

Publication Report



Findings from the Balance of Care / Continuing Care Census

Census held 31 March 2012

Publication date – 26 June 2012



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Introduction

This report presents findings from the Balance of Care/Continuing Care census held on 31st March 2012. Previous censuses were held in September 2008, March and September 2009, March and September 2010, and March 2011. Following consultation with the NHS Boards a decision was taken in 2011 to move the NHS Continuing Health Care census from bi-annual to an annual collection.

The census covered all patients whom clinicians had assessed to meet the criteria for NHS Continuing Health Care (Category A), and certain other patients who did not meet the criteria for NHS Continuing Health Care but had been in hospital for over 1 year and for whom no estimated date of discharge had been set (Category B). Further information about the census is provided below and in Appendix 1.

This report presents:

- Summary age/gender information for Scotland, NHS Board of Treatment and Local Authority of Residence, based on both Category A and Category B patients (Tables 1 to 5).
- Specialty, Length of Stay and Location of Care information for Category A patients (NHS Continuing Health Care patients Tables 6 to 8)
- Specialty, Length of Stay and Location of Care information for Category B patients (those that had been in hospital for more than 1 year with no estimated date of discharge, Tables 9 to 11).

About the census

Until 2008 there was no method for identifying all patients who were receiving NHS Care that is on-going, non-acute care, delivered as an inpatient, and often over an extended period, either in hospital, hospice or care home. The census was introduced to gather information on these patients.

It is intended that information from the census will:

- Support the need for information about shifting the balance of long term care for older people.
- Inform on the application of the NHS Continuing Health Care guidance.

Shifting the Balance of Care for Older People

The Scottish Government is committed to a shift in the balance of care to ensure that older people are cared for in their own homes or in a homely setting in the community, wherever possible. Information collected by the Scottish Government on Home Care Services and Care Homes will combine with this data to monitor shifts in the balance of care. Data from the census feeds into the Scotland Performs indicator - Increase the percentage of people aged 65 and over with high levels of care needs who are cared for at home (see link below).

<http://www.scotland.gov.uk/About/scotPerforms/indicators>

NHS Continuing Health Care guidance

NHS Continuing Health Care is a package of health care provided and solely funded by the NHS. Patients normally receive NHS Continuing Health Care in a hospital ward, hospice or

a contracted inpatient bed within an independent sector provider e.g. Care Home. The NHS, and not the local authority or individual, pays the total cost of that care. NHS Continuing Health Care may be for prolonged periods but not necessarily for life and entitlement should be subject to regular review.

In February 2008, the Scottish Government issued revised guidance on NHS Continuing Health Care to NHS Boards (see link below).

http://www.sehd.scot.nhs.uk/mels/CEL2008_06.pdf

Standardisation

The report contains information corresponding to the European age/sex standardised rates. This approach is currently being reviewed for the NHS Continuing Care data and the next publication will look at alternative methods of standardisation.

About Data Quality

The following points should be considered prior to drawing conclusions from the data presented.

- **Comparing data between NHS Boards/Local Authorities**

It is important to note that the data represents a snapshot of the position at a certain point in time and that provision of NHS Continuing Health Care may vary across Scotland, comparison between areas should be made with caution.

