,051

Top 10 Secondary diagnosis by cost

Secondary diagnosis	Activity	Cost
No secondary diagnosis	400	269,418
Volume depletion	82	210,988
Acute renal failure, unspecified	49	173,802
Nausea and vomiting	77	133,580
Constipation	68	128,280
Urinary tract infection, site not specified	38	109,122
Essential (primary) hypertension	80	100,195
Abnormal results of liver function studies	46	86,055
Unspecified acute lower respiratory infection	11	83,177
Other and unspecified abdominal pain	33	79,962

Non-elective admissions: GP Practices 2014-15

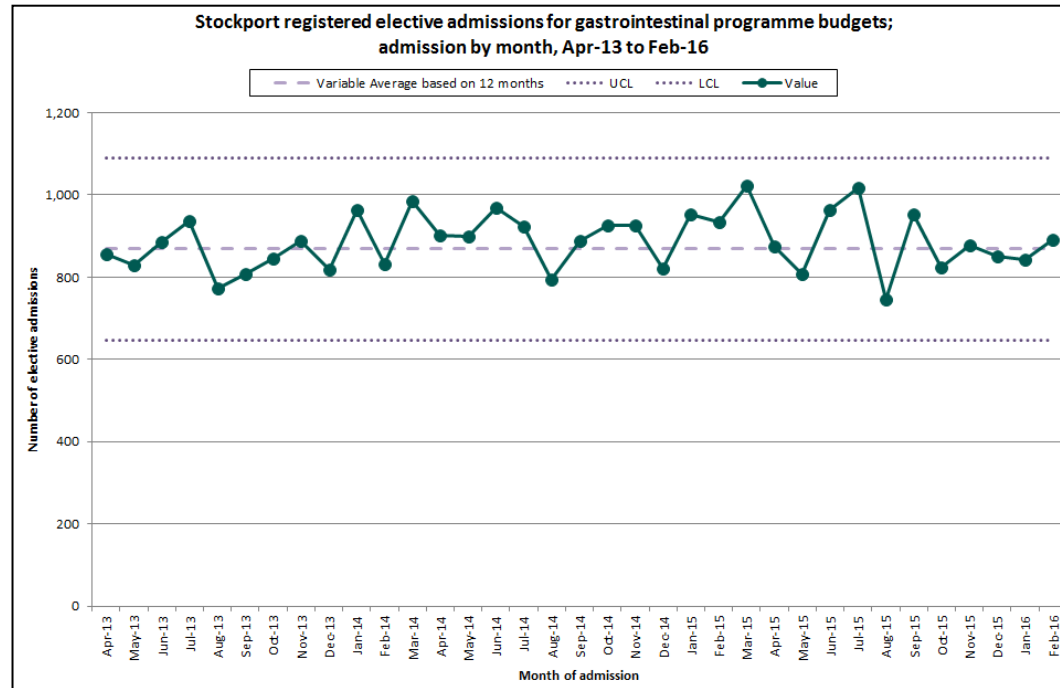


- The above graph shows a directly age standardised rate of non-elective admissions per 100,000 GP population in 2014-15 where the gastrointestinal programme budget has been coded, by GP practice.
- The overall Stockport registered average was 1,624.6 admissions per 100,000.
- The 9 GP practices coloured dark green are significantly higher than the Stockport average. The 8 coloured light green are significantly lower.
- Those practices coloured grey have no significant difference to the Stockport average.

Elective admissions: Trends

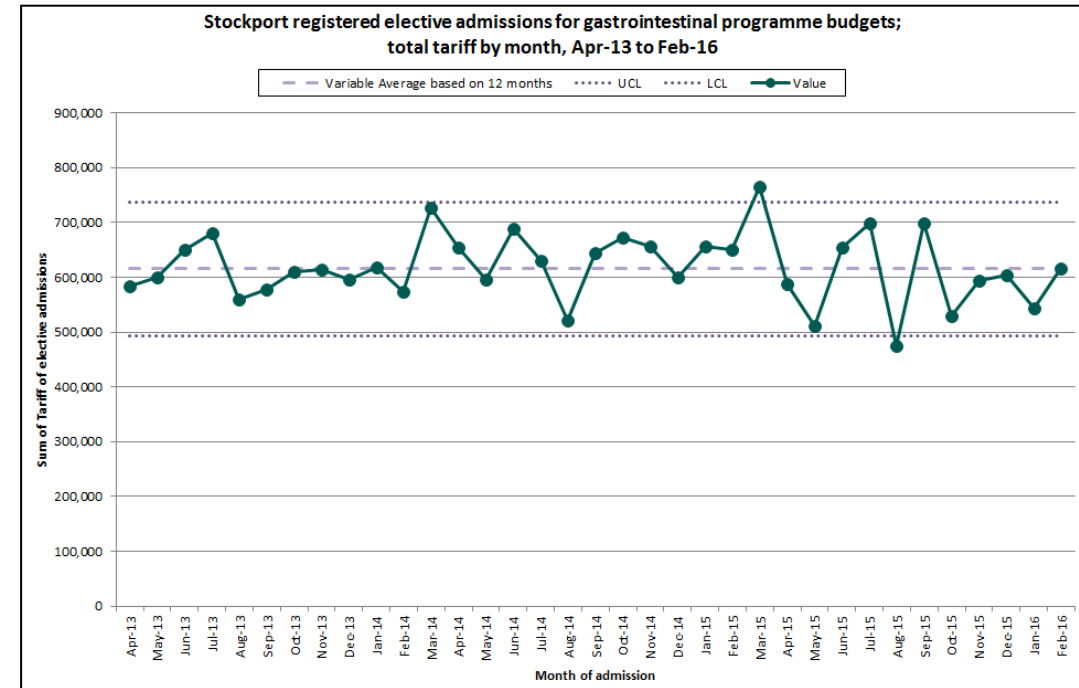


Activity by month



- Elective admissions by count of activity have been flat between April 2013 and February 2016.
- There was a peak in admissions in March 2015 of 1,023 and a low in August 2015 of 746.
- The first twelve month average of elective admissions was 869 and admissions have remained in control around that point.

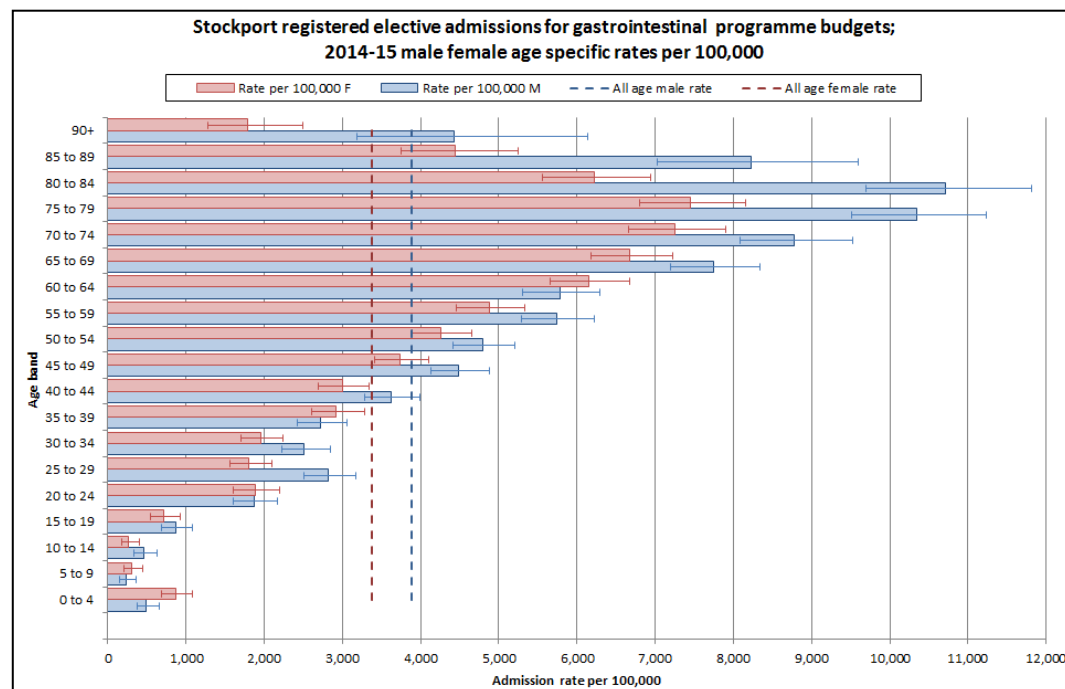
Cost by month



- Elective admissions by sum of tariff have been relatively flat and in control between April 2013 and February 2016. There were 2 periods of costs out of control; March 2015 when costs were exceptionally high and August 2015 when costs were low.
- The peak in costs in March 2015 was £765,083 and the low in August 2015 was £475,135.
- The average cost per month of activity for the first 12 months was £615,359.

