Scottish Health Service Costs
Year ended March 2019

19 November 2019
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National Statistics status means that the official statistics meet the highest standards of trustworthiness, quality and public value. They are identified by the quality mark shown above.

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Introduction

Scottish Health Service Costs (often referred to as the ‘Costs Book’) is published annually by ISD, with the support of the Scottish Government Health Department (SGHD). The Costs Book is the only source of published costs information for NHS Scotland, and provides a detailed analysis of where its resources are spent. The information contained within this report is used in many applications; for example, to ensure greater efficiency by allowing benchmarking comparisons to be made between health care providers.

The Costs Book is currently structured to analyse around 95% of the NHS Scotland net operating costs. This includes £12.4 billion of expenditure on the provision of hospital and primary care within the 14 territorial NHS Boards, the State Hospital, and the Golden Jubilee National Hospital. Information on two other special Boards that provide direct patient care – the Scottish Ambulance Service and National Services Scotland – is also provided.

The Costs Book contains large amounts of data, ranging from national and NHS board level summaries to detailed information for individual hospitals. A range of data tables provide information on the main expenditure areas and how these translate in to the average cost of treating patients in various services. When making comparisons across Scotland, or interpreting the Costs Book data, it should be noted that individual NHS Boards/hospitals (e.g. island Boards) in rural settings can have a low volume of patients, but relatively high fixed costs, which can result in substantial fluctuations in unit costs for some hospitals.

The information in the Costs Book is organised into hospital and primary care service categories. The primary care is further split into community sector and family sector. The range of services covered in each sector includes:

- **Hospital sector** – covering the cost of services provided in hospitals. This ranges from the delivery of complex surgery within an inpatient setting within large teaching hospitals to outpatient clinics run at rural community hospitals.

- **Community sector** – covering services delivered out with a hospital setting but excluding those provided by independent contractors, providing ‘Family health services’. Examples include home visits by healthcare professionals, such as health visitors, district nurses or occupational therapists, but also prevention services such as breast screening and health promotion.

- **Family Health sector** – services provided by the family doctor (GP) and the "High Street" dentists, opticians and pharmacists.

Within the Cost Book, costs from 2018/19 are compared against those from previous years. Historic costs are shown both in ‘cash terms’ (which is the actual cost from each of the previous years) and in ‘real terms’ (where an adjustment factor, known as the ‘GDP deflator’ determined by HM Treasury, is applied to estimate the equivalent cost in 2018/19).
Information contained in the Costs Book is primarily derived from Scottish Financial Returns (SFRs) which are compiled by NHS Boards, and completed as part of their annual accounts cycle. NHS Board annual accounts are audited by an independent body before being agreed by the Scottish Government. While there is no audit of the Costs Book, Boards are required to show how the costs included in the Costs Book reconcile to expenditure and income reported in the Statement of Comprehensive Net Expenditure (SOCNE) from the annual accounts. To support this process, the Scottish Government is responsible for providing NHS Boards with an Annual Accounts manual. ISD also issue data templates (SFR 29.0) to record this reconciliation.

This report gives an overview of data contained within the Costs Book 2018/19. (All dates refer to financial years – for example, ‘2018/19 refers to the year beginning in April 2018 and ending March 2019.) Many of the figures in this report have been rounded.

Some figures for the current year may not be directly comparable to those for previous years. While every attempt is made to make comparisons of the data possible, changes in accounting methodology must be considered along with other factors such as organisational change or missing data. See Summary of Changes for important changes about the 2018/19 data.
Main Points

The following are some of the key findings for 2018/19:

• £12.4 billion was spent on health service operating costs. This represents a 2.8% (£335M) increase compared to the £12.0bn expended in 2017/18. Once adjusting for inflation, total operating costs, increased by 0.9% compared to 2017/18. This percentage increase has remained the same for the second year running.

• Of the £335M increase in expenditure between 2017/18 and 2018/19, this included £196M (58%) that was spent on hospital services, £54M (16%) on community services and £78M (23%) on family health services.

• Expenditure on hospital services was £6.8bn, a cash terms increase of 3.0% and a real terms increase of 1.1%, when compared to 2017/18.

• Expenditure on community services was £2.4bn, a cash terms increase of 2.2% and a real terms increase of 0.4%, when compared to 2017/18.

