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Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Health Trends in Wales

2011

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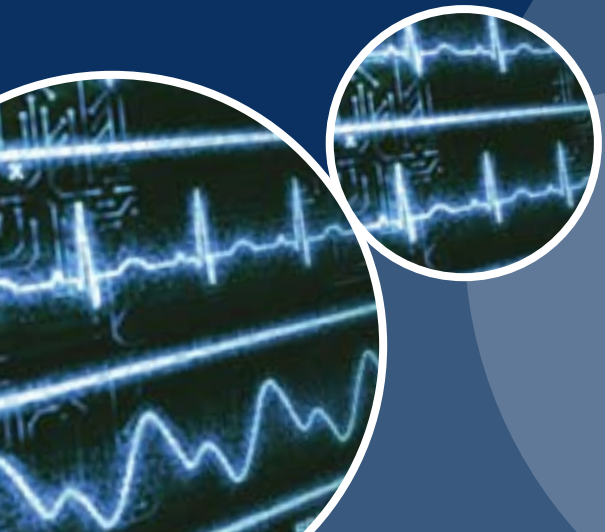

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Contents

Introduction

This is the first publication of 'Health Trends in Wales', which updates 'Health in your Pocket' published in 2003. 'Health Trends in Wales' is an accessible, handily sized reference book showing long term trends in health for Wales. Much of the data presented here has already been published in 'Health Statistics Wales' and its predecessor 'Health and Personal Social Service Statistics for Wales'. The latest edition of Health Statistics Wales is available on our website www.wales.gov.uk/statistics. All the data used in charts in this booklet will be published on this website.

We will be consulting with users on the usefulness of the hard copy and online versions of this publication. If you would like to be kept informed, or if you have any other comments on this publication, please contact us.

Hyphenated years (2009-10 for example) show data for financial years (year ending 31 March).

.. Data is not available

. Data is not applicable

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History of the NHS in Wales

In 1948 the NHS was established as a comprehensive service free at the point of delivery. Its founding father and chief architect was the Minister of Health and Welshman Aneurin Bevan. The NHS was structured in three parts:

- GPs, dentists, opticians and pharmacists were independent contractors and were paid for each person on their list.
- Community services such as health visitors, midwives, vaccination and immunisation and ambulance services were the responsibility of local authorities.
- Hospital Services were administered by Hospital Management Committees under Regional Hospital Boards.

1974 saw the end of this tripartite system, introducing Area Health Authorities (AHAs), which took over responsibility for running both hospital and community services. Primary care services still remained outside the control of AHAs.

Community Health Councils (CHCs) were introduced to represent the views of patients and the public.

In 1982 the 8 Area Health Authorities in Wales became 9 District Health Authorities (DHAs).

The National Health Service and Community Care Act 1990 introduced an internal market into the National Health Service.

District Health Authorities and the newly established GP Fundholders acted as purchasers and negotiated contracts with providers of health services, predominantly NHS Trusts which were also established at this point, but also including the private, not for profit and voluntary sectors.

In 1996 the District Health Authorities and Family Health Services Authorities in Wales were merged into 5 Health Authorities.

In 2000 GP Fundholding was abolished.

History of the NHS in Wales

In 2001 the 5 Health Authorities in Wales were replaced by 21 Local Health Boards (LHBs) and one unified healthcare board for Powys. The main roles of LHBs were corporate and clinical governance; securing and providing primary and community care health services and securing secondary care services provided by NHS Trusts.

During the years 1999 to 2009 there were successive mergers of NHS Trusts that reduced the numbers from 26 to 8.

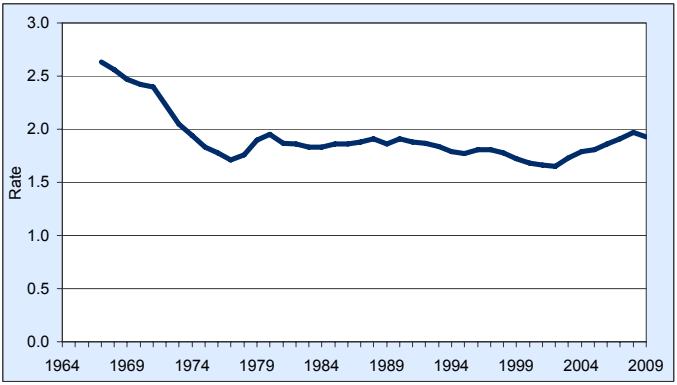
In 2009, a further major reorganisation took place on 1 October and the NHS in Wales now comprises 7 geographical Health Boards and three NHS Trusts - the Welsh Ambulance Services NHS Trust, Velindre NHS Trust and the Public Health Wales NHS Trust.

The Health Boards combine the functions of the former NHS Trusts and Local Health Boards.

There were formerly Community Health Councils (CHCs) in each of the 22 local authority areas. In 2010 these were reorganised to 8 geographical CHCs (2 in Powys, and 6 covering the same areas as Health Boards).

Vital Statistics

1. Total Fertility Rate, 1967 to 2009



	1967	1977	1987	1997	2002	2009
Total Fertility Rate	2.63	1.71	1.88	1.81	1.65	1.93

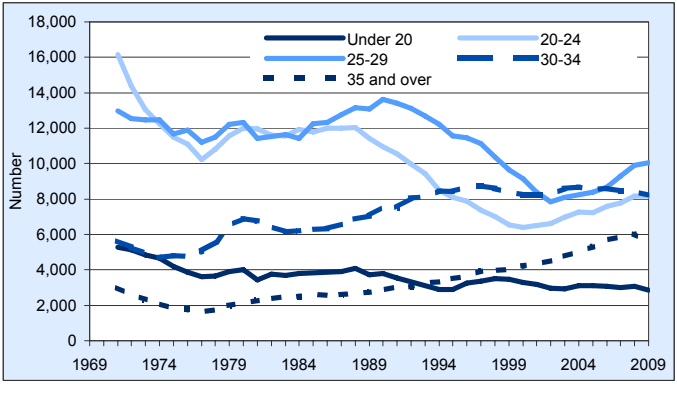
- The Total Fertility Rate (TFR) decreased substantially from 2.63 children per woman in 1967, to 1.71 in 1977.
- There followed a sharp increase to 1.95 by 1980, then a gradual decrease to 1.65 in 2002.
- The rate has increased since 2002 (except for a small decrease in 2009), but it remains below the rates seen before 1974.

Notes: The Total Fertility Rate (TFR) is the average number of children that would be born to a woman if current patterns of fertility persisted throughout her childbearing life. The TFR is a summary measure of current fertility, and changes in timing of births means that it can often be a poor indicator of the actual average number of children women will eventually have.

These data are National Statistics.

Source: Office for National Statistics - www.ons.gov.uk

2. Live births by age of mother, 1971 to 2009



Number (thousands)

Age of mother	1971	1981	1991	2001	2009
Under 20	5.3	3.4	3.5	3.2	2.9
20-24	16.1	12.0	10.6	6.5	8.2
25-29	13.0	11.4	13.4	8.4	10.1
30-34	5.7	6.8	7.5	8.2	8.2
35 and over	3.0	2.3	3.0	4.3	5.6
All live births	43.1	35.8	38.1	30.6	34.9

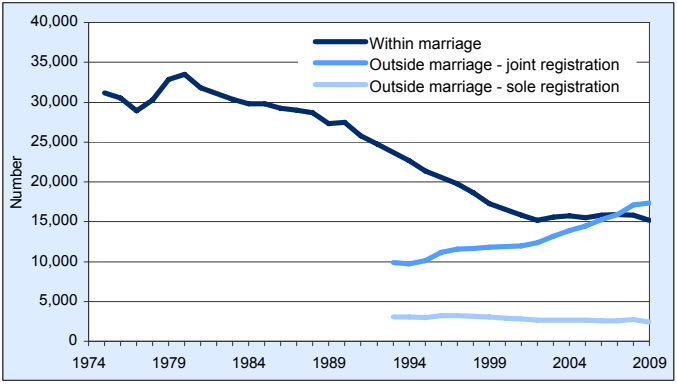
- There were 34,900 live births in 2009, 19 per cent lower than in 1971 (43,100). However, the number of live births has increased in recent years from a low of 30,200 in 2002 (except a small decrease in 2009).
- Between 1971 and 2009 the number of live births to mothers in both the under 20 and 20-24 age groups almost halved. In the same period the number of live births almost doubled for mothers aged 35 and over (now accounting for nearly a sixth of all live births).

Notes: Figures relate to the number of births occurring each year.

These data are National Statistics.

Source: Office for National Statistics - www.ons.gov.uk

3. Live births within / outside marriage and by registration type, 1975 to 2009



Number (thousands)

	1975	1980	1985	1990	1995	2000	2005	2009
Within marriage	31.1	33.5	29.8	27.5	21.4	16.5	15.5	15.2
Outside marriage: registration type								
Joint	..	..	..	..	10.1	11.9	14.4	17.4
Sole	..	..	..	..	3.0	2.9	2.6	2.4

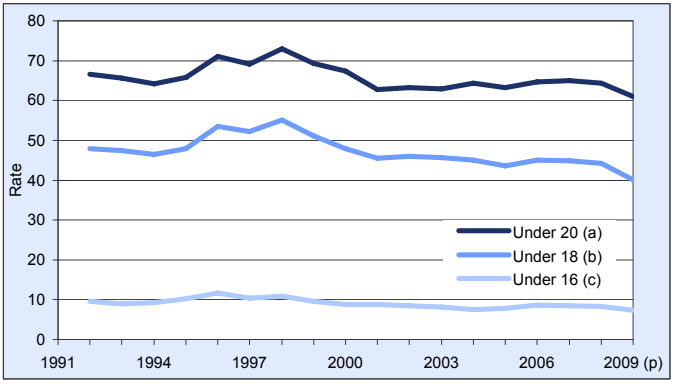
- The number of live births within marriage decreased steadily from 33,500 in 1980 to just under 16,000 in 2001. It has remained a similar level since 2001.
- From 1993 to 2009, there was a steady increase (to 17,400 in 2009) in the number of live births outside marriage that were registered by both parents. The number of sole registrations decreased slightly over this period to 2,400.

Notes: A birth within marriage is that of a child born to parents who were lawfully married to each other either at the date of the child's birth, or, when the child was conceived, even if they later divorced or the father died before the child's birth.
Births occurring outside marriage may be registered either jointly or solely. A joint registration records details of both parents, and requires them both to be present. A sole registration records only the mother's details.

These data are National Statistics.

Source: Office for National Statistics - www.ons.gov.uk

4. Teenage conceptions, 1992 to 2009



	1992	1996	2000	2004	2009 (p)
Under 20 (a)	66.5	71.0	67.4	64.3	61.0
Under 18 (b)	48.0	53.5	48.0	45.0	40.1
Under 16 (c)	9.5	11.7	8.8	7.5	7.3

- For all age groups, teenage conception rates were highest in the period 1995 to 2000.
- For all age groups, rates have remained at lower levels since 2001.
- Provisional rates for 2009 are lower than in any year since 1992.

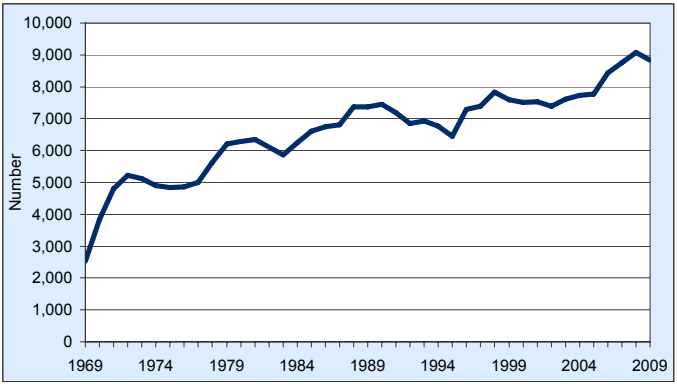
(a) Rate per 1,000 female residents aged 15-19.
(b) Rate per 1,000 female residents aged 15-17.
(c) Rate per 1,000 female residents aged 13-15.
(p) Provisional.

Notes: Conception figures are estimates derived by combining information from birth registrations and notifications of legal abortions. They do not include miscarriages or illegal abortions. The date of conception is estimated using recorded gestation for abortions and stillbirths, and by assuming 38 weeks for live births.

These data are National Statistics.

Source: Office for National Statistics - www.ons.gov.uk

5. Abortions, 1969 to 2009



	1969	1974	1979	1984	1989	1999	2004	2009
Abortions	2,530	4,909	6,209	6,237	7,366	7,595	7,724	8,841
Rate (a)	4.9	9.4	11.2	10.7	12.4	13.4	13.4	15.4

- Over 40 years, abortions have more than tripled in number to 8,800 in 2009.
- In 2009, there were 15 abortions per 1,000 women aged 15-44.

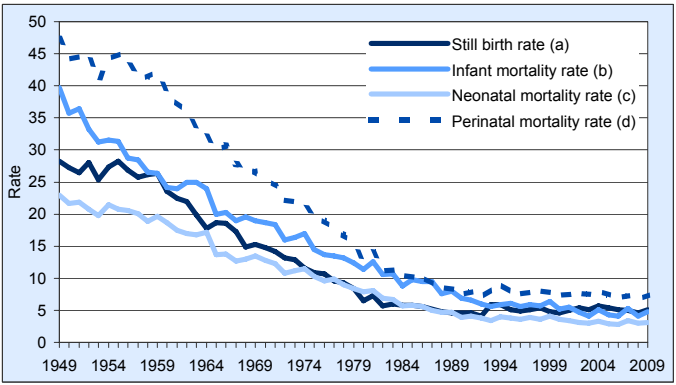
(a) Crude rate per 1,000 women aged 15-44.

Notes: Data are for Welsh residents. The Abortion Act 1967, which came into effect on 27 April 1968, permits termination of pregnancy by a registered practitioner subject to certain conditions.

These data are National Statistics.

Sources: Department of Health - www.dh.gov.uk
Office for National Statistics - www.ons.gov.uk

6. Still birth, infant, neonatal and perinatal mortality rates, 1949 to 2009



	1949	1960	1970	1980	1990	2000	2009
Still birth rate (a)	28.2	23.6	14.8	6.5	4.6	4.6	5.1
Infant mortality rate (b)	39.7	24.1	18.7	11.4	6.9	5.2	4.8
Neonatal mortality rate (c)	22.9	18.7	12.8	7.9	3.9	3.6	3.1
Perinatal mortality rate (d)	47.4	39.1	25.5	12.8	7.4	7.3	7.4

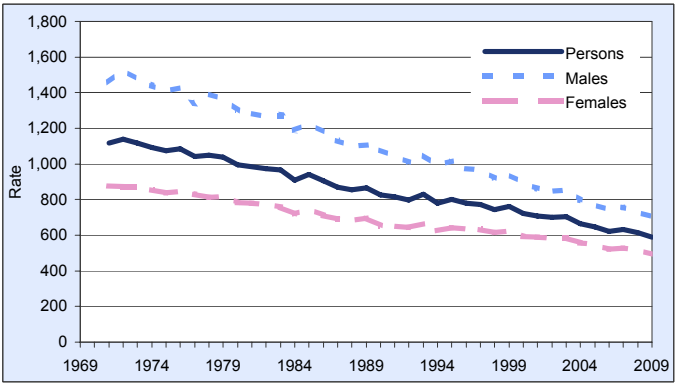
- Over the past 60 years, all mortality rates for babies have decreased substantially.
- Rates have fallen more slowly since the late 1980s, and the still birth rate has not fallen any further.