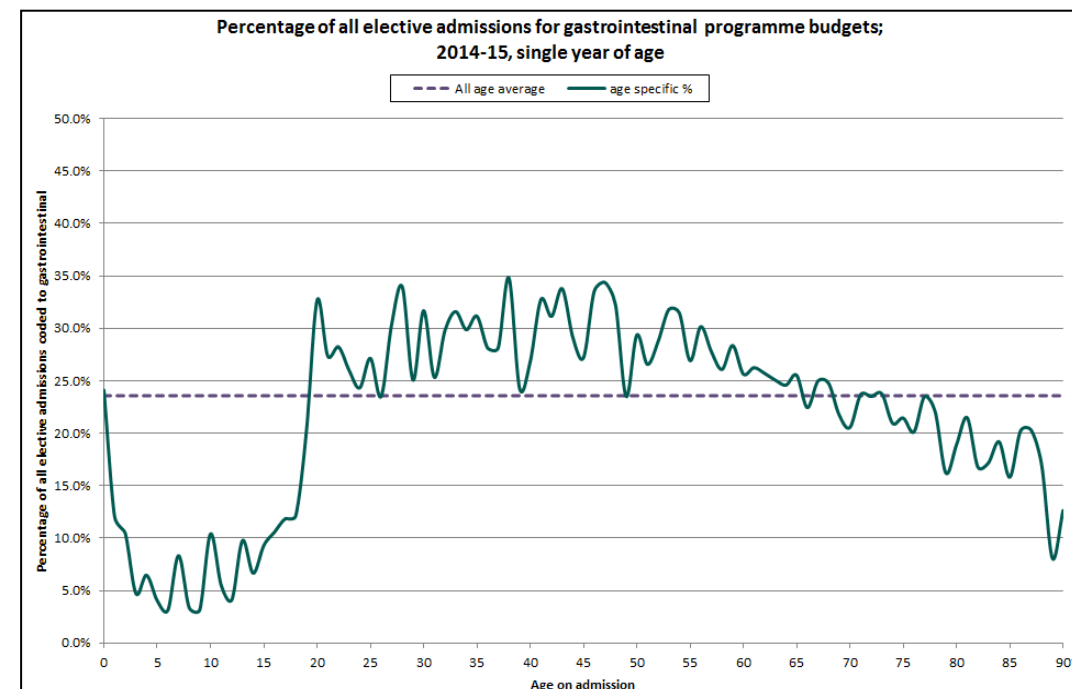
Elective admissions: Trends

Age and gender



- All age male rates are higher (3,882.5 per 100,000) than all age female rates (3,370.6)
- Rates are higher than average once a person reaches the age of 45.
- In males the only age groups that are not significantly different from the average are those aged 40 to 44 and over 90.
- In females all ages are significantly different from the average. All ages under 45 are lower and then all ages above are higher until age 90+.
- Those aged between 45 and 69 are responsible for 48% of all elective admissions yet make up a third of the registered population.
- The most common age group admitted is 65 to 69 in terms of raw numbers.

Age as proportion of all non-elective admissions



- As a percentage of all elective admissions gastrointestinal programmes were responsible for 23.6% in 2014-15.
- In the young the proportion of admissions peaked in those aged 0 before falling consistently below average until the twenties.
- Admissions remain above average through the twenties until the seventies.
- The decade with the highest proportion of elective admissions due to gastrointestinal programmes is the 40s but peaks at age 38 with over 1 in 3 admissions.
- From mid fifties there is an overall gradual decline in the proportion of elective admissions due to gastrointestinal problems although the trend is relatively volatile.

Elective admissions: Activity and cost breakdown 2014-15



Gastrointestinal categories and subcategories

	Activity	Cost (£)
Digestive System	9,016	6,312,536
• Diseases of oesophagus, stomach and duodenum	2,896	1,374,751
• Other diseases of intestines	2,542	1,609,585
• Hernia	1,209	1,110,544
• Noninfective enteritis and colitis	1,139	650,576
• Disorders of gallbladder, biliary tract and pancreas	730	1,187,420
• Other diseases of the digestive system	299	167,039
• Diseases of oral cavity, salivary glands and jaws	112	76,784
• Diseases of liver	59	66,362
• Diseases of peritoneum	23	53,830
• Diseases of appendix	7	15,645
Circulatory System	884	1,533,181
• Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified	868	513,808
• Other and unspecified disorders of the circulatory system	16	16,492
Symptoms and Ill-defined Conditions	775	433,938
• Symptoms and signs involving the digestive system and abdomen	686	397,170
• Abnormal findings on diagnostic imaging and in function studies, without diagnosis	69	36,768
Infectious and Parasitic Diseases	174	115,255
• Intestinal infectious diseases	164	107,383
• Viral hepatitis	6	5,028
• Viral infections characterized by skin and mucous membrane lesions	2	1,250
• Mycoses	2	1,594
Factors influencing Health Status	72	222,065
• Persons encountering health services for specific procedures and health care	72	222,065
Congenital Abnormalities	59	31,098
• Other congenital malformations of the digestive system	47	84,763
• Cleft lip and cleft palate	12	35,338
Grand Total	10,960	7,734,195

Elective admissions: Top primary diagnoses 2014-15



Primary Diagnosis (sorted by activity)	Total activity
K573 - Diverticular disease of large intestine without perforation or abscess	860
K635 - Polyp of colon	767
K227 - Barrett oesophagus	613
K449 - Diaphragmatic hernia without obstruction or gangrene	551
K409 - Unilateral or unspecified inguinal hernia, without obstruction or gangrene	358
R194 - Change in bowel habit	349
K210 - Gastro-oesophageal reflux disease with oesophagitis	325
K297 - Gastritis, unspecified	319
K219 - Gastro-oesophageal reflux disease without oesophagitis	302
K509 - Crohn disease, unspecified	297
K519 - Ulcerative colitis, unspecified	293
K802 - Calculus of gallbladder without cholecystitis	287
I849 - Unspecified haemorrhoids without complication	265
K529 - Noninfective gastroenteritis and colitis, unspecified	243
K922 - Gastrointestinal haemorrhage, unspecified	231
K621 - Rectal polyp	209
K30X - Dyspepsia	208
K20X - Oesophagitis	194
K317 - Polyp of stomach and duodenum	163
I848 - Unspecified haemorrhoids with other complications	161

Primary Diagnosis (sorted by cost)	Total spend
K802 - Calculus of gallbladder without cholecystitis	464,602
K635 - Polyp of colon	456,474
K573 - Diverticular disease of large intestine without perforation or abscess	440,303
K409 - Unilateral or unspecified inguinal hernia, without obstruction or gangrene	388,418
K449 - Diaphragmatic hernia without obstruction or gangrene	284,185
K227 - Barrett oesophagus	266,164
K439 - Ventral hernia without obstruction or gangrene	220,133
K801 - Calculus of gallbladder with other cholecystitis	208,831
K219 - Gastro-oesophageal reflux disease without oesophagitis	196,353
R194 - Change in bowel habit	187,910
K805 - Calculus of bile duct without cholangitis or cholecystitis	175,612
Z432 - Attention to ileostomy	160,036
K519 - Ulcerative colitis, unspecified	156,497
K529 - Noninfective gastroenteritis and colitis, unspecified	153,132
K509 - Crohn disease, unspecified	149,224
K210 - Gastro-oesophageal reflux disease with oesophagitis	147,528
I849 - Unspecified haemorrhoids without complication	146,776
K297 - Gastritis, unspecified	139,805
K429 - Umbilical hernia without obstruction or gangrene	122,822
K922 - Gastrointestinal haemorrhage, unspecified	122,203

- In 2014-15 there were 10,960 elective gastrointestinal admissions at a cost of £7,734,195.
- The top 20 diagnoses above account for 64% of the total elective gastrointestinal activity and 59% of the total cost.
- Those aged between 50 and 79 are responsible for 60% of the top 20 gastrointestinal admissions. Admissions for diverticular disease of large intestine without perforation or abscess, polyp of colon, Barrett oesophagus, rectal polyp and polyp of stomach and duodenum are particularly frequent in this age group.
- There are very few top 20 admissions in the young but any that are predominantly Crohn disease, unspecified, gastro-oesophageal reflux disease without oesophagitis, ulcerative colitis, unspecified and unilateral or unspecified inguinal hernia, without obstruction or gangrene.
- 15% of admissions have no first secondary diagnosis, however 10% have a secondary diagnosis of diaphragmatic hernia without obstruction or gangrene (also a top 20 primary diagnosis).

