

Publication Report



Alcohol-related Hospital Statistics Scotland 2012

29th May 2012



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About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (i.e. assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (i.e. legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (i.e. still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

Introduction

Alcohol-related hospital discharge statistics are published annually by ISD in two different publications, which are released in alternate years. They are included in this Alcohol-related Hospital Statistics report, which is published every two years. They also form part of the Alcohol Statistics Scotland release, which is also published every two years (in alternate years to the Alcohol Hospital Statistics publication).

The format of a number of the tables presented in this publication has been revised from previous releases. Certain figures (commonly small numbers, for small areas or populations) are not shown. These changes are a result of 'statistical disclosure control' (SDC) which aims to prevent the release of information that can lead to the identification of individuals. Further information on the SDC methods applied is available on request.

This year there is one section:

Alcohol-related Hospital Discharges

This includes data on alcohol-related hospital discharges (from SMR01) and alcohol-related psychiatric discharges (from SMR04). These are presented by age, gender, deprivation and Health Board area.

Results and Commentary

Alcohol-related Hospital Discharges

1 Introduction

Excessive consumption of alcohol can result in a wide range of health problems. Some may occur after drinking over a relatively short period, such as acute intoxication (drunkenness) or poisoning (toxic effect). Others develop more gradually, only becoming evident after long-term heavy drinking, such as damage to the liver and brain. In addition to causing physical problems, excessive alcohol consumption can lead to mental health problems such as dependency.

The information reported in this publication has been collated using most recent data obtained from the following sources: hospital data from ISD Scotland General Acute Inpatient / Day Case Records (SMR01) years 2006/07 to 2010/11; Psychiatric Inpatient and Day Case Records (SMR04) years 2005/06 – 2009/10. Further details on data sources can be found in [Appendix A1 & A2](#).

The information presented on General Acute and Psychiatric inpatient and day case hospital stays relates to the time of discharge rather than admission. Given that further diagnostic information usually becomes available during the course of a hospital stay, the use of discharge data provides a more complete and accurate picture of a patient's condition(s). Up to six diagnoses may be recorded and discharges with either a main or a supplementary alcohol-related diagnosis are included. Individual patients may receive multiple episodes of care within a single year or over a number of years. The majority of data is reported as number of discharges; some information is reported as number of patients. Information is also broken down by age; gender; deprivation category and local area of residence (Health Board and council area).

Full lists of the ICD10 codes used in analysis of hospital data (General Acute and Psychiatric) are shown in [Appendix A3](#). It should be noted that the method used for producing the analysis has changed for SMR01 since the 2009 publication. Trends shown in this publication have been calculated using the revised methods to allow comparability over time (see [Appendix A4](#) for further information).

2 General Acute Inpatient/Day Case Hospital Discharges

Key Points

Overview 2010/11

In 2010/11, there were 38,825 alcohol-related discharges from a general acute hospital in Scotland (a rate of 695 discharges per 100,000 population) ([Table 1](#)).

- The rate of alcohol-related discharges from a general acute hospital decreased by over 2% between 2009/10 and 2010/11. In 2009/10 there were 39,344 alcohol-related discharges (a rate of 710 discharges per 100,000 population) ([Table 1](#)).
- In 2010/11, over 71% of alcohol-related discharges were male ([Table 1](#)).
- Rates of alcohol-related discharge were highest in the 50 to 54 years age group with a rate of 1,319 discharges per 100,000 population ([Table 1](#)).