(a) Per 1,000 total births (live and still). The legal definition of a still birth was altered on 1st October 1992 to include babies born dead between 24 and 27 weeks gestation. Earlier data are based on still births of 27 or more completed weeks gestation.
(b) Per 1,000 live births. Deaths of infants under 1 year of age.
(c) Per 1,000 live births. Deaths of infants under 4 weeks of age.
(d) Per 1,000 total births (live and still). Stillbirths and deaths of infants under 1 week of age.

These data are National Statistics.

Source: Office for National Statistics - www.ons.gov.uk

7. Age-standardised mortality rate (ASMR), 1971 to 2009



	1971	1981	1991	2001	2009
Males	1,460	1,283	1,047	862	703
Females	878	780	650	589	492
Persons	1,117	984	815	708	588

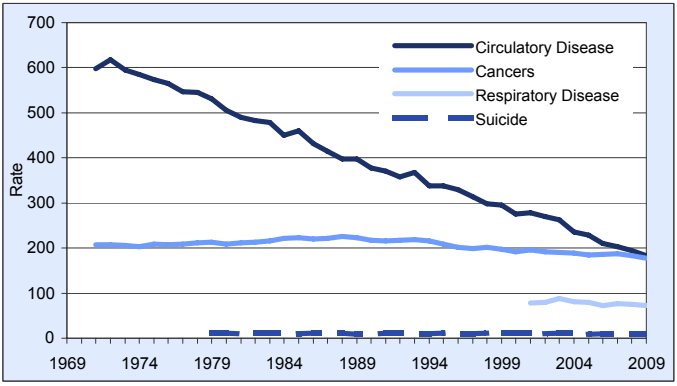
- The age-standardised mortality rate (ASMR) for all persons has decreased steadily, from 1,117 per 100,000 population in 1971 to 588 in 2009.
- The rate for males is higher than for females, but the gap has decreased substantially since 1971. The gap between male and female rates was 581 per 100,000 population in 1971, and is now 211 per 100,000 population.

Notes: The age-standardised mortality rates (ASMRs) cover all ages and are directly standardised to the European Standard Population, expressed per 100,000 population. They allow comparisons between populations with different age structures, including between males and females and over time.

These data are National Statistics.

Source: Office for National Statistics - www.ons.gov.uk

8. Age standardised mortality rate (ASMR): selected causes, 1971 to 2009



	1971	1981	1991	2001	2009
Circulatory Disease	598	490	370	278	183
Cancers	207	211	215	197	177
Respiratory Disease	..	..	..	79	72
Suicide	..	10	11	11	8

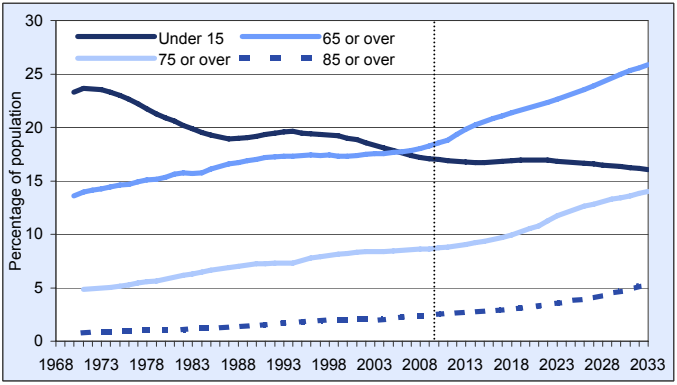
- The age-standardised mortality rate (ASMR) for circulatory disease is now a third of what it was in 1971.
- The rate for cancers has decreased slightly since 1971.
- The rate for suicide has remained at a similar level since 1979.

Notes: The age-standardised mortality rates (ASMRs) cover all ages and are directly standardised to the European Standard Population, expressed per 100,000 population. They allow comparisons between populations with different age structures, including between males and females and over time.International Classification of Diseases (ICD) 10 codes used since 2001.
Circulatory Disease: I00 – I99
Cancers: C00 – C97
Respiratory Disease: J00 – J99
Suicide: X60 – X84, Y10 – Y34 (excluding Y33.9 where the coroner's verdict was pending)

These data are National Statistics.

Source: Office for National Statistics - www.ons.gov.uk

9. Young and elderly populations, 1970 to 2033



Percentage of population

	1970	1983	1996	2009	2021	2033
Aged under 15	23.3	19.9	19.4	17.1	16.9	16.0
Aged 65 or over	13.6	15.7	17.4	18.3	22.1	25.8
Aged 75 or over	..	6.3	7.8	8.6	10.8	14.0
Aged 85 or over	..	1.1	1.9	2.5	3.3	5.4
Total population (millions)	2.73	2.80	2.89	3.00	3.19	3.35

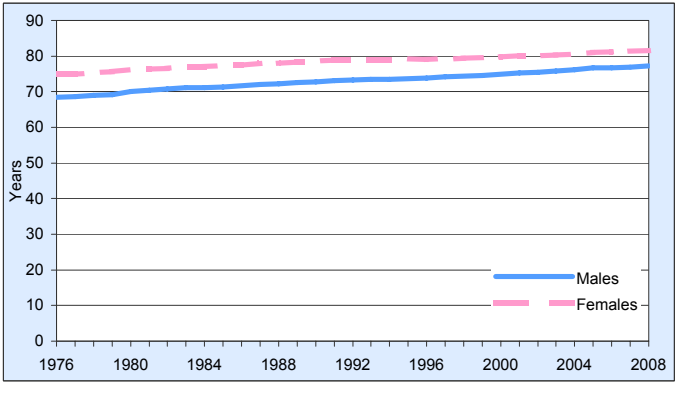
- The population of Wales increased by almost 270 thousand (10 per cent) in the past 40 years to reach nearly 3 million in 2009. It is projected to increase by another 350 thousand by 2033.
- The proportion aged under 15 has decreased and the proportion in older age groups has increased. These trends are projected to continue.

1970-2009 Mid-year estimates of population: Birth and death registration data are used together with estimates of international migration and internal migration (within UK) flows to calculate estimates for the usually resident population of each area.
2010-2033 Population projections (2008-based): Population projections provide estimates of the future population. Projections are based on assumptions about future fertility, life expectancy, international and domestic migration. Projections only indicate what may happen should the assumptions become true.

These data are National Statistics.

Source: Office for National Statistics - www.ons.gov.uk

10. Life expectancy, 1976 to 2008



Years

	1976	1981	1986	1991	1996	2001	2008
Males	68.4	70.4	71.6	73.1	73.8	75.3	77.2
Females	74.9	76.4	77.5	78.8	79.1	80.0	81.6

- Life expectancy in Wales has increased steadily over the past 30 years.
- Life expectancy for females is higher than for males, but the gap has decreased from 6.5 years in 1976 to 4.4 years in 2008.

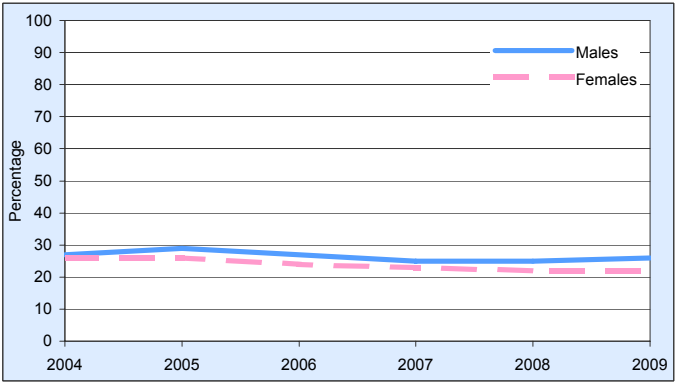
Notes: Based on three year average data centred on the year stated. Life expectancy at birth for an area in a given time period is an estimate of the average number of years a new-born baby would survive if he or she experienced the particular area's age-specific mortality rates for that time period throughout his or her life. It is not therefore the number of years a baby born in the area in that time period could actually expect to live, because the death rates of the area are likely to change in the future and many of those born in the area will live elsewhere for some part of their lives.

These data are National Statistics.

Source: Office for National Statistics - www.ons.gov.uk

Lifestyle

11. Adults smoking, 2004 to 2009



Percentage

	2004	2005	2006	2007	2008	2009
Males	27	29	27	25	25	26
Females	26	26	24	23	22	22
Persons	26	28	25	24	24	24

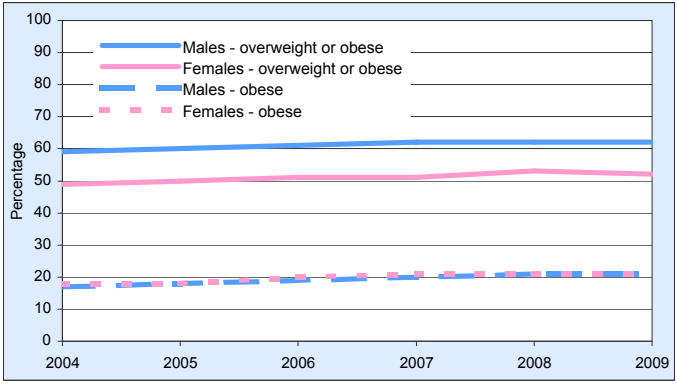
- Smoking levels have decreased slightly since 2004, to just under 1 in 4 in 2009.
- The proportion of males smoking is higher than for females. The gap has increased slightly in recent years to 4 percentage points in 2009.

Notes: Percentage of adults aged 16 & over who smoke at least occasionally.

These data are National Statistics.

Source: Welsh Health Survey, Welsh Assembly Government.

12. Adults who are overweight or obese, 2004 to 2009



Percentage overweight or obese

	2004	2005	2006	2007	2008	2009
Males	59	60	61	62	62	62
Females	49	50	51	51	53	52
Persons	54	55	56	57	57	57

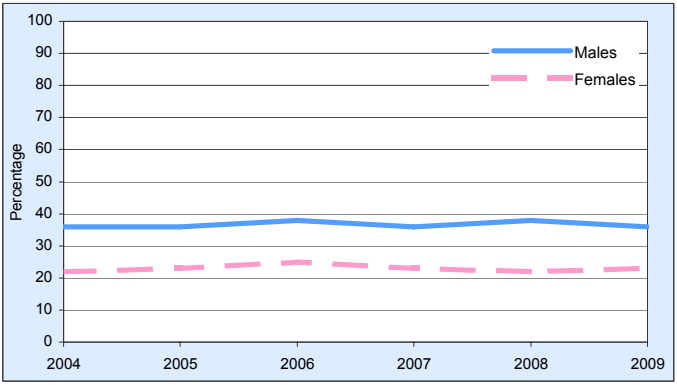
- Since 2004, there have been increases in the proportions of adults who are overweight or obese.
- By 2009, nearly 2 in 3 men were classed as overweight or obese, while just over one half of women were classed as overweight or obese.
- By 2009, just over 1 in 5 men and women were classed as obese (21 per cent).

Notes: Percentage of adults aged 16 or over. A person is classed as overweight or obese if their Body Mass Index (BMI) (weight in kg)/(height in m)^2 is 25 or more. A person is classed as obese if their BMI is 30 or more.

These data are National Statistics.

Source: Welsh Health Survey, Welsh Assembly Government.

13. Adults' exercise or physical activity, 2004 to 2009



Percentage

	2004	2005	2006	2007	2008	2009
Males	36	36	38	36	38	36
Females	22	23	25	23	22	23
Persons	29	29	31	29	30	29

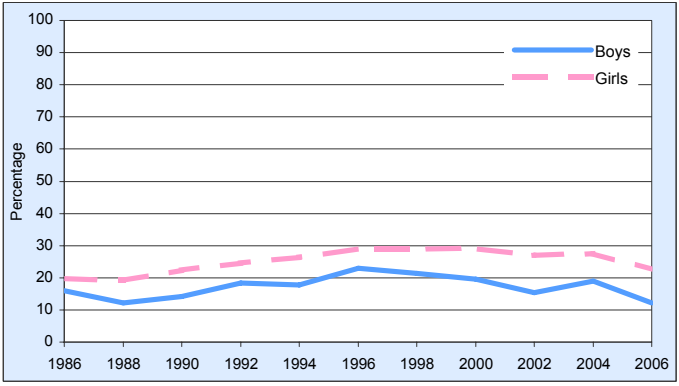
- Fewer than 1 in 3 adults met the guidelines for physical activity.
- Men were more likely to do so than women. In 2009, over 1 in 3 men met the guidelines for physical activity, while under 1 in 4 of women did so.

Notes: Percentage of adults aged 16 or over, who did at least 30 minutes of at least moderate intensity physical activity on 5 or more days the previous week.

These data are National Statistics.

Source: Welsh Health Survey, Welsh Assembly Government.

14. Smoking by 15 to 16 year olds, 1986 to 2006



Percentage

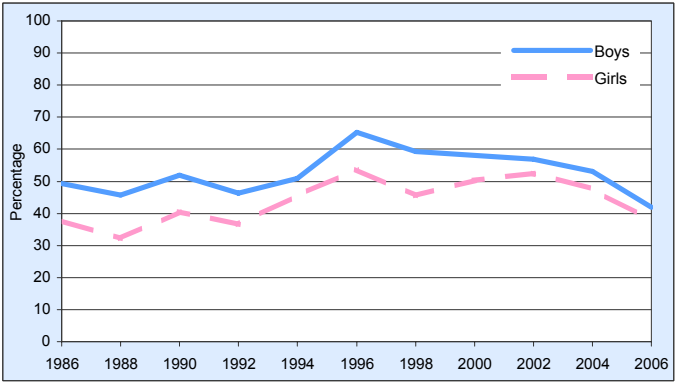
	1986	1990	1994	1998	2002	2006
Boys	16.0	14.1	17.7	21.4	15.4	12.2
Girls	19.8	22.3	26.3	29.0	26.9	22.6
All	17.8	18.1	21.9	25.1	20.9	17.4

- After increasing between 1988 and 1996, the proportion of 15 to 16 year old boys smoking has decreased to 1 in 8.
- For girls, there was an increase between 1988 and 2000 but a decrease since, to under 1 in 4.

Notes: Percentage smoking weekly.

Source: Health Behaviour in School-aged Children (HBSC) survey - www.wales.gov.uk/health

15. Drinking by 15 to 16 year olds, 1986 to 2006



Percentage

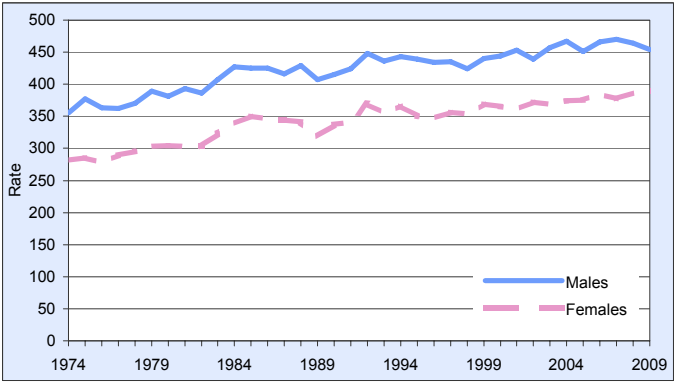
	1986	1990	1994	1998	2002	2006
Boys	49.3	51.8	50.8	59.2	56.9	41.9
Girls	37.7	40.5	45.5	45.6	52.4	37.8
All	43.7	46.3	48.2	52.5	54.7	39.9

- Since 1996, the proportion of 15 to 16-year olds drinking alcohol has decreased from over half to 40 per cent.

Notes: Percentage drinking alcohol weekly.