Elective admissions: Procedures 2014-15



Primary Procedure (sorted by activity)	Total activity
G451 - Fibreoptic endoscopic examination of upper gastrointestinal tract and biopsy of lesion of upper gastrointestinal tract	2,875
H221 - Diagnostic fibreoptic endoscopic examination of colon and biopsy of lesion of colon	1,165
H229 - Unspecified diagnostic endoscopic examination of colon	692
H259 - Unspecified diagnostic endoscopic examination of lower bowel using fibreoptic sigmoidoscope	571
G459 - Unspecified diagnostic fibreoptic endoscopic examination of upper gastrointestinal tract	536
No procedure code	512
X921 - Cytokine inhibitor drugs Band 1	490
H201 - Fibreoptic endoscopic snare resection of lesion of colon	439
H251 - Diagnostic endoscopic examination of lower bowel and biopsy of lesion of lower bowel using fibreoptic sigmoidoscope	389
J183 - Total cholecystectomy NEC	380
T202 - Primary repair of inguinal hernia using insert of prosthetic material	348
H524 - Rubber band ligation of haemorrhoid	324
H206 - Fibreoptic endoscopic resection of lesion of colon NEC	206
X368 - Other specified blood withdrawal	132
G211 - Intubation of oesophagus for pH manometry	97
J381 - Endoscopic sphincterotomy of sphincter of Oddi and removal of calculus HFQ	71
T243 - Repair of umbilical hernia using sutures	58
H231 - Endoscopic snare resection of lesion of lower bowel using fibreoptic sigmoidoscope	57
H236 - Endoscopic resection of lesion of lower bowel using fibreoptic sigmoidoscope NEC	47
H202 - Fibreoptic endoscopic cauterisation of lesion of colon	42

Primary Procedure (sorted by cost)	Total spend
G451 - Fibreoptic endoscopic examination of upper gastrointestinal tract and biopsy of lesion of upper gastrointestinal tract	1,316,026
J183 - Total cholecystectomy NEC	729,598
H221 - Diagnostic fibreoptic endoscopic examination of colon and biopsy of lesion of colon	701,137
T202 - Primary repair of inguinal hernia using insert of prosthetic material	401,172
H229 - Unspecified diagnostic endoscopic examination of colon	354,040
H201 - Fibreoptic endoscopic snare resection of lesion of colon	293,074
H259 - Unspecified diagnostic endoscopic examination of lower bowel using fibreoptic sigmoidoscope	223,998
X921 - Cytokine inhibitor drugs Band 1	211,238
G459 - Unspecified diagnostic fibreoptic endoscopic examination of upper gastrointestinal tract	210,411
H524 - Rubber band ligation of haemorrhoid	206,476
No procedure code	201,927
H251 - Diagnostic endoscopic examination of lower bowel and biopsy of lesion of lower bowel using fibreoptic sigmoidoscope	174,862
G753 - Closure of ileostomy	155,402
H206 - Fibreoptic endoscopic resection of lesion of colon NEC	131,912
G243 - Antireflux fundoplication using abdominal approach	106,207
T252 - Primary repair of incisional hernia using insert of prosthetic material	92,063
J381 - Endoscopic sphincterotomy of sphincter of Oddi and removal of calculus HFQ	77,892
T243 - Repair of umbilical hernia using sutures	64,578
X368 - Other specified blood withdrawal	60,214
T272 - Repair of ventral hernia using insert of prosthetic material	55,987

Elective admissions: Endoscopies 2014-15

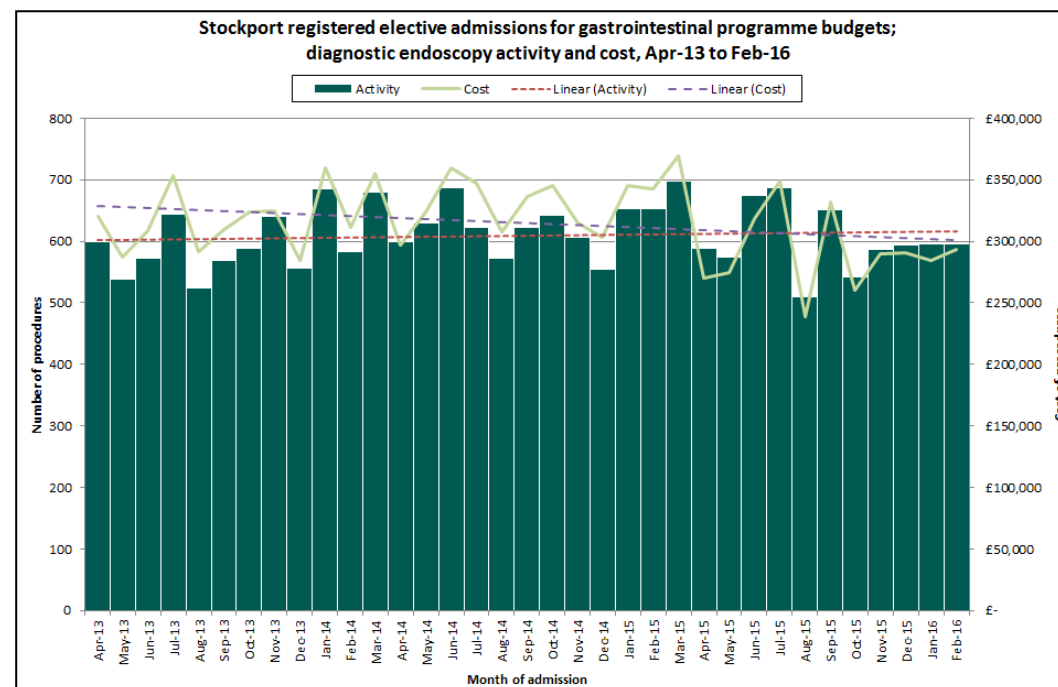
Elective procedures

- In 2014-15 95% of elective gastrointestinal admissions had a procedure.
- 69% of admissions went on to have some form of endoscopy.
- 26% went on to have some other procedure.

Procedure type	Activity	Cost
Diagnostic endoscopy	7,540	3,993,128
Therapeutic endoscopy	39	51,044
Other procedure (not endoscopy)	2,869	3,488,096
No procedure	512	201,927
Grand total	10,960	7,734,195

Elective Diagnostic endoscopies

Elective diagnostic endoscopy activity and cost have shown relatively flat trends in the last few years.



Top 5 Elective endoscopies

		Elective tariff
FZ61Z	Diagnostic Endoscopic Procedures on the Upper GI Tract with biopsy 19 years and over	£382
FZ52Z	Diagnostic Colonoscopy with biopsy 19 years and over	£532
FZ53Z	Therapeutic Colonoscopy 19 years and over	£597
FZ37F	Inflammatory Bowel Disease with length of stay 1 day or less	£362
FZ51Z	Diagnostic Colonoscopy 19 years and over	£446

Elective admissions: Endoscopies 2014-15



Diagnostic Endoscopies

Top 10 Primary diagnosis by cost

Primary diagnosis	Activity	Cost
K635 - Polyp of colon	752	452,793
K573 - Diverticular disease of large intestine without perforation or abscess	842	420,561
K227 - Barrett oesophagus	598	253,284
K449 - Diaphragmatic hernia without obstruction or gangrene	528	231,466
R194 - Change in bowel habit	324	175,032
K529 - Noninfective gastroenteritis and colitis, unspecified	223	145,619
K297 - Gastritis, unspecified	314	137,460
K805 - Calculus of bile duct without cholangitis or cholecystitis	118	136,777
K210 - Gastro-oesophageal reflux disease with oesophagitis	313	134,080
K922 - Gastrointestinal haemorrhage, unspecified	195	117,390

Top 10 Secondary diagnosis by cost

Secondary diagnosis	Activity	Cost
- No secondary diagnosis	1,150	579,991
K449 - Diaphragmatic hernia without obstruction or gangrene	776	343,598
I10X - Essential (primary) hypertension	450	233,492
K573 - Diverticular disease of large intestine without perforation or abscess	308	174,787
J459 - Asthma, unspecified	166	86,763
I849 - Unspecified haemorrhoids without complication	168	80,907
K297 - Gastritis, unspecified	179	80,203
R194 - Change in bowel habit	116	76,410
K922 - Gastrointestinal haemorrhage, unspecified	130	70,595
E119 - Non-insulin-depend diabetes mellitus without complications	103	66,377