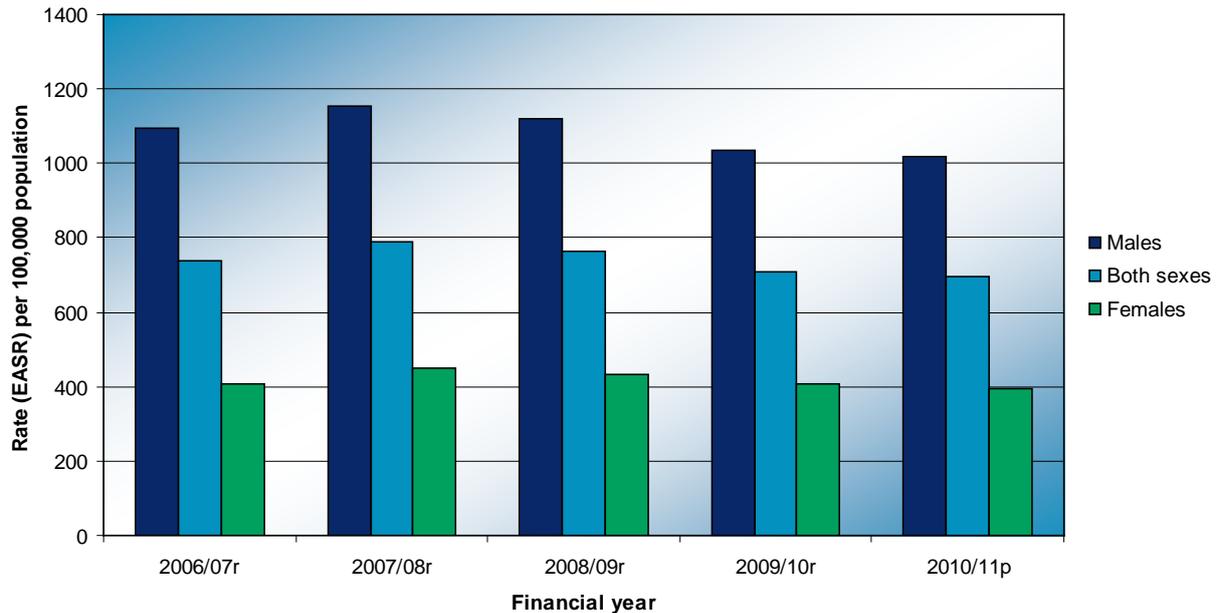
- In the last year the rate of alcohol-related discharges has decreased for all age groups with the exception of the 35-39 age group which has shown an increase ([Table 1](#)).
- There were 26,091 patients discharged from a general acute hospital with an alcohol-related diagnosis ([Table 2](#)).
- In 2010/11, the average number of alcohol-related discharges per patient was 1.5 ([Table 2](#)).
- During 2010/11, the number of discharges with a diagnosis of Harmful Use was 12,690 (a rate of 223 discharges per 100,000 population). Acute Intoxication was recorded in 7,960 discharges in the same period (a rate of 147 discharges per 100,000 population), while 6,767 discharges had a diagnosis of Alcoholic Liver Disease Overall (a rate of 117 discharges per 100,000 population) ([Table 3A](#)).
- In 2010/11, the rate of alcohol-related discharges from general acute hospitals was 7.6 times greater from patients living in the most deprived areas (category 1) compared to those living in the least deprived areas (category 5) ([Table 4](#) and Figure 2)
- Of the 38,825 alcohol-related discharges in Scotland during 2010/11, 91% of discharges relate to emergency admissions. The day of the week with the highest number of alcohol-related emergency admissions was Sunday with 5,398 emergency admissions, although the number of discharges is relatively similar across all the days ([Table 5](#)).

Five Year trend – 2006/07 – 2010/11

Over the five year period 2006/07 to 2010/11 overall there was a 6% decrease in the rate of alcohol-related discharges ([Table 1](#)).

- In the five year period 2006/07 to 2010/11 the number of alcohol-related discharges from general acute hospitals in Scotland initially rose, from 40,180 alcohol-related discharges in 2006/07 (a rate of 737 discharges per 100,000 population) to 43,054 discharges in 2007/08 (a rate of 788 discharges per 100,000 population). Since 2007/08 the number of alcohol-related discharges has fallen to 38,825 in 2010/11 (a rate of 695 discharges per 100,000 population) ([Table 1](#)).
- In the five year period 2006/07 to 2010/11 the rate of alcohol-related discharges from general acute hospitals in Scotland for men fell by 7% (from 1,094 to 1,020 discharges per 100,000 population). For women the rate of alcohol-related discharges from general acute hospitals in Scotland fell by 3% (from 408 to 395 discharges per 100,000 population) ([Table 1](#) and Figure 1).