Source: Health Behaviour in School-aged Children (HBSC) survey - www.wales.gov.uk/health

16. Cancer incidence rates: all malignancies, 1974 to 2009 (a) (b)



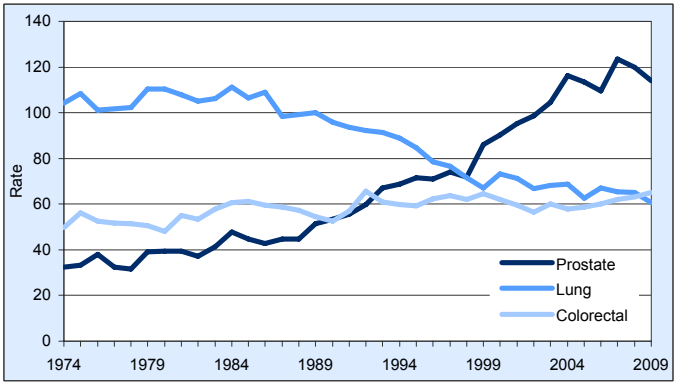
	1974	1979	1984	1989	1994	2004	2009
Males	355	389	427	407	444	467	454
Females	282	304	338	320	366	374	390

- Cancer rates have continued to go up since the early 1970s.
- The rate is consistently higher for men than for women.

(a) European age-standardised incidence rates per 100,000 population. This allows comparisons between populations with different age structures, including between males and females and over time.
(b) Excluding non-melanoma skin cancer.
Notes: The data refer to new cases of cancer reported to the Welsh Cancer Intelligence and Surveillance Unit (WCISU). The WCISU database is continuously updated using the latest available information and can result in changes to previously published figures.

Source: Welsh Cancer Intelligence and Surveillance Unit (WCISU) - www.wales.nhs.uk/sites3/home.cfm?orgid=242

17. Cancer incidence rates: males, 1974 to 2009 (a)



	1974	1979	1984	1989	1994	1999	2004	2009
Prostate	32	39	48	51	69	86	116	114
Lung	104	110	111	100	89	67	69	61
Colorectal	50	51	61	54	60	64	58	65

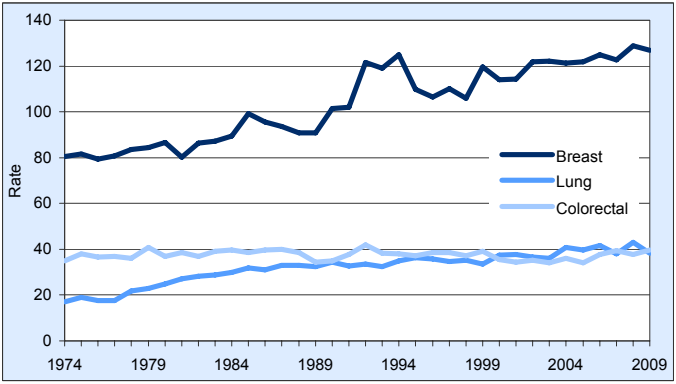
- The lung cancer rate for men has gone down and is now two-thirds of what it was in the early 1970s.
- The colorectal cancer rate increased slightly over the same period. The prostate cancer rate increased threefold (although this may be partly due to better ascertainment with testing).

(a) European age-standardised incidence rates per 100,000 population. This allows comparisons between populations with different age structures, including between males and females and over time.

See notes on page 16 for information on the data source.

Source: Welsh Cancer Intelligence and Surveillance Unit (WCISU) - www.wales.nhs.uk/sites3/home.cfm?orgid=242

18. Cancer incidence rates: females, 1974 to 2009 (a)



	1974	1979	1984	1989	1994	1999	2004	2009
Breast	81	84	89	91	125	120	121	127
Lung	17	23	30	32	35	34	41	38
Colorectal	35	41	40	34	38	39	36	40

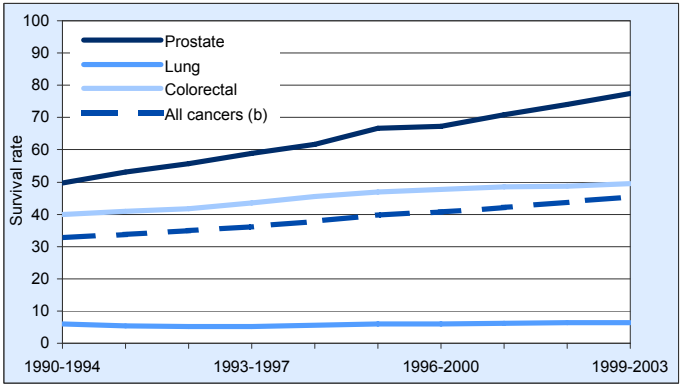
- The lung cancer rate for women has gone up and is now more than double what it was in the early 1970s, though it remains lower than the rate for males.
- The breast cancer rate has increased by over half for the same period, while colorectal cancer has remained at a similar level.

(a) European age-standardised incidence rates per 100,000 population. This allows comparisons between populations with different age structures, including between males and females and over time.

See notes on page 16 for information on the data source.

Source: Welsh Cancer Intelligence and Surveillance Unit (WCISU) - www.wales.nhs.uk/sites3/home.cfm?orgid=242

19. 5 year relative cancer survival rate: males (a)



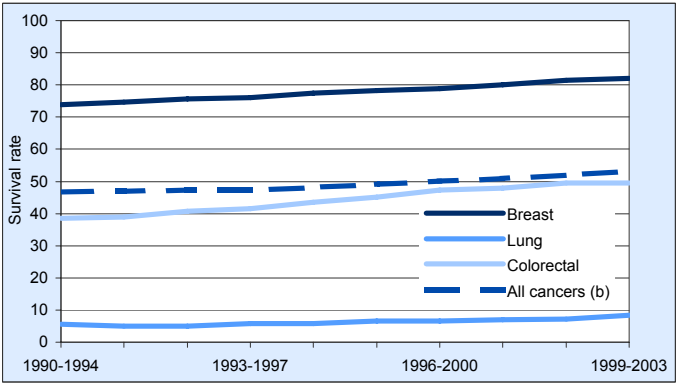
	1990-1994	1993-1997	1996-2000	1999-2003
Prostate	49.8	59.0	67.4	77.4
Lung	5.9	5.2	6.1	6.4
Colorectal	39.9	43.6	47.8	49.5
All cancers (b)	32.8	36.2	40.7	45.4

- For males, the 5 year relative survival rate for all cancers increased in the 9 year period shown. It now stands at 45 per cent.
- There was a large increase in the survival rate for prostate cancer, going from 50 per cent to 77 per cent in 9 years.

(a) The chart is based on 5-year rolling average data. For example, data for 1990-1994 are the 5-year survival rates for persons aged 15-99 diagnosed with cancer in the years 1990-1994 inclusive. Relative cancer survival gives an indication of the likelihood of survival 5 years after diagnosis after taking account of overall mortality rates in the general population.
(b) Excluding non melanoma skin cancer.

Source: Welsh Cancer Intelligence and Surveillance Unit (WCISU) - www.wales.nhs.uk/sites3 home.cfm?orgid=242

20. 5 year relative cancer survival rate: females (a)



	1990-1994	1993-1997	1996-2000	1999-2003
Breast	73.9	76.0	78.8	82.1
Lung	5.6	5.7	6.6	8.3
Colorectal	38.5	41.6	47.3	49.6
All cancers (b)	46.8	47.3	50.0	53.2

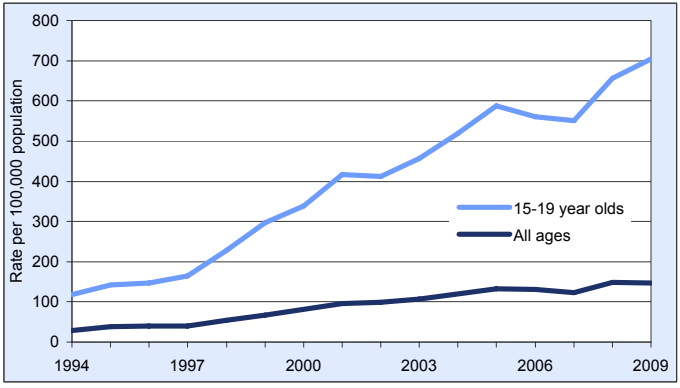
- For females, the 5 year relative survival rate for all cancers is now 53 per cent. However, the increase in survival rate over the 9 year period was smaller than for males.
- There were increases in survival rate for colorectal and breast cancers over 9 years, of 11 and 8 percentage points respectively.

(a) The chart is based on 5-year rolling average data. For example, data for 1990-1994 are the 5-year survival rates for persons aged 15-99 diagnosed with cancer in the years 1990-1994 inclusive. Relative cancer survival gives an indication of the likelihood of survival 5 years after diagnosis after taking account of overall mortality rates in the general population.

(b) Excluding non melanoma skin cancer.

Source: Welsh Cancer Intelligence and Surveillance Unit (WCISU) - www.wales.nhs.uk/sites3/home.cfm?orgid=242

21. Rate of uncomplicated chlamydia per 100,000 population, 1994 to 2009



Rate per 100,000 population

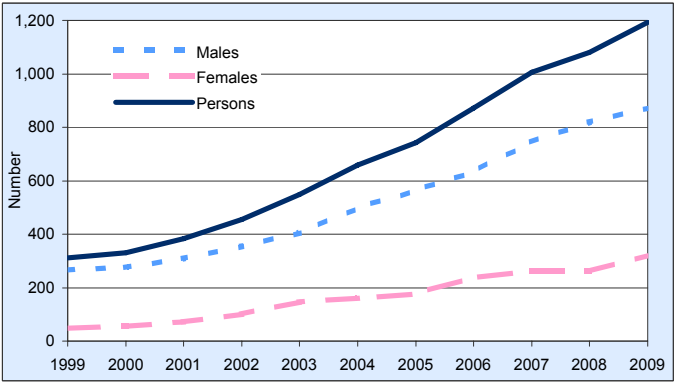
	1994	1997	2000	2003	2006	2009
15-19 year olds	119	164	338	457	561	703
All ages	29	41	81	106	130	147

- The rate of uncomplicated chlamydia reported in Wales has increased almost sixfold since 1994, partially reflecting increased awareness and improved diagnostic techniques.
- The rate for 15-19 year olds is substantially higher than the rate for all ages, and has also increased fivefold since 1994. There have been increases in rates in every year except for 2006, 2007 and 2009.

Notes: Cases reported by genito-urinary medicine departments in Wales. Genital chlamydial infection is a sexually transmitted infection (STI) caused by the bacterium, chlamydia trachomatis and is the most common bacterial sexually transmitted infection in the UK.

Source: Public Health Wales - www.wales.nhs.uk/sites3/home.cfm?orgid=457

22. Number of people with diagnosed HIV infection who accessed HIV-related care, 1999 to 2009 (a)



	1999	2001	2003	2005	2007	2009
Males	265	310	404	564	744	873
Females	47	73	145	178	261	320
Persons	312	383	549	742	1,005	1,193

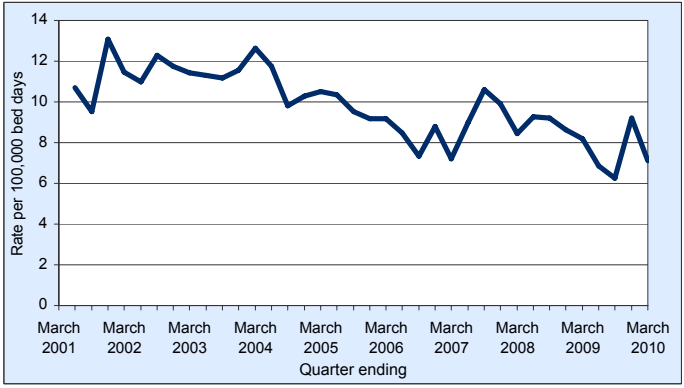
- There were 1,193 diagnosed, HIV-infected individuals (of all ages) resident in Wales who accessed HIV-related care in 2009, compared with 312 in 1999.
- The number of diagnosed men accessing HIV-related care more than tripled between 1999 and 2009.
- The number for women is considerably less than the number for men, but has increased almost sevenfold since 1999.

(a) This data refers to those diagnosed with HIV in any year, who accessed care in the year stated.

Notes: The Survey of Prevalent HIV Infections Diagnosed (SOPHID) began in 1995 and is a cross-sectional survey of all individuals with diagnosed HIV infection who attend for HIV-related care at an NHS site in England, Wales and Northern Ireland within a calendar year.

Source: Health Protection Agency - www.hpa.org.uk

23. Rate of MRSA infections per 100,000 bed days: Quarters ending June 2001 to March 2010



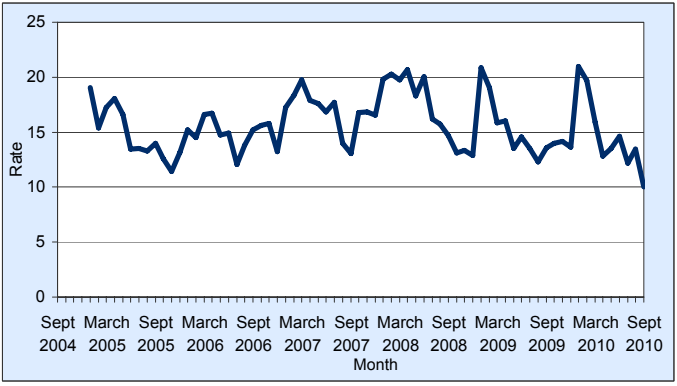
	2001-02	2003-04	2005-06	2007-08	2009-10
Rate per 100,000 bed days	11.2	11.7	9.6	9.5	7.4

- The rate of MRSA infections in 2009-10 had decreased by a third compared with 2001-02.
- The trend since 2001 has generally been downwards, but there have been some large fluctuations in the rate from quarter to quarter.

Notes: MRSA is Methicillin-resistant Staphylococcus Aureus. It is a type of Staphylococcus aureus that has become resistant to various antibiotics. Concern about MRSA has arisen in part because it is more resistant than other types of Staphylococcus aureus and also because it has become particularly associated with hospital acquired infections. Further information on MRSA is available at: www.wales.nhs.uk/sites3/page.cfm?orgid=379&pid=13004

Source: Public Health Wales, Welsh Healthcare Associated Infection Programme - www.wales.nhs.uk/sites3/page.cfm?orgId=379&pid=23910

24. Rate of C. difficile infections per 1,000 hospital inpatients aged over 65, January 2005 to September 2010



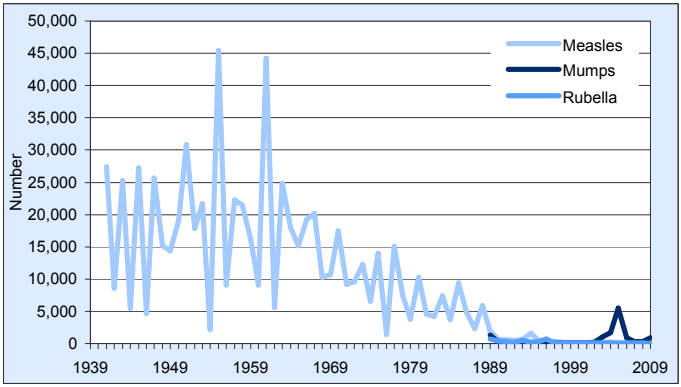
	2005-06	2006-07	2007-08	2008-09	2009-10
Rate per 1,000 hospital inpatients aged over 65	14.4	15.6	17.3	16.7	15.1

- Since January 2005, the monthly levels of C. difficile infections in older people in hospital have fluctuated between 10 and 21 per 1,000 inpatients aged over 65.
- The highest levels of infection have usually been seen in the months January to April, and the lowest levels have usually been in the months July to December.