Top 10 Diagnostic endoscopies

Diagnostic endoscopies	Activity	Cost
G451 - Fibreoptic endoscopic examination of upper gastrointestinal tract and biopsy of lesion of upper gastrointestinal tract	2,875	1,316,026
H221 - Diagnostic fibreoptic endoscopic examination of colon and biopsy of lesion of colon	1,165	701,137
H229 - Unspecified diagnostic endoscopic examination of colon	692	354,040
H201 - Fibreoptic endoscopic snare resection of lesion of colon	439	293,074
H259 - Unspecified diagnostic endoscopic examination of lower bowel using fibreoptic sigmoidoscope	571	223,998
G459 - Unspecified diagnostic fibreoptic endoscopic examination of upper gastrointestinal tract	536	210,411
H251 - Diagnostic endoscopic examination of lower bowel and biopsy of lesion of lower bowel using fibreoptic sigmoidoscope	389	174,862
H206 - Fibreoptic endoscopic resection of lesion of colon NEC	206	131,912
J381 - Endoscopic sphincterotomy of sphincter of Oddi and removal of calculus HFQ	71	77,892
J411 - Endoscopic retrograde extraction of calculus from bile duct	23	52,432

Elective admissions: Endoscopies 2014-15



Therapeutic Endoscopies

Top 10 Primary diagnosis by cost

Primary diagnosis	Activity	Cost
K222 - Oesophageal obstruction	7	9,486
K805 - Calculus of bile duct without cholangitis or chole	4	7,574
K802 - Calculus of gallbladder without cholecystitis	1	5,094
K440 - Diaphragmatic hernia with obstruction, without gan	1	4,693
K862 - Cyst of pancreas	1	3,290
K225 - Diverticulum of oesophagus, acquired	1	2,720
Q387 - Pharyngeal pouch	1	2,715
K635 - Polyp of colon	4	2,616
K317 - Polyp of stomach and duodenum	2	2,432
K220 - Achalasia of cardia	4	2,068

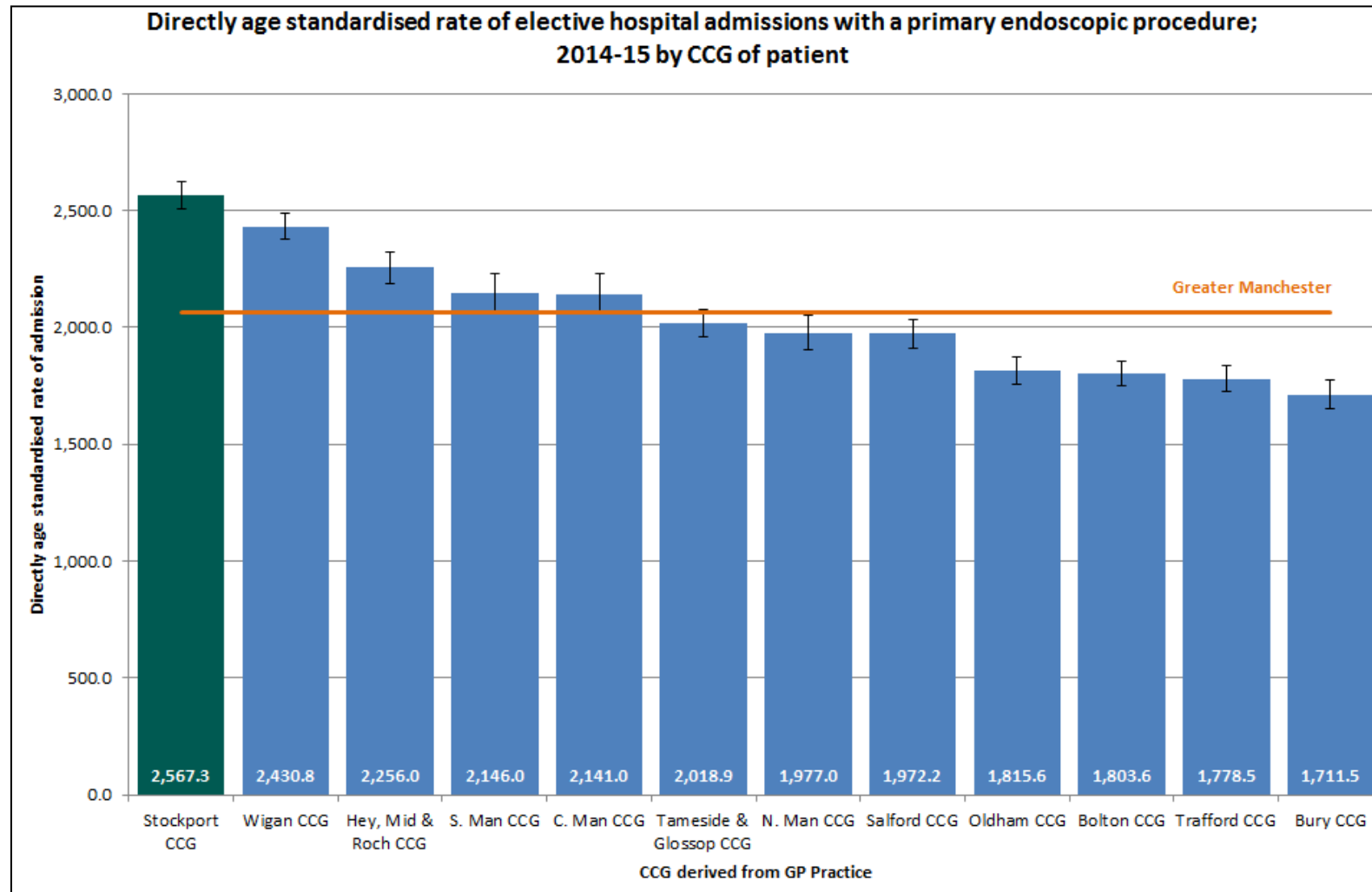
Top 7 Secondary diagnosis by cost

Secondary diagnosis	Activity	Cost
M139 - Arthritis, unspecified	1	5,094
K317 - Polyp of stomach and duodenum	1	4,693
I10X - Essential (primary) hypertension	3	4,074
C788 - Sec malignant neoplasm of other and unspec digesti	1	3,967
J459 - Asthma, unspecified	2	3,346
K838 - Other specified diseases of biliary tract	1	3,290
K868 - Other specified diseases of pancreas	1	3,290

Top 10 Therapeutic endoscopies by cost

Therapeutic endoscopies	Activity	Cost
J421 - Endoscopic retrograde insertion of tubal prosthesis into pancreatic duct	2	7,696
E243 - Endoscopic operations on pharyngeal pouch	2	5,435
G441 - Fibreoptic endoscopic insertion of prosthesis into upper gastrointestinal tract	1	4,693
G157 - Fibreoptic endoscopic insertion of expanding covered metal stent into oesophagus	1	3,967
G448 - Other specified other therapeutic fibreoptic endoscopic operations on upper gastrointestinal tract	5	3,625
J412 - Endoscopic dilation of bile duct NEC	1	3,290
J424 - Endoscopic retrograde drainage of lesion of pancreas	1	3,290
G152 - Fibreoptic endoscopic balloon dilation of oesophagus	4	2,741
G153 - Fibreoptic endoscopic dilation of oesophagus NEC	2	2,696
J418 - Other specified other therapeutic endoscopic retrograde operations on bile duct	2	1,682

Benchmarking endoscopies within Greater Manchester



- Stockport has a directly age standardised rate of admission for elective episodes where the budget code was gastro-intestinal and a endoscopic procedure took place of 2,567.3 per 100,000.
- This is higher than the Greater Manchester rate of 2,062.7 per 100,000 with a range of 855.8 from Stockport to 1,711.5 in Bury.
- Stockport ranks 1st out of the 12 CCGs in Greater Manchester where 1 would be the CCG with the highest rate of admission.