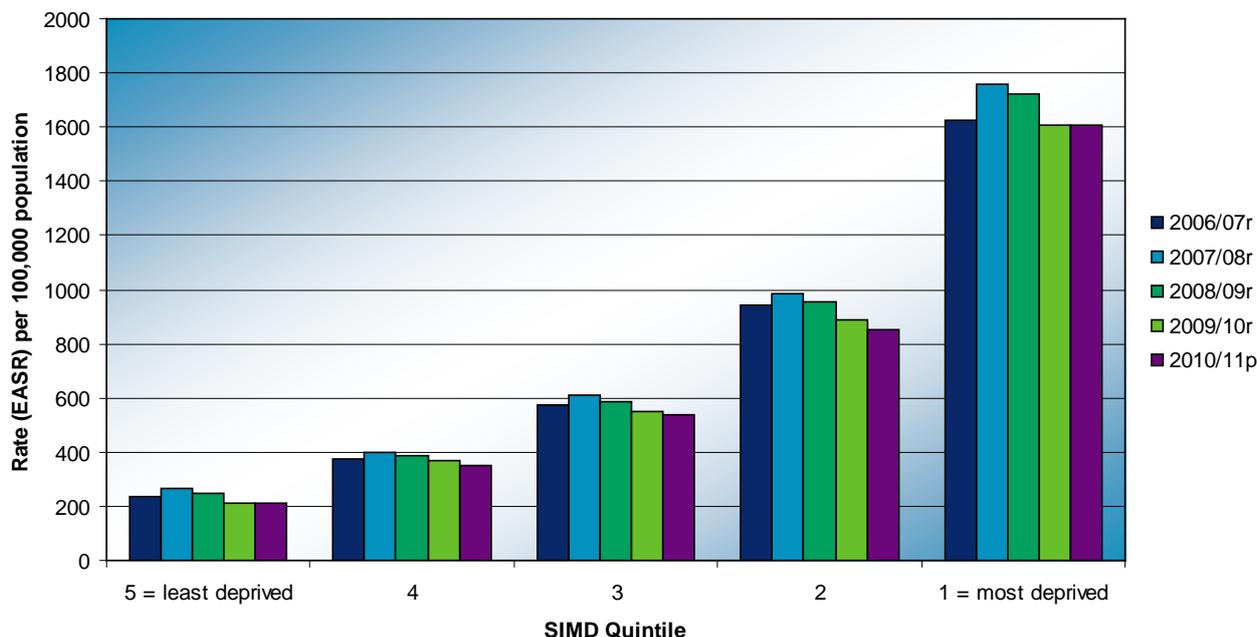
Figure 1 General acute inpatient discharges with an alcohol-related diagnosis by sex; 2006/07–2010/11



Source: SMR01

- In the five year period 2006/07 to 2010/11 alcohol-related discharge rates fluctuated for all age groups. Rates peaked in 2007/08 for the majority of age groups, with exception of 30-39 year olds which peaked in 2008/09. The largest decrease was in those aged under 15 years age where the rate decreased from 43 discharges per 100,000 population in 2006/07 to 23 discharges per 100,000 population in 2009/10 (a decrease of 47%). There was also a marked decrease in the 15 to 19 years age group where the rate decreased by 18% from 505 discharges per 100,000 population to 413 discharges per 100,000 population ([Table 1](#)).
- In 2006/07, the rate of alcohol-related discharges from general acute hospitals was 7.0 times higher for patients living in the most deprived areas compared to the least deprived areas. By 2010/11 the difference had increased, with the rate of alcohol-related discharges from general acute hospitals being 7.6 times greater for patients living in the most deprived areas compared to the least deprived areas ([Table 4](#) and [Figure 2](#)).

