



10 DOWNING STREET

THE PRIME MINISTER

13 April 1983

Dear Ralph

Thank you for your letter dated 14 March about the NHS Management Inquiry and other NHS matters.

I note what you say about the NHS Management Inquiry and I am glad that you were so greatly impressed with Roy Griffiths. I have now also seen his reply to you dated 31 March. I understand you have discussed all your concerns with Norman Fowler and Kenneth Clarke and they have agreed to continue to keep you in touch with these events. I think therefore it best to leave these matters to them at this stage.

I should add that, on your particular point about the DHSS staff support for the Inquiry, both Norman and myself very much agree with Roy Griffiths. Your quotation from my letter dated 11 October 1982 refers to the team of businessmen not the administrative support staff. You will see from the enclosed press statement that the NHS Management Inquiry Team is made up entirely of high level businessmen from outside Government and the NHS. Roy Griffiths is free to bring in other outsiders, including management consultants, if he so wishes. It would be very difficult for a team of outsiders such as this to operate without assistance from DHSS and I therefore think it is important to have a DHSS officer in charge of the support staff. Roy Griffiths has made it quite clear that he supports this arrangement and he knows that he can both change the leader of his support staff and bring in outside support if he wishes. Indeed, I understand

/ Jim Blyth

253

Jim Blyth has already decided to bring in such support from United Biscuits to assist him with one of his tasks.

I still feel that if you have criticisms of the Comptroller and Auditor General and his Department it would be best to refer these to the Public Accounts Committee. But naturally we intend our Inquiry to determine whether the manpower and other resources of the NHS are used effectively.

Yours ever  
Ragout

Ralph Howell, Esq., M.P.



# PRESS RELEASE

Alexander Fleming House  
Elephant and Castle  
London SE1 6BY

Telephone 01-407 5522

83/30

3 February 1983

## NHS MANAGEMENT INQUIRY

Four leading businessmen are to conduct an independent Management Inquiry into the effective use and management of manpower and related resources in the National Health Service. The Inquiry Team, under the leadership of Mr Roy Griffiths, Deputy Chairman and Managing Director of Sainsburys, have agreed to advise Norman Fowler, Secretary of State for Social Services, on progress by the end of June this year.

Mr Fowler announced the management inquiry in reply to a written parliamentary question from Mrs Jill Knight MP for Edgbaston this afternoon (Thursday) which asked him if he would make a statement on what plans he has to control manpower in the NHS. Mr Fowler said:

"I have today established an independent NHS Management Inquiry into these matters. Health authorities in England have a revenue budget of almost £9 billion; employ about a million people; and spend almost 75% of their revenue on pay. The Government needs to be satisfied that these considerable resources are managed efficiently and give the nation value for money. The Inquiry will be led by Mr Roy Griffiths, Deputy Chairman and Managing Director of J Sainsbury PLC. Mr Griffiths will be assisted by Mr Michael Bett, Board Member for Personnel at British Telecom, Mr Jim Blyth, Group Finance Director of United Biscuits, and Sir Brian Bailey, Chairman of Television South West and of the Health Education Council and formerly Chairman of South Western Regional Health Authority. As my expert advisers, they will give me advice, on the effective use and management of manpower and related resources, as their enquiries proceed. We aim to make the earliest possible impact on the management of the NHS for the benefit of patients and the community as a whole. Mr Griffiths will advise me on progress by the end of June 1983."



The Inquiry Team will be supported by a small group of staff led by Mr Cliff Graham, an assistant secretary at the Department of Health and Social Security. The support staff will also include health service experience and private sector expertise.

Mr Griffiths has not been asked to prepare a report nor will the Team act in any way like a Royal Commission or Committee of Enquiry. The Team will advise on what more needs to be done, within existing resources, to secure the most effective use and management of NHS manpower and related resources. They will identify major management issues for examination by individual team members and the support staff and will transmit their findings to the Secretary of State for early incorporation into NHS and DHSS management practice.

In commenting on the Inquiry, Mr Fowler said:

"Over the last four years this Government has devoted extra resources to the NHS. Next year we will be spending nearly £13 billion on the NHS in England. That represents a real increase in services of  $7\frac{1}{2}\%$  and an increase of 17% against the Retail Price Index. But what matters most is the actual services the patients are getting for this money and the way in which the delivery of these services is managed by the NHS.

"In 1979 we therefore embarked on the essential task of strengthening the management of the NHS and improving its efficiency and effectiveness in the interests of the patients. First, we slimmed down the structure of administration to cut out unnecessary bureaucracy. Second, we developed a new framework of public accountability and review, to clarify and make more effective the management chain from the District to the Secretary of State. Third, we launched a whole series of initiatives, aimed at improving the management efficiency of the NHS; including NHS manpower targets, the development of NHS performance indicators and the introduction of financial targets for efficiency savings.

"What we need to be sure of is that in practice this whole management process is working properly and that it produces, for both patients and public alike, the best possible service from the very large resources allocated to the NHS.



"We are therefore now setting the Inquiry Team two main tasks:

- to examine the ways in which resources are used and controlled inside the health service, so as to secure the best value for money and the best possible services for the patient;
- to identify what further management issues need pursuing for these important purposes.

"We could simply have set up another Royal Commission and then sat back for several years to await its lengthy report, but on past experience that would not lead to effective action. Instead, we have gone straight for management action, with the minimum of fuss and formality. I am grateful to Mr Griffiths and his colleagues for agreeing to carry out this task."

#### NOTE FOR EDITORS

Mr Griffiths has been Deputy Chairman and Managing Director of Sainsburys since 1979. He joined the company in 1968 from Monsanto Europe, where he was a Director. He became a Director of Sainsburys in 1969 and Deputy Chairman in 1975.

Mr Bett has been on the Board of British Telecommunications since 1981. He was previously Director of Personnel at the BBC.

Mr Jim Blyth, is Group Finance Director of United Biscuits

Sir Brian Bailey is Chairman of the Health Education Council and was, until the end of last year, Chairman of the South Western Regional Health Authority. He is Chairman of Television South West and was an official of NALGO for many years.





DEPARTMENT OF HEALTH & SOCIAL SECURITY

Alexander Fleming House, Elephant & Castle, London SE1 6BY

Telephone 01-407 5522

*From the Secretary of State for Social Services*

Willie Rickett Esq  
Private Secretary  
10 Downing Street  
London SW1

Dear Willie

*Mr. Scholar*

*11/4/83*

*2 p. type wmv 12/4*

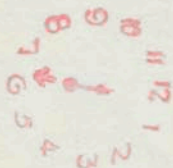
In your letter of 16 March you asked for a draft reply for the Prime Minister to send to Mr Ralph Howell following his letter of 14 March about the NHS Management Inquiry. As you know, it was agreed that we would provide a draft after Secretary of State and Mr Clarke had met Mr Howell and Mr Stainton on 30 March. A draft reply is now enclosed.

I am copying this letter and enclosures to Judith Simpson at the Treasury.

*Yours ever*

MRS C L SOUTER  
Private Secretary





2 APR 1983



## DRAFT LETTER FROM THE PRIME MINISTER TO RALPH HOWELL MP

Thank you for your letter dated 14 March about the NHS Management Inquiry and other NHS matters.

I note what you say about the NHS Management Inquiry and I am glad that you were so greatly impressed with Roy Griffiths. I have now also seen his reply to you dated 31 March. I understand you have discussed all your concerns with Norman Fowler and Kenneth Clarke and they have agreed to continue to keep you in touch with these events. I think therefore it best to leave ~~all~~ these matters to them at this stage.

I should add that, on your particular point about the DHSS staff support for the Inquiry, both Norman and myself very much agree with Roy Griffiths. Your quotation from my letter dated 11 October 1982 refers to the team of businessmen not the administrative support staff. You will see from the enclosed press statement that the NHS Management Inquiry Team is made up entirely of high level businessmen from outside Government and the NHS. Roy Griffiths is free to bring in other outsiders, including management consultants, if he so wishes. It would be very difficult for a team of outsiders such as this to operate without assistance from DHSS and I therefore think it is important to have a DHSS officer in charge of the support staff. Roy Griffiths has made it quite clear that he supports this arrangement and he knows that he can both change the leader of his support staff and bring in outside support if he wishes. Indeed, I understand Jim Blyth has already decided to bring in such support from United Biscuits to assist him with one of his tasks.

*Occasionally* I still feel that if you have criticisms of the C — and A — G — and his department it would be best to refer these to the P — A — C — . <sup>but</sup> [Naturally we intend our Inquiry to determine whether the manpower and other resources of the NHS are used effectively.]



The Managing Director's office

J Sainsbury plc  
Stamford House  
Stamford Street  
London SE1 9LL

**SAINSBURY'S**

01-921 6000

Telex 264241

31st March, 1983

Ralph Howell, Esq., M.P.,  
House of Commons,  
LONDON,  
S.W.1A OAA.

Dear Mr. Howell,

Thank you very much for sending me a copy of your letter of the 15th March to the Prime Minister. I believe it was explained to you that I have been away from London (albeit not altogether away from the work of the Inquiry) until this week.

I enjoyed the meeting with yourself and Mr. Stainton. You left me in no doubt as to your concern on manpower in the NHS and on the question of executive authority at the centre. I explained to you the nature of our initial work and am convinced that we are working purposefully on the right lines.