Notes: Chlostridium difficile is a spore forming bacterium which is present as one of the 'normal' bacteria in the gut of up to 3% of healthy adults, where it rarely causes problems. C. difficile can cause illness when certain antibiotics disturb the balance of 'normal' bacteria in the gut. Further information on C. difficile is available at www.wales.nhs.uk/sites3/page.cfm?orgid=379&pid=13577

Source: Public Health Wales, Welsh Healthcare Associated Infection Programme - www.wales.nhs.uk/sites3/page.cfm?orgId=379&pid=23910

25. Notifications of measles, mumps and rubella, 1941 to 2009

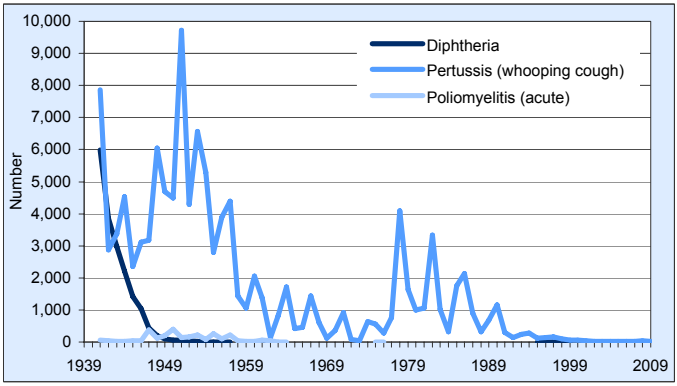


- The number of measles cases has fallen over the past 60 years (although there used to be large yearly changes). Immunisation against measles began in 1968, then in 1988 became part of the MMR vaccination, along with mumps and rubella.
- Until the 1990s there were thousands of measles cases each year: In 2009 there were 567 cases, the highest total since 1995.
- Mumps became notifiable in 1989. In the 1990s, there were around 100 or fewer cases each year. There was a peak of 5,500 cases in 2005, and a smaller peak of 853 cases in 2009.
- Rubella also became notifiable in 1989. There were between 100 and 700 cases each year until 1998, then fewer than 100 each year thereafter.

Notes: Doctors in England and Wales have a statutory duty to notify a 'Proper Officer' of the Local Authority of suspected cases of certain infectious diseases. The attending Registered Medical Practitioner (RMP) should fill out a notification certificate immediately on diagnosis of a suspected notifiable disease and should not wait for laboratory confirmation of the suspected infection or contamination before notification.

Source: Health Protection Agency - www.hpa.org.uk

26. Notifications of diphtheria, pertussis (whooping cough) and poliomyelitis, 1941 to 2009

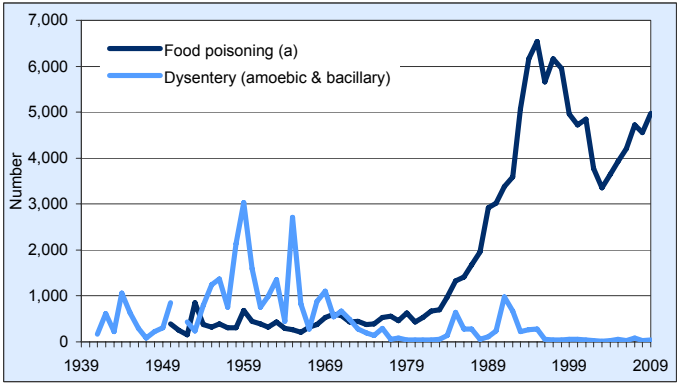


- The number of cases of diphtheria went down quickly during the 1940s (immunisation against diphtheria was introduced in 1940). There have been fewer than 10 cases in any of the past 55 years.
- In the 1950s there were thousands of cases of pertussis (whooping cough) each year. Since immunisation was introduced in the 1950s, the number of cases has fallen (although there have been some large yearly fluctuations). There was a rise in the 1980s, but since then the numbers have again been falling (there were 29 cases in 2009).
- In the late 1940s to late 1950s, there were between 100 and 400 poliomyelitis cases each year (except a peak of 408 in 1950). Immunisation against poliomyelitis was introduced in 1955. There have been fewer than 5 cases in any of the past 45 years.

See notes on page 25 for information on data source.

Source: Health Protection Agency - www.hpa.org.uk

27. Notifications of dysentery and food poisoning, 1941 to 2009 (a)



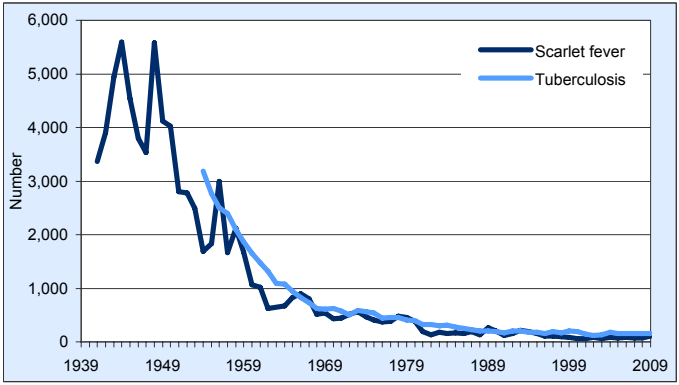
- The number of food poisoning cases averaged 400 cases per year between 1950 and 1980. Throughout the 1980s and 1990s, the number of cases rose quickly, to a peak of 6,500 in 1995. After falling rapidly to 3,300 cases in 2003, the number of cases started to rise again (to just under 5,000 cases in 2009).
- The number of cases of dysentery has stayed roughly the same for the past 60 years apart from two peaks in 1959 and 1965 (and two smaller peaks in 1985 and 1991).

(a) All isolations of Campylobacter are counted as food poisoning incidents.

See notes on page 25 for information on the data source.

Source: Health Protection Agency - www.hpa.org.uk

28. Notifications of scarlet fever and tuberculosis, 1941 to 2009

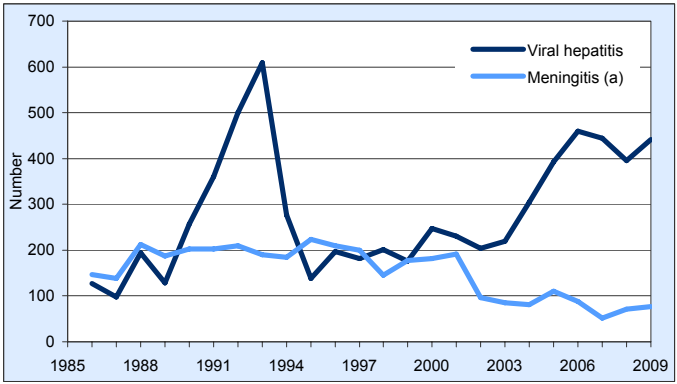


- The numbers of cases of scarlet fever and tuberculosis have fallen substantially over the past half century. The BCG immunisation programme against TB was introduced in 1953.
- Since 1985, there have been fewer than 300 cases of scarlet fever and fewer than 300 cases of tuberculosis each year.

See notes on page 25 for information on the data source.

Source: Health Protection Agency - www.hpa.org.uk

29. Notifications of hepatitis and meningitis, 1986 to 2009



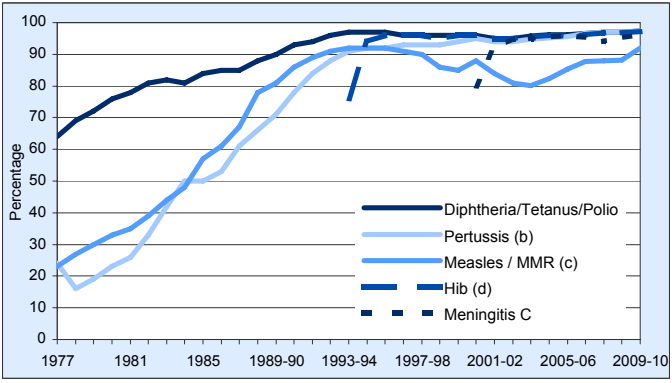
- From 1988 to 2001 there were about 200 cases of meningitis each year. Since 2002, there have been around 100 cases or fewer each year (see note (a) for information on immunisation against forms of meningitis).
- There was a peak in viral hepatitis cases in 1993 (609 cases). For around 10 years after, there were around 200 cases each year. This has increased to around 400 cases per year since 2005.

(a) Immunisation against meningitis C was introduced in 1999. Immunisation against Hib (a bacteria responsible for meningitis and other diseases in young children) was introduced in 1992.

See notes on page 25 for information on the data source.

Source: Health Protection Agency - www.hpa.org.uk

30. Vaccination and immunisation, 1977 to 2009-10 (a)



Percentage

	1977	1988	1998-99	2003-04	2009-10
Diphtheria/Tetanus/Polio	64	88	96	96	97
Pertussis (b)	24	66	93	95	97
Measles / MMR (c)	23	78	86	80	92
Hib (d)	.	.	95	96	97
Meningitis C	.	.	.	95	96

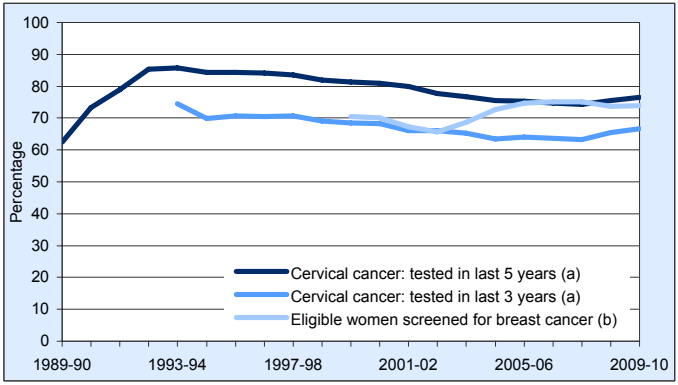
- Vaccination against diphtheria, tetanus, whooping cough, polio, and measles has increased since the late 1970s. 19 out of 20 children are now vaccinated (apart from for measles).
- Following adverse publicity over the safety of the vaccine, MMR coverage dropped to 80 per cent in 2003-04, but by 2009-10 had increased to 92 per cent.

(a) Percentage of children who reached their second birthday during the year and had completed a primary course of immunisation. See pages 25-29 for dates when immunisation was introduced.
(b) Whooping cough.
(c) Single measles vaccine up to 1988, MMR (measles, mumps and rubella) thereafter.
(d) Haemophilus influenzae type b. Hib is a bacteria responsible for severe pneumonia, meningitis and other invasive diseases almost exclusively in children aged less than 5 years.

These data are National Statistics.

Source: Public Health Wales - www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=27778

31. Cervical cytology and breast cancer screening, 1989-90 to 2009-10



Percentage

Year ending 31 March	1990	1995	2000	2005	2010
Cervical cancer: tested in last (a)					
5 years	62.4	84.4	81.3	75.6	76.5
3 years	..	69.8	68.4	63.5	66.7
Breast cancer screening (b)	..	..	70.5	72.7	73.8

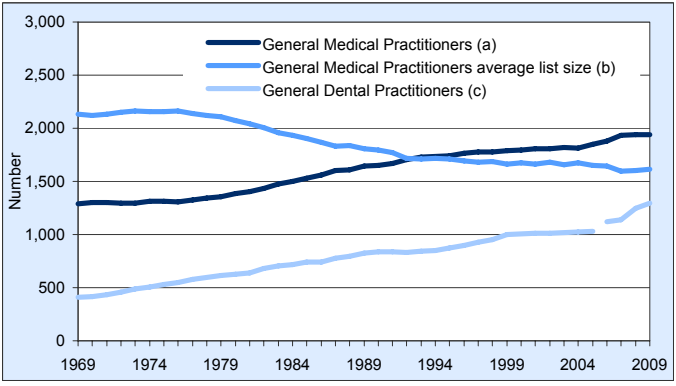
- From 1993-94 to 2007-08, the percentage of women tested for cervical cancer decreased. But in 2008-09 and 2009-10, there were increases in the testing rates for the last 5 and 3 years.
- The percentage of eligible women screened for breast cancer increased each year from 2002-03 onwards (except in 2008-09).

(a) Women aged 20-64. Prior to 1997-98 all women who were classed as 'recall ceased' by the programme (for medical, age and other reasons) were excluded from the denominator. For 1997-98 on the denominator excludes women who, for medical reasons only, do not need smears; the coverage figures are therefore not directly comparable.

(b) Eligible women aged 53-70 resident on 31 March and screened within the preceding three years. From 2003-04 to 2008-09, the age band was 53-64. Prior to 2003-04, the age band was 50-64.

Sources: Breast Test Wales - www.screeningservices.org.uk/btw/index_eng.asp
Cervical Screening Wales - www.screeningservices.org.uk/csw/pub/index.asp

32. General Medical and Dental Practitioners, 1969 to 2009



	1969	1979	1989	1999	2009
General Medical Practitioners (GMPs) (a)	1,288	1,355	1,642	1,792	1,940
GMPs average list size (b)	2,135	2,108	1,806	1,665	1,616
General Dental Practitioners (c)	409	612	827	998	1,293

- Over the past 40 years the number of general medical practitioners (GMPs) has increased by half and the number of dentists has tripled (see note (c) for the change in measure for dentists from 2006).
- The number of patients for each doctor stayed roughly the same in the 1970s but has decreased gradually since.

(a) All practitioners excluding GP Registrars, Retainers and locums. At 1 October for 1961 to 1999 and 30 September thereafter.

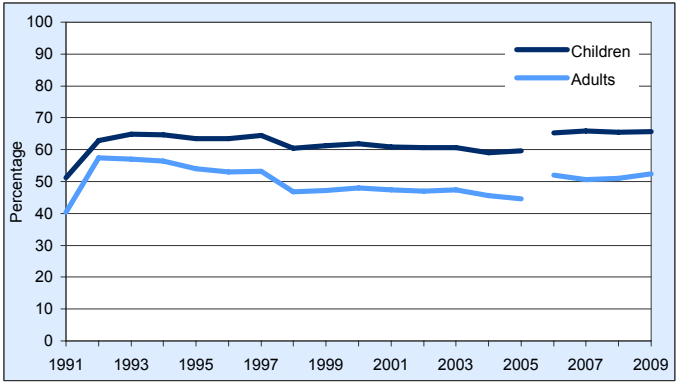
(b) The total number of patients on lists, divided by the number of 'All practitioners (excluding GP registrars, GP Retainers and locums).

(c) Principals, assistants and trainees at 30 September (1965-2005) or 31 March (2006-onwards) (treating at least some NHS patients).The information up until 30 September 2005 is based on the old contractual arrangements in place until 31 March 2006 (counting the number of NHS dentists recorded on Local Health Board lists). The number of dentists with NHS activity for subsequent years is based on the new dental contractual arrangements, introduced on 1 April 2006. It is not comparable to the information collected under the old contractual arrangements.

Sources: The NHS Information Centre for Health and Social Care: www.ic.nhs.uk
Dental Services, NHSBSA: www.nhsbsa.nhs.uk/dental

Family Health Services

33. Population registered with / treated by a dentist for NHS care, 1991 to 2009 (a)



Percentage

	1991	1995	1999	2003	2007	2009
Adults	40.3	54.0	47.2	47.3	50.7	52.4
Children (b)	51.1	63.5	61.2	60.6	65.9	65.6
Persons	42.8	56.2	50.4	50.2	53.9	55.2

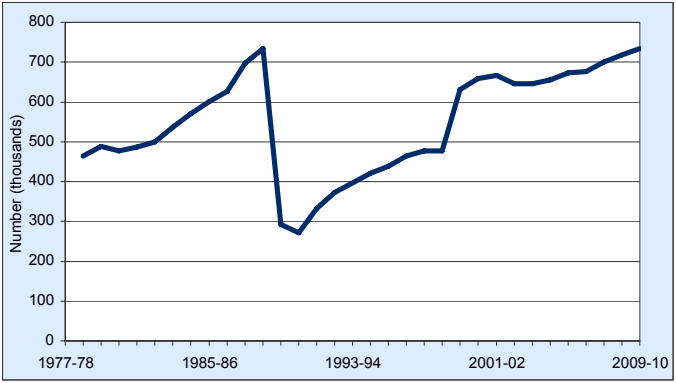
- From 1990 people had to register with a dentist for NHS care. Registration increased significantly between 1991 and 1992 but fell slightly over the next 13 years (except a larger fall in 1998).
- Since a new dental contract was introduced in 2006, the number and proportion of patients treated in the past 24 months have been recorded. This is not comparable with data prior to 2006. The proportions of children and adults treated have been steady since 2006.