Figure 2 General acute inpatient discharges with an alcohol-related diagnosis by deprivation; 2006/07-2010/11



Source: SMR01

Geographical profile

The rate of alcohol-related discharges varied between NHS Boards in Scotland in 2010/11.

- The rate of alcohol-related discharges from general acute hospitals were highest in NHS Orkney and NHS Greater Glasgow & Clyde boards in 2010/11 with rates of 1,424 and 1,026 discharges per 100,000 population respectively ([Table 1](#)).
- The lowest rates were in NHS Forth Valley, with 382 discharges per 100,000 population and NHS Dumfries & Galloway, with 504 discharges per 100,000 population ([Table 1](#)).

3 Psychiatric Inpatient and Day Case Hospital Discharges

Key Points

Overview 2009/10

In 2009/10, there were 4,042 alcohol-related discharges from psychiatric hospitals in Scotland (a rate of 76 discharges per 100,000 population) ([Table 6](#)).

- The rate of alcohol-related discharges from psychiatric hospitals decreased by 4% between 2008/09 and 2009/10. ([Table 6](#)).
- Rates of alcohol-related discharge from psychiatric hospitals were highest in the 45 to 49 years age group with a rate of 176 discharges per 100,000 population ([Table 6](#)).
- Over two-thirds (67%) of alcohol-related discharges from psychiatric hospitals in Scotland in 2009/10 were male ([Table 6](#)).
- In 2009/10, the average number of alcohol-related discharges per patient from psychiatric hospitals was 1.2 ([Table 7](#)).

- Alcohol dependence was recorded in 69% (2,807) of all alcohol-related discharges from psychiatric hospitals (a rate of 53 discharges per 100,000 population) ([Table 8](#)).
- In 2009/10, the rate of alcohol-related discharges was 8.5 times higher for patients living in the most deprived areas (category 1) than the least deprived areas (category 5). ([Table 9](#)).

Five Year trend – 2005/06 – 2009/10

Over the five-year period 2005/06 to 2009/10 the rate of alcohol-related discharges from psychiatric hospitals has remained the same.

- In 2005/06, there were 4,289 alcohol-related discharges (a rate of 76 discharges per 100,000 population) decreasing to 4,042 alcohol-related discharges in 2009/10 (a rate of 76 discharges per 100,000 population) ([Table 6](#)).
- Over the last five years rates of alcohol-related psychiatric hospital discharges have decreased in most age groups (except in the 35 to 39 years and 40 to 45 years age groups). The largest decrease was in those aged 55-59 years which fell by 16% (103 per 100,000 in 2005/06 to 87 per 100,000 population in 2009/10). The largest increase was in the 40 to 44 years old age group which rose by 32% (130 per 100,000 population in 2005/06 to 172 per 100,000 population in 2009/10) ([Table 6](#)).
- In 2005/06, the rate of alcohol-related discharges from psychiatric hospitals was 9 times higher for patients living in the most deprived areas compared to the least deprived areas. By 2009/10 the difference had decreased, with the rate of alcohol-related discharges from psychiatric hospitals being 8.5 times greater for patients living in the most deprived areas compared to the least deprived areas ([Table 9](#)).

Geographical profile

The rate of alcohol-related discharges from psychiatric hospitals varied between NHS Boards in Scotland in 2009/10.

- The rate of alcohol-related discharges in 2009/10 was highest in NHS Tayside, with 135 discharges per 100,000 population and in NHS Ayrshire and Arran with 118 discharges per 100,000 population. The rates were lowest in NHS Orkney and NHS Grampian, with 13 and 24 discharges per 100,000 population respectively ([Table 6](#)).