It was very good of you to comment favourably in your letter on our meeting and on myself. I do, however, again assure you, in view of your expressed doubts as to whether a Civil Servant could be sufficiently open minded and independent to head up the support team, that I am quite happy with the position. I was clearly aware of the possible disadvantages of such an appointment, but I concluded that it was vital to have this type of support to facilitate work with the DHSS. The individual concerned, Mr. Cliff Graham, has enormously impressed me, not only with his ability, but by his objectivity and commitment to the work

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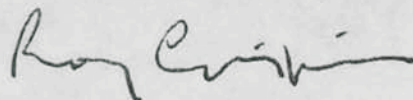
Ralph Howell, Esq., M.P. 31st March, 1983

envisaged. I make the latter comments as a very considered assessment and not simply as a gesture of reassurance to you.

I have not copied this letter to the Prime Minister, but am quite happy that either you or Norman Fowler, to whom I am sending a copy, should use it as appropriate in discussion with No. 10.

Very best wishes,

Yours sincerely,



E.R. GRIFFITHS

cc. Rt. Hon. Norman Fowler

*Intro 1/86/4*  
*Before passing this on to PS/Chancellor you will need to get backing papers from Judd*  
MR DURRANT - MCU

FROM: C H A JUDD  
DATE: 25 March 1983

cc Mr Allwood  
Mr P M Rayner  
Mr Heaver

6 APR 1983

MR HOWELL'S LETTER TO THE PRIME MINISTER  
OF 14 MARCH

We never saw what the Prime Minister wrote following the draft provided with Miss Rutter's letter of 22 September but I understand from Mr Scholar that it omitted para 2 of that draft. Mr Howell's new letter suggests that para 4 was followed.

... 2. There is little to add. A draft response to No.10 is attached.

*CSJ*

C H A JUDD

*PS/EST ch*

*As the FST was quite closely involved in the earlier round of correspondence (see Stage A), you may wish to see.*

*JB.*

*6/4/83*



DRAFT LETTER TO NO.10 (copy DHSS)

The Treasury does not think it necessary to rise to Mr Howell's further remarks about the C & AG, E & AD and PAC. The Prime Minister's point was that since these bodies carry out external checks on behalf of Parliament (as the St. John-Stevas Bill insists) it is not for the Government to respond to him.

Departments do not of course expect to rely on Parliamentary investigations to discover waste. Their internal management and audit should prevent or discover it first. The Government is strengthening financial management, including internal audit, across all departments.

① 11/4

Ralph HOWELL, M.P.

28/3

End



10 DOWNING STREET

*From the Private Secretary*

16 March 1983

I enclose a copy of a letter the Prime Minister has received from Mr. Ralph Howell, M.P.

I should be grateful if you would let me have a suitable draft reply which the Prime Minister might send to Mr. Howell by Monday, 28 March.

I am copying this to Jill Rutter (HM Treasury) since you may wish to consult her over the drafting of the reply because of Mr. Howell's criticisms of the C&AG and the Exchequer and Audit Department.

W. F. S. RICKETT

D.J. Clark, Esq.,  
Department of Health and Social Security.

6



RALPH HOWELL, M.P.



HOUSE OF COMMONS  
LONDON SW1A 0AA

Prime Minister <sup>a LG mes</sup>  
Ralph Howell remains  
unhappy with the form of the  
MHS inquiry and the effectiveness  
of the C&A Act. I will ask  
Mr Fowler's Office and the Treasury  
for a draft reply.

Act - 16/3  
16 - "  
14 March 1983

WJ  
15/2

The Rt. Hon. Mrs. Margaret Thatcher, M.P.  
Prime Minister

Ris

Dear Prime Minister,

I was very pleased to learn of the establishment of the independent National Health Service Management Inquiry under the Chairmanship of Mr. Roy Griffiths.

Naturally I have been keen to ascertain that the Inquiry will be as fully independent as I had originally suggested.

Keith Stainton and I met Mr. Griffiths last week, together with Mr. Cliff Graham, who has been seconded by the D.H.S.S. to help Mr. Griffiths and his team in their work. Whilst we were greatly impressed by Mr. Griffiths, we were concerned that the Inquiry will not be all that you planned in your letter to me of 11th October, 1982, when you said "accordingly Norman Fowler proposes to follow this up shortly with the establishment of a major manpower inquiry which will bring in a high level outsider supported by his own team and management consultants to help him drive these initiatives forward and to assess what more is needed"

We are not satisfied that a Civil Servant, who has been so closely involved in the D.H.S.S., can be totally open-minded or in any way classified as the independent type of support promised in your letter.

We understand that the team is to present a report to Norman during June. We would like to suggest that it would be desirable for a copy of the report to be submitted simultaneously to the Cabinet Office.



When Keith Stainton and I met Sir Kenneth Stowe we discussed the issue of N.H.S. reorganisation and the allegations which had been made to me by Dr. Hewitt, ex-Medical Officer of Health for Havent, that efforts had been made to ensure that just as many posts remained as existed before reorganisation. Mr. Geoffrey Hulme, Principal Finance Officer at the D.H.S.S., questioned, in a most provocative way, why this should not be so.

Whilst I naturally support the plans to save up to £800M in privatising catering, laundry and other cleaning services, I do not think it makes sense to say that any savings will go back into more services. If this happens we can never reduce the burden of Government expenditure to enable us to reduce taxation. Everybody knows that waste should be reduced, yet we still seem so nervous of actually reducing public expenditure.

Regarding the last paragraphs of your letter of 11th October, I feel you have missed my point completely when I complained about the unsatisfactory performance of the C. & A.G. and Exchequer & Audit Department. The C. & A.G. has been sending numerous reports on manpower and other issues to the Public Accounts Committee, presumably ever since the N.H.S. was set up. The subsequent explosion of manpower and waste generally, which the Public Accounts Committee has done little or nothing to stop, makes me think that it would be a sheer waste of my time to approach the Public Accounts Committee.

My letter and submissions of 31st August 1982 contained a number of very serious allegations. I feel the action taken so far and the measures planned for the future to be inadequate and also too relaxed to deal with these very serious matters.

I would be most grateful if you could find time to see me to discuss these issues.

Yours ever,  
Ralph.





PA

DEPARTMENT OF HEALTH & SOCIAL SECURITY  
Alexander Fleming House, Elephant & Castle, London SE1 6BY

Telephone 01-407 5522 ext 6981

From the Permanent Secretary

Sir Kenneth Stowe KCB CVO

*X ref R*

PERSONAL

John Sparrow Esq  
Central Policy Review Staff  
Cabinet Office  
70 Whitehall  
LONDON  
SW1A 2AS

8 February 1983

*Dear John,*

I thought you would be interested to see the enclosed paper, in which our Statistics Division have summarised the most recent data on patient activity in the NHS.

I have made the point to Michael Scholar, for the Prime Minister, that there have been enormous increases in activity over the years, in terms of patients treated, especially day patients, which calls for caution in assuming (as many do) that NHS productivity has been falling. Because of the way medicine is developing, the NHS is achieving substantially higher throughput with reduced numbers of beds in relation to manpower. The point is that medical practice (eg in relation to post-operational therapy) can be as big a factor for change as management itself. These latest figures and graphs show both the progress and the potential, for there are wide Regional and District variations concealed in the national (ie England) figures.

I am sending a copy of this letter, with the paper, to Michael Scholar at No 10.

*Yours sincerely*

*Ken.*



Mr Cashman  
Mr Scott-Whyte  
Mrs Firth  
Mr McGinnis  
Dr Sweeney  
Miss Fraser  
Mrs Banks  
Mr Birch  
Mr Pole  
Mr Rayner

Mr A R Smith  
Mr Jewesbury  
Mr Brereton  
Mr Toulmin  
Miss Winterton  
Mrs Demmery  
Mrs Williamson  
Mr Luce  
Mr Morris

#### HOSPITAL ACTIVITY STATISTICS FOR ENGLAND - SH3 1981

1. The attached short paper and tables relate the 1981 SH3 Hospital Activity data to the trends which have been observed in recent years. The national and regional summaries of the 1981 SH3 data have now been completed and will be distributed shortly.

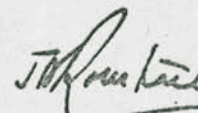
2. The main points to emerge from the 1981 data are:-

- (i) the number of available beds continued to decline, numbering 352 thousand in 1981 compared with 383 thousand in 1976 and 420 thousand in 1971. The rate of decline, however, appears to be slowing down. The number of beds fell by 1.3% in 1981 and 1.6% in 1980 compared to around 1.9% on average in the preceding three years. The decline in the number of acute beds came to a halt in 1981, and the number of geriatric beds increased slightly (Table 2).
- (ii) discharges (including deaths) rose by 1.6% from 5.67 million in 1980 to 5.76 million in 1981. This was somewhat lower than the average annual growth rate of 1.9% achieved between 1976 and 1980, mainly due to the drop in activity in the maternity sector following the fall in the birth rate in 1981. Non-maternity discharges and deaths rose by 2.3% in 1981, compared with an annual average growth rate of 1.6% between 1976 and 1980. (Table 3).
- (iii) average length of stay continued to fall but the reduction of 2.7% between 1980 and 1981 was less than that obtained in recent years (3.7% a year on average between 1976 and 1980). Once again, following the pattern in 1980, much of the greatest fall for 1981 was in the geriatric sector where the average length of stay was 4.9% ( $3\frac{1}{2}$  days) less than in 1980 (Table 5).
- (iv) the number of new out-patients and total out-patient attendances both rose by about 1% in 1981 to 8.0 million and 35.6 million respectively. Although the geriatric sector accounts only for a small proportion of out-patient activity, it again showed the largest increase with new patients rising by 8.5% to reach 43.2 thousand and total attendances by 6% to 270.1 thousand. (Tables 6 and 7).
- (v) The number of new Accident and Emergency patients rose by 2.6% to 9.5 million in 1981. The total number of attendances, which fell slightly both in 1979 and 1980, rose by 2% to 13.3 million in 1981, still slightly less than the figure of 13.4 million in 1978. (Tables 6 and 7).