Elective admissions: Procedures 2014-15



Other procedures (not endoscopies)

Top 10 Primary diagnosis by cost

Primary diagnosis	Activity	Cost
K802 - Calculus of gallbladder without cholecystitis	232	431,150
K409 - Unilateral or unspecified inguinal hernia without obstruction or gangrene	337	388,418
K439 - Ventral hernia without obstruction or gangrene	90	220,133
K801 - Calculus of gallbladder with other cholecystitis	102	206,605
Z432 - Attention to ileostomy	35	159,952
K509 - Crohn's disease, unspecified	257	123,628
K429 - Umbilical hernia without obstruction or gangrene	103	122,822
K519 - Ulcerative colitis, unspecified	190	96,535
K219 - Gastro-oesophageal reflux disease without oesophagitis	105	92,077
K603 - Anal fistula	88	84,021

Top 10 Secondary diagnosis by cost

Secondary diagnosis	Activity	Cost
- No secondary diagnosis	497	439,228
K660 - Peritoneal adhesions	79	233,421
Z512 - Other chemotherapy	501	217,816
I10X - Essential (primary) hypertension	160	190,778
K828 - Other specified diseases of gallbladder	100	186,529
F171 - Mental & behavioural disorders due to tobacco use	78	105,327
J459 - Asthma, unspecified	70	77,682
K449 - Diaphragmatic hernia without obstruction or gangrene	48	76,774
K219 - Gastro-oesophageal reflux disease without oesophagitis	27	59,698
Z850 - Personal history of malignant neoplasm of digestive organs	13	47,327

Top 20 non-endoscopy procedures by cost

Procedures	Activity	Cost
J183 - Total cholecystectomy NEC	380	729,598
T202 - Primary repair of inguinal hernia using insert of prosthetic material	348	401,172
X921 - Cytokine inhibitor drugs Band 1	490	211,238
H524 - Rubber band ligation of haemorrhoid	324	206,476
G753 - Closure of ileostomy	34	155,402
G243 - Antireflux fundoplication using abdominal approach	41	106,207
T252 - Primary repair of incisional hernia using insert of prosthetic material	34	92,063
T243 - Repair of umbilical hernia using sutures	58	64,578
X368 - Other specified blood withdrawal	132	60,214
T272 - Repair of ventral hernia using insert of prosthetic material	26	55,987
L703 - Ligation of artery NEC	34	46,497
T242 - Repair of umbilical hernia using insert of prosthetic material	41	45,058
G211 - Intubation of oesophagus for pH manometry	97	37,406
H154 - Closure of colostomy	9	36,046
T462 - Drainage of ascites NEC	22	32,690
H553 - Laying open of anal fistula NEC	34	30,833
T273 - Repair of ventral hernia using sutures	16	29,693
T212 - Repair of recurrent inguinal hernia using insert of prosthetic material	27	28,506
J185 - Partial cholecystectomy NEC	5	28,343
H568 - Other specified other operations on anus	30	27,306

Elective admissions: Procedures 2014-15



No procedures

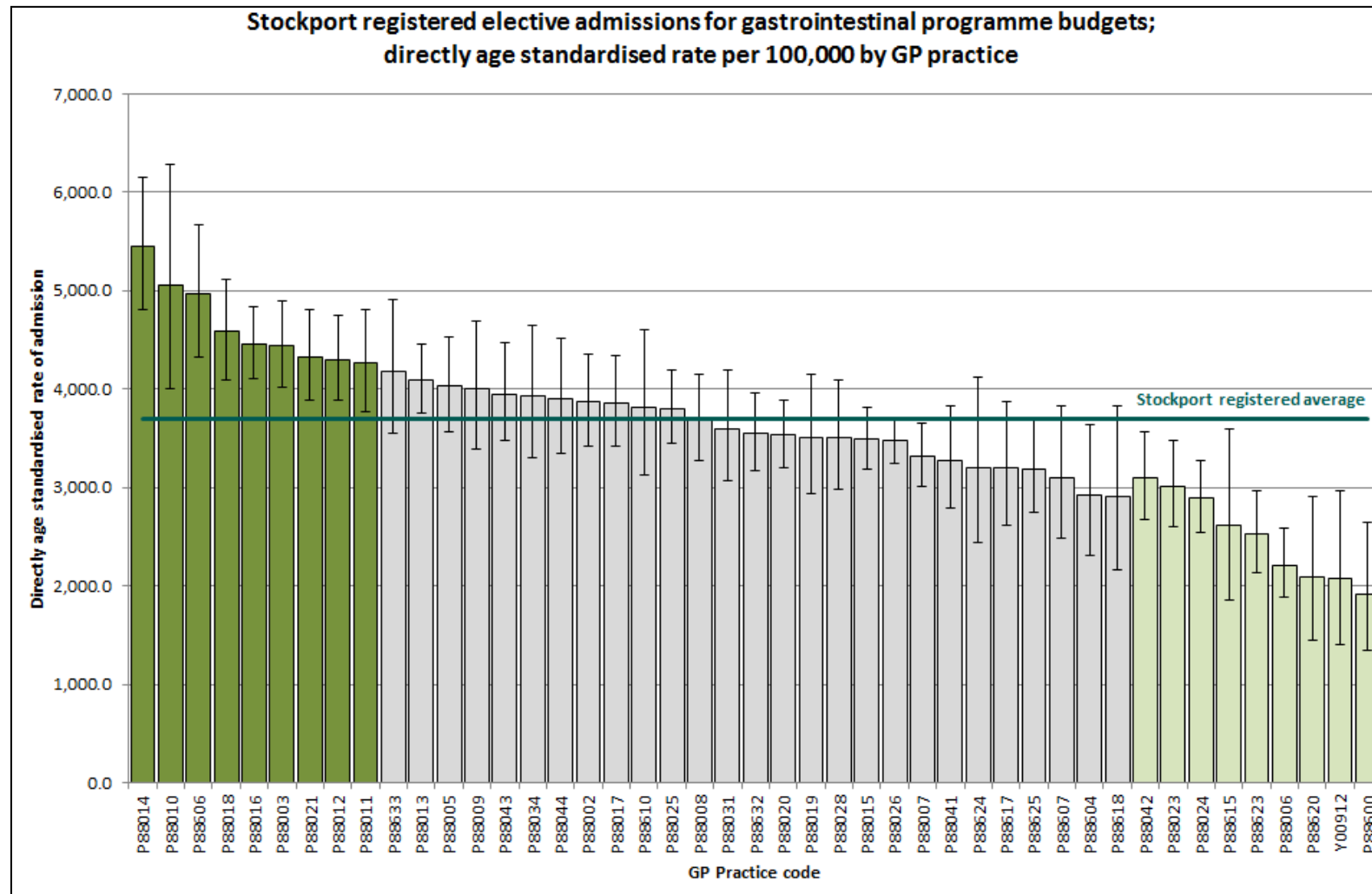
Top 10 Primary diagnosis by cost

Primary diagnosis	Activity	Cost
R18X - Ascites	6	19,410
R18X - Gastroenteritis and colitis of unspecified origin	11	19,099
K590 - Constipation	22	18,293
K632 - Fistula of intestine	2	15,767
K803 - Calculus of bile duct with cholangitis	3	12,842
R11X - Nausea and vomiting	11	9,804
K863 - Pseudocyst of pancreas	2	9,537
A084 - Viral intestinal infection, unspecified	8	6,277
K831 - Obstruction of bile duct	3	5,785
K219 - Gastro-oesophageal reflux disease without oesophagitis	19	5,549

Top 10 Secondary diagnosis by cost

Secondary diagnosis	Activity	Cost
- No secondary diagnosis	40	28,228
E119 - Type 2 diabetes mellitus without complications	3	15,731
R11X - Nausea and vomiting	4	15,506
K861 - Other chronic pancreatitis	2	9,537
K802 - Calculus of gallbladder without cholecystitis	2	7,746
I10X - Essential (primary) hypertension	5	7,030
E86X - Volume depletion	2	6,320
R13X - Dysphagia	10	6,142
J90X - Pleural effusion, not elsewhere classified	1	5,994
J22X - Unspecified acute lower respiratory infection	2	5,820

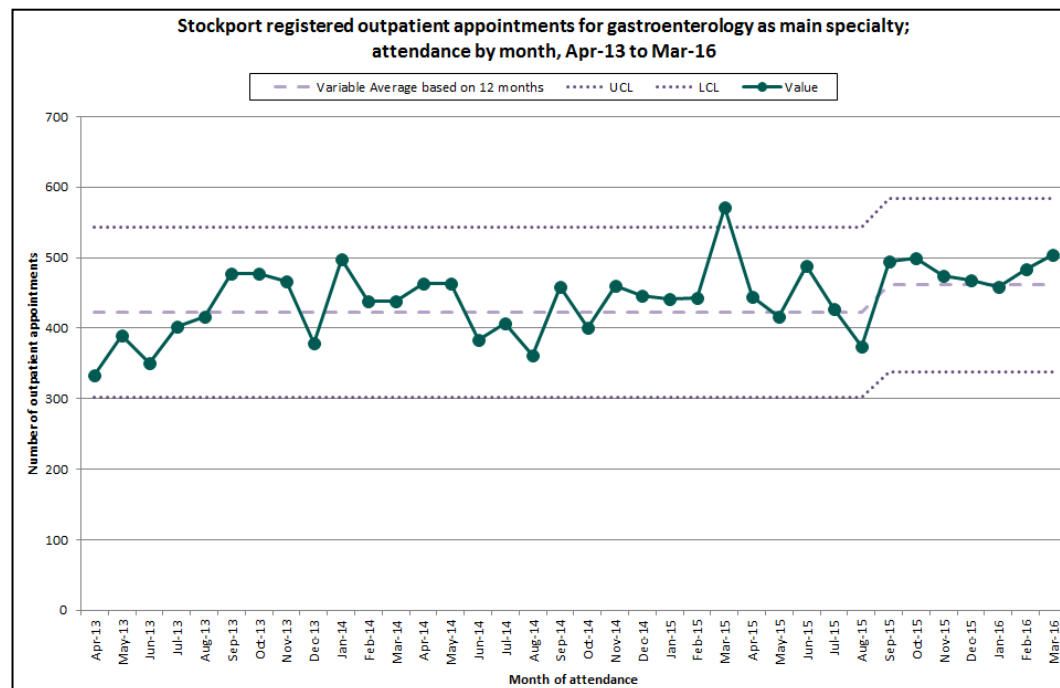
Elective admissions: GP Practices 2014-15