Background Information

Hospital activity data are collected across the NHS in Scotland and are based on nationally available information routinely drawn from hospital administrative systems across the country. The principal data sources are the SMR01 (acute inpatient and day case) and SMR04 (psychiatric inpatient and day case) returns. Information on SMR data completeness can be found on the Hospital records Data

<http://www.isdscotland.org/Products-and-Services/Hospital-Records-Data-Monitoring/SMR-Completeness/>, while information on the timeliness of SMR data submissions can be found on the SMR Timeliness webpage <http://www.isdscotland.org/Products-and-Services/Hospital-Records-Data-Monitoring/SMR-Timeliness/>

Figures will be revised in future publications due to incomplete data returns at the time of publication. The level of submission at the time of publication was sufficiently high to produce reliable statistics; therefore these revisions are expected to be relatively small and are not expected to impact on long-term trends. Within this publication, revisions made to

the 2009/10 data, last published in Alcohol Statistics Scotland in February 2011, were small. The number of alcohol-related discharges from general hospitals has increased by only 0.02% since the publication of Alcohol Statistics Scotland. Similarly, the number of alcohol-related discharges from psychiatric hospitals has increased by only 0.005%.

All revisions to data within this publication are planned. All tables will be revised annually. In general, these revisions have a minimal effect on the statistics contained within this publication. Please see the ISD Revisions Policy <http://www.isdscotland.org/About-ISD/About-Our-Statistics/ISD-Revisions-Policy-V04.pdf> for further details.

The ISD Data Quality Assurance (DQA) team is responsible for evaluating and ensuring SMR datasets are accurate, consistent and comparable across time and between sources. Details of the quality assurance process for SMRs are published on the DQA methodology webpage <http://www.isdscotland.org/Products-and-Services/Data-Quality/Methodology/>.

Data Collection

General Acute Inpatient/Day Case Record (SMR01)

SMR01 is an episode based patient record relating to all inpatients and day cases discharged from specialties other than mental health, maternity, neonatal and geriatric long stay specialties in the NHS Scotland. Attendances at Accident and Emergency that do not result in an admission are not included. Each individual patient may have more than one episode of care so the number of patients discharged within a year may be less than the total number of discharges.

Caution is necessary when interpreting these figures as the recording of alcohol misuse may vary from hospital to hospital. For example where alcohol misuse is suspected but unconfirmed it may not be recorded by the hospital. There may, therefore, be a degree of under recording of alcohol problems. Figures can also show an element of double counting where a patient is recorded as having more than one alcohol-related diagnosis.

Further statistics on general acute hospital discharges can be found at www.isdscotland.org/acute_hospital_care.

Mental Illness Hospital and Psychiatric Unit Inpatient Record (SMR04)

SMR04 is an episode based patient record relating to all inpatients and day cases admitted to and discharged from Mental Health specialties. The form collects patient based data on day cases and inpatient episodes. The tables presented in this publication are based on diagnosis at the time of discharge from hospital.

Figures for all admissions, re-admissions and discharges relate to the number of episodes not the number of individual patients admitted or discharged. Each individual may have more than one episode. First admissions relate to first ever admissions to a psychiatric hospital, and are therefore, approximate to the number of people. Re-admissions will include patients who have returned for treatment after a long period of time, as well as those who have been re-admitted after a short interval.

Understanding the data

Background notes on client confidentiality and small numbers

Maintaining patient confidentiality is a fundamental principle in ISD's work. We take particular care when providing tabular information which results in small numbers appearing in table cells. The tables presented here have been adjusted to conform to ISD's Statistical Disclosure Control Protocol. This protocol follows Office for National Statistics (ONS) guidance on dissemination of health statistics and has been overseen by an ISD working group, chaired by the ISD Head of Statistics (see <http://www.isdscotland.org/Products-and-Services/Data-Protection-and-Confidentiality/> for more information). In line with this and to protect client confidentiality when publishing sensitive data we have revised our protocol on the treatment of small numbers for this year's publication. The main points are as follows:

a) Patient confidentiality.

- Data tables are classified as sensitive either if the information within them is in itself sensitive, e.g. Data on substance misuse, or if it can be combined with data from other sensitive tables to obtain information that might be used to disclose the identity of individuals, e.g. age, sex.

b) Small numbers:

- This protocol applies to all sensitive data.
- For larger geographies (e.g. NHS Board geographies) individual entries <5 are suppressed.
- For smaller geographies entries <10 are suppressed.
- If a suppressed entry can be calculated using another entry, that entry is also suppressed.