- (vi) The increase of 6.4% in the number of day case attendances in 1981 to reach 714 thousand was higher than the growth rates achieved in 1978 and 1979 but lower than the average annual growth rate of 7.5% over the period 1972 (the first year when data on day cases were collected) to 1980. Day cases now account for 11.0% of all discharges and deaths plus day cases compared with 8.4% in 1976 and 6.7% in 1972. (Table 8).
- (vii) Regular day patient activity continued to expand in 1981 which saw an increase of 10.0% in the number of new patients (to 121 thousand) with geriatric patients accounting for most of the increase. The total number of attendances went up by 2.4% to 5416 thousand (Table 9).

3. A separate note giving a fuller analysis of individual specialties within the acute sector will be circulated shortly. If Divisions would like to see a more detailed analysis of SH3 data relating to other sectors, please let me know. Further copies of this paper can be obtained from Mr Hollingdale (R.Sq 507 ext 3196).



J A ROWNTREE

SR2

R.512 R.Sq Ext 3618

27 January 1983

cc Miss Robson  
Mr Ratcliffe  
Mr O'Flynn  
Mr Lord  
Miss Mithani  
Miss Barton  
Mr. Mears  
Mrs. Gardner  
Mr. Brewer  
Mr. Ko/AHS4



## HOSPITAL ACTIVITY STATISTICS FOR ENGLAND 1981

### ACUTE SECTOR

1. As indicated in a previous paper, in 1979 the computerisation of SH3 and the consequent need to systematise the submission of "other specialist units" (OSU's), it was necessary to reallocate some OSU's in order to make the sectors (and specialties) comparable with previous years. The known changes were taken into account but there may have been an additional effect which could not be precisely identified. For 1980 and 1981 the medical and surgical sectors were redefined on the basis of advice from policy and medical colleagues to include all appropriate OSU's. Both sets of figures are included for comparative purposes but in the discussion of trends below the 1979 definitions (see footnotes to Table 2) have been used for consistency.

#### Medical Specialties (Chart I)

2. The gradual decline over the last decade in the number of available beds did not continue in 1981. The number of beds rose slightly from 49.4 thousand in 1980 to 49.8 thousand in 1981. The number of in-patient cases (discharges and deaths) rose by 3.3% to 1.37 million, compared with the annual growth rate of 1.9% between 1976 and 1980 and an annual rate of 2.3% over the decade (1971 to 1981) as a whole.

3. Throughput increased by 2.6% to 27.5 cases per available bed in 1981 while average duration of stay fell by 1.9% to 10.2 days. Both these changes were lower than those achieved in earlier years. Between 1976 and 1980, throughput rose by 4.1% a year and length of stay fell by 3.5% a year on average.

4. The number of day case attendances continued to rise sharply by 14.5% to 145 thousand in 1981, accounting for 9.6% of all discharges and deaths plus day cases. However, day case activity had grown faster than this at 19.5% a year on average between 1976 and 1980.

5. The number of new out-patients, which increased by 1.9% a year between 1976 and 1980, grew very slightly by 0.7% a year to 2.15 million in 1981. The total number of out-patient attendances increased by 1.7% to 10.49 million, again lower than the average rate of 2.6% in recent years.

#### Surgical specialties (Chart II)

6. The number of surgical beds also picked up slightly from 76.8 thousand in 1980



to 77.1 thousand in 1981. (If pre-convalescent beds are included, the number of beds fell slightly from 79.7 thousand in 1980 to 79.1 thousand in 1981). The number of in-patient cases rose by 1.7% to reach 2.79 million in 1981, in line with the average annual growth rate since 1976.

7. Throughput increased from 35.7 cases per available bed in 1980 to 36.2 in 1981 (+ 1.4%) and average duration of stay fell by 0.1 of a day or by 1.3% to 7.5 days. Both these rates were lower than those achieved in earlier years. Between 1976 and 1980 throughput rose by 2.9% a year and length of stay fell by 3.0% a year on average.

8. Day case activity continued to show the largest increases. The number of day case attendances rose by 4.1% to 521 thousand in 1981 although this rate of growth was lower than the average annual rate of 7.5% between 1976 and 1980. Day cases accounted for 15.7% of all discharges and deaths plus day cases in 1981 compared to 12.8% in 1976 and 10.4% in 1972.

9. The number of new out-patients rose by 1.6% (to 4.7 million) and the total number of attendances increased by 1.1% to 18.57 million.

#### GERIATRIC (Chart III)

10. After falling for 2 years in 1979 and 1980 the number of available geriatric beds picked up slightly to reach 55.5 thousand in 1981, still below the 1978 figure of 56.0 thousand. The number of discharges and deaths rose by 6.1% in 1981 to 280 thousand while average length of stay fell by 4.9% to 66.7 days. Between 1972 and 1981, average length of stay had fallen by 38 days or 36% (4.9% a year on average).

11. The number of new geriatric regular day patients rose by 15.3% in 1981 to 63.2 thousand, three times the level in 1972. The total number of regular day attendances rose by 2.0% to 1.50 million, nearly double the figure of 805.1 thousand in 1972.

#### MATERNITY (Chart IV)

12. The gradual decline in the number of maternity beds continued in 1981 with GP maternity beds accounting for most of the fall. Out of 18.2 thousand available beds in 1981 85.1% were consultants' beds compared with 78.3% (out of 22.1 thousand) in 1971. 87.6% of all cases were treated in consultants' rather than GP maternity beds in 1981 compared with 78.5% in 1971.



13. With the fall in the birth rate in 1981, hospital activity in the maternity sector was generally lower than in 1980. Total births (live and still births) fell by 3.4% to 502 thousand in 1981 while NHS hospital births (live and still births as recorded on the SH3) fell by 3.0% to 590 thousand. NHS hospital births accounted for 98% of total births in 1981, compared with 96% in 1976 and 87% in 1971. Although the number of cases (discharges and deaths) fell by 2.7% in 1981, the case per hospital birth ratio in fact rose from 1.34 in 1980 to 1.35 in 1981, continuing a steadily rising trend over the past decade from a figure of 1.26 in 1971. Average duration of stay fell for both obstetric and GP maternity patients. Patients under the care of obstetricians stayed on average for 5.7 days in 1981 compared to 5.9 days in 1980 and 7.3 days in 1971. The average length of stay of GP maternity patients fell from 5.8 days in 1971 to 4.4 days in 1980 and 4.2 days in 1981. Patient throughput in the maternity sector, which had been rising steadily since the upturn in the birthrate in 1978, dropped slightly from 44.5 cases per bed in 1980 to 43.8 in 1981.

14. Out-patient activity appears to have fallen slightly more than the fall in birthrate. The number of new out-patients fell by 4.1% to 738 thousand and the total number of attendances by 3.5% to 3.76 million.

#### MENTAL HANDICAP (Chart V)

15. The number of available beds continued to decline in 1981 by 3.3% to 47.3 thousand. Over the period 1971 to 1981, the number of available beds fell by 2.1% a year on average. Occupied beds fell faster than this by 3.8% to 42.4 thousand in 1981, and by 2.4% a year between 1971 and 1981. In 1981, there were 3 thousand more discharges and deaths compared to 1980, an increase of 12.5%.