- **Revised data**

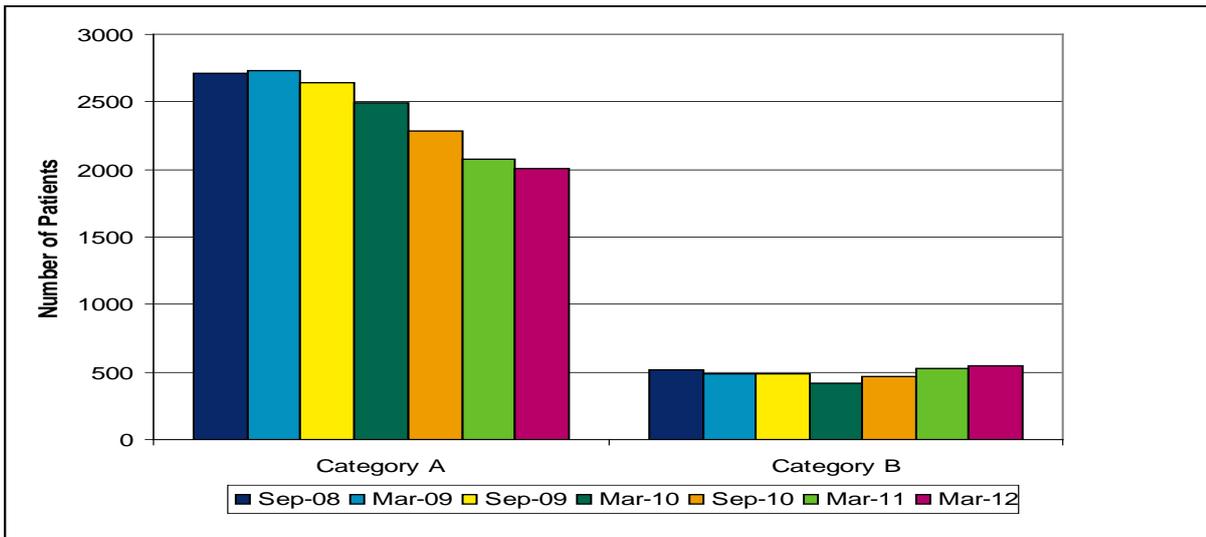
Validation of data, at both a local and a national level, has resulted in a small number of changes to the previously published figures. These data are marked as 'Revised' within each relevant table.

Acknowledgements

Thanks go to NHS Boards for their continued help in collating this data from local services and for their assistance in monitoring data quality.

Key points

- The number of NHS Continuing Health Care patients (Category A) has shown a small decrease over the past year. In March 2012, 2,006 patients were reported as Category A; this compares to 2,072 in March 2011 (a decrease of 3%) and 2,495 in March 2010 (an overall decrease of 20%). (Figure 1, Table 1)
- The 2,006 patients reported as receiving NHS Continuing Health Care in March 2012, corresponds to a European age/sex standardised rate of 25 patients per 100 000 Scottish population. There is a significant variation in the rate for each NHS Board. NHS Western Isles, NHS Lothian and NHS Greater Glasgow and Clyde have the highest rates of Category A patients per 100 000 population, at 49, 38 and 37 respectively, compared with 1 patient per 100 000 population in NHS Dumfries & Galloway. (Table 5a)
- For those patients who do not meet the criteria for NHS Continuing Health Care but who have been in hospital for over one year and for whom no estimated date of discharge has been set (Category B), 548 patients were reported in March 2012, a rise of 25 patients (5%) from March 2011. (Figure 1, Table 1)
- Figure 1 Patients reported to the Balance of Care / Continuing Care Census, September 2008 to March 2012**