• Family health expenditure, which includes the cost of running local GP practices in addition to the local pharmacy, dental and ophthalmic services, amounted to £2.7bn, a cash terms increase of 3.0% and a real terms increase of 1.1% compared to 2017/18.
Results and Commentary

1. Total Operating Costs

In 2018/19, £12.4bn was spent on operating costs by the 14 geographic NHS Boards and two special Boards, the State Hospital and the Golden Jubilee National Hospital, which provide additional hospital services. This represented a £335M (2.8%) increase in expenditure compared to 2017/18. In real terms, after adjusting for inflation, this represents an increase of 0.9% compared to 2017/18.

Table 1 shows how this expenditure has increased over the last five years, in both cash terms and in real terms. Over this period cash terms expenditure has risen from £10.8bn in 2014/15 to £12.4bn in 2018/19.

Table 1: Trends in operating costs, 2014/15 – 2018/19

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<th>Financial Year</th>
<th>Cash Terms Operating Costs (£000)</th>
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<th>Real Terms Operating Costs (£000)</th>
<th>Change on Previous Year (Real Terms)</th>
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<td>2017/18</td>
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<td>2016/17</td>
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<td>2014/15</td>
<td>10,800,916</td>
<td>3.4%</td>
<td>11,568,237</td>
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</table>

Note: To obtain ‘real-terms’ figures, the costs have been divided by an adjustment factor determined by HM Treasury. Real terms costs show approximately what the services provided in that year would have cost in 2018/19.

1.1 NHS Costs by sector

The total operating costs are distributed between hospital services, community services, family health services and resource transfer (funds transferred to Local Authorities (LAs) and the volunteer services for the continued care of patients).

Table 2 and Figure 1 show the operating costs for these services in both cash and real terms over the past five years (2014/15 – 2018/19). Hospital services remain the largest sector.

The costs have increased from £6.1bn in 2014/15 to £6.8bn in 2018/19, in real terms this increased from £6.6bn in 2014/15. Family health services continue to be the second largest area of expenditure over each of the five years, with a total expenditure of £2.5bn in 2014/15, increasing each year to £2.7bn in 2018/19. Community services expenditure increased from £1.8bn in 2014/15 to £2.4bn in 2018/19.
The overall expenditure has increased by £335M between 2017/18 and 2018/19, £196M was spent on hospital services, £54M on community services, £78M on family health services and £8M on funds transferred to Local Authorities. Table 2 shows how expenditure was distributed in percentage terms across these services in each of the 5 years since 2014/15. Over this period the percentage share of operating costs for hospital services has decreased from 56.9% to 55.1%, this decline has not been consistent year on year with a slight increase from 55.0% to 55.1% between 2017/18 and 2018/19. In contrast, the percentage of expenditure spent on community services has increased over the period but dropped slightly in 2018/19 to 19.7%.
### Table 2: Trends in operating costs (£bn) by sector, 2014/15 – 2018/19

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<thead>
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<td></td>
</tr>
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<td>0.39</td>
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<td><strong>Real Terms</strong>¹</td>
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<td></td>
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<td></td>
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<tr>
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<td>11.93</td>
<td>12.14</td>
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<td>6.58</td>
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<td>6.73</td>
<td>6.74</td>
<td>6.81</td>
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<td>2.69</td>
<td>2.69</td>
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<td>2.70</td>
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<tr>
<td>Resource Transfer</td>
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<td>0.38</td>
<td>0.41</td>
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<td>0.41</td>
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<td>100%</td>
</tr>
<tr>
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<td>56.9%</td>
<td>55.4%</td>
<td>55.0%</td>
<td>55.1%</td>
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<tr>
<td>Hospital</td>
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<tr>
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<td>3.4%</td>
<td>3.3%</td>
<td>3.3%</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

1: To obtain ‘real-terms’ figures, the costs have been divided by an adjustment factor determined by HM Treasury. Real terms costs show approximately what the services provided in that year would have cost in 2018/19 after adjusting for inflation.
2. Hospital Sector

Hospital services provide different types of patient care including: inpatient, accident and emergency (A&E), long stay inpatient, day case, outpatient and day patient. Figure 2 shows the change, in cash terms, in expenditure on these types of patient care between 2014/15 to 2018/19. Some costs, shown as ‘Other’ here, cannot be attributed to these types of care. This includes some costs that cannot be attributed to any particular form of care such as hospital running and administration costs. However, it also includes costs for some other types of ambulatory care.