#### MENTAL ILLNESS (Chart V)

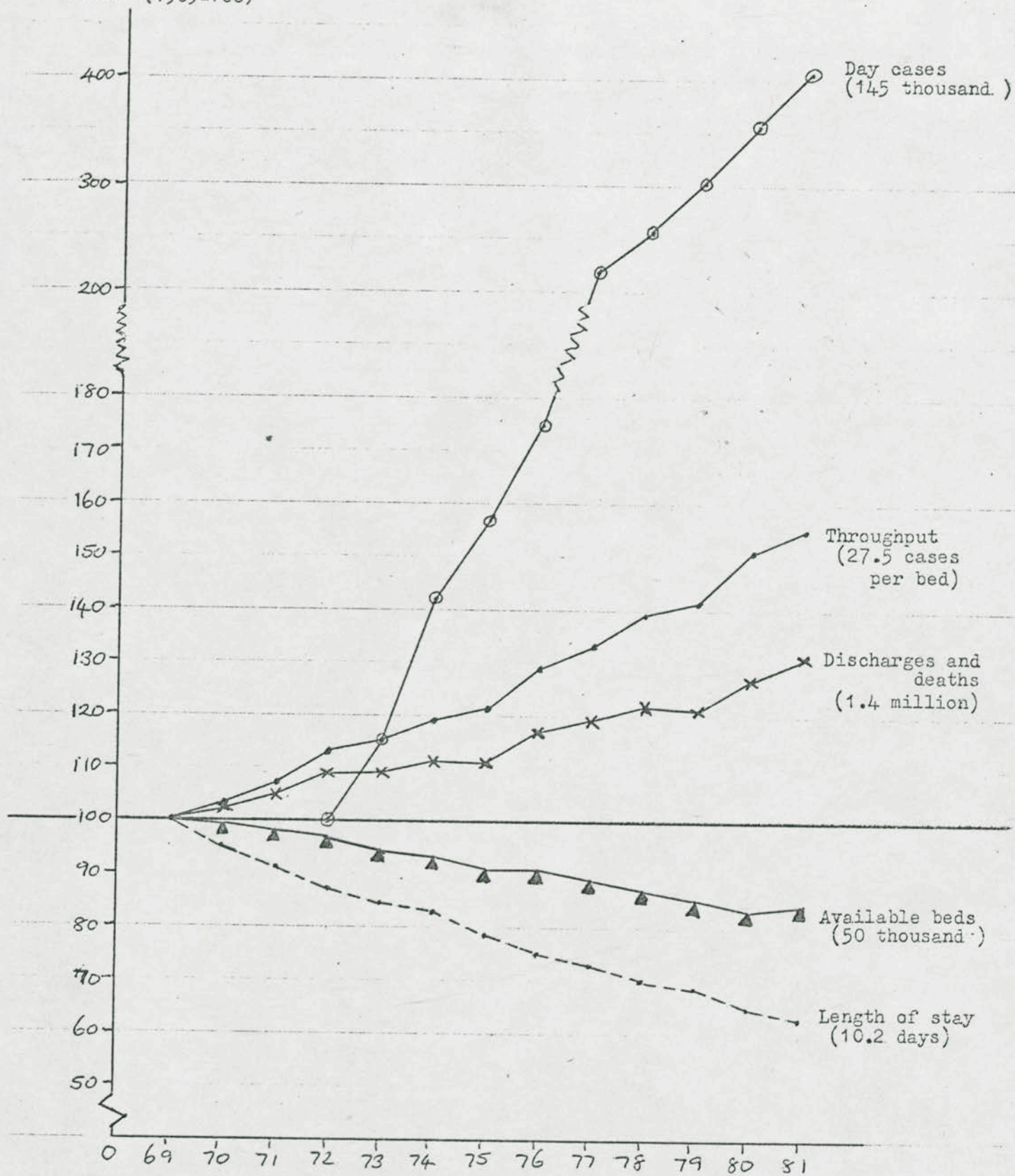
16. The number of available beds fell by 2.2% in 1981 to 85.4 thousand. The annual average rate of reduction over the period 1971 to 1981 was 3.3%. The number of occupied beds fell by 2.4% in 1981 to 73.4 thousand. Over the decade from 1971 to 1981, the number of occupied beds decreased by 3.3% a year on average.

17. The number of discharges and deaths and the number of out-patient attendances both rose by about 2% in 1981 to 188 thousand and 1.73 million respectively. The number of new regular day patients rose by 5.2% to 46 thousand while the total number of attendances increased by 2.0% to 3.1 million.



CHART I ACUTE MEDICAL SPECIALTIES

INDEX\* (1969=100)



\* Day cases 1972=100

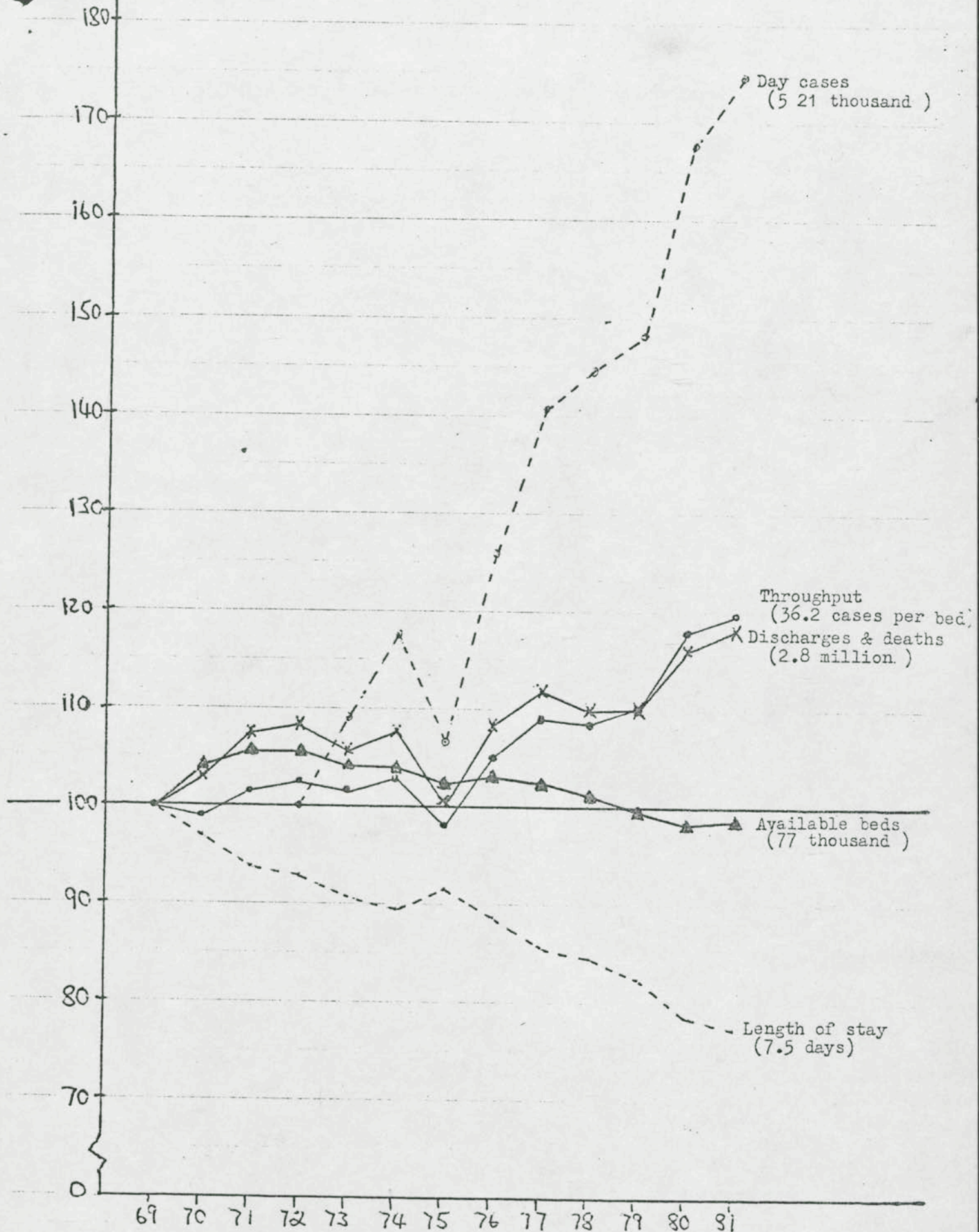
(1981 SH3 figures given in brackets)

SOURCE: SH3



Index\*(1969=100)