- The above graph shows a directly age standardised rate of elective admissions per 100,000 GP population in 2014-15 where the gastrointestinal programme budget has been coded, by GP practice.
- The overall Stockport registered average was 3,692.8 admissions per 100,000.
- The 9 GP practices coloured dark green are significantly higher than the Stockport average. The 9 coloured light green are significantly lower.
- Those practices coloured grey have no significant difference to the Stockport average.

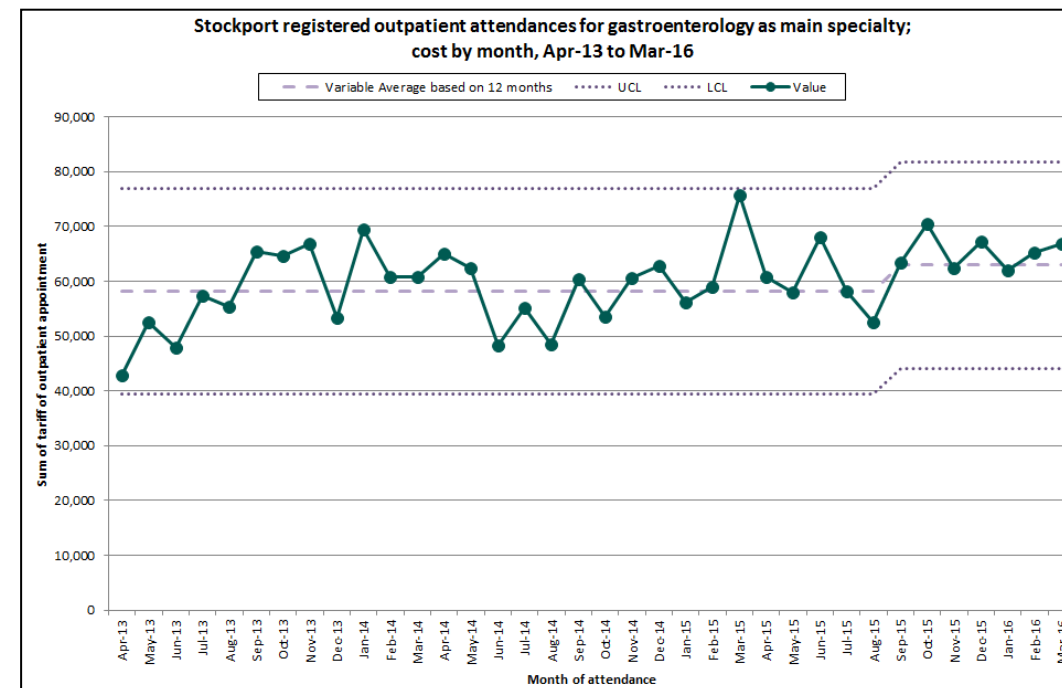
Outpatients: Trends

Activity by month



- Outpatient attendances by count of activity have been on an upward trend between April 2013 and March 2016.
- There was a peak in attendances in March 2015 of 572 and a low in April 2013 of 334.
- March 2015 was also the only period out of control.
- The first twelve month average of attendances was 422, however by September 2015 the average needed to be adjusted. The average attendance count for the twelve months up to March 2016 was 461.

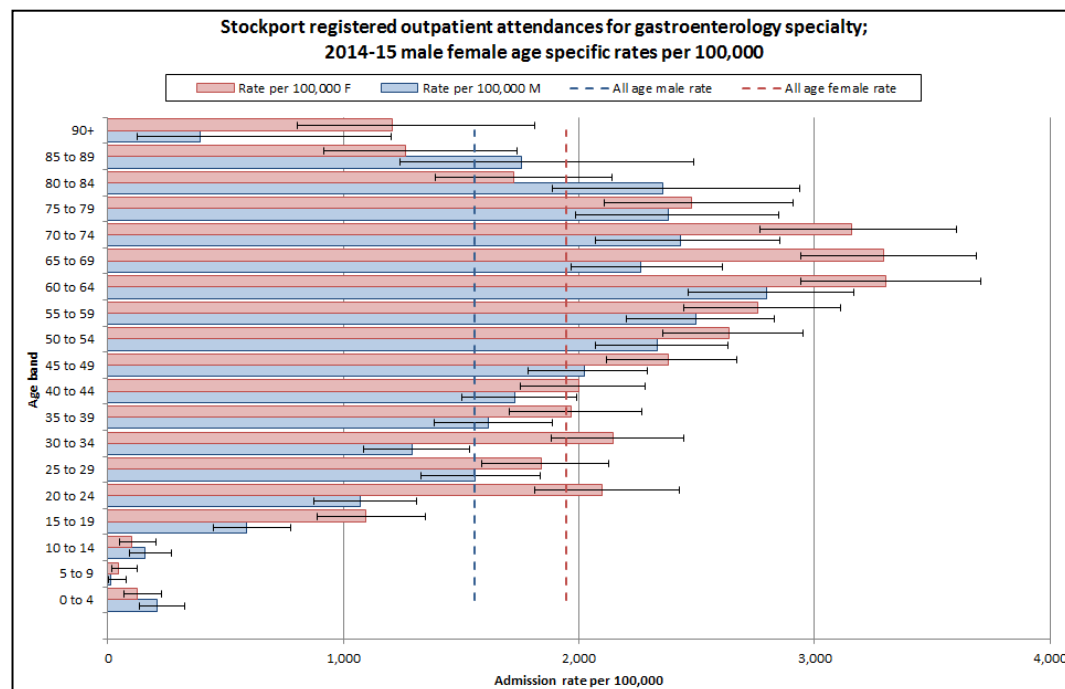
Cost by month



- Outpatient attendances by sum of tariff have been rising but in control between April 2013 and March 2016.
- The peak in costs in March 2015 was £75,603 and the low in April 2013 was £42,898.
- The average cost per month of activity for the first 12 months was £58,117. By September the average had to be adjusted so the 12 month average up to March 2016 was £62,914.

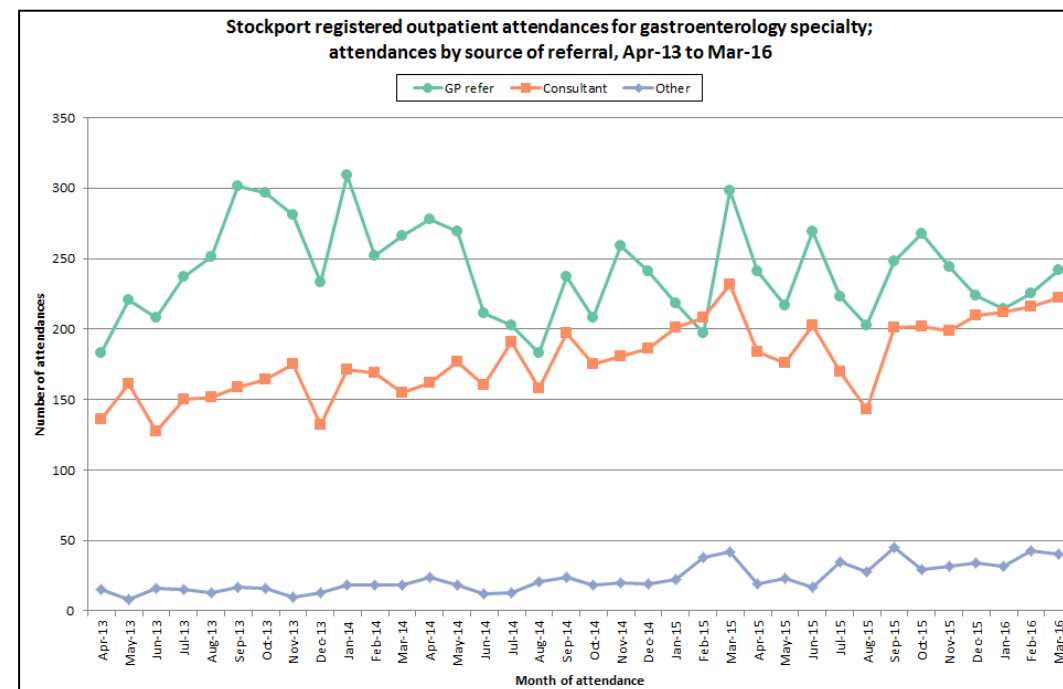
Outpatients: Trends

Activity by age and gender



- All age female rates are higher (1,944.9 per 100,000) than all age male rates (1,556.1)
- In males those under 25 are significantly lower than the average. Over the age of 45 up until the age of 80 males have significantly higher rates than average.
- In females those under 20 are significantly lower from the average. All ages over 45 are higher than average up to age 79.
- Those aged between 40 and 69 are responsible for 56% of all outpatient attendances yet make up 40% of the registered population.
- The most common age group to attend outpatients is 50 to 54 in terms of raw numbers.