**Figure 2: Change in hospital service costs (cash terms) by type of care, 2014/15 & 2018/19**

![Cash Terms Expenditure Chart](chart.png)

In cash terms, inpatient costs increased by £321M (10.3%), while at the same time accident and emergency expenditure has increased by £38M (19.9%). In real terms, since 2014/15 there has been an increase of £99M (3.0%) for inpatient services and an increase of £24M (11.9%) for accident and emergency services. Long stay inpatient care, which includes geriatric and psychiatric care, increased by £29.6M (4.5%) in cash terms, but reduced by £16.8M (2.4%) in real terms over the same period of time.

Spend on other types of care such as day patient, day case and outpatient increased by £210M (15.4%) in cash terms over the last five years. Figure 2 shows the change from 2014/15 to 2018/19, outpatient care has seen an increase in both cash terms and real terms of £138.5M (17.3%) and £81.5M (9.5%), respectively. There has also been an increase in the expenditure on day case treatment involving planned procedures. The 2014/15 cash terms figure has increased by £71.0M (15.4%) to £530.8M in 2018/19, the real term increase over the same period was £38.3M (7.8%). The cash terms increase over the past 5 years for day patient care is much smaller at £108k (0.1%), costs increased from £100.9M to £101.0M. In real terms this represents a reduction of £7M (6.5%).
Across the 5-year period 2014/15 to 2018/19 the expenditure in the ‘Other’ category increased in cash terms by £66.2M to £885.9M, an increase of 8.1% - this represented an increase of £8M (0.9%) in real terms.

Figure 3 shows how the percentage of the hospital spend on of these categories. Has changed since 2014/15. The percentage of hospital expenditure spent on inpatient care (excluding long-stay care) in 2018/19 was 50.5% - 0.2% less than in 2014/15 share. The percentage of spend on long-stay inpatient care also decreased from 10.6 to 10.0%. However, the percentage of expenditure on A&E services increased from 3.1% to 3.4%.

A greater percentage of spend on planned ambulatory care was reflected in the increases in the percentage spent on outpatient services (from 13.1% to 13.8%) and day case treatment (from 7.5% to 7.8%).

**Figure 3: Change in percentage share of hospital service costs by type of care, 2014/15 & 2018/19**
3. Community Sector

The community sector covers services delivered outside hospitals within communities, such as district nursing, health visiting, home dialysis and GP out of hour’s services. Community services account for nearly a fifth of total operating costs (£2.4bn or 19.7%, Figure 1). Community costs have risen year on year over the last five years in both cash and real terms (2014/15 – 2018/19, Figure 1).

Figure 4 below shows the change in community services from 2014/15 to 2018/18. There was a cash terms increase of 315% for sub-contractors (voluntary and local authorities), from £111.5M (6.1%) in 2014/15 to £462.7M (19.0%) in 2018/19. This increase partially reflects new funding models that have been introduced since the introduction of health and social care Integration Joint Boards (IJB) in 2016.

Figure 4: Change in community services expenditure share, 2014/15 and 2018/19

- Sub Contractors (Voluntary & Local Authorities)
- Psychiatry & Learning Disabilities
- Midwifery
- Family Health
- Child Health
- Addiction Services
- GP Out of Hours
- Specialist Nursing
- Other Services
- Health Visiting
- District Nursing
- AHP & Others
- Home Dialysis
- Dentistry
Figure 5 shows the change in community services (excluding sub-contractors and other services) expenditure from 2014/15 to 2018/19. Psychiatry and learning disabilities (LD) has seen a cash terms increase each year, from £241M in 2014/15 to £303M in 2018/19, an increase 25.7%. District nursing has increased each year from £162M in 2014/15 to £189M in 2018/19, an increase of 16.8%. Similarly, health visiting has seen a year on year increase from £86M in 2014/15 to £112M in 2018/19, an increase of 30.2%.