CHART II ACUTE SURGICAL SPECIALTIES



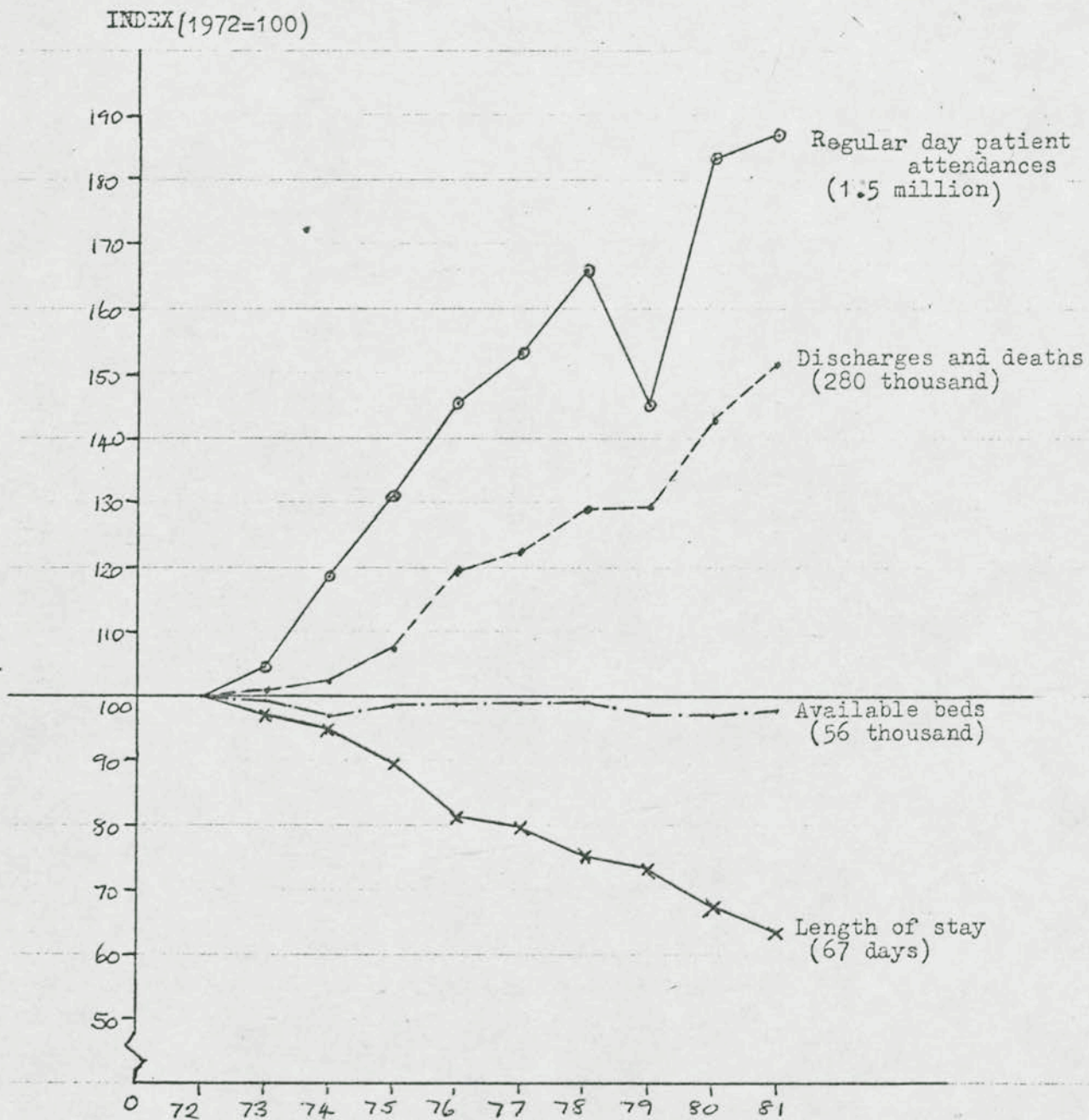
\* Day cases 1972=100

(1981 SH3 figures shown in brackets)

SOURCE : SH3



CHART III GERIATRIC

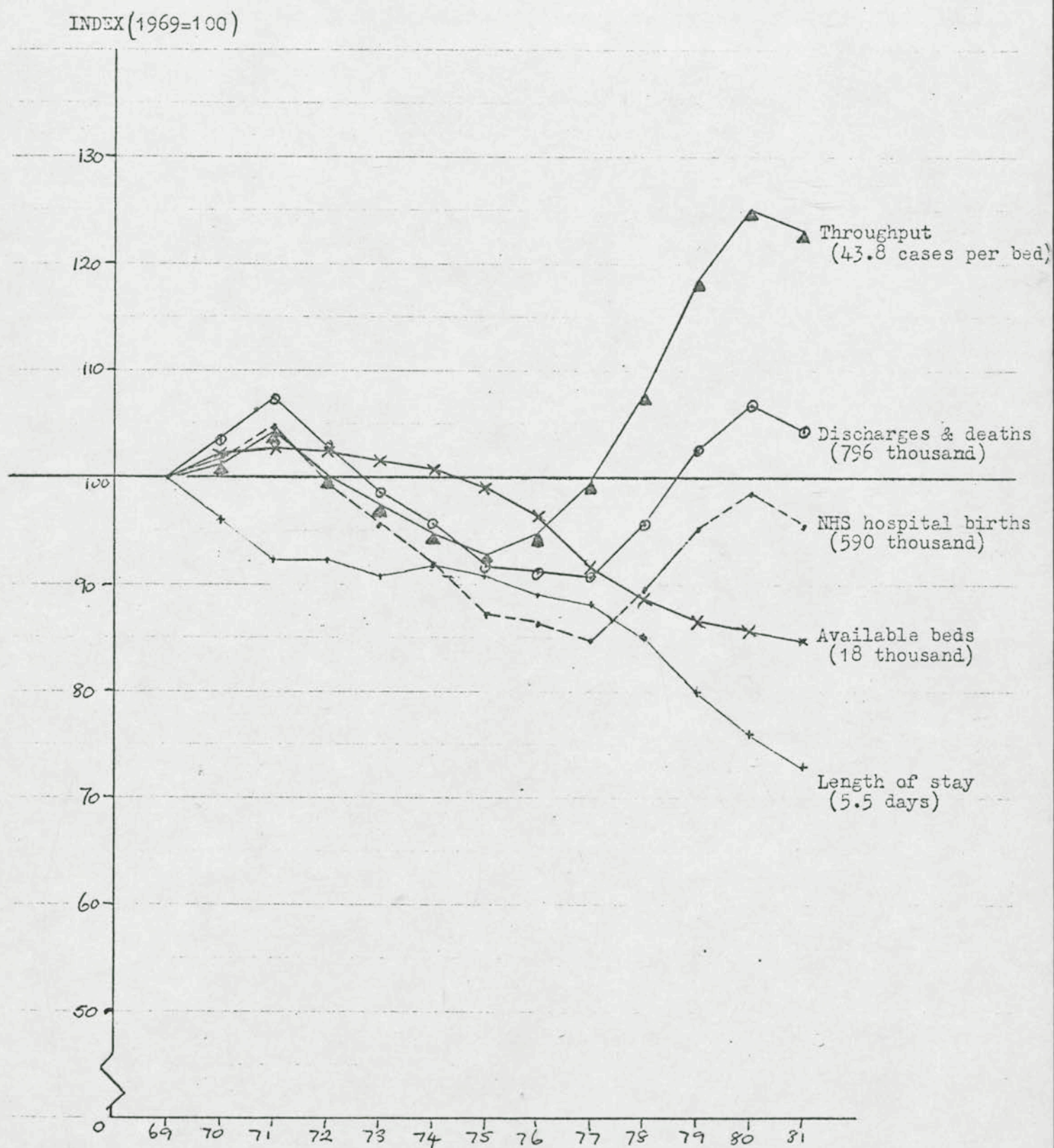


(1981 SH3 figures given in brackets)

SOURCE: SH3



CHART IV MATERNITY( Obstetrics & GP Maternity )



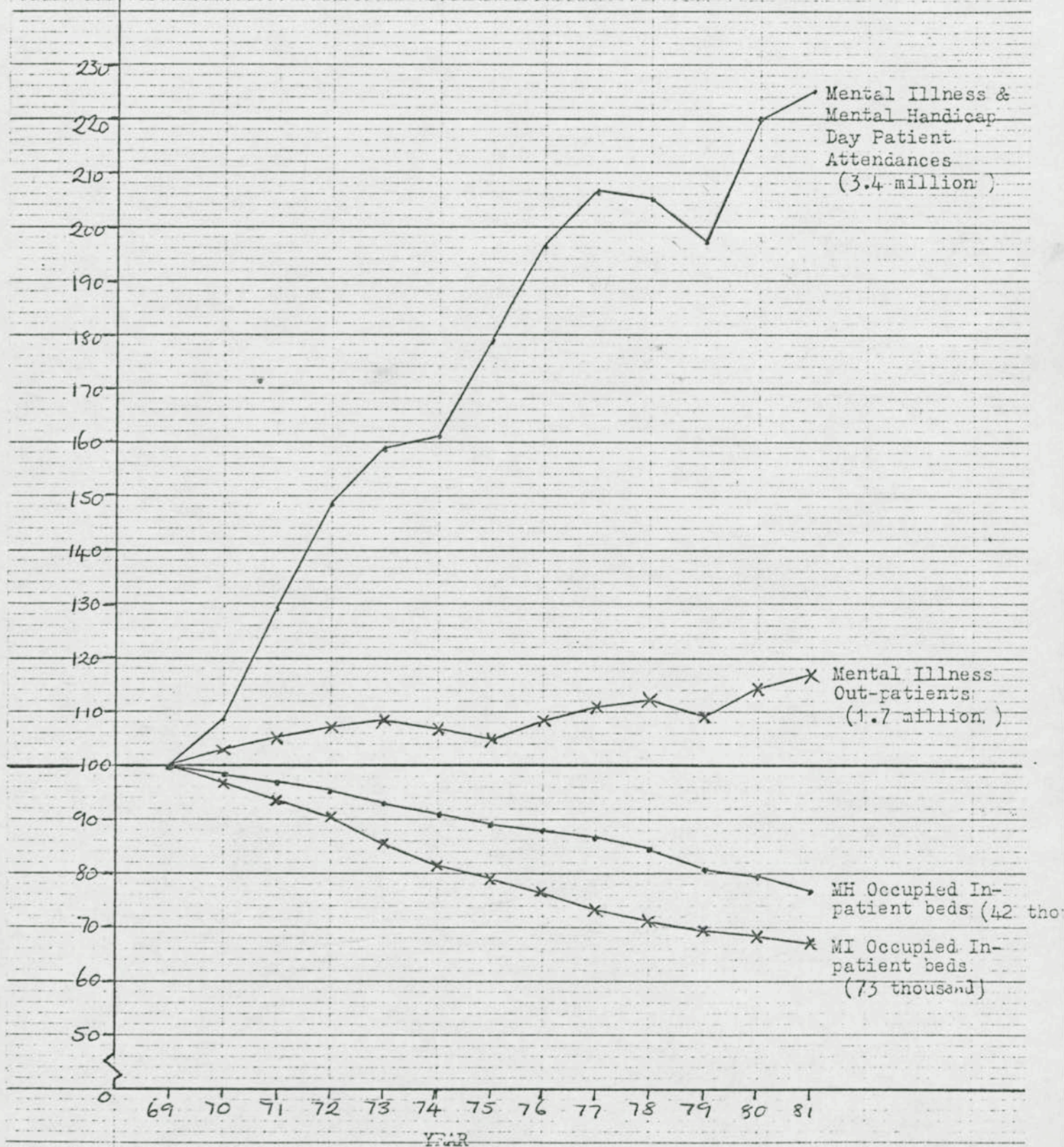
(1981 SH3 figures given in brackets)

