

Announcement of methodological changes to the Compendium emergency readmissions indicators

Background

The emergency readmission indicators were last published in November 2025 using methodologies aligned across Compendium and NHS Outcomes Framework (NHSOF) indicators.

These indicators are used, in part, to assess the quality of the discharge and ideally the calculated value should be attributed to the provider that originally discharged the patient. However, in its current formulation the indicator value is attributed to the provider that admitted the patient. The admission and discharge episodes occur from the same provider in 99% of cases and the choice to use the admission episode was originally made as a blanket solution due to that episode's better data quality. We have recently reconsidered this and have concluded that the discharge episode should be used for providers and the other geographies left with the admission episode.

As part of the last methodological change, we took steps to remove mental health activity from the indicators. This approach is further strengthened as the second change being implemented to exclude discharge methods where DISMETH = 3 "*discharged by mental health review tribunal, Home Secretary or Court*".

The purpose of this document is to describe how these changes will impact the results of these indicators from the next Compendium publication onwards.

Methodological changes

From the November 2026 publication onwards, the methodology used within the Compendium emergency readmissions indicators will include the changes described below. Full details of the updated methodology will be available in November 2026 when the next publication occurs. The indicator specification documents will be available to download from the Compendium dataset pages located here: <https://digital.nhs.uk/data-and-information/publications/statistical/compendium-emergency-readmissions>.

1. Provider Code Source

Previously the provider at the admission episode of the Continuous Inpatient (CIP) spell has been used to attribute the discharge event to. However, this will be moved to more correctly sit with the discharge episode.

Impact

In most cases the impact of this change is small as the admission and discharge episodes occur from the same provider in 99% of cases. There are a small number of instances where one provider transfers patients to another to continue care that may be impacted. The following analysis is based on data for discharges in the period April 2015 to March 2025:

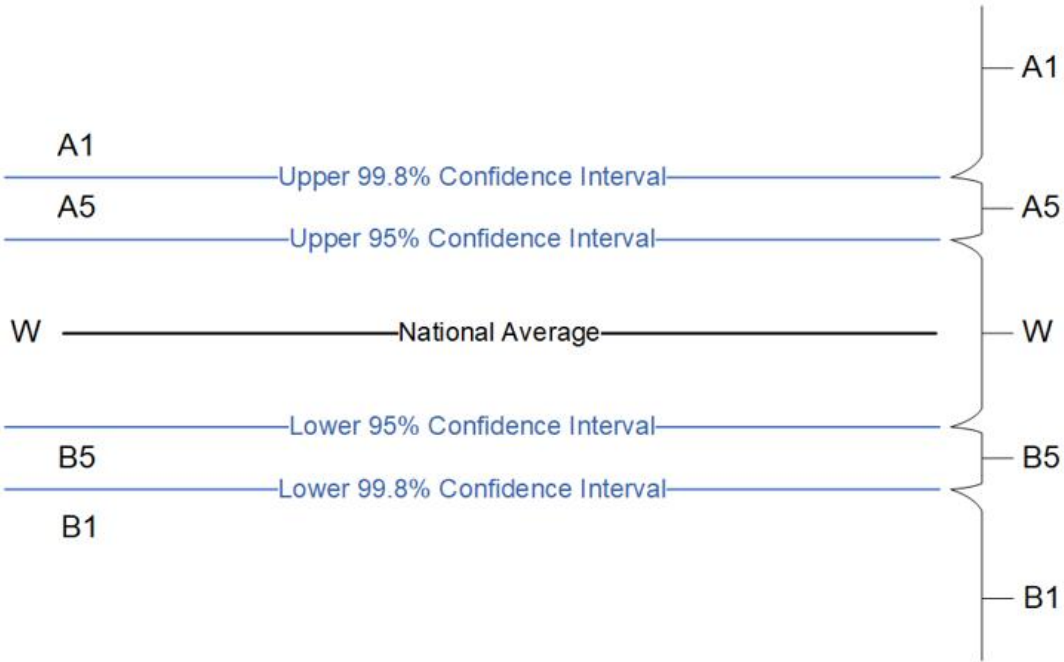
- All CIP spells that can be used to count discharges for this indicator have a provider code in the discharge episode. Across the period the admission and discharge episodes are attributed to the same provider in 99.2% of cases leaving 0.8% instances

where there is a different provider¹. This can occur, for example, when one provider transfers a patient to a second provider for specialist treatment or rehabilitation.

- There are changes at a provider level as would be expected. Across the period the average change in value for matching records (persons, all ages) where the denominator exceeded 200² was a decline of 0.10%.