**Figure 5: Change in community services expenditure, 2014/15 and 2018/19, excluding Sub-contractors and Other services.**
4. **Family Health Sector**

The family health services include Primary Medical Services (local GP practices) as well as local pharmacy (including drugs dispensing), dental and ophthalmic services. Figure 6 shows the 2018/19 breakdown of family health sector costs.

**Figure 6: Family health services operating costs, 2018/19**

![Pie chart showing the breakdown of family health services operating costs, 2018/19.

- Pharmaceutical Services (1.29bn)
- Primary Medical Services (0.88bn)
- General Dental Services (0.42bn)
- General Ophthalmic Services (0.11bn)]

In 2018/19, almost half of family health services spend (£1.3bn or 47.8%) was on pharmaceutical services (Figure 6). This sector includes pharmacy pay, medicines, dressings, instruments and sundries, represented 10.5% of the total operating costs and has remained stable in both cash and real terms since 2014/15.

As part of this spending, drugs expenditure made up 81.8% of the pharmaceutical services costs in 2018/19. Since last year, the expenditure on drugs decreased by 1.4% (£15M) in cash terms and by 3.2% (£34.9M) in real terms. Over the last five years, the spend on provision of drug services has increased by 6.8% (£67.7M) in cash terms, however, this translates into a reduction of 0.2% (£2.6M) in real terms, since 2014/15, Figure 7.
£876m was spent delivering primary care medical services at the 941 GP practices to the 5.7M people registered in Scotland. In cash terms the latest spend, is an increase of 6.6% or £54.4M in the cost of delivering primary care medical services compared to 2017/18. Expenditure on PMS now represents 7.1% of the total operating costs, an increase from 6.8% in 2017/18.

The cost of providing general dental services was £424M in 2018/19. This represents 15.7% of family health services expenditure (Figure 6) and 3.4% of total operating costs. This is a 3.7% (£15.2M) increase in cash terms compared to 2017/18 and a 6.4% increase from 2014/15. However, in real terms, there was an increase of 1.9% (£7.7M) on the 2017/18 figures, it represents a reduction of 0.7% (£2.8M) since 2014/15. There was an increase in registrations of 448k over the same period.

General ophthalmic services cost £109M in 2018/19, an increase of 1.3% over the previous year’s cash terms expenditure and an increase of 8.5% over the last five years. During 2018/19 there were 2.3M sight tests performed, an increase of almost 15% on 2014/15. In real terms, general ophthalmic costs have declined by 0.5% on 2017/18 but increased 1.3% since 2014/15.
5. **Staff Costs**

In 2018/19, almost half of the total operating expenditure, 47.8%, related to the cost of employing staff including bank and agency staff. This excludes the costs of independent contractors such as General Medical Practitioners and General Dental Practitioners and the related staff, who are paid directly by the practice. These staffing costs excludes laboratory staff who may be based in a hospital but provide services in support of either hospital, community or family health services. (See table R740 in the published Excel tables for further statistics on laboratory staff). The following sections discuss the costs associated with particular forms of patient care within hospitals.

In 2018/19, staff costs from combined hospital and community sector increased from £5.7bn to £5.9bn (cash terms) compared to 2017/18, and the percentage share of expenditure increased slightly from 47.6% in 2017/18 to 47.8% in 2018/19.

Staff expenditure has increased year on year since 2014/15, with a 3.3% cash terms increase since 2017/18 and a 14.6% increase over the course of the last 5 years. This translates to a real terms increase since 2014/15 of 7% (Figure 8).

**Figure 8: Trends in staff costs, 2014/15 – 2018/19**

For the hospital sector, staff employment costs make up the largest percentage (67.9% or £4.6bn) in 2018/19, which is a real terms increase of £52M on 2017/18. The percentage share of the hospital budget spent on staffing is 15% higher than the 52.9% spent on staffing in community services.
Further Information

The figures described within this report are available at Scotland level and for each individual Board in the following tables:

- **R100** – cash terms and real terms expenditure and activity figures for the current and previous year, for Scotland and each Board [129kb].
- **R100T** – cash and real terms expenditure and activity figures for the last five years, for Scotland and each Board [490kb].