SOURCE: SH3



CHART V MENTAL ILLNESS AND MENTAL HANDICAP

INDEX (1969=100)



(1981 SH3 figures given in brackets)

SOURCE: SH3



TABLE 1: HOSPITAL ACTIVITY: ALL SPECIALTIES, ENGLAND

Numbers in thousands

	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981
In-patient discharges and deaths % change over 1969	4968 -	5012 + 0.9	5171 + 4.1	5223 + 5.1	5132 + 3.3	5172 + 4.1	4976 + 0.2	5255 + 5.8	5345 + 7.6	5370 + 8.1	5400 + 8.7	5670 + 14.1	5760 + 15.9
Day case attendances % change over 1972	na	na	na	376.5 -	408.5 + 6.5	449.6 + 19.4	421.7 + 12.0	480.5 + 27.6	536.2 + 42.4	562.1 + 49.3	592.4 + 57.3	670.8 + 76.2	713.9 + 89.6
New out-patients % change over 1969	7463 -	7745 + 3.8	7919 + 6.1	7927 + 6.2	7916 + 6.1	7825 + 4.9	6926 - 7.2	7498 + 0.5	7612 + 2.0	7712 + 3.3	7718 + 3.4	7942 + 6.4	8025 + 7.5
Total out-patient attendances % change over 1969	31294 -	32355 + 3.4	33129 + 5.9	33243 + 6.2	33318 + 6.5	33352 + 6.6	30947 - 1.1	32396 + 3.5	33282 + 6.4	33950 + 8.5	34132 + 9.1	35243 + 12.6	35571 + 13.6
New A+E patients % change over 1969	7634 -	7772 + 1.8	7873 + 3.1	8008 + 4.9	8372 + 9.7	8258 + 8.2	8370 + 9.6	8779 + 15.0	8904 + 16.6	9170 + 20.1	9197 + 20.5	9222 + 20.8	9464 + 24.0
Total A+E attendances % change over 1969	13535 -	13322 - 1.6	13130 - 3.0	13047 - 3.6	13356 - 1.3	12921 - 4.5	12792 - 5.5	13077 - 3.4	13212 - 2.4	13360 - 1.3	13219 - 2.3	13053 - 3.6	13308 - 1.7

na - not available

Source SH3



TABLE 2 AVERAGE DAILY NUMBER OF AVAILABLE BEDS BY SECTOR, ENGLAND

Thousands

	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981
All specialties <sup>1</sup>	428.7	423.6	419.6	412.7	403.5	396.2	387.6	383.2	375.9	369.2	361.8	356.0	351.5
% change <sup>1</sup>	-	- 1.2	- 2.1	- 3.7	- 5.9	- 7.6	- 9.6	-10.6	-12.3	-13.9	-15.6	-17.0	-18.0
% of all beds	100	100	100	100	100	100	100	100	100	100	100	100	100
Acute medical <sup>2</sup>	59.2	59.1	58.0	57.2	55.8	55.1	54.2	53.7	52.8	51.8	50.5	a. 49.4 b. (50.3)	a. 49.8 b. (50.5)
% change <sup>1</sup>	-	- 0.2	- 2.0	- 3.4	- 5.7	- 6.9	- 8.4	- 9.3	-10.8	-12.5	-14.7	-16.6	-15.9
% of all beds	13.8	14.0	13.8	13.9	13.8	13.9	14.0	14.0	14.0	14.0	14.0	13.9	14.2
Acute surgical <sup>3</sup>	78.2	81.3	82.5	82.4	81.4	81.5	80.1	80.6	80.3	79.1	78.0	a. 76.8 b. (79.7)	a. 77.1 b. (79.1)
% change <sup>1</sup>	-	+4.0	+ 5.5	+ 5.4	+ 4.4	+ 4.2	+ 2.4	+ 3.1	+ 2.7	+ 1.2	- 0.3	- 1.8	- 1.4
% of all beds	18.2	19.2	19.7	20.0	20.2	20.6	20.7	21.0	21.4	21.4	21.6	21.6	21.9
Geriatric <sup>4</sup>	/	/	/	56.7	56.2	55.4	55.6	55.7	55.9	56.0	55.1	54.9	55.5
% change <sup>1</sup>	/	/	/	-	- 0.9	- 2.3	- 1.9	- 1.8	- 1.4	- 1.2	- 2.8	- 3.2	- 2.1
% of all beds	/	/	/	13.7	13.9	14.0	14.3	14.5	14.9	15.2	15.2	15.4	15.8
Mental Illness <sup>5</sup>	126.0	123.2	119.5	114.5	109.7	104.4	99.4	96.7	93.5	91.1	89.0	87.4	85.4
% change <sup>1</sup>	-	- 2.2	-5.2	- 9.1	-12.9	-17.1	-21.1	-23.3	-25.8	-27.7	-29.4	-30.6	-32.2
% of all beds	29.4	29.1	28.5	27.7	27.2	26.4	25.6	25.2	24.9	24.7	24.6	24.5	24.3
Mental Handicap	59.6	59.0	58.5	57.5	56.1	55.2	54.2	53.1	52.3	51.3	50.1	48.9	47.3
% change <sup>1</sup>	-	- 1.0	- 1.9	- 3.5	- 5.9	- 7.4	- 9.1	-10.9	-12.3	-13.9	-15.9	-17.9	-20.6
% of all beds	13.9	13.9	13.9	13.9	13.9	13.9	14.0	13.9	13.9	13.9	13.8	13.7	13.5
Maternity <sup>6</sup>	21.5	22.0	22.1	22.0	21.8	21.7	21.3	20.7	19.7	19.1	18.6	18.4	18.2
% change <sup>1</sup>	-	+ 2.3	+ 2.8	+ 2.3	+ 1.4	+ 0.9	- 0.9	- 3.7	- 8.4	-11.2	-13.5	-14.4	-15.3
% of all beds	5.0	5.2	5.3	5.3	5.4	5.5	5.5	5.4	5.2	5.2	5.1	5.2	5.2

1 % change (line 2) is over 1969 except Geriatric 1972

2 Specialties 1-10 (1969 includes 37 - Rehabilitation now in 8) (1979 + 57, 59, 60, 63, 67, , 75, 77)  
a. - as for 1979; b. 1980 + 51, 52, 55-60, 62, 63, 65, 67, 68, 75, 77, 78.3 Specialties 13-25 (1979 + 53, 54, 70, 74)  
a. - as for 1979; b. 1980 + 37, 53, 54, 70, 74.

4 11 - Geriatric Medicine. There was a change from Geriatrics and Chronic Sick to Geriatrics + UYD in 1972. So prior data on Geriatrics is not comparable.

5 Specialties 29, 31, 32 (1979/1980 + 61, 72).

6 Specialties 26 + 34 for IP, 26, 27, 34 for OP.

7 The individual sectors do not add to the all specialty total as specialties 12, 28, 35-39 and OSUs (not re-allocated) are omitted.

8 In 1969 a bed borrowed from another specialty was not counted as available in the specialty borrowing the bed but was still counted as available in the specialty from which it was borrowed.

Source: SH3



TABLE 3: DISCHARGES AND DEATHS BY SECTOR<sup>(1)</sup> ENGLAND

Thousands

	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981
All specialities <sup>(3)</sup>	4968	5012	5171	5223	5132	5172	4976	5255	5345	5370	5400	5670	5760
% change <sup>(2)</sup>	-	+0.9	+4.1	+ 5.1	+ 3.3	+ 4.1	+ 0.2	+ 5.8	+ 7.6	+ 8.1	+ 8.7	+14.1	+15.9
Acute medical	1050	1080	1095	1143	1141	1163	1168	1227	1248	1281	1267	1325	1369
% change <sup>(2)</sup>	-	+2.9	+4.3	+ 8.9	+ 8.7	+10.8	+11.2	+16.9	+18.9	+22.0	+20.7	(1350) +26.2	(1397) +30.4
Acute surgical	2367	2438	2538	2558	2507	2550	2376	2564	2649	2604	2605	2745	2793
% change <sup>(2)</sup>	-	+3.0	+7.2	+ 8.1	+ 5.9	+ 7.7	+ 0.4	+ 8.3	+11.9	+10.0	+10.1	(2777) +16.0	(2820) +18.0
Geriatric <sup>(2)</sup>	Comparable figures not available			165	166	189	199	221	226	238	239	264	280
% change <sup>(2)</sup>				-	+ 0.5	+ 2.1	+ 7.6	+19.5	+22.2	+28.6	+29.2	+42.7	+51.4
Mental illnesses <sup>(2)</sup>	178	178	179	182	180	176	178	181	178	174	172	184	188
% change <sup>(2)</sup>	-	-	+0.6	+ 2.2	+ 1.1	- 1.1	-	+ 1.7	-	- 2.2	- 3.4	+ 3.3	+5.6
Mental Handicap <sup>(2)</sup>	12	13	15	17	16	16	17	17	20	20	22	25	28
% change <sup>(2)</sup>	-	+8.3	+25.0	+41.7	+33.3	+33.3	+41.7	+41.7	+66.6	+66.6	+83.3	+108.3	+133.3
Maternity <sup>(-)</sup>	765	820	820	764	755	732	702	697	695	731	78	818	796
% change <sup>(-)</sup>	-	+3.5	+ 7.2	+ 2.5	- 1.3	- 4.3	- 8.2	- 8.9	- 9.2	- 4.4	+ 2.4	+ 6.9	+ 4.1