(a) Percentage at 30 September.
(b) Aged under 18.

These data are National Statistics.

Source: Dental Services, NHSBSA - www.nhsbsa.nhs.uk/dental

34. NHS sight tests, 1978-79 to 2009-10



Number (thousands)

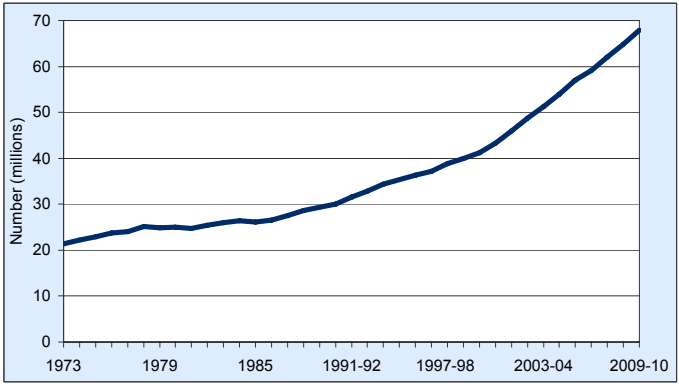
	1978-79	1988-89	1998-99	2003-04	2009-10
Sight tests	463.8	733.5	477.1	645.7	734.8

- In 1989 NHS eyesight tests were limited to certain age, income and sight condition groups. Following this, the number of tests fell sharply.
- Since then they have risen to a level similar to that before the restriction. In particular, there was a sharp increase in 1998-99, as free sight tests were extended to people aged 60 or over in April 1999.
- Since 2003-04, the number of tests each year has gradually increased.

Note: Excludes private tests given to patients who are not eligible for an NHS test.

Source: The NHS Information Centre for Health and Social Care - www.ic.nhs.uk

35. Prescribing by General Medical Practitioners, 1973 to 2009-10



	1973	1983	1993-94	2003-04	2009-10
Prescription items (millions)	21.3	26.0	34.3	51.3	67.9
Per head of population	7.6	9.0	11.6	17.0	21.7

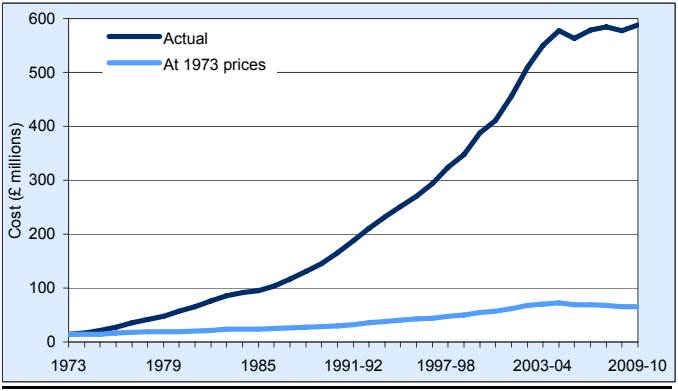
- Since the early 1970s, prescribing by General Medical Practitioners has risen steadily and is now, in terms of items prescribed, over three times what it was.

Notes: Includes prescription items prescribed (and dispensed) or dispensed by General Medical Practitioners in Wales. It also includes prescriptions submitted by prescribing doctors for items personally administered. Free prescriptions were introduced in Wales in April 2007.

These data are National Statistics.

Source: Prescribing Services Unit, NHS Wales Informatics Service

36. Items prescribed by General Medical Practitioners: net ingredient cost, 1973 to 2009-10



	1973	1983	1993-94	2003-04	2009-10
Net ingredient cost:					
Actual (£ millions)	14.4	85.3	231.7	550.1	588.2
At 1973 prices (£ millions)	14.4	23.5	37.9	70.7	65.2
Per head of population:					
Actual (£)	5.24	30.44	80.37	187.83	196.11
At 1973 prices (£)	5.24	8.37	13.15	24.15	21.73

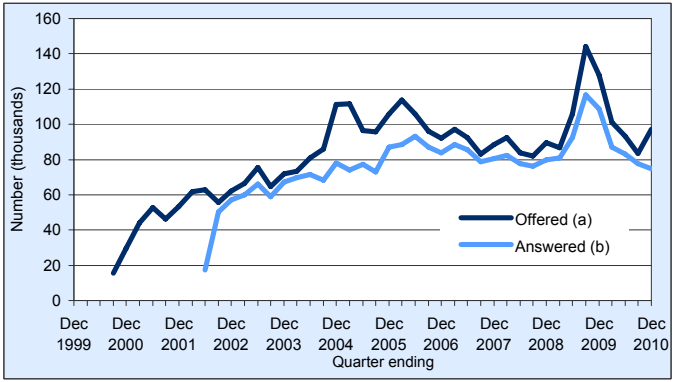
- The annual cost of prescriptions (in real terms, based on 1973 prices) has risen almost fivefold since the early 1970s, despite decreases in some years since 2004-05 (see notes).

Notes: The net ingredient cost is the cost (which the dispenser is reimbursed) of the drug before discounts and does not include any dispensing costs or fees. It does not include any adjustment for income obtained where a prescription charge is paid at the time the prescription is dispensed or where the patient has purchased a pre-payment certificate. The trends seen in recent years in the net ingredient cost are related to the introduction of Category M medicines and to the Pharmaceutical Price Regulation Scheme 2005 (for further information see the Statistical Release "Prescriptions by General Medical Practitioners, 2009-10" at www.wales.gov.uk/statistics.

These data are National Statistics.

Source: Prescribing Services Unit, NHS Wales Informatics Service.

37. Calls to NHS Direct: Quarters ending September 2000 to December 2010



Number (thousands)

	2001-02	2003-04	2005-06	2007-08	2009-10
Offered (a)	214.3	285.4	411.9	356.7	478.9
Answered (b)	.	262.0	325.8	327.2	404.7

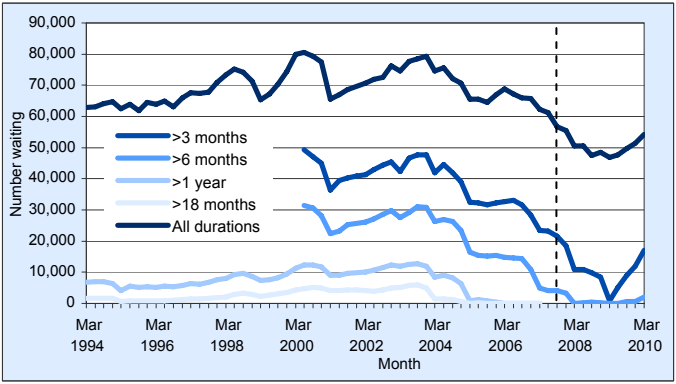
- From 2000 (when the service was introduced) to 2005, there was a continual increase in the number of calls to NHS Direct.
- There were two small peaks in calls in March 2005 and 2006, then the number of calls decreased slightly until 2009.
- There was also a large peak in calls in September 2009, coinciding with a large number of calls about H1N1 (swine flu).

(a) 'Offered calls' are calls where the caller has listened to all of the welcome messaging and stayed on the line.
(b) 'Answered calls' are calls in which the caller speaks to an NHS Direct operative or receives information from an automated service.

Notes: NHS Direct is a 24-hour information and advice line offering advice about health, illness and the NHS. It also provides ad-hoc information lines to support public health campaigns.

Source: Welsh Assembly Government (data provided by NHS Direct Wales).

38. Inpatient and day case waiting lists, Welsh residents, March 1994 to March 2010 (a)



Number (thousands)

As at 31 March	1994	1998	2002	2006	2010
Waiting over:					
3 months	..	..	41.3	32.6	17.1
6 months	..	..	26.2	14.7	2.1
1 year	6.7	8.0	10.1	0.0	..
18 months	1.6	2.1	4.1	0.0	..
All durations	62.8	73.4	70.6	68.8	54.3

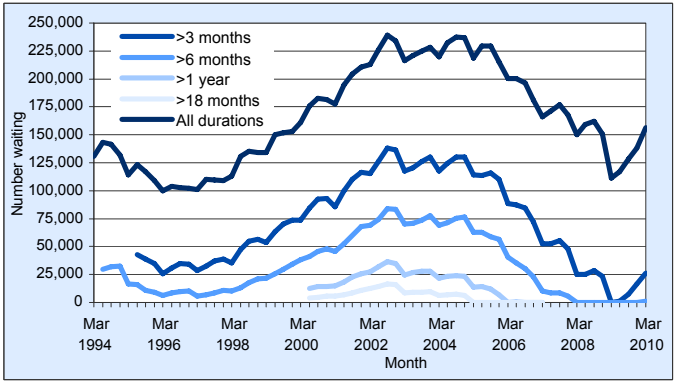
- Waiting lists for all inpatients and day case patients fluctuated between 60 and 80 thousand from 1994 to mid 2007.
- The number waiting over 6 months for hospital admission went from 31,000 in September 2003 to close to zero from March 2008.
- Whilst there was some increase in waiting lists during 2009-10, long waits remain low compared with previous years.

(a) Diagnostic endoscopies were moved to diagnostic services waiting times from September 2007.

Notes: These statistics were discontinued from April 2010 as an outcome of the consultation on waiting times (see www.wales.gov.uk/consultations).

Source: Welsh Assembly Government. Data provided by Local Health Boards (NHS Trusts prior to October 2009).

39. Outpatient waiting lists: Welsh residents, March 1994 to March 2010



Number (thousands)

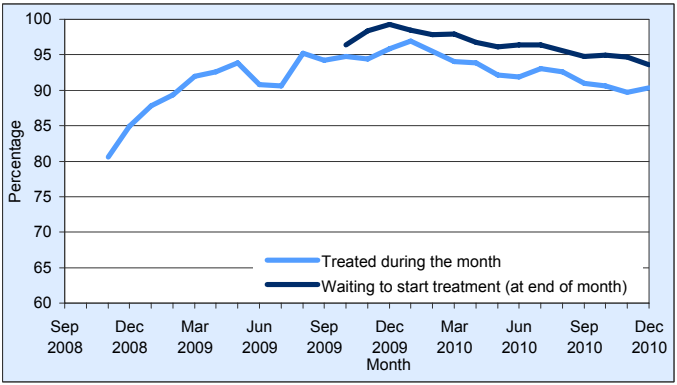
As at 31 March	1994	1998	2002	2006	2010
Waiting over:					
3 months	56.6	35.5	115.5	88.5	26.1
6 months	..	10.3	68.8	40.5	1.2
1 year	..	..	27.5	0.0	..
18 months	..	..	12.5	0.0	..
All durations	130.4	112.8	212.7	200.4	156.5

- The number of people waiting for first outpatient appointments more than doubled between 1996 and 2002, to a peak of 239 thousand.
- The number waiting over 3 months for an outpatient appointment fell from 130,000 at end 2004 to less than 100 in March 2009.
- Whilst there was some increase in waiting lists during 2009-10, long waits remain low compared with previous years.

Notes: Data shown are for people waiting for a first outpatient appointment. These statistics were discontinued from April 2010 as an outcome of the consultation on waiting times: (see www.wales.gov.uk/consultations).

Source: Welsh Assembly Government. Data provided by Local Health Boards (NHS Trusts prior to October 2009).

40. Referral to treatment times (RTT): Percentage of patients who had waited less than 26 weeks, November 2008 to December 2010



Percentage waiting less than 26 weeks

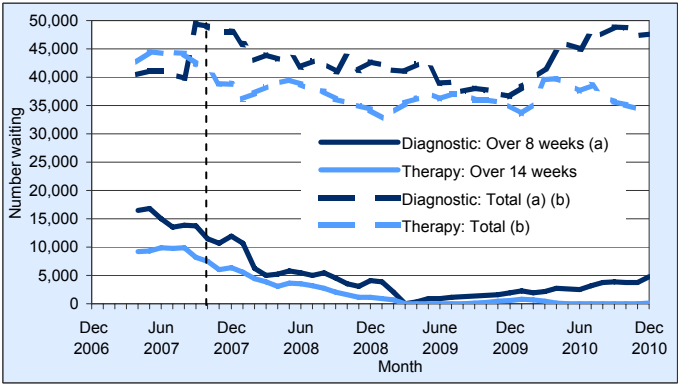
	March 2009	March 2010
Treated during the month	92.0	94.0
Waiting to start treatment (at end of month)	..	97.9

- For patients waiting to start treatment, the percentage who had waited less than 26 weeks decreased from over 99 per cent in December 2009 to less than 94 per cent in December 2010.
- For patients treated during each month, the percentage who had waited less than 26 weeks increased from 81 per cent in November 2008 to a peak of 97 per cent in January 2010. The percentage had decreased to 90 per cent by December 2010.

Notes: Includes data for cardiac referral to treatment. Some technical changes to RTT guidance implemented from October 2010 resulted in a small increase in the proportion reported as waiting less than 26 weeks.

Source: Welsh Assembly Government. Data provided by Local Health Boards (NHS Trusts prior to October 2009).

41. Diagnostic and therapy services waiting times, April 2007 to December 2010



Number waiting

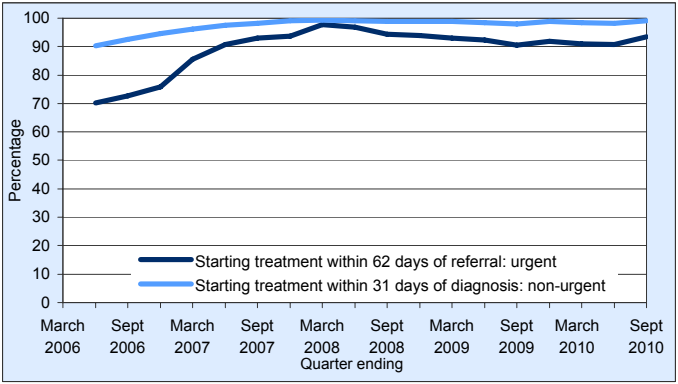
As at 31 March	2007 (30 April)	2008	2009	2010
Diagnostic: Over 8 weeks (a)	16,494	4,974	0	2,199
Therapy: Over 14 weeks	9,188	3,835	0	403
Diagnostic: Total (a) (b)	40,467	43,999	41,010	41,561
Therapy: Total (b)	42,745	38,243	35,445	39,500

- The number of patients waiting over 8 weeks for diagnostic services decreased from over 16,000 in April 2007 to 0 in March 2009. There followed an increase to 4,800 in December 2010.
- Similarly, the number of patients waiting over 14 weeks for therapy services fell from almost 10,000 in April 2007 to 0 in March 2009. There was an increase to 800 in January 2010 but another decrease since, to just under 100 in December 2010.

(a) Diagnostic endoscopies reported for the first time from September 2007.
(b) Totals include a specific list of diagnostic and therapy services.

Source: Welsh Assembly Government. Data provided by Local Health Boards (NHS Trusts prior to October 2009).