The full range of data tables, including more detailed information at NHS Board and hospital level, is available via the following links:

- **Detailed Tables** – a wide range of data tables for the technical user of the Costs Book.
- **File Listings** – a full listing of the 2018/19 data files.
- **Report logic** – a document highlighting the source of the data included in each table and how the figures are calculated.
- **Summary of Changes** – a document highlighting the key changes to the Costs Book data templates and to the accounting guidance.
Glossary

**GDP Deflator** - A measure of price inflation or deflation with respect to a specific base year. The GDP deflator of the base year is equal to 100.

**Board Operating Costs** – The annual costs incurred by a Board in running its business of healthcare.

**Cash Terms** – A measure of the value of money without adjusting for the effect of inflation.

**Financial Year** – Period of time beginning in April and ending in March (e.g. Financial Year 2018/2019 begins on 1st April 2018 and ends 31st March 2019).

**Hospital Running Costs** – The total revenue expenditure (pay, supplies and services) for a hospital, incurred in providing a service to patients.

**NHSScotland** – National Health Service Scotland.

**Real Terms** – A measure of the value of money that removes the effect of inflation.

**Resource Transfer** – Transfer of monies from NHS to fund health care provided by local authorities, such as community-based care packages and the support infrastructure for patients discharged from long stay hospitals.

**Scottish Financial Returns (SFRs)** – A series of templates used for standardising the return of the Costs Book data from Boards.

Additional costing information and guidance can be found within the **Reference** and **Financial Definitions** sections of the ISD website.
Contact

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Further Information

Further information on costs data for 2018/19 and earlier years can be found on the Costs area of the ISD website.
The next release of this publication will be 17 November 2020.

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Appendices

A1 – Background Information

Costs Book Data Collection System
The Costs Book Data Collection System (CBDCS) is a web-based data collection system issued to NHS Boards to assist them in compiling and submitting the Scottish Financial Returns (Costs Book dataset) to ISD on an annual basis. A central version of CBDCS is held at ISD which holds data returns from NHS Boards. To support data collection and submission, ISD provides NHS Boards with a comprehensive Costs Guidance Manual. To ensure consistency across all NHS Boards, this manual is updated on a regular basis with input from NHS Boards, the Scottish Government and ISD. In addition, a supplement to the Costing Guidance manual with information specific to the coming year’s collection is provided to NHS Board staff.

More information on the Costs Book Data Collection System can be found within the Summary Guidance document.

Quality Assurance
The CBDCS has built in functionality to support data compilation and data quality assurance. The system is updated regularly to include any changes to data templates (SFRs) and validation rules.

In June 2012 an updated version of the CBDCS was introduced across NHS Scotland. The new CBDCS has a comprehensive on-line validation facility to ensure that data is complete and valid prior to submission to ISD. It also includes a year on year comparability function allowing NHS Boards to quality check their data at the point of input and prior to them submitting the data to ISD.

To further enhance the quality of the data submissions, the ISD Data Management team produce draft data quality reports for each NHS Board to review their information. Further manual quality checks of the data are then carried out by the ISD Data Management team. Any queries or anomalies are raised with the finance staff at the relevant NHS Board(s) either via the new web-based CBDCS, which allows a two-way dialogue between ISD and the NHS Board in question, or by telephone or email contact. To ensure data robustness, queries may go back and forth between ISD and an NHS Board until a satisfactory resolution is reached.

Once agreement has been reached, the ISD Costs Book analytical team produce a draft version of the R100 Executive Summary Report for each individual NHS Board. The R100 Executive Summary Report profiles the main elements of the Costs Book data and is sent to the Director of Finance at each NHS Board for sign off. Once data has been signed off by the Directors of Finance the information is used by the ISD analytical team to produce the annual publication of Scottish Health Service Costs.

Additional information on Data Quality Assurance can be found within the Summary Guidance document.
Reference Information

The collection of costs data is supported by a number of guidance manuals, reference files and systems logic to ensure consistency and quality of the Costs Book. These include:

- Annual accounts manual
- Costing Guidance manual
- Costs Book Reconciliation to Annual Accounts
- Scottish Financial Returns

Additional costing information and guidance can be found within the Summary Guidance and Costs Book Reference section of the ISD website.
A2 – Publication Metadata (including revisions details)