For the latest year 2024/25 the average change for the same group as above was a decline of 0.08%. Only 10 providers (3% of the total) showed changes outside the range $\pm 1\%$ with 6 showing a decline and 4 seeing an increased indicator value (in all cases the providers stayed in the average or below average bands).

The diagram below illustrates the banding and codes used to describe them. A banding of “W”, for example, is attributed to an indicator value that falls within the upper and lower 95% confidence intervals for all results.



Analysis of how the bands into which an indicator value falls (person, all ages) changes with and without the changes described is summarised in the matrix below. The main diagonal shows where the band for the current method (rows) are the same as the revised one (columns), for example, 99% of the providers in Band A1 will remain in Band A1.

Several providers that are not represented in the current method outputs but are represented in the revised method and in all cases they are attributed a band from the national average and lower.

There are also a handful of instances where the opposite occurs and providers previously in the output will drop out.

¹ There is a general decline in the rate of instances where there is a different provider at the discharge vs the admission from 0.94% in 2015/16 to 0.68% in 2024/25.

² To avoid the influence of small activity volumes on the variance.

	New Band					
As Is Band	A1	A5	W	B5	B1	No Record
A1	99%	0%	1%	0%	0%	0%
A5	10%	73%	16%	0%	0%	1%
W	0%	1%	91%	5%	2%	1%
B5	0%	0%	7%	85%	8%	0%
B1	0%	0%	0%	2%	97%	0%
No record	0%	0%	68%	24%	8%	0%

- While this change only influences from which record the provider code is sourced there is a minor knock-on effect to the national and some of the sub-national values as the same field is used to exclude some CIP spells from calculations e.g. mental health providers.

At a national level there is an average drop in the indicator value (persons, all ages) across the whole period of -0.01%, with the maximum change seen -0.02%. The trend shows a reducing impact nationally from -0.018% in 2015/16 to -0.003% in 2024/25.

At the sub-national level there is an average drop in the indicator value (persons, all ages) of -0.01% for Area classification, Deprivation, ICB, Region, Sex and Treatment Function matching the national changes for the whole period. CCG and Local Authorities have impacts lower than this.

2. DISMETH Activity Excluded

In the previous methodological change notice, we describe how mental health activity in HES was to be excluded by:

- Removing providers that had submitted activity to the Mental Health Services Dataset (MHSDS) and that were no longer submitting data to HES.
- Removing all Continuous Inpatient (CIP) spells that have mental health activity based on their Mental Health Services Treatment Function Codes.

A further filter step will now be added to exclude activity where the Discharge Method (DISMETH) code = 3 (*“discharged by mental health review tribunal, Home Secretary or Court”*). This leaves the only discharge method applied to be DISMETH = 1 (*“discharged on clinical advice or with clinical consent”*) and seems appropriate for what is being measured.

Impact

As DISMETH = 3 accounts for less than 0.03% of all discharges unsurprisingly the impact of this change is extremely small. The following analysis is based on data for discharges in the period April 2015 to March 2025:

- At the national level (persons, all ages), the numerator and denominator values decreased. The numerator decreased on average 416 (<0.05%) and denominator 2,667 (<0.04%) for the period. The indicator values changed insignificantly from a 0.0003% increase to a 0.0017% decrease.
- The change in the indicator value at the sub-national level (excluding providers) was an average increase of 0.001% with 99.9% of values moving less than $\pm 0.1\%$. The 0.01% of values (11) moving more than this were all part of the Treatment Function breakdowns across all years and were typically made up of small volumes making them susceptible to change.

- The average provider indicator value, excluding those values labelled with “caution” due to sample size and for all ages and persons, in 2015/16 shows a drop of 0.0016% and in 2024/25 an increase of <0.0007%. There is an increase year on year to the pandemic after which the change flattens at around a 0.0005% increase.

Looking at outliers the largest decrease across the period is -0.29% and 0.17% is the largest increase in the indicator. There are only 8 instances outside the range $\pm 0.1\%$ and all for different providers. They all stay in the same banding except for one that drops further below the national average.

Combined Impact

Given the insignificant impact of the DISMETH change its impact against the Provider data source is also insignificant as this provides the most significant impact.

Timing

The first publication to be affected by both these changes will be the November 2026 release, which covers discharges in the period 2015/16 to 2025/26. All trend data will be refreshed using this new methodology.

Further information

Questions and feedback on the publication are welcomed and should be sent to enquiries@nhsdigital.nhs.uk or alternatively call 0300 303 5678.