(1) See Table 2 for definitions of sectors

Source: SH3

(2) All changes are over 1969 except Geriatric - 1972

(3) See Table 3 - Note 7



TABLE 4: THROUGHPUT (DISCHARGES AND DEATHS PER AVAILABLE BED) BY SECTOR<sup>(1)</sup> ENGLAND

	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981
All specialities <sup>(3)</sup>	11.6	11.8	12.3	12.7	12.7	13.1	12.8	13.7	14.2	14.5	14.9	15.9	16.4
% change <sup>(2)</sup>	-	+ 1.7	+ 6.0	+ 9.5	+ 9.5	+12.9	+10.3	+18.1	+22.4	+25.0	+28.4	+ 37.1	+ 41.4
Acute medical	17.7	18.3	18.9	20.0	20.4	21.1	21.5	22.8	23.6	24.7	25.1	26.8	27.5
% change <sup>(2)</sup>	-	+ 3.4	+ 6.8	+13.0	+15.3	+19.2	+21.5	+28.8	+33.3	+39.5	+41.8	(26.6) + 51.4	(27.7) + 55.4
Acute surgical	30.3	30.0	30.8	31.0	30.8	31.3	29.7	31.8	33.0	32.9	33.4	35.7	36.2
% change <sup>(2)</sup>	-	- 1.0	+ 1.6	+ 2.3	+ 1.6	+ 3.3	- 2.0	+ 5.0	+ 8.9	+ 8.6	+10.2	(34.8) + 17.8	(35.6) + 19.5
Geriatric <sup>(2)</sup>	Comparable figures not available			3.3	3.3	3.4	3.6	4.0	4.0	4.3	4.3	4.8	5.0
% change <sup>(2)</sup>				-	0	+ 3.0	+ 9.1	+21.2	+21.2	+30.3	+30.3	+ 45.5	+ 51.5
Mental Illness <sup>(2)</sup>	1.4	1.4	1.5	1.6	1.6	1.7	1.8	1.9	1.9	1.9	1.9	2.1	2.2
% change <sup>(2)</sup>	-	0	+ 7.1	+14.3	+14.3	+21.4	+28.6	+35.7	+35.7	+35.7	+35.7	+ 50.0	+ 57.1
Mental Handicap <sup>(2)</sup>	0.2	0.2	0.3	0.3	0.3	0.3	0.3	0.3	0.4	0.4	0.4	0.5	0.6
% change <sup>(2)</sup>	-	0	+50.0	+50.0	+50.0	+50.0	+50.0	+50.0	+100.0	+100.0	+100.0	+150.0	+200.0
Maternity <sup>(2)</sup>	35.6	36.0	37.1	35.6	34.6	33.7	33.0	33.7	35.3	38.3	42.1	44.5	43.8
% change <sup>(2)</sup>	-	+ 1.1	+ 4.2	0	- 2.8	- 5.3	- 7.3	- 5.3	- 0.8	+ 7.6	+18.3	+ 25.0	+ 23.0

(1) See Table 2 for definitions of sectors

Source: SH3

(2) All changes are over 1969 except Geriatric - 1972

(3) See Table 3 - Note (7)



TABLE 5 : AVERAGE DURATION OF STAY FOR IN-PATIENT DISCHARGES AND DEATHS BY SECTOR<sup>(1)</sup> ENGLAND

	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981
All specialties <sup>(2)</sup>	26.4	25.6	24.5	23.9	23.4	22.7	22.9	21.6	20.9	20.4	19.8	18.6	18.1
% change	-	- 3.0	- 7.2	- 9.5	-11.4	-14.0	-13.3	-18.2	-20.8	-22.7	-25.0	-29.5	-31.4
Acute medical	16.0	15.3	14.7	14.0	13.5	13.2	12.6	12.0	11.7	11.2	11.0	10.4	10.2
% change <sup>(2)</sup>	-	- 4.4	- 8.1	-12.5	-15.6	-17.5	-21.3	-25.0	-26.9	-30.0	-31.3	(10.5)	(10.2)
Acute surgical	9.7	9.4	9.1	9.0	8.8	8.7	8.9	8.6	8.3	8.2	8.0	7.6	7.5
% change <sup>(2)</sup>	-	- 3.1	- 6.2	- 7.2	- 9.3	-10.3	- 8.3	-11.3	-14.4	-15.5	-17.5	(7.7)	(7.6)
Geriatric <sup>(2)</sup>	Figures not comparable			104.7	101.5	98.8	93.8	84.9	83.7	79.3	76.7	70.1	66.7
% change				-	- 3.1	- 5.6	-10.4	-18.9	-20.1	-24.3	-26.7	-33.0	-36.3
Maternity													
Obstetrics <sup>(2)</sup>	7.3	7.6	7.3	7.3	7.2	7.3	7.2	7.1	6.9	6.6	6.2	5.9	5.7
% change	-	-2.6	- 6.4	- 6.4	- 7.7	- 6.4	- 7.7	- 9.0	-11.5	-15.4	-20.5	-24.4	-26.9
GP Maternity <sup>(2)</sup>	6.4	6.1	5.8	5.6	5.3	5.2	5.2	5.0	4.9	4.7	4.6	4.4	4.2
% change	-	-4.7	- 9.4	-12.5	-17.2	-18.8	-18.8	-21.9	-23.4	-26.6	-28.1	-31.3	-34.4

(1) For definition of Sector see table 2

Source: SH3

(2) All % change 1969-1979 except Geriatrics 1972-79



TABLE 6: NEW OUT PATIENTS <sup>3</sup> BY SECTOR, ENGLAND

	Thousands												
	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981
All specialties <sup>1</sup>	7463	7745	7919	7927	7916	7825	6926	7499	7612	7712	7718	7942	8025
% change <sup>2</sup>	-	+ 3.8	+ 6.1	+ 6.2	+ 6.1	+ 4.9	- 7.2	+ 0.5	+ 2.0	+ 3.3	+ 3.4	+ 6.4	+ 7.5
Acute Medical	1929.0	1966.8	2009.3	2027.9	2057.4	2042.1	1868.3	1974.7	2027.7	2061.6	2039.2	2131.3	2146.3
% change <sup>2</sup>	-	+ 2.0	+ 4.2	+ 5.1	+ 6.7	+ 5.9	- 3.1	+ 2.4	+ 5.1	+ 6.9	+ 5.7	(2164.9) + 10.5	(2177.2) + 11.3
Acute surgical	4456.8	4514.6	4643.3	4663.3	4633.2	4580.8	3917.3	4383.3	4482.9	4536.1	4521.5	4628.9	4704.8
% change <sup>2</sup>	-	+ 1.3	+ 4.2	+ 4.6	+ 4.0	+ 2.8	- 12.1	- 1.6	+ 0.6	+ 1.8	+ 1.5	(4628.9) + 3.9	(4704.8) + 5.6
Geriatric	Comparable figures not available			29.1	29.3	31.8	31.4	35.1	37.0	36.9	35.9	39.8	43.2
% change <sup>2</sup>				-	+ 0.7	+ 9.3	+ 7.9	+ 20.6	+ 27.2	+ 26.8	+ 23.4	+ 36.7	+ 48.5
Mental Illness	218.2	214.8	211.1	211.4	208.6	201.6	187.9	195.9	191.7	187.2	180.4	186.1	187.5
% change <sup>2</sup>	-	- 1.6	- 3.3	- 3.1	- 4.4	- 7.6	- 13.9	- 10.2	- 12.1	- 14.2	- 17.3	- 14.7	- 14.1
Mental Handicap	2.5	2.6	3.2	2.7	4.0	3.3	3.7	4.0	3.5	3.2	2.6	2.3	2.5
% change <sup>2</sup>	-	+ 4.0	+28.0	+ 8.0	+60.0	+ 32.0	+ 48.0	+ 60.0	+ 40.0	+ 28.0	+ 4.0	- 8.0	-
Maternity	823.4	845.2	837.0	799.2	769.1	733.7	700.7	681.5	690.2	727.3	764.2	769.8	738.0
% change <sup>2</sup>	-	+ 2.6	+ 1.7	- 2.9	- 6.6	- 10.9	- 14.9	- 17.2	- 16.2	- 11.7	- 7.2	- 6.5	- 10.4
A and E	7634.1	7771.6	7873.0	8008.1	8372.3	8258.1	8370.2	8778.6	8904.4	9170.2	9197.4	9221.7	9464.0
% change <sup>2</sup>	-	+ 1.8	+ 3.1	+ 4.9	+ 9.7	+ 8.2	+ 9.6	+ 15.0	+ 16.6	+ 20.1	+ 20.5	+ 20.8	+ 24.0

- Notes 1 Excluding A and E, also see Table 2 - note 7.  
 2 % change are over 1969 except Geriatrics (1972).  
 3 In-patient follow-ups are not counted as new attendances.