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<td>Data source(s)</td>
<td>Information contained in the Costs Book is primarily derived from <a href="https://www.isd.scot">Scottish Financial Returns (SFRs)</a> which are compiled by NHS Boards, and completed as part of their annual accounts cycle. The Costs Book Data Collection System (CBDCS) is a web-based data collection system issued to NHS Boards to assist them in compiling and submitting the SFRs to ISD on an annual basis. A central version of CBDCS is held at ISD which holds data returns from NHS Boards. To support data collection and submission, ISD provides NHS Boards with a comprehensive <a href="https://www.isd.scot">Costs Guidance Manual</a>. To ensure consistency across all NHS Boards, this manual is updated on a regular basis with input from NHS Boards, the Scottish Government and ISD. In addition, a supplement to the Costing Guidance manual with information specific to the coming year’s collection is provided to NHS Board staff. The collection of costs data is supported by a number of guidance manuals, reference files and systems logic to ensure consistency and quality of the Costs Book. Additional costing information and guidance can be found within the <a href="https://www.isd.scot">Summary Guidance</a> document and the Costs Book <a href="https://www.isd.scot">Reference</a> section of the ISD website.</td>
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<tr>
<td>Date that data was acquired</td>
<td>June to October 2018</td>
</tr>
<tr>
<td>Release date</td>
<td>19 November 2019</td>
</tr>
<tr>
<td>Frequency</td>
<td>Annual</td>
</tr>
<tr>
<td>Timeframe of data and timeliness</td>
<td>April 2018 to March 2019</td>
</tr>
<tr>
<td>Continuity of data</td>
<td>Some figures for the current year are not directly comparable to those for previous years. While every attempt is made to make comparisons of the data possible, changes in accounting methodology must be considered along with other factors such as organisational change or missing data. See Summary of Changes for important changes about the 2018/19 data. When making comparisons across Scotland, or interpreting the Costs Book data, it should be noted that individual NHS Boards/hospitals (e.g. island Boards) can face low volume of patients, fixed costs, economies of scale and rural settings which can result in substantial fluctuations in unit costs and case figures for some hospitals. To aid user interpretation, footnotes are included at the bottom of tables where possible. More information on Continuity of Data can be found within the Summary Guidance document, Summary of Changes document and Costs Archive webpage.</td>
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<tr>
<td>Revisions statement</td>
<td>Figures contained within the R100 and R100T reports may be subject to change in future publications. On a yearly basis, there can be numerous changes to the Costs Book data templates and to the accounting guidance. Every attempt is made to make year-on-year comparisons of the data possible.</td>
</tr>
<tr>
<td>Revisions relevant to this publication</td>
<td>Any revisions relevant to this publication will be contained within the R100 and R100T reports.</td>
</tr>
<tr>
<td>Concepts and definitions</td>
<td>The collection of costs data is supported by a number of guidance manuals and reference files. These include: Annual Accounts manual Costs Guidance manual Costs Book Reconciliation to Annual Accounts Scottish Financial Returns Data included in each report and how the figures are calculated can be found within the Report Logic. Additional costing information and guidance can be found within the Reference and Financial Definitions section of the ISD website.</td>
</tr>
<tr>
<td>Relevance and key uses of the statistics</td>
<td>Scottish Health Service Costs (often referred to as the ‘Costs Book’) is published annually by ISD, with the support of the Scottish Government Health Department (SGHD). The Costs Book is the only source of published costs information for NHSScotland, and provides a detailed analysis of where resources are spent in NHSScotland. The Costs Book publication ensures that comparative information on health service costs is publicly available. The information is used in many applications: for example, to ensure greater efficiency by allowing benchmarking comparisons to be made between healthcare providers; and to predict future healthcare resource need in the context of resource allocation. Other uses of the data include supporting NHS Boards, public health researchers and pharmaceutical organisations, and fulfilling Freedom of Information Requests and Parliamentary Questions.</td>
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<tr>
<td>Accuracy</td>
<td>The quality of these statistics is such that they are considered fit for publication. Robust quality assurance is carried out between ISD and NHS Boards to ensure accuracy and completeness. More information on Data Quality Assurance can be found within the Summary Guidance document. Despite the efforts of the ISD Data Management team, there can be some data quality factors that are out with their control. For example, unavailability of some statistics such as theatre hours – in this case, NHS Boards are instructed to use estimates. When making comparisons across Scotland, or interpreting the Costs Book data, it should be noted that individual NHS Boards/hospitals (e.g. island Boards) can face low volume of patients, fixed costs, economies of scale and rural settings which can result in substantial fluctuations in unit costs and case figures for some hospitals. To aid user interpretation, any data quality issues or factors are footnoted at the bottom of tables where possible. Information contained in Costs Book is primarily derived from Scottish Financial Returns (SFRs) which are compiled by NHS Boards, and completed as part of their annual accounts cycle. NHS Board annual accounts are audited by an independent body before being agreed by the Scottish Government. While there is no audit of the Costs Book, Boards are required to show how the costs included in the</td>
</tr>
</tbody>
</table>
Costs Book reconcile to expenditure and income reported in the Statement of Comprehensive Net Expenditure (SOCNE) from the annual accounts. To support this process, the SG is responsible for providing NHS Boards with an Annual Accounts manual. ISD also issue data templates (SFR 29.0) to record this reconciliation. NHS Boards are also provided with comprehensive guidance on standard principles and recommended practices to be applied in the production of their cost information. One of the key principles is that the costing process should be transparent with a clear audit trail.