42. Percentage of cancer patients treated within target times: Quarters ending June 2006 to September 2010



Percentage starting treatment within

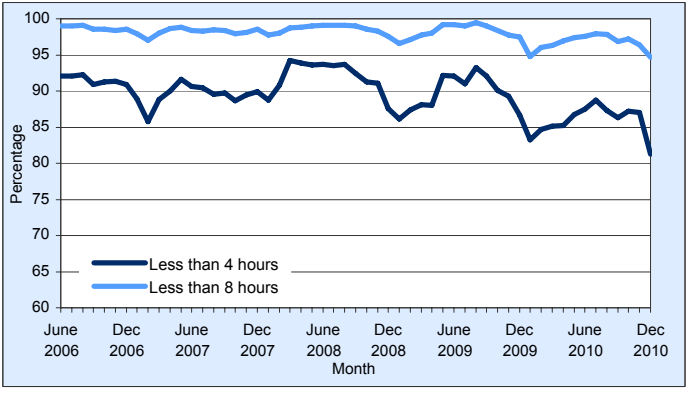
	2006-07	2007-08	2008-09	2009-10
62 days of referral: urgent	76.4	93.9	94.5	91.5
31 days of diagnosis: non-urgent	93.6	98.5	99.0	98.4

- The percentage of patients referred as urgent cancer patients who started treatment within 62 days of referral increased from 70 per cent in June 2006 to 98 per cent in March 2008, but has fallen since to 93 per cent in September 2010.
- For other patients who have subsequently been diagnosed with cancer, the proportion treated within 31 days has risen steadily since 2006 and has remained at 98 to 99 per cent for the past 2 years.

These data are National Statistics.

Source: Welsh Assembly Government. Data provided by Local Health Boards (NHS Trusts prior to October 2009).

43. Percentage of patients spending less than 4 hours and 8 hours in major A&E departments, June 2006 to December 2010



Percentage

	2006-07 (a)	2007-08	2008-09	2009-10
Less than 4 hours	90.5	90.4	91.1	89.2
Less than 8 hours	98.4	98.4	98.4	98.0

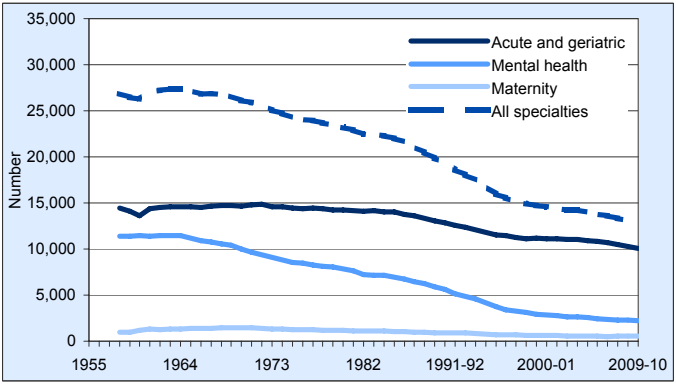
- The proportion of attendances at major accident and emergency departments which are completed in less than 4 hours has varied considerably in the last 5 years, between 81 per cent and 94 per cent.
- The proportion completed in less than 4 hours has been lower during winter months (2009-10 and 2010-11 in particular).
- There are similar seasonal variations in the proportion of attendances completed in less than 8 hours.

(a) Figures for 2006-07 only include 10 months of data, as the series began in June 2006.

Notes: Figures include the total time spent in A&E departments in major hospitals, from arrival until admission, transfer or discharge. They do not include planned follow-up attendance agreed or requested by a clinician. Figures relate to all patients, including paediatric patients.

Source: Welsh Assembly Government. Data obtained from the Situation Reporting System (SITREPS) up to March 2010, Emergency Department Data Set (EDDS) from April 2010.

44. NHS beds, 1958 to 2009-10 (a)



Number (thousands)

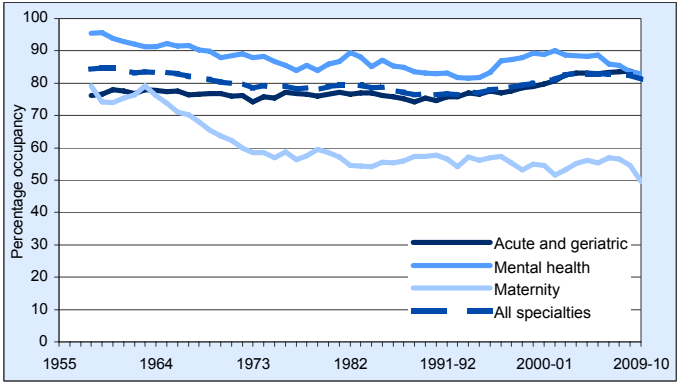
	1958	1968	1978	1988-89	1998-99	2009-10
Acute and geriatric	14.5	14.7	14.4	13.3	11.1	10.1
Mental health	11.4	10.6	8.1	6.2	3.1	2.2
Maternity	1.0	1.4	1.2	0.9	0.7	0.5
All specialties	26.9	26.7	23.7	20.5	14.9	12.9

- Over the past 50 years the number of NHS beds has more than halved, to 12,900 in 2009-10.
- The largest decrease has been in beds for mental health patients, which have fallen to a fifth of the number 50 years ago.
- In 1958 there were 10 beds per 1,000 population; this decreased to 4.3 beds per 1,000 population in 2009-10.

(a) Average daily available.

Source: Quarterly QS1 return (bed use), Welsh Assembly Government

45. Hospital bed occupancy rate, 1958 to 2009-10



Percentage occupancy

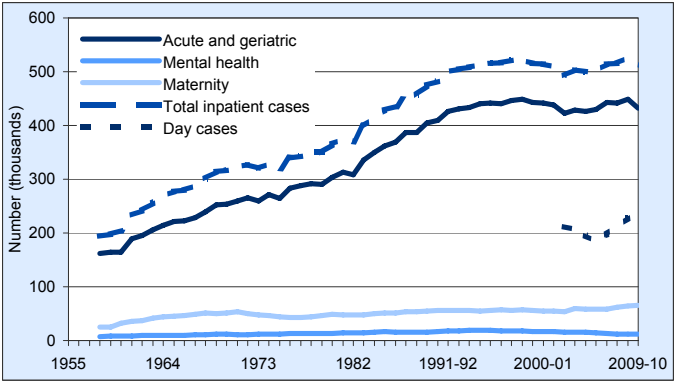
	1958	1968	1978	1988-89	1998-99	2009-10
Acute and geriatric	76.1	76.6	76.5	74.3	78.5	82.5
Mental health	95.4	90.3	85.5	83.6	87.8	83.0
Maternity	79.2	68.1	57.6	57.3	53.2	49.7
All specialties	84.4	81.6	78.6	76.3	79.3	81.2

- From the 1950s, there was a gradual fall in the proportion of hospital beds occupied to 76 per cent by the early 1990s, but this has risen again to 81 per cent in 2009-10.
- The largest change by type of bed was for maternity beds. The occupancy rate decreased from nearly 80 per cent in the 1960s to around 50 to 60 per cent in the 1970s (where it has remained ever since).
- The occupancy rate for acute and geriatric medicine beds has risen to almost 83 per cent in 2009-10.

Notes: Bed occupancy rates are calculated as average daily available occupied beds divided by average daily available beds (occupied and unoccupied).

Source: Quarterly QS1 return (bed use), Welsh Assembly Government

46. Inpatient and day cases, 1958 to 2009-10



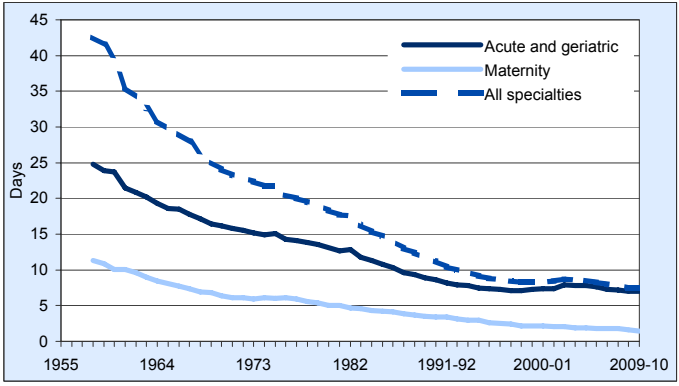
Number (thousands)

	1958	1968	1978	1988-89	1998-99	2009-10
Acute and geriatric	161.9	239.5	291.9	387.4	448.3	432.3
Mental health	7.5	10.8	13.2	15.6	17.5	12.1
Maternity	24.9	51.3	44.5	53.9	56.9	65.8
Total inpatient cases	194.3	301.6	349.6	456.9	522.7	510.9
Day cases	..	..	..	..	..	229.7

- For every 2 inpatients treated 50 years ago, there are now 5. The largest increase has been for acute and geriatric patients.
- In 1958 there were 194 thousand inpatient cases (74 per 1,000 population). This increased to 511 thousand inpatient cases by 2009-10 (171 per 1,000 population).
- In 2009-10, there were 230 thousand day cases (patients admitted to hospital for treatment within a day).

Sources: Quarterly QS1 return (bed use), Welsh Assembly Government.
Patient Episode Database for Wales (PEDW): www.infoandstats.wales.nhs.uk/page.cfm?pid=41010&orgid=869

47. Average length of hospital stay, 1958 to 2009-10



Days

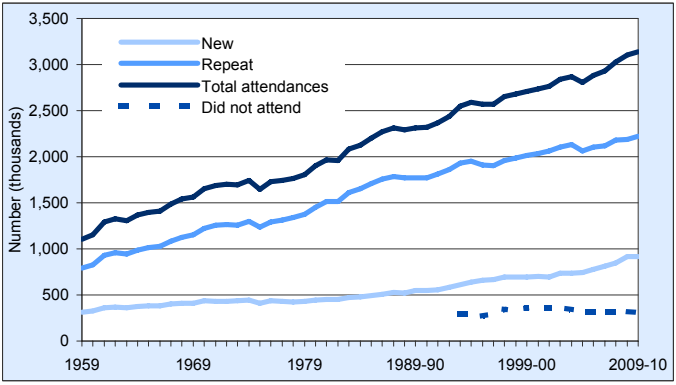
	1958	1968	1978	1988-89	1998-99	2009-10
Acute and geriatric	24.8	17.2	13.8	9.3	7.1	7.0
Mental health	530.7	324.0	191.6	121.6	57.1	55.4
Maternity	11.3	6.9	5.6	3.7	2.2	1.5
All specialties	42.6	26.4	19.5	12.4	8.3	7.5

- The average time that a patient stays in hospital is a sixth of what it was 50 years ago, and in 2009-10 was 7.5 days.
- The largest fall in length of stay has been for mental health services, which is now just over a tenth of what it was 50 years ago.
- Maternity patients now stay in hospital an average of 1.5 days when 50 years ago they would stay 11 days on average.

Notes: The length of time, on average, each inpatient physically occupied a bed (in days). Average length of stay is calculated by multiplying 'average daily occupied beds' by 365 and dividing by 'in-patient cases'.

Source: Quarterly QS1 return (bed use), Welsh Assembly Government

48. Outpatient attendances and non-attendances, 1959 to 2009-10



Number (thousands)

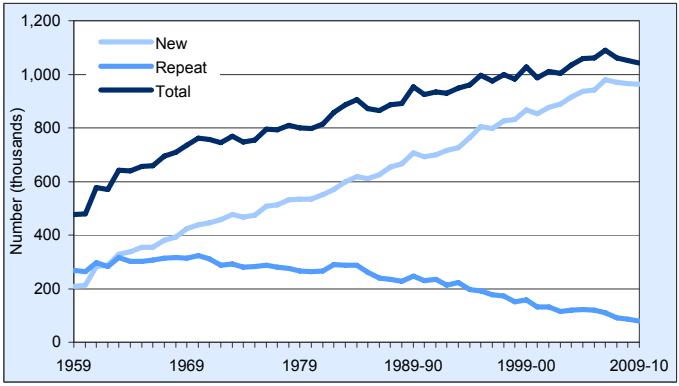
	1959	1969	1979	1989-90	1999-00	2009-10
New	314	412	429	548	694	917
Repeat	789	1,153	1,375	1,768	2,012	2,225
Total attendances	1,103	1,565	1,803	2,315	2,706	3,142
Did not attend	..	..	..	..	363	309

- Over the past 50 years, both the number of new outpatient attendances and the number of follow up (repeat) attendances have nearly tripled.
- Total outpatient attendances increased from 1.1 million in 1959 to 3.1 million in 2009-10.
- The number of outpatient appointments when a patient does not attend has been between 300 and 400 thousand per year since the mid 1990s.

Notes: Figures are for consultant-led attendances only (does not include nurse-led attendances or attendances at accident and emergency departments).

Source: Quarterly QS1 return (bed use), Welsh Assembly Government.

49. Accident and emergency attendances, 1959 to 2009-10



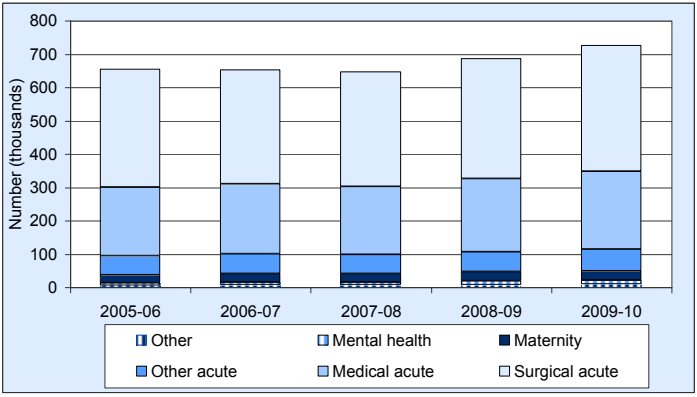
Number (thousands)

	1959	1969	1979	1989-90	1999-00	2009-10
New	208	423	533	708	868	963
Repeat	268	313	266	247	158	80
Total	476	736	799	954	1,026	1,043

- Over the past 50 years the number of times people went to a hospital accident or emergency facility (for one course of treatment) has gone up fourfold, to over 960 thousand in 2009-10.
- The number of times people had to return to A&E (for extended treatment) is now a third of what it was 50 years ago.
- In 1959 there were 79 new attendances per 1,000 population. In 2009-10 there were 321 new attendances per 1,000 population.

Source: Quarterly QS1 return (bed use), Welsh Assembly Government.

50. GP referrals for first outpatient appointments, 2005-06 to 2009-10



Number (thousands)

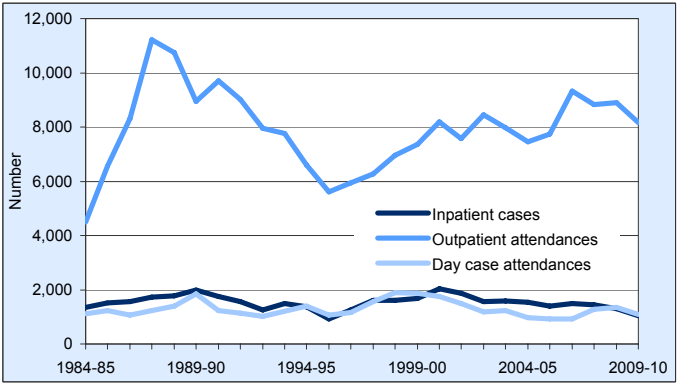
	2005-06	2006-07	2007-08	2008-09	2009-10
Surgical acute	354.2	343.4	344.7	360.8	378.5
Medical acute	204.9	209.3	203.6	218.8	234.3
Other acute	59.3	59.6	58.4	60.1	63.7
Maternity	22.3	25.9	24.7	27.8	28.9
Mental health	8.2	8.1	8.4	11.3	10.5
Other	6.2	7.8	7.9	8.1	10.8
All specialties	655.1	654.2	647.7	687.0	726.8

- Hospitals receive an increasing number of referrals from GPs for first outpatient appointments; nearly 727 thousand in 2009-10, 10 per cent higher than 4 years ago.