Source: SH3



TABLE 7 TOTAL OUT-PATIENT ATTENDANCES BY SECTOR, ENGLAND

Thousands

	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981
All specialties <sup>1</sup> % change <sup>2</sup>	31294 -	32355 + 3.4	33129 + 5.9	33243 + 6.2	33318 + 6.5	33352 + 6.6	30947 - 1.1	32396 + 3.5	33282 + 6.4	33950 + 8.5	34132 + 9.1	35243 + 12.6	35571 + 13.7
Acute medical % change <sup>2</sup>	8781 -	8953 + 2.0	9207 + 4.9	9292 + 5.8	9414 + 7.2	9453 + 7.7	8968 + 2.4	9320 + 6.1	9614 + 9.5	9971 + 13.6	9986 + 13.7	10317 (10531) + 17.5	10489 (10677) + 19.5
Acute surgical % change <sup>2</sup>	17059 -	17262 + 1.2	17690 + 3.7	17803 + 4.4	17748 + 4.0	17800 + 4.3	16005 - 6.2	17009 - 0.3	17619 + 3.3	17834 + 4.5	17816 + 4.4	18367 (18367) + 7.7	18566 (18566) + 8.8
Geriatric % change <sup>2</sup>	Comparable figures not available			165.3 -	164.2 - 0.7	187.1 + 13.2	194.5 + 17.7	212.1 + 28.3	233.8 + 41.4	239.2 + 44.7	223.9 + 35.5	254.8 + 54.1	270.1 + 63.4
Mental Illness % change <sup>2</sup>	1480 -	1522 + 2.8	1561 + 5.5	1586 + 7.2	1603 + 8.3	1579 + 6.7	1548 + 4.6	1601 + 8.2	1640 + 10.8	1661 + 12.2	1618 + 9.3	1689 + 14.1	1727 + 16.7
Mental Handicap % change <sup>2</sup>	7.1 -	8.9 +25.4	12.3 + 73.2	11.8 + 66.2	21.5 +202.8	17.7 +149.3	19.0 +167.6	24.5 +245.1	18.2 +156.3	20.8 +192.9	20.4 +187.3	18.9 +166.2	20.4 + 187.3
Maternity % change <sup>2</sup>	3787 -	3907 + 3.2	3896 + 2.9	3699 - 2.3	3611 - 4.6	3483 - 8.0	3356 - 11.4	3337 - 11.9	3377 - 10.8	3622 - 4.4	3835 + 1.3	3897 + 2.9	3761 - 0.7
A & E % change <sup>2</sup>	13535 -	13322 - 1.6	13130 - 3.0	13047 - 3.6	13356 - 1.3	12921 - 4.5	12792 - 5.5	13077 - 3.4	13212 - 2.4	13360 - 1.3	13219 - 2.3	13053 - 3.6	13308 - 1.7

Source: SH3

- Notes 1 excluding A & E also, see Table 2 - note 7.  
 2 All % change over 1969 except Geriatrics 1972



TABLE 8: DAY CASE<sup>(1)</sup> ATTENDANCES BY SECTOR<sup>(2)</sup> ENGLAND

Thousands

	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981
All specialties <sup>(5)</sup>	376.5	408.5	449.6	421.7	480.5	536.2	562.1	592.4	670.8	713.9
% change	-	+ 8.5	+12.4	+12.0	+27.6	+ 42.4	+ 49.3	+ 57.3	+ 73.2	+ 89.6
over 1972										
PA <sup>(3)</sup>	6.7	7.4	8.0	7.8	8.9	9.1	9.5	9.9	10.6	11.0
Acute medical	35.7	41.2	50.8	55.9	62.3	77.9	91.0	107.7	127.0	145.4
% change over 1972	-	+15.4	+42.3	+56.6	+74.5	+118.2	+154.9	+201.7	(132.5)	(161.6)
PA <sup>(3)</sup>	3.0	3.5	4.2	4.6	4.8	5.9	6.6	7.8	+255.7	+ 307.3
Acute surgical	298.3	325.0	349.9	317.7	374.9	419.1	432.0	441.7	500.2	520.9
% change over 1972	-	+ 9.0	+17.3	+ 6.5	+25.7	+ 40.5	+ 44.8	+ 48.1	(500.2)	(520.9)
PA <sup>(3)</sup>	10.4	11.5	12.1	11.8	12.8	13.7	14.2	14.5	+ 67.7	+ 74.6
Geriatric <sup>4</sup>	2.5	2.2	3.0	0.8	0.9	0.9	0.2	0.2	15.4	15.7
% change over 1972	-	-12.0	+20.0	+68.0	-64.0	- 64.0	- 92.0	- 92.0	0.7	0.8
	*								- 72.0	- 68.0
Mental illness <sup>4</sup>	25.6	22.6	24.9	25.8	14.7	12.9	12.2	13.9	10.4	9.9
% change over 1972	-	-11.7	- 2.7	+ 0.8	-42.6	- 49.6	- 52.3	- 45.7	- 59.4	- 61.3
Mental Handicap <sup>4</sup>	2.1	1.5	2.4	0.5	0.2	0.0	0.1	0.3	0.04	0.05
% change over 1972	-	-28.6	+14.3	-76.2	-90.5	-100.0	- 95.2	- 85.7	98.1	- 97.6
Maternity	3.0	2.7	2.9	3.3	4.3	5.7	6.6	7.7	9.0	12.0
% change over 1972	-	-10.0	- 3.3	+10.0	+43.3	+ 90.0	+120.0	+156.7	+200.0	+ 300.0

(1) Day cases are defined as persons who come for investigation, treatment or operation under clinical supervision in a planned non-resident basis and who occupy a bed which may be in a ward, a day unit or may be a recovery or observation bed.

(2) See Table 3 for definition of Sectors.

(3) PA - Day cases as a percentage of discharges and deaths **plus day cases**.

(4) The figures for Geriatrics, MI and MH for the years 1972-75 are known to be unreliable due to confusion over the definitions of a day case and a regular day patient. Information on regular day patients is included in Table 10.

(5) See Table 3 - Note 7.



TABLE 9: REGULAR DAY-PATIENT<sup>1</sup> ATTENDANCES, ENGLAND

Thousands

	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981
<u>TOTAL</u>													
New Patients	37.5	44.4	49.7	55.2	61.7	69.3	78.2	89.1	95.7	101.7	98.6	109.6	120.6
% change over 1969	-	+ 18.4	+ 32.5	+ 47.2	+ 64.5	+ 84.8	+108.5	+137.6	+155.2	+171.2	+162.9	+192.2	+221.6
Total attendances	2167.6	2423.5	2838.7	3281.5	3538.7	3745.9	4151.8	4671.0	4814.6	4986.7	4636.8	5289.0	5416.1
% change over 1969	-	+ 11.8	+ 30.9	+ 51.4	+ 63.2	+ 73.0	+ 91.5	+115.5	+122.1	+130.0	+116.6	+144.0	+149.8
<u>MENTAL ILLNESS AND MENTAL HANDICAP<sup>2</sup></u>													
New Patients	20.0	22.2	25.6	28.4	31.7	33.3	36.4	40.4	41.6	43.5	41.5	44.6	47.2
% change over 1969	-	+ 11.0	+ 28.0	+ 42.0	+ 58.5	+ 66.5	+ 82.0	+102.0	+108.0	+117.5	+107.5	+123.0	+136.0
Total attendances	1510.6	1641.4	1955.0	2242.2	2407.3	2435.9	2709.7	2966.2	3122.4	3097.9	2978.3	3324.1	3394.2
% change over 1969	-	+ 8.6	+ 29.4	+ 48.4	+ 59.3	+ 61.2	+ 79.4	+ 96.3	+106.7	+105.1	+ 97.1	+120.0	+124.7
<u>GERIATRIC</u>													
New Patients				20.7	22.7	28.3	31.7	38.8	41.9	47.0	45.6	54.8	63.2
% change over 1972				-	+ 9.7	+ 36.7	+ 53.1	+ 87.4	+102.4	+127.1	+120.3	+164.7	+205.3
Total attendances				805.1	837.9	951.6	1054.5	1172.1	1232.1	1336.7	1167.5	1474.4	1504.3
% change over 1972				-	+ 4.1	+ 18.2	+ 31.0	+ 45.6	+ 53.0	+ 66.0	+ 45.0	+ 83.1	+ 86.8
<u>OTHER</u>													
New Patients	17.5	22.2	24.1	6.1	7.4	7.7	10.1	9.9	12.2	11.2	11.5	10.2	10.2
% change over 1972	-	-	-	-	+ 21.3	+ 26.2	+ 65.6	+ 62.3	+100.0	+ 83.6	+ 88.5	+ 67.2	+ 67.2
Total attendances	657.0	782.1	883.7	234.2	293.4	362.4	387.6	532.7	460.1	552.2	551.0	490.5	517.7
% change over 1972	-	-	-	-	+ 25.3	+ 54.7	+ 65.5	+127.5	+ 96.5	+135.8	+135.3	+109.4	+121.1

Source: SH3

- 1 Day patients are defined as those who regularly attend for a course of treatment over a period, who are provided with treatment and care as though they were in-patients, but who return home at night. Each day's attendance counts as a single attendance.
- 2 Prior to 1979, this sector was Psychiatric, so some of the mental handicap patients may have been allocated to "other". In 1979/80 Psychogeriatric were re-allocated to MI.
- 3 The figures for Geriatrics, Mental Illness and Mental Handicap for the years 1972-75 are known to be unreliable due to confusion over the definitions of a day case and a regular day patient. (See Table 9).