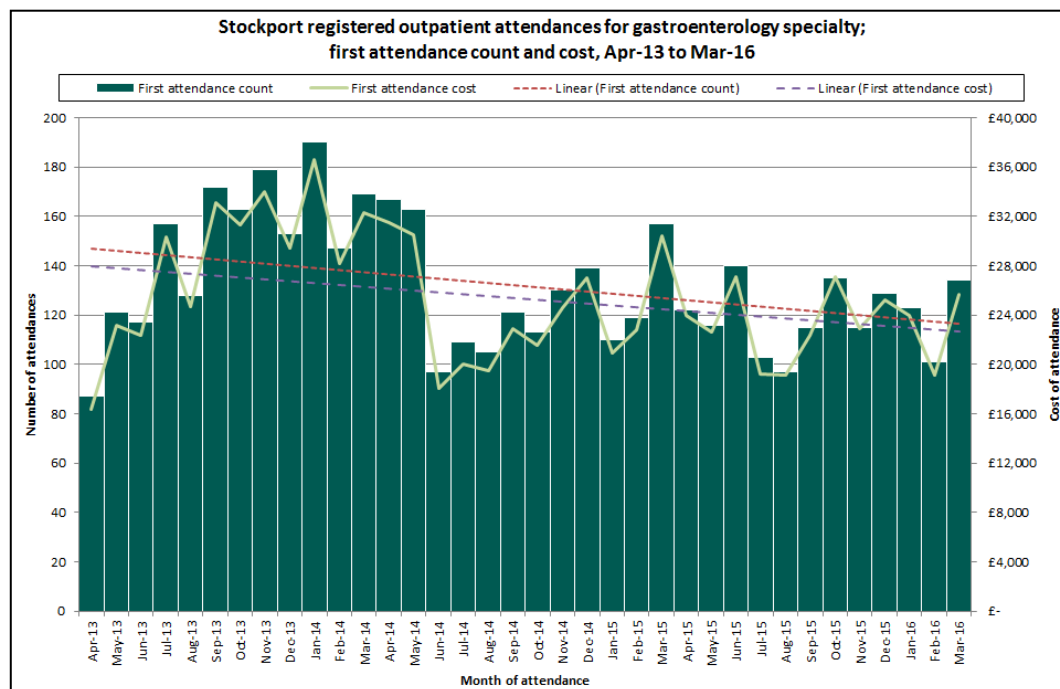
Activity by source of referral



- Attendances that were referred by a GP have overall remained flat between April 2013 and March 2016 but have shown wide variation in between.
- Those that were referred by a consultant, whether that be the consultant responsible for outpatient episode or another consultant, have risen between April 2013 and March 2016. The rise has been fairly steady with only a period of decline between March and August 2015.
- Consultant referred attendances have moved closer to GP referrals in terms of the percentage of all attendances. In March 2016 GP referrals accounted for 48% of all attendances whilst consultant referrals accounted for 44%.
- Other referrals, such as self referral and referral from ED have also risen but only typically make up around 5% of all attendances.

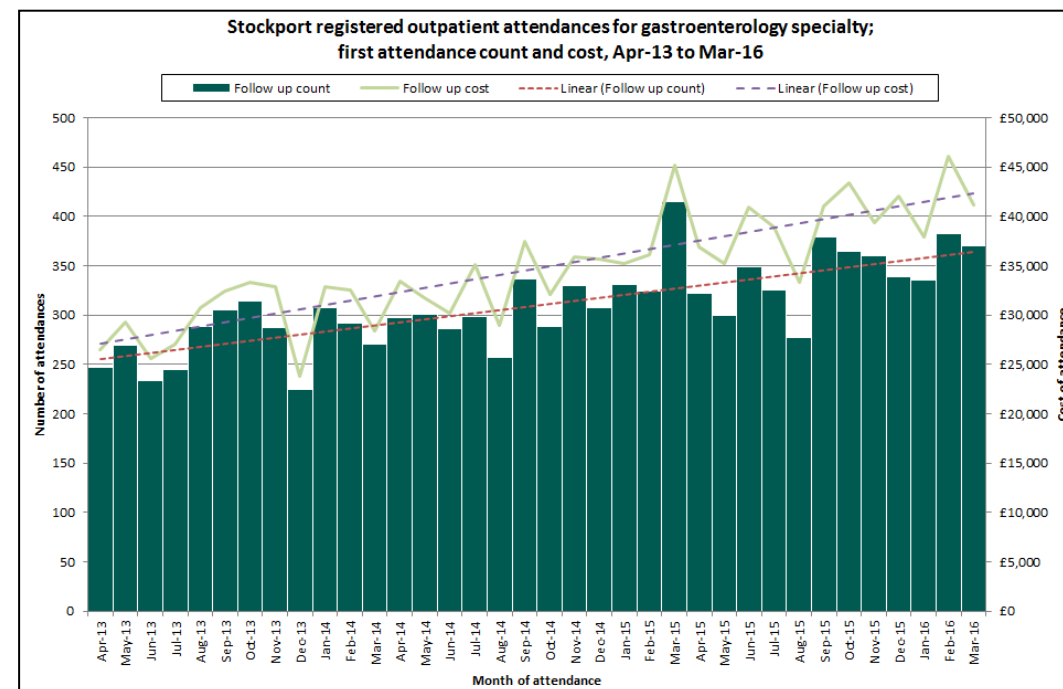
Outpatients: Trends

Activity and cost by appointment type – First attendance



- First outpatient attendances rose between April 2013 to a peak in January 2014 when the count of attendance was 190 and the cost £36,601.
- There then followed a downward trend to June 2014 before rising again up to March 2015.
- Since March 2015 the trend has been more stable around 120 attendances a month at a cost of around £20-25,000.

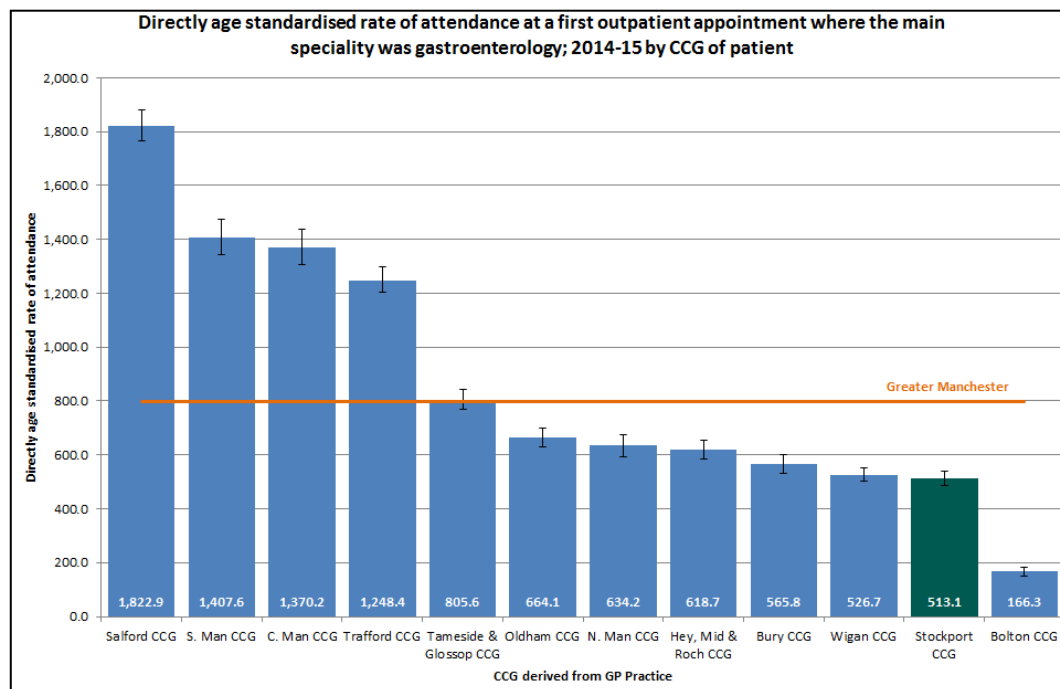
Activity and cost by appointment type – Follow up attendance



- Follow up attendances have shown a clearer upward trend than first outpatient attendances in both cost and count.
- There was a peak in attendance in March 2015 when there were 415 attendances however the maximum cost came in February 2016 (£46,131)
- The lowest count of attendance was in December 2013 when there were 225 attendances. This was also the lowest month for costs at £23,844
- Follow up attendances are consistently higher in both cost and count than first attendances and are also showing greater levels of increase.