Notes: The data includes all patients, regardless of area of residence, referred by a medical or dental GP to a Local Health Board consultant / consultant pool in Wales.

Source: Welsh Assembly Government. Data provided by Local Health Boards (NHS Trusts prior to October 2009).

51. Private patients treated in NHS hospitals, 1984-85 to 2009-10



Number

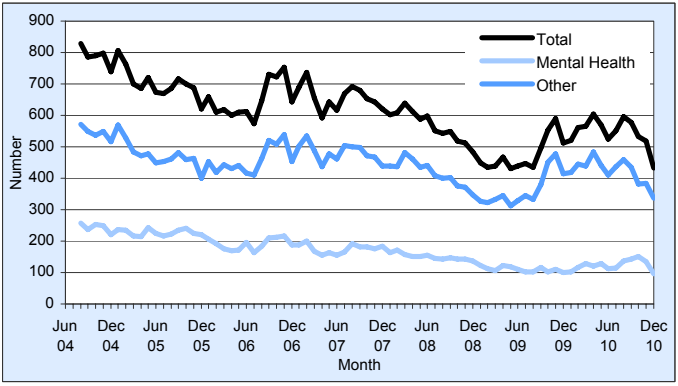
	1984-85	1989-90	1994-95	1999-00	2009-10
Inpatient cases	1,352	1,994	1,363	1,691	1,045
Outpatient attendances	4,498	8,956	6,600	7,364	8,159
Day case attendances	1,123	1,851	1,389	1,868	1,096

- Some patients are treated in NHS hospitals as private patients; less than 2,000 inpatients and 2,000 day cases per year.
- Over the past 25 years, the number of private outpatients increased by 81 per cent, to over 8 thousand in 2009-10.
- There have been quite large yearly changes in all of these numbers (particularly for outpatients).

Notes: A private patient is a patient using accommodation and services under Section 65 and/or 66 of the NHS Act of 1977. www.opsi.gov.uk/RevisedStatutes/Acts/ukpga/1977/cukpga_19770049_en_1

Source: Quarterly QS1 return (bed use), Welsh Assembly Government.

52. Delayed transfers of care, August 2004 to December 2010



Number

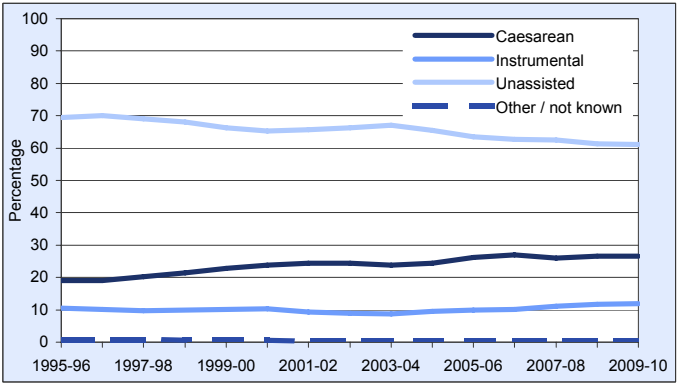
As at December	2004	2005	2006	2007	2008	2009	2010
Mental Health	221	221	188	183	136	99	96
Other	517	400	454	438	347	414	336
Total	738	621	642	621	483	513	432

- The number of delayed transfers of care decreased from over 800 in August 2004 to around 430 in December 2010.
- However, there have been some large monthly changes, including some large peaks in late 2006. There was also an increase in September 2009, but some of this increase was due to counting cases formerly excluded by locally agreed thresholds.

Notes: Timely transfer and discharge arrangements are important in ensuring that the NHS effectively manages emergency pressures. Around 55,000 inpatient discharges are arranged each month. The arrangements for transfer of patients to a more appropriate care setting (either within the NHS or in discharge from NHS care) will vary according to the needs of each patient but can be complex and sometimes lead to delays. These are known as delayed transfers of care.

Source: Welsh Assembly Government. Monthly census taken from the Delayed Transfer of Care (DToC) database.

53. Maternity: hospital deliveries by method, 1995-96 to 2009-10



Percentage

	1995-96	1999-00	2003-04	2006-07	2009-10
Caesarean	19.1	22.9	23.8	26.9	26.6
Instrumental	10.5	10.1	8.8	10.1	11.9
Unassisted	69.5	66.3	67.1	62.6	61.0

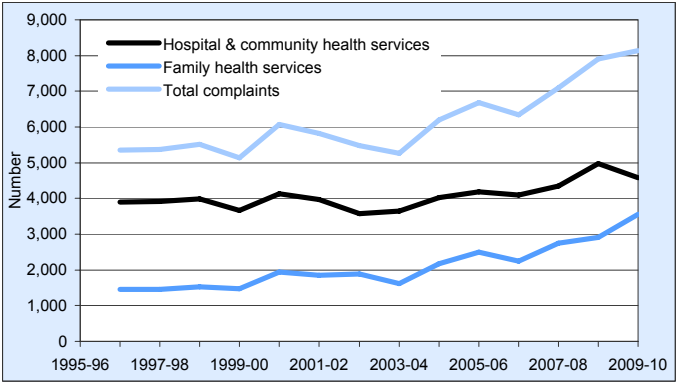
- Since 1995-96, there is a greater proportion of hospital deliveries by caesarean section, up 7 percentage points to 26.6 per cent in 2009-10.
- Since 1995-96, the proportion of unassisted deliveries in Welsh hospitals has decreased by 8 percentage points, to 61.0 per cent in 2009-10.

Note: Includes deliveries in Welsh hospitals only.

These data are National Statistics.

Source: Welsh Assembly Government. Data obtained from the Patient Episode Database for Wales (PEDW).

54. Complaints to the NHS, 1996-97 to 2009-10



Number

	1996-97	1999-00	2002-03	2005-06	2009-10
Hospital & community health services	3,899	3,673	3,581	4,182	4,575
Family health services	1,456	1,470	1,894	2,504	3,556
Total complaints	5,355	5,143	5,475	6,686	8,131

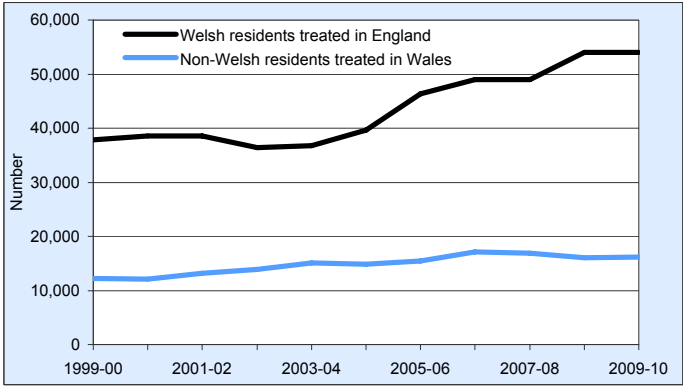
- The number of complaints received about the NHS in Wales increased by 52 per cent between 1996-97 and 2009-10, although there have been some large yearly changes in the numbers.
- Between 1996-97 and 2009-10, the number of complaints about family health services, and hospital and community health services increased by 144 per cent and 17 per cent respectively.

Notes: As not all of the General Medical Practitioners (GMPs) and General Dental Practitioners (GDPs) submit details of the number of complaints received by them to their LHB, the numbers shown here, will understate the total numbers of complaints made about Family Health Services.

These data are National Statistics.

Source: Welsh Assembly Government. KO41(A) and KO41(B) returns from NHS Trusts and Local Health Boards.

55. Cross-border hospital admissions, 1999-00 to 2009-10



Number

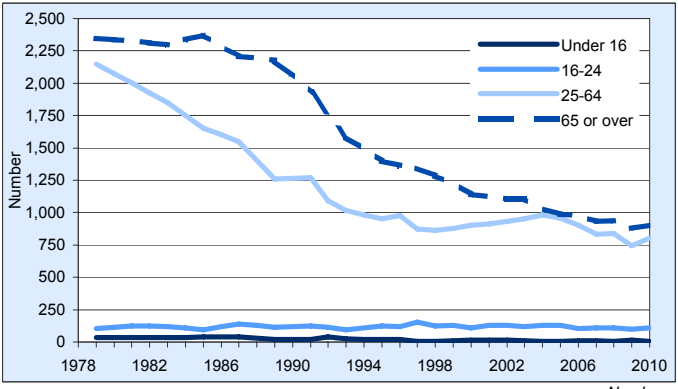
	1999-00	2002-03	2005-06	2009-10
Welsh residents treated in England	37,838	36,399	46,340	54,033
Non-Welsh residents treated in Wales	12,207	13,840	15,418	16,161

- The number of Welsh residents admitted to English hospitals was between 35 and 40 thousand per year between 1999-00 and 2004-05.
- This increased to 54 thousand by 2009-10; 7 per cent of all hospital admissions of Welsh residents in 2009-10 were to English hospitals.
- The number of non-Welsh residents admitted to Welsh hospitals has been between 12 and 18 thousand per year since 1999-00. In 2009-10, this accounted for 2 per cent of all admissions to Welsh hospitals.

Note: Data include inpatient, day case and maternity admissions to hospital.

Source: Patient Episode Database for Wales (PEDW)
www.infoandstats.wales.nhs.uk/page.cfm?pid=41010&orgid=869

56. Resident patients in NHS hospitals and units for people with a mental illness, 1979 to 2010 (a)



Number

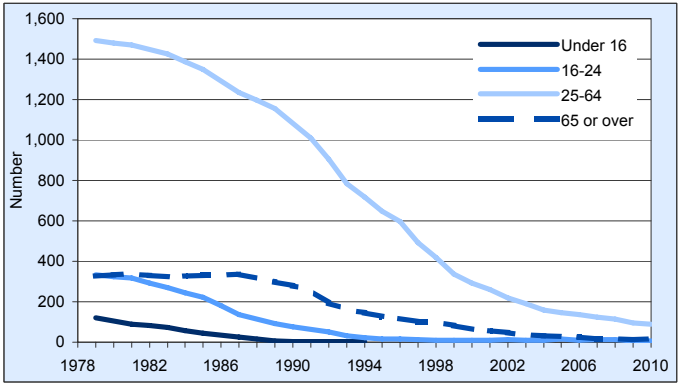
Age group	1979	1989	1999	2010
Under 16	34	20	11	7
16-24	103	116	130	108
25-64	2,146	1,262	878	802
65 or over	2,344	2,179	1,228	903
All ages (b)	4,627	3,577	2,247	1,820
Males	2,062	1,506	1,024	881
Females	2,565	2,071	1,223	939

- Over the past 30 years, the service provision for people with a mental illness has changed to become more community based. The number of resident patients in NHS hospitals and units has decreased by nearly two thirds over this period.
- There are slightly more female patients than males, and the ratio has stayed roughly the same over the past 30 years.

(a) No data by age group for the years 1980, 1982, 1984, 1986, 1988, 1990 and 1994. At 31 August for 1979, 5 April for 1981 to 1989 and 31 March for 1991 onwards.
(b) Includes patients for whom age was not known.

Source: Psychiatric Census, Welsh Assembly Government.

57. Resident patients in NHS hospitals and units for people with a learning disability, 1979 to 2010 (a)



Number

Age group	1979	1989	1999	2010
Under 16	120	6	0	0
16-24	334	93	9	6
25-64	1,492	1,156	338	89
65 or over	327	300	83	15
All ages (b)	2,273	1,555	430	110
Males	1,125	823	252	72
Females	1,148	732	178	38

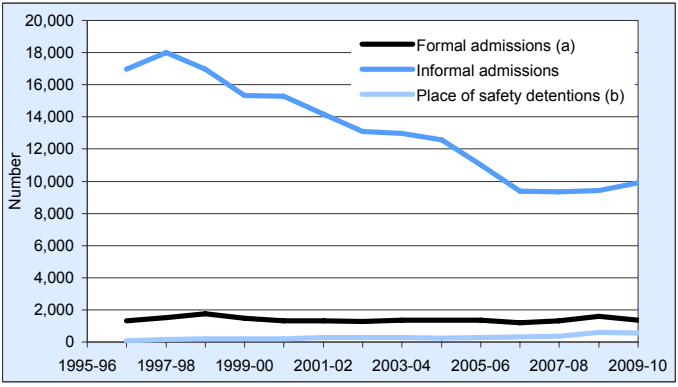
- Over the past 30 years the number of resident patients in NHS learning disability hospital units reduced from nearly 2,300 to just over 100, as services have become more community based.
- In 1979, there were similar numbers of resident male and female patients, but in 2010 there were nearly twice as many male patients than females.

(a) No data by age group for the years 1980, 1982, 1984, 1986, 1988, 1990 and 1994. At 31 August for 1979, 5 April for 1981 to 1989 and 31 March for 1991 onwards.

(b) Includes patients for whom age was not known.

Source: Psychiatric Census, Welsh Assembly Government.

58. Admissions to NHS mental health facilities, 1996-97 to 2009-10



Number

	1996-97	2000-01	2004-05	2009-10
Formal admissions (a)	1,329	1,319	1,343	1,354
Informal admissions	16,965	15,281	12,572	9,886
Place of safety detentions (b)	72	211	229	576

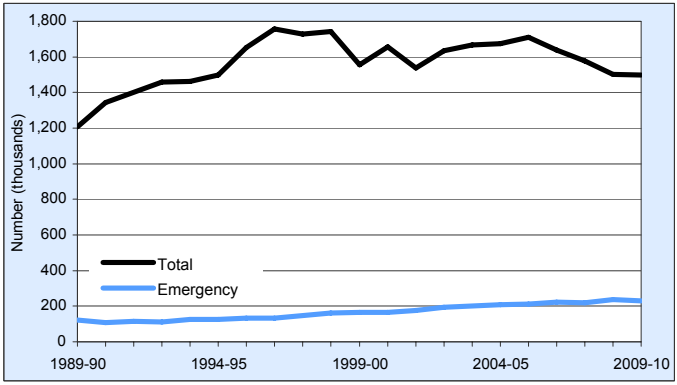
- Informal admissions have nearly halved since the peak in 1997-98.
- There have been between 1,000 and 2,000 formal admissions each year since 1996-97.
- The number of place of safety detentions has increased fivefold since 1996-97, although the total number remains small.

(a) Formal admissions are those patients who, in the interest of their own health or safety or for the protection of other people, may be detained in hospital under various sections of the Mental Health Act 1983 and other legislation.

(b) Part X of the Mental Health Act 1983 gives the police powers to remove a person who appears to be mentally disordered to a place of safety for assessment by a doctor and an approved mental health professional.

Source: KP90 form (admissions to mental health facilities), Welsh Assembly Government.

59. Patient journeys, 1989-90 to 2009-10



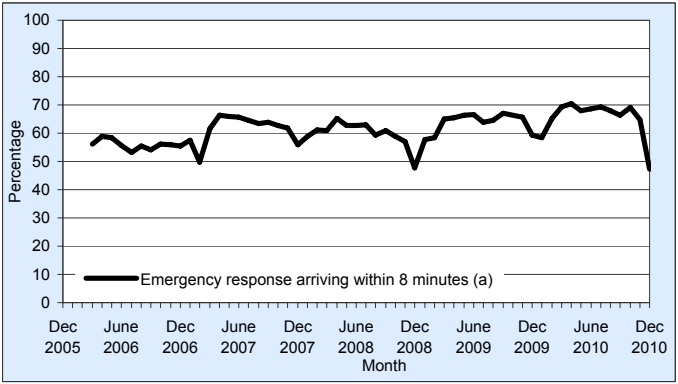
	1989-90	1994-95	1999-00	2004-05	2009-10
Total patient journeys (thousands)	1,206	1,497	1,557	1,675	1,498
Of which emergency:					
Number (thousands)	124	125	165	208	230
Percentage	10.3	8.3	10.6	12.4	15.4

- Over the past 20 years, the number of patient journeys in Wales fluctuated between 1.2 and 1.8 million per year. It now stands at nearly 1.5 million.
- Over the same time period, the number of emergency patient journeys has almost doubled.