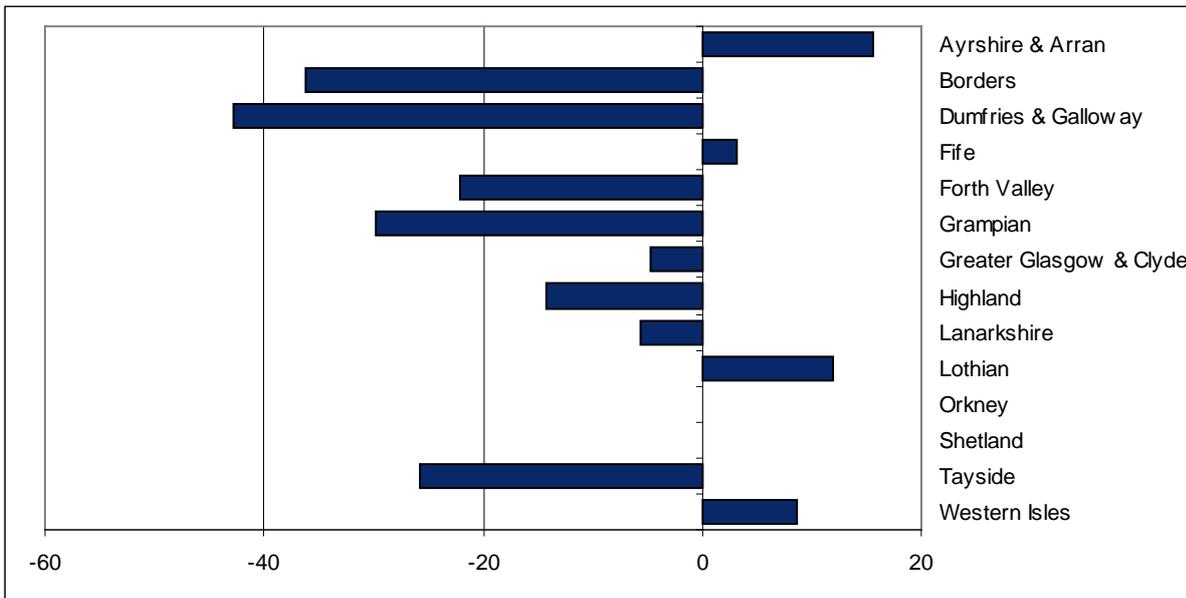


Results and Commentary

Number of patients reported, age group and gender ([Tables 1, 2, 3, 4 and 5](#))

- The majority of NHS Boards showed a fall in the number of NHS Continuing Health Care Category A patients between March 2011 and March 2012 (Figure 2, Table 1). Of the four boards that showed an increase, NHS Ayrshire and Arran had the highest percentage increase, 16 per cent.

Figure 2 Percentage change in number of Category A patients reported between March 2011 and March 2012



- Half of the NHS Boards showed an increase in patients who do not meet the criteria for NHS Continuing Health Care but who have been in hospital for over one year and for whom no estimated date of discharge has been set (Category B) is not reflected in all NHS Boards. (Table 1)
- Figure 3 tracks the movement of patients from the March 2011 to the March 2012 census. The table presents details on whether patients were reported in March 2011 but not March 2012, changed to the other category between censuses, were reported in both censuses under the same category or were new to the census in March 2012.
- For Category A patients, 37% of patients who were reported in the March 2011 census did not appear in the March 2012 census, 34% of patients were new to the census in March 2012.
- For Category B patients, 32% of patients who were reported in the March 2011 census did not appear in the March 2012 census, 37% of patients were new to the census in March 2012.

Figure 3 Tracking patients from March 2011 to March 2012

	Category A		Category B	
	Number	Net change	Number	Net change
Number of patients in March 2011 (with valid CHI number)¹	2048		518	
<i>Of which:</i>				
(1) Not reported in March 2012 census	759	-37%	167	-32%
(2) Moved to other Category in March 2012	39	-2%	30	-6%
(3) Reported in both censuses	1250		321	
(4) New to census in March 2012	701	+34%	192	+37%
(5) Moved from other Category in March 2012	30	+1%	39	+8%
Number of patients in March 2012 (with valid CHI number)¹	1989		548	

1 The March 2012 and March 2011 censuses were compared using the patient CHI number, therefore only those with a valid CHI are included in the matching process.

- In March 2012, 46% of the 2006 Category A patients were male, similar to previous censuses. For Category B patients, the proportion of males reported has remained at 71% between March 2012 and March 2011. (Table 2)
- The majority (78%) of Category A patients were aged 65 years and over. This compares to Category B patients where 22% were 65 years and over at the census date. (Table 2).
- Tables 3 and 4 present information on those aged 65 years and over and under 65 years by NHS Board and Local Authority of Residence. For both Categories, there is variation across local areas in the percentage of patients aged 65 years and over. For example, 27% of Category A patients in NHS Forth Valley are aged 65 years and over, this compares to 90% in NHS Lanarkshire. (Tables 3 and 4) It is important to note that some of these percentages are based on small numbers.
- Figures 4 & 5 present data on age group and gender from the March 2012 Census. Compared to males, there is a relatively higher proportion of Category A female patients in the older age groups. This in part is due to the fact that 37% of Category A patients are in the Geriatric Medicine specialty, and of those almost three quarters are female.