Glossary

Alcohol related diagnosis	These refer to conditions known to be a direct consequence of alcohol consumption. Codes used in analyses are in Appendices 3-6.
Deprivation	The Scottish Index of Multiple Deprivation (SIMD) is used to calculate deprivation rates. SIMD has 38 indicators in 7 domains (income, employment, housing, health, education, skills and training, geographical access and crime) at datazone level, which have been combined into an overall index. Rates are reported by quintiles. Quintiles divide the population into five equal proportions so that 20% of the population falls into each quintile.
Hospital episode of care	This refers to a given period of health care in a hospital setting. An individual (patient) may account for a number of episodes during a given reporting period. Each episode is initiated by a referral (including re-referral) or admission and is ended by a discharge.
International Classification of Diseases and Related Health Problems (ICD)	The International Statistical Classification of Diseases and Related Health Problems (ICD) revision is used to classify hospital admissions and deaths. The 10th revision is used in analysis.
Provisional data	An indication that the data is provisional means that returns from hospitals are not yet complete and the final figure may be different to that recorded when all returns are in.
European Age Standardised Rate (EASR)	Standardised rates are used to allow comparisons across geographical areas by controlling for differences in the age structure of local populations. Age standardised rates can be compared across areas and time periods. They give the number of events that would occur in a standard population (per 100,000) if that population had the age-specific rates of a given area. The rates are standardised to the European Standard population. The age groups used for deriving the standardised rates are as defined in the European Standard Population.

List of Tables

Table No.	Name	Time period	File & size
1	General acute inpatient and day case discharges with an alcohol-related diagnosis: 2006/07-2010/11		Excel [750kb]
2	General acute hospital ratio of discharges to patients for alcohol-related diagnoses: 2010/11		Excel [750kb]
3a	General acute inpatient and day case discharges with an alcohol-related diagnosis; specific diagnosis: 2010/11		Excel [750kb]
3b	General acute inpatient and day case discharges with an alcohol-related diagnosis; selected specific diagnosis: 2010/11		Excel [750kb]
4	General acute inpatient and day case discharges with an alcohol-related diagnosis; deprivation category: 2006/07 - 2010/11		Excel [750kb]
5	General acute inpatient and day case discharges with an alcohol-related diagnosis in any position: 2010/11		Excel [750kb]
6	Psychiatric inpatient discharges with an alcohol-related diagnosis: 2005/06 - 2009/10		Excel [750kb]
7	Psychiatric hospital ratio of discharges to patients for alcohol-related diagnoses: 2009/10		Excel [750kb]
8	Psychiatric inpatient discharges with an alcohol-related diagnosis; specific diagnosis: 2009/10		Excel [750kb]
9	Psychiatric inpatient discharges with an alcohol-related diagnosis; deprivation category: 2005/06 - 2009/10		Excel [750kb]

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Further Information

Further information can be found on the [ISD website](#)

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Appendix

A1 – Data source contacts

<p>A1 Hospital Discharges Information Services Gyle Square, 1 South Gyle Crescent, Edinburgh, EH12 9EB Telephone: 0131 275 7051 www.isdscotland.org</p>	<p>A2 Psychiatric Hospital Discharges Information Services Gyle Square, 1 South Gyle Crescent, Edinburgh, EH12 9EB Telephone: 0131 275 7051 www.isdscotland.org</p>
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A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Alcohol-related Hospital Statistics 2012
Description	
Theme	Health and Social Care
Topic	Substance Misuse
Format	PDF report with Excel tables
Data source(s)	ISD SMR01 and SMR04
Date that data are acquired	January 2012
Release date	Tuesday 29 th May 2012
Frequency	Bi-Annual
Timeframe of data and timeliness	Data postponed from February 2012
Continuity of data	See background information
Revisions statement	All revisions to data within this publication are planned and are due to incomplete data returns at the time of publication. All tables will be revised annually. In general these revisions have minimal affect on the statistics.
Revisions relevant to this publication	In general, revisions have minimal affect on the statistics
Concepts and definitions	See Hospital Care: Background Information http://www.isdscotland.org/Health-Topics/Hospital-Care/
Relevance and key uses of the statistics	Relevant to understanding problem drug use in Scotland. Statistics will be used for policy making and service planning.
Accuracy	Quality checks are conducted by ISD. Figures are compared to previously published data and expected trends.
Completeness	Details of these data submissions issues are available on the Hospital Records Data Monitoring SMR Completeness web page
Comparability	See introduction of this report.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	The report is available as a PDF file with tables clearly linked for ease of use.
Value type and unit of measurement	Numbers, percentages and rates per 100,000.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	National Statistic
UK Statistics Authority Assessment	Completed assessment by UK Statistics Authority, report published 4 th April 2012
Last published	23 rd February 2010
Next published	TBC
Date of first publication	2004
Help email	mailto:nss.isdsubstancemisuse@nhs.net
Date form completed	18 th April 2012