Completeness
A complete financial analysis is included for all relevant NHS Boards.

Comparability
Hospital bed information, hospital patient activity and staffing information are broadly comparable with other ISD publications. See Costs, Workforce and Hospital Care for more information. There is not a similar publication to the Costs Book for the NHS in other parts of the country. Therefore, these figures may not be comparable with other regions of the UK. For costs information for the NHS in England please see NHS Reference Costs.

Changes in accounting methodology and other factors mean that some figures for the current year are not comparable to previous years. Please see the relevant Summary of Changes document and the relevant notes pages for further information.

To make year on year figures as comparable as possible the costs for years prior to 2018/19 have been adjusted for inflation (fixed terms costs). This has been done by using HM Treasury’s GDP deflator. More information on this can be found by browsing the relevant pages on the Treasury website.

For important information about the 2019 data see Summary of Changes. File listings for previous years are also available from the Costs Archive.

Accessibility
It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.

Coherence and clarity
Scottish Health Service Costs reports on how £12.4 billion of operating costs were spent in 2018/19 in providing hospital and primary care to patients, through geographical NHS Boards, the State Hospital and the
Golden Jubilee National Hospital. Information on expenditure in the Scottish Ambulance Service and in National Services Scotland (including the Scottish Breast Screening Programme) is also provided.

Statistics are presented within Excel spreadsheets and PDF documents. The following links provide short cuts to the 2018/19 data files for technical users:

- **Reports** – Excel files designed for viewing (note: some files include macros)
- **Downloads** – Excel files designed for further data analysis
- **SFRs** – Excel files giving access to the source data

For important information about the changes to the 2019 data, and also historical changes, see **Summary of Changes**. File listings for previous years are also available from the **Costs Archive**.

<table>
<thead>
<tr>
<th>Value type and unit of measurement</th>
<th>Data included in each report and how the figures are calculated can be found within the <strong>Report Logic</strong>.</th>
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<tr>
<td>Disclosure</td>
<td>The ISD protocol on Statistical Disclosure Protocol is followed.</td>
</tr>
<tr>
<td>Official Statistics designation</td>
<td>National Statistics</td>
</tr>
<tr>
<td>UK Statistics Authority Assessment</td>
<td>National Statistics</td>
</tr>
<tr>
<td>Last published</td>
<td>20 November 2018</td>
</tr>
<tr>
<td>Next published</td>
<td>November 2020</td>
</tr>
<tr>
<td>Date of first publication</td>
<td>1960s, but in its current format/content since 2000</td>
</tr>
<tr>
<td>Help email</td>
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<td>Date form completed</td>
<td>19 November 2019</td>
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A3 – 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.

Standard Pre-Release Access:

Scottish Government Health Department

NHS Board Chief Executives

NHS Board Communication leads

Early Access for Management Information

These statistics will also have been made available to those who needed access to ‘management information’, i.e. as part of the delivery of health and care:

Internal Financial Performance Dept., Health Finance Directorate, Scottish Government

Early Access for Quality Assurance

These statistics will also have been made available to those who needed access to help quality assure the publication:

NHS Board Finance Departments

Internal Financial Performance Dept., Health Finance Directorate, Scottish Government
A4 – ISD and Official Statistics

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.