- For Category B patients, there is a relatively higher proportion of male patients in the younger age groups compared with females. This may be due in part to the larger number of younger males in the types of specialties that Category B patients are being treated in (e.g., General Psychiatry, Forensic Psychiatry and Learning Disabilities).

Figure 4 Percentage of Category A patients in each age group, March 2012

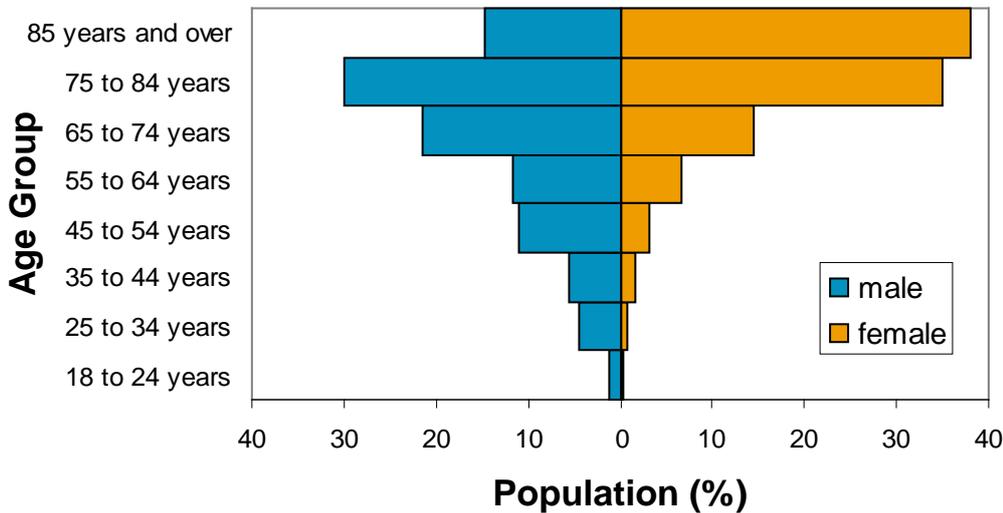
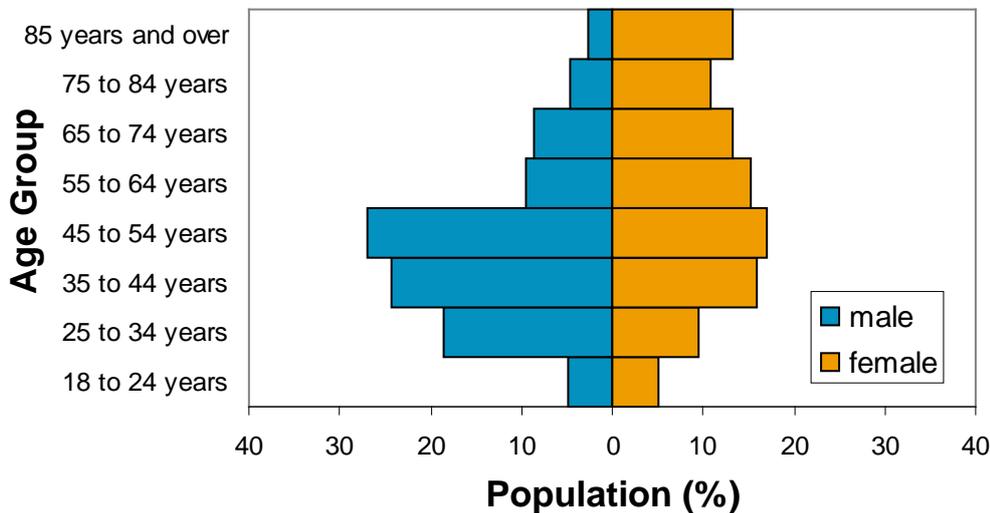
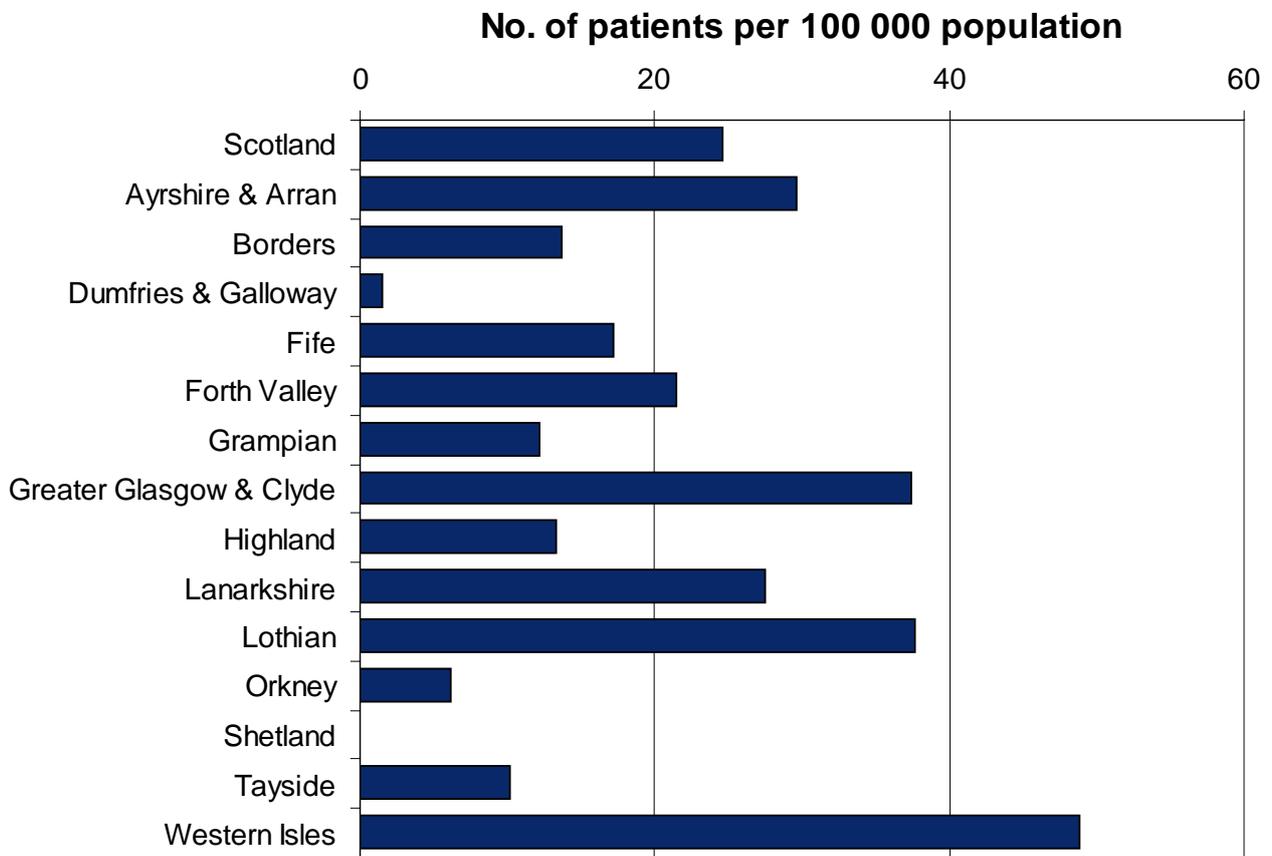


