**Proposal: Analysis of Mitigatable Hospital Activity**

A key principle in current healthcare planning is the need to shift care delivery away from acute hospital settings and toward alternative community-based settings. This approach assumes that certain subsets of hospital activity can be addressed through redirection to other services, substitution with alternative provisions (existing or new), or through prevention and de-adoption efforts.

The Strategy Unit has developed a set of algorithms to identify subsets of mitigatable hospital activity using routine datasets, such as Hospital Episode Statistics (HES). These algorithms, refined over several years and informed by diverse evidence sources, underpin the mitigation components of the New Hospitals Demand Model.

Understanding the scale, trends, and regional variations of potentially mitigatable hospital activity at national and sub-national levels could provide critical intelligence for strategic healthcare planning. This proposal outlines analytical work to quantify and describe such activity in detail.

**Proposed Analytical Tasks**

1. **Agree Mitigator List**
   * Identify and agree on a subset of mitigators within the New Hospitals Demand Model that affect hospital activity, excluding those primarily related to internal hospital efficiency.
2. **Descriptive Analysis of Mitigatable Activity**
   * Provide detailed breakdowns by key variables, including:
     + Age, gender, length of stay (LOS) groups, specialty, and Index of Multiple Deprivation (IMD) deciles.
   * Quantify the current scale (2023/24) of mitigatable activity in terms of hospital spells and bed days, both nationally and sub-nationally (e.g., Integrated Care Boards or local authorities). Results will include totals across all identified mitigators as well as individual mitigators.
   * Identify and quantify overlaps between mitigators to highlight potential scale and risks of double counting opportunities.
3. **Trend Analysis**
   * Examine trends in mitigatable activity at national and sub-national levels, both in aggregate and for individual mitigators. This will include analysis illustrating the trends in the proportions of total emergency activity that is within mitigatable cohorts as well as providing trends in standardised rates
4. **Comparative Analysis**
   * Conduct comparative analysis of mitigatable activity levels (total and subsets) across sub-national regions. The analysis will also provide both standardised rates and proportions of total emergency activity.

**Proposed Outputs**

1. **Primary Output (Delivered This Financial Year)**
   * A detailed analytical report covering all tasks outlined above.
2. **Secondary Outputs (Delivered Early Next Financial Year)**
   * A formal written report developed in consultation with key stakeholders. This will summarize the findings, include a narrative exploring the potential for prospective monitoring, and provide insights for the wider healthcare system.
   * A draft academic paper prepared for submission to a peer-reviewed journal.