Notes: A patient journey refers to a single journey made by one person in an ambulance. Thus a return journey from a visit to hospital is counted as a second case.
Emergency journey: An emergency journey is generally one made in response to a 999 call.

Source: Welsh Assembly Government. Data provided by Welsh Ambulance Service NHS Trust (WAST).

60. Emergency response times, March 2006 to December 2010



Percentage

	2006-07	2007-08	2008-09	2009-10
Emergency response arriving within 8 minutes (a)	56.0	62.5	59.6	64.8

- Emergency response times improved between 2006-07 and 2009-10, although monthly response times show some seasonality.
- Response times in the months December to February and August are generally lower than other months of the year. In particular, severe weather affected December 2010 data.

(a) To Category A (immediately life-threatening) calls. See notes on page 61 for more information.

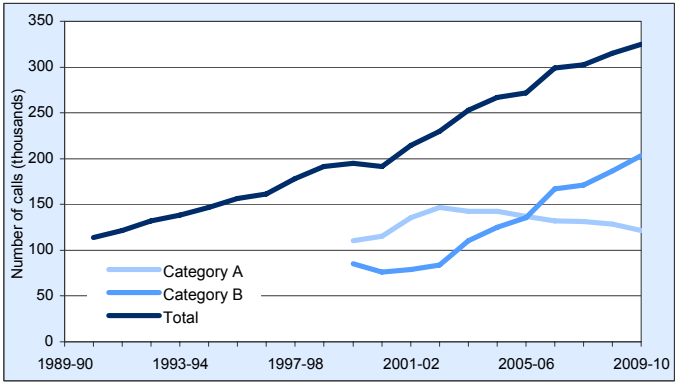
Notes: An emergency journey is generally one made in response to a 999 call.

These data are National Statistics.

Source: Welsh Assembly Government. Data provided by Welsh Ambulance Service NHS Trust (WAST).

Patient Transport

61. Number of emergency calls, 1990-91 to 2009-10



Number of calls (thousands)

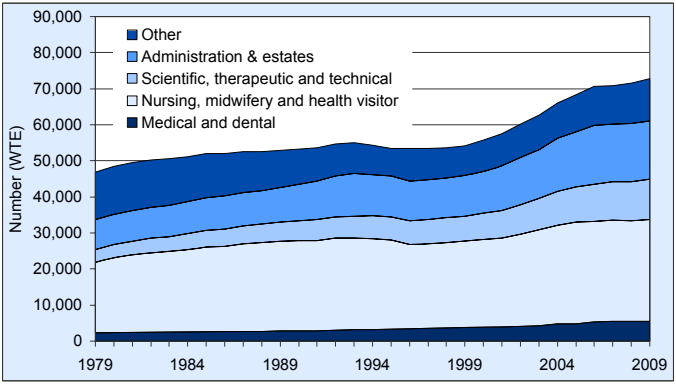
	1990-91	1995-96	1999-00	2004-05	2009-10
Category A	.	.	110	142	122
Category B	.	.	85	125	203
Total	114	157	195	267	325

- The number of emergency calls received has almost tripled since the early 1990s.
- The number of category A calls (immediately life-threatening) received has declined slightly since 2002-03, while category B calls (all other emergency) have more than doubled since 2002-03.

Notes: Emergency call: An emergency call is recorded as one call per incident although the ambulance service may have received more than one call for an incident.
Category A (immediately life-threatening) calls: For these calls, an emergency response will be a fully equipped ambulance, a rapid response vehicle crewed by a paramedic equipped to provide treatment at the scene, or an approved first responder despatched by and accountable to the ambulance service. In those cases where the first response is not a fully equipped ambulance, such an ambulance will also be sent.
Category B (all other emergency) calls: For these calls, a fully equipped ambulance will be deployed. This includes lower priority calls classified as Category C.

Source: Welsh Assembly Government. Data provided by Welsh Ambulance Service NHS Trust (WAST).

62. Staff directly employed by the NHS, 1979 to 2009



Number (whole-time equivalent)

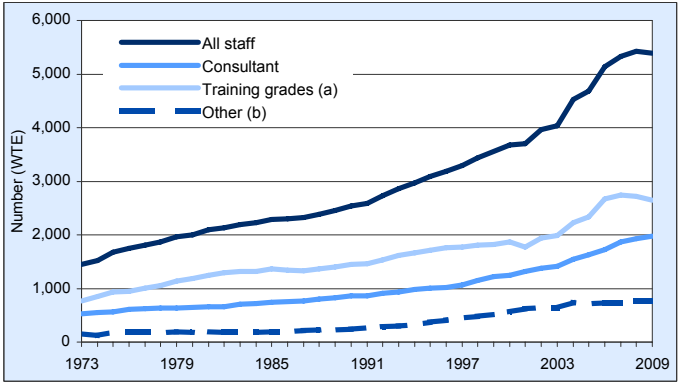
	1979	1989	1999	2009
Medical and dental	2,300	2,766	3,782	5,562
Nursing, midwifery and health visitor	19,501	24,919	23,973	28,199
Scientific, therapeutic and technical	3,621	5,318	6,918	11,202
Administration & estates	8,280	9,658	11,275	16,151
Other	13,207	10,214	8,126	11,622
All staff	46,909	52,878	54,074	72,737

- Since 1979, the number of staff directly employed by the NHS has increased by 55 per cent (mostly since 1999).
- There have been increases in all staff categories over this period. Nursing, midwifery and health visitors make up the largest staff category, at almost 40 per cent of all NHS staff in Wales.

Notes: Data include all staff directly employed by the NHS in Wales. Therefore General Medical and Dental Practitioners (and staff employed by these practitioners) are excluded as they are independent NHS contractors. Staff holding either directly employed locum appointments or agency locum appointments are also excluded.
Whole-time equivalent (WTE) staff in post at 30 September, calculated by dividing the number of hours contracted by the standard hours for the grade.

Source: Welsh Assembly Government. Data obtained from the Electronic Staff Record (from 2006) and staffing returns (prior to 2006).

63. Hospital medical and dental staff, 1973 to 2009



Number (whole-time equivalent)

	1973	1979	1985	1991	1997	2003	2009
Consultant	523	634	743	867	1,062	1,417	1,982
Training grades (a)	765	1,141	1,360	1,460	1,771	1,992	2,642
Other (b)	161	191	189	261	460	629	767
All staff	1,449	1,966	2,292	2,588	3,293	4,038	5,392

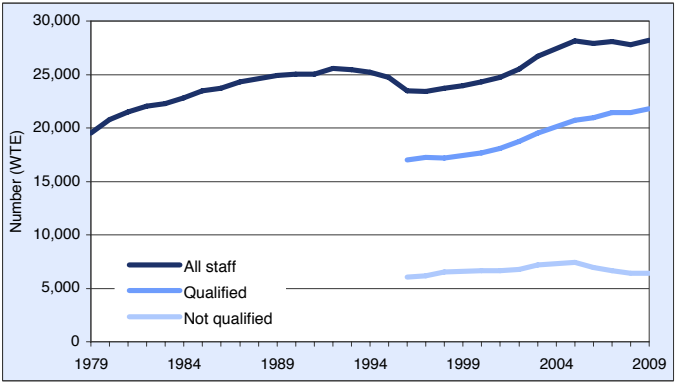
- Since the mid 1970s, the number of hospital medical and dental staff has almost quadrupled.
- The numbers of all staff grades have increased over this period. Staff in training remain the largest grade of hospital medical and dental staff.

(a) Foundation house officers, House officers, senior house officers and specialist registrars.
(b) Specialty doctors (from 2009), associate specialists, staff grades, hospital practitioners and clinical assistants.

Notes: Whole-time equivalent (WTE) staff in post at 30 September, calculated by dividing the number of hours contracted by the standard hours for the grade. See notes on page 62 for further information on the data source.

Source: Welsh Assembly Government. Data obtained from the Electronic Staff Record (from 2006) and staffing returns (prior to 2006).

64. Nursing, midwifery and health visiting staff, 1979 to 2009



Number (whole-time equivalent)

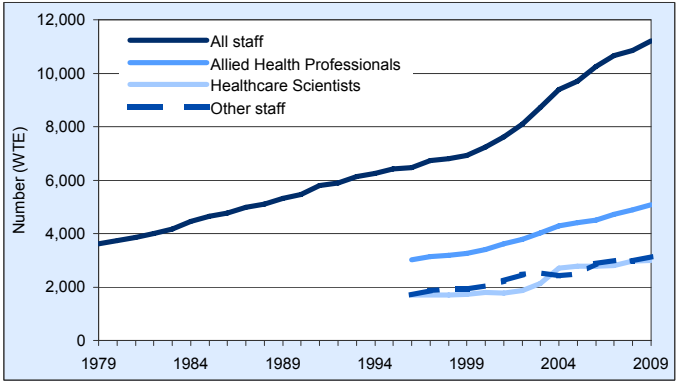
	1979	1985	1991	1997	2003	2009
Qualified	..	..	..	17,228	19,514	21,790
Not qualified	..	..	..	6,171	7,183	6,409
All staff	19,501	23,492	25,050	23,418	26,697	28,199

- Nursing, midwifery and health visiting staff have increased by 45 per cent over the past 30 years (although numbers have remained at a similar level since 2005, and there were decreases between 1993 and 1997).
- Since 1996, qualified staff have contributed most of this increase. The number of qualified staff has increased by 28 per cent since 1996.

Notes: Whole-time equivalent (WTE) staff in post at 30 September, calculated by dividing the number of hours contracted by the standard hours for the grade. See notes on page 62 for further information on the data source.

Source: Welsh Assembly Government. Data obtained from the Electronic Staff Record (from 2006) and staffing returns (prior to 2006).

65. Scientific, therapeutic and technical staff, 1979 to 2009



Number (whole-time equivalent)

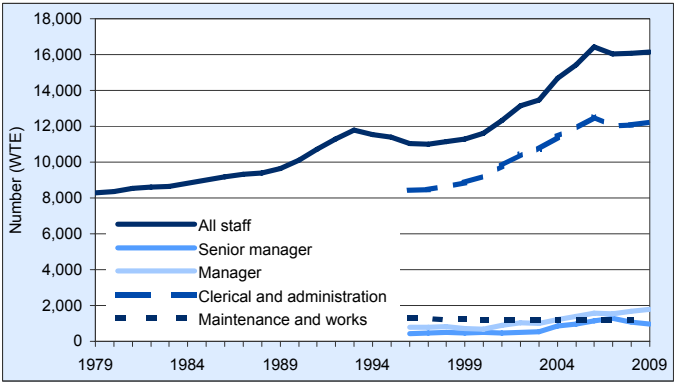
	1979	1985	1991	1997	2003	2009
Allied Health Professionals	..	..	..	3,144	4,030	5,069
Healthcare Scientists	..	..	..	1,693	2,131	2,996
Other staff	..	..	..	1,876	2,548	3,138
All staff	3,621	4,649	5,790	6,719	8,709	11,202

- Scientific, therapeutic and technical staff have increased threefold over the past 30 years.
- The rate of increase has been largest over the past 10 years.
- All types of scientific, therapeutic and technical staff have increased in number since 1996, but Allied Health Professionals remain the largest group.

Notes: Whole-time equivalent (WTE) staff in post at 30 September, calculated by dividing the number of hours contracted by the standard hours for the grade. See notes on page 62 for further information on the data source.

Source: Welsh Assembly Government. Data obtained from the Electronic Staff Record (from 2006) and staffing returns (prior to 2006).

66. Administration and estates staff, 1979 to 2009



Number (whole-time equivalent)

	1979	1985	1991	1997	2003	2009
Senior manager	..	..	..	451	541	970
Manager	..	..	..	801	997	1,793
Clerical and administration	..	..	..	8,457	10,729	12,214
Maintenance and works	..	..	..	1,268	1,189	1,174
All staff	8,280	9,014	10,703	10,997	13,456	16,151

- The number of administration and estates staff has almost doubled over the past 30 years (but there were decreases in the years 1994 to 1997 and 2007).
- Numbers of managers and senior managers have more than doubled since 1996 but remain below 3,000 staff in total. Clerical and administration staff have increased by 45 per cent since 1996.

Notes: Whole-time equivalent (WTE) staff in post at 30 September, calculated by dividing the number of hours contracted by the standard hours for the grade. See notes on page 62 for further information on the data source.

Source: Welsh Assembly Government. Data obtained from the Electronic Staff Record (from 2006) and staffing returns (prior to 2006).

67. NHS Trust staff posts vacant for 3 months or more, March 2001 to March 2010 (a)

As at 31 March	2001	2003	2005	2007	2009	2010
Number of vacancies (WTE)	1,407	1,331	975	472	224	243
Percentage of posts	2.5	2.2	1.5	0.7	0.3	0.4

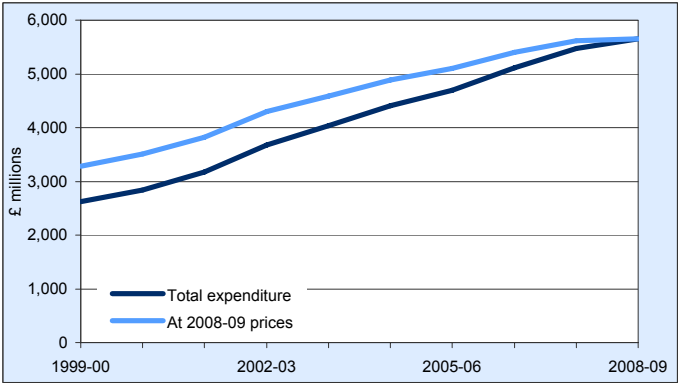
- The number of NHS Trust staff posts vacant for 3 months or more is now just over a sixth of what it was 9 years ago. There have been some large changes in these six-monthly figures (increases and decreases).
- These vacancies now account for 0.4 per cent of all NHS posts, compared with 2.5 per cent of posts 9 years ago.

(a) As at 31 March and 30 September each year. For September 2009 and earlier, data relate to staff employed in NHS Trusts (Local Health Boards for March 2010 data).

Notes: Whole-time equivalent (WTE) numbers are calculated by dividing the number of hours contracted for a post by the standard hours for the grade.
The data relates to all staff directly employed by the NHS. Therefore General Medical and Dental Practitioners (and staff employed by these practitioners) are excluded.
Only vacancies which have remained unfilled for 3 months or more are included.

Source: NHS Trust Staff Vacancies Survey (every six months), Welsh Assembly Government.

68. Health expenditure (£ millions), 1999-00 to 2008-09



£ millions

	1999-00	2002-03	2004-05	2006-07	2008-09
Total expenditure	2,626	3,680	4,412	5,117	5,653
At 2008-09 prices	3,282	4,302	4,881	5,398	5,653

- In real terms (at 2008-09 prices), NHS expenditure in Wales increased by 72 per cent between 1999-00 and 2008-09 to £5.65 billion.
- The rate of increase slowed in the latest year, with only a 0.7 per cent increase between 2007-08 and 2008-09.

Notes: Expenditure at 2008-09 prices has been calculated by applying Gross Domestic Product (GDP) deflators (obtained from the HM Treasury website) to Wales expenditure figures.
www.hm-treasury.gov.uk/Economic_Data_and_Tools/GDP_Deflators/data_gdp_index.cfm

Source: NHS Wales Finance.