A3 – ICD10 codes used for reporting alcohol-related discharges from Scottish hospitals

Alcohol-related conditions can be recorded in up to six positions on the SMR01 and SMR04 datasets. These conditions are coded using the World Health Organisation International Classification of Diseases 10th revision (ICD10) coding.

In 2008, prior to the publication of the Alcohol Statistics Scotland 2009, ISD carried out an **in-depth internal review** of its core alcohol-related code set. The ICD10 codes agreed from the review are used to define an alcohol-related condition in this publication. The ICD10 codes used are as follows:-

ICD 10 Code	Description
E24.4	Alcohol induced Pseudo-Cushing's syndrome
E51.2	Wernicke's Encephalopathy
F10	Mental & behavioural disorders due to use of alcohol
G31.2	Degeneration of nervous system due to alcohol
G62.1	Alcoholic polyneuropathy
G72.1	Alcoholic myopathy
I42.6	Alcoholic cardiomyopathy
K29.2	Alcoholic gastritis
K70	Alcoholic liver disease
K86.0	Alcohol-induced chronic pancreatitis
O35.4	Maternal care for (suspected) damage to foetus from alcohol
P04.3	Foetus and newborn affected by maternal use of alcohol
Q86.0	Fetal alcohol syndrome (dysmorphic)
R78.0	Finding of alcohol in blood
T51.0	Toxic effect of ethanol
T51.1	Toxic effect of methanol
T51.9	Toxic effect of alcohol, unspecified
X45	Accidental poisoning by and exposure to alcohol
X65	Intentional self-poisoning by and exposure to alcohol
Y15	Poisoning by and exposure to alcohol undetermined intent
Y57.3	Alcohol deterrents
Y90	Evidence of alcohol involvement determined by blood alcohol level
Y91	Evidence of alcohol involvement determined by level intoxication
Z50.2	Alcohol rehabilitation
Z71.4	Alcohol abuse counselling and surveillance
Z72.1	Alcohol Use

A4 – Analysis methods used on the SMR01 dataset

The way in which the ISD Substance Misuse team analyse data from SMR01 has been altered since the publication of Alcohol Statistics Scotland 2009. A paper explaining this change was published on the following website on the 25th November 2009:-

www.drugmisuse.isdscotland.org/publications/abstracts/cis_faq.htm

On the SMR01 database an episode of care is generated when a patient is discharged from a general acute hospital or when a patient is transferred between hospitals, significant

facilities, specialties or to a different consultant. As a result a continuous stay in hospital may have more than one SMR01 episode record for the same stay in hospital.

In our previous publications, such as Alcohol Statistics Scotland 2009, we counted each stay in a general acute hospital once by excluding transfer cases. However, in this publication each stay in general acute hospitals is counted once using the Continuous Inpatient Stay (CIS) marker generated by record linkage. This identifies all records relating to the one hospital stay and each stay in hospital is counted once using this marker.

The above website gives more detailed information and comparisons on the changes made to the analysis of the SMR01 dataset.

A5 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads

Extended Pre-Release Access

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)