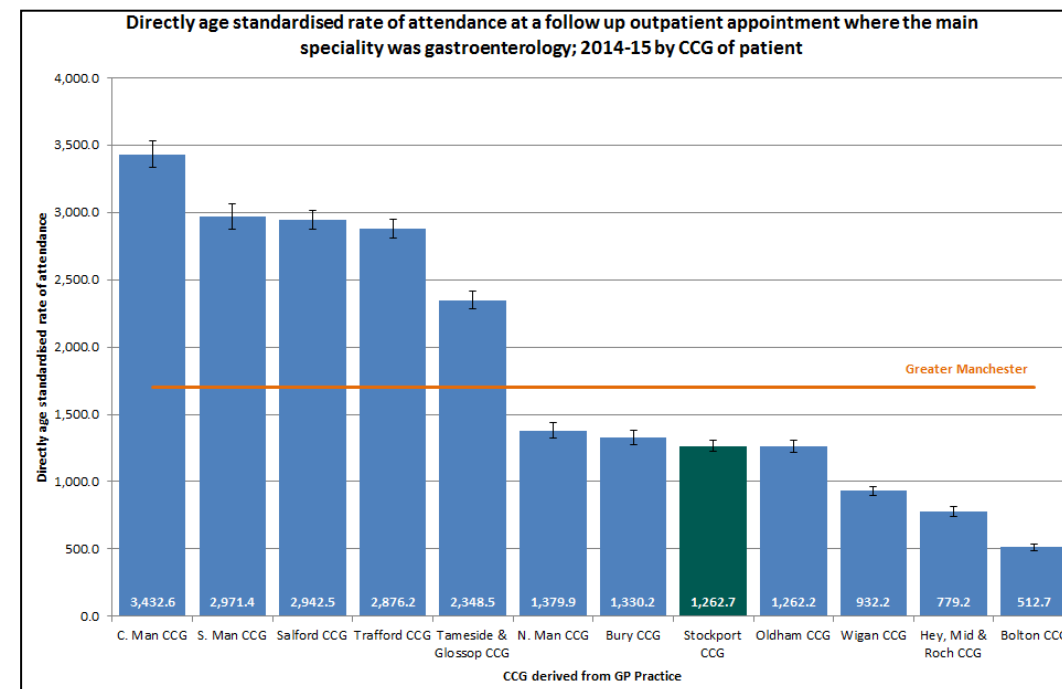
Outpatients: Trends

Benchmarking outpatient activity – First attendance



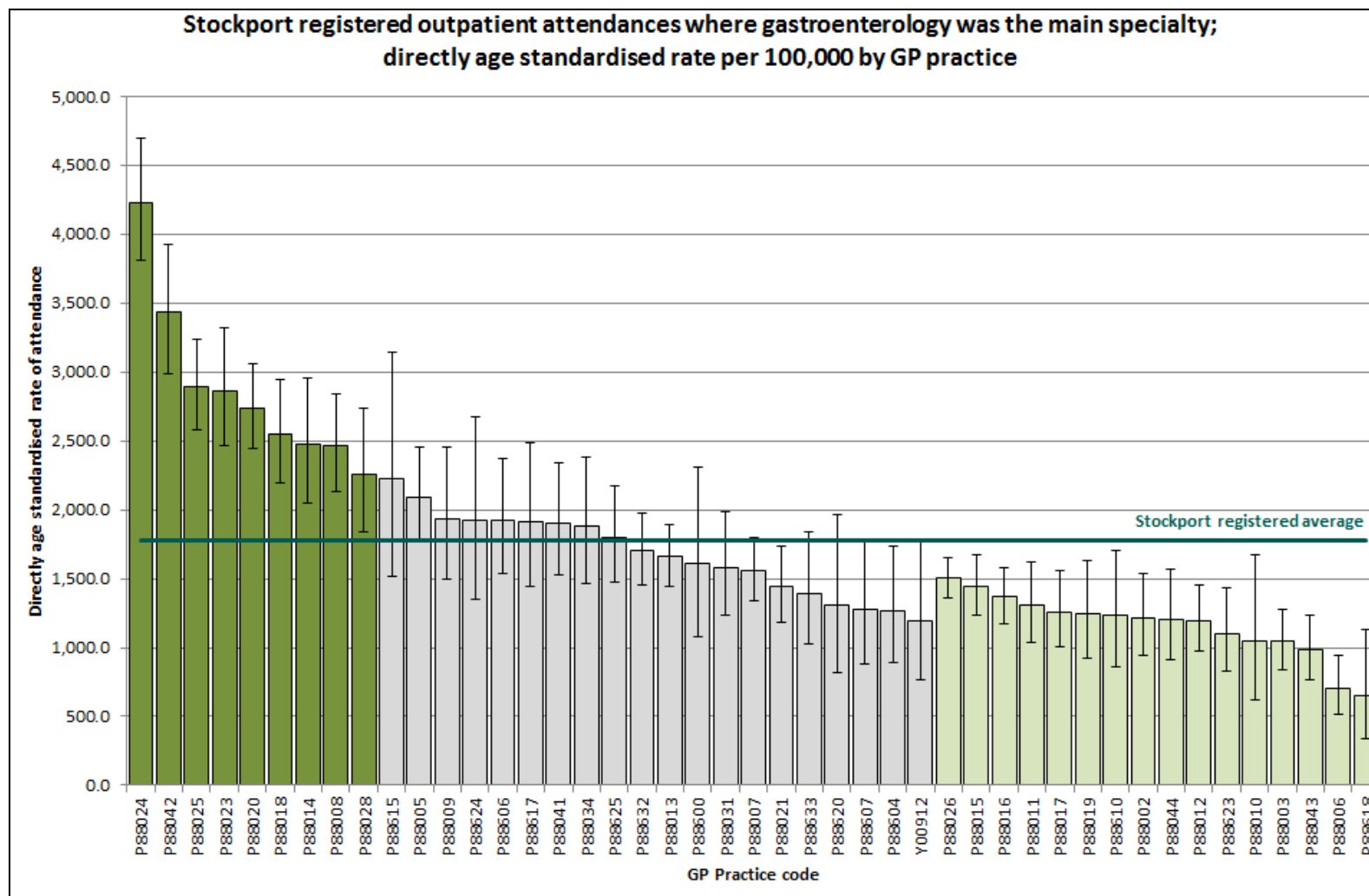
- Stockport has a directly age standardised attendance rate at first outpatient appointments of 513.1 per 100,000 where gastroenterology was the main speciality.
- This rate is significantly lower than the Greater Manchester rate of 798.6. Greater Manchester has a range of 1,656.6 from Salford at 1,822.9 to Bolton with 166.3
- Stockport ranks 11 out of the 12 CCGs in Greater Manchester where 1 would be Salford CCG with the highest rate of attendance.

Benchmarking outpatient activity – Follow up attendance



- Stockport has a directly age standardised attendance rate at follow up outpatient appointments of 513.1 per 100,000 where gastroenterology was the main speciality.
- This rate is significantly lower than the Greater Manchester rate of 1,699.8. Greater Manchester has a range of 2,920.0 from Central Manchester at 3,432.6 to Bolton with 512.7
- Stockport ranks 8 out of the 12 CCGs in Greater Manchester where 1 would be Central Manchester CCG with the highest rate of attendance.

Outpatient attendances: GP Practices 2014-15



- The above graph shows a directly age standardised outpatient attendance rate per 100,000 GP population in 2014-15 where gastroenterology was the main specialty, by GP practice.
- The overall Stockport registered average was 1,777.2 admissions per 100,000.
- The 9 GP practices coloured dark green are significantly higher than the Stockport average. The 16 coloured light green are significantly lower.
- Those practices coloured grey have no significant difference to the Stockport average.