Figure 5 Percentage of Category B patients in each age group, March 2012



- Figure 6 compares by NHS Board, the European age/sex standardised rates for the patients receiving NHS Continuing Health Care in March 2012. The 2006 patients reported as receiving NHS Continuing Health Care in March 2012, corresponds to a European age/sex standardised rate of 25 patients per 100 000 Scottish population. There is a significant variation in the rate for each NHS Board. NHS Western Isles, NHS Lothian and NHS Greater Glasgow and Clyde have the highest rates of Category A patients per 100 000 population, at 49, 38 and 37 respectively, compared with 1 patient per 100 000 population in NHS Dumfries & Galloway. (Table 5a)

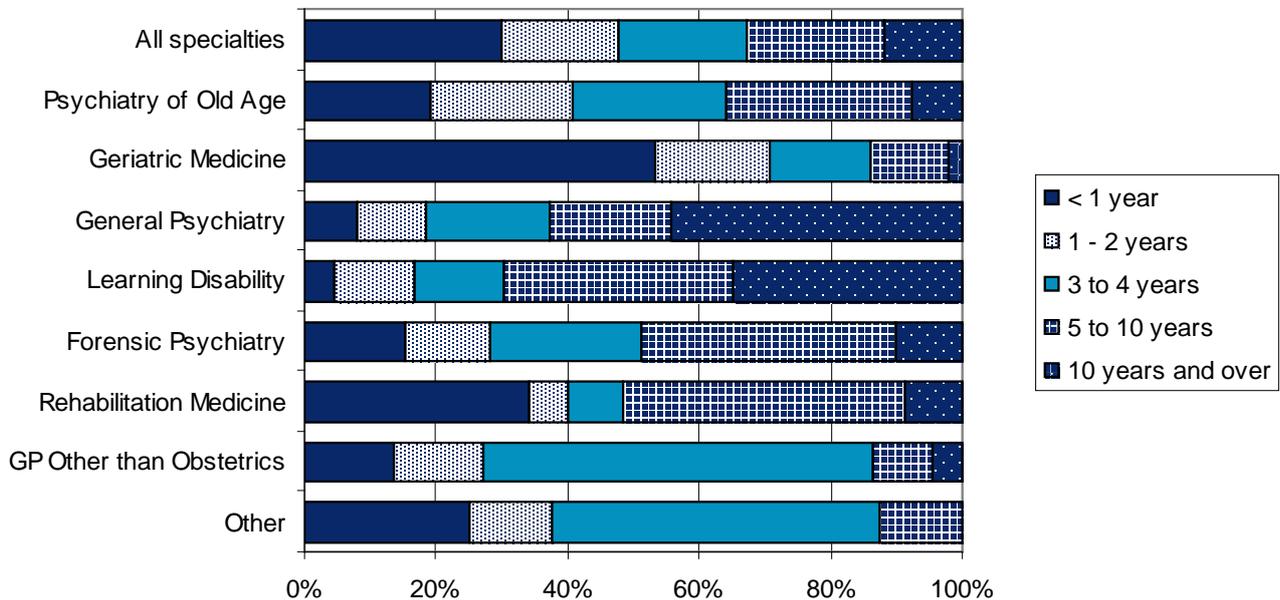
Figure 6 Number of Category A Patients expressed as European age/sex standardised rates per 100 000 population, March 2012



Specialty, Location of care and Length of stay for Category A patients (Tables 6, 7 and 8)

- The majority of all Category A patients were either Psychiatry of Old Age (40%, 794 patients) or Geriatric Medicine (38%, 756 patients) at the time of the Census in March 2012. (Table 6)
- The reported fall in the number of Category A patients since September 2008 is generally reflected in the two dominant Specialities (Psychiatry of Old Age and Geriatric Medicine). (Table 6)
- Of the 2006 Category A patients, 1534 (76%) were resident in hospital, 457 (23%) in a Care Home and 15 (1%) in other (includes supported housing and domiciliary patients). The reported fall in the number of Category A patients is a consequence of a fall in the number of those resident in hospitals; the fall in the care home population (almost all either Psychiatry of Old Age or Geriatric Medicine) has been less marked. (Table 8)
- The percentage of Category A patients with a length of stay of less than 1 year is similar to that found in both the March 2010 and March 2011 censuses. Of the 2006 Category A patients, 30% had been in hospital/care home for less than 1 year at the time of census, 21% had been in hospital/care home for between 5 and 10 years, a further 12% had been in hospital/care home for 10 years or more. (Table 7) The length of stay varies between specialties. The national figures are dominated by three groups: Psychiatry of Old Age, Geriatric Medicine and General Psychiatry, each of which has a different profile. Figure 7 shows the variation in length of stay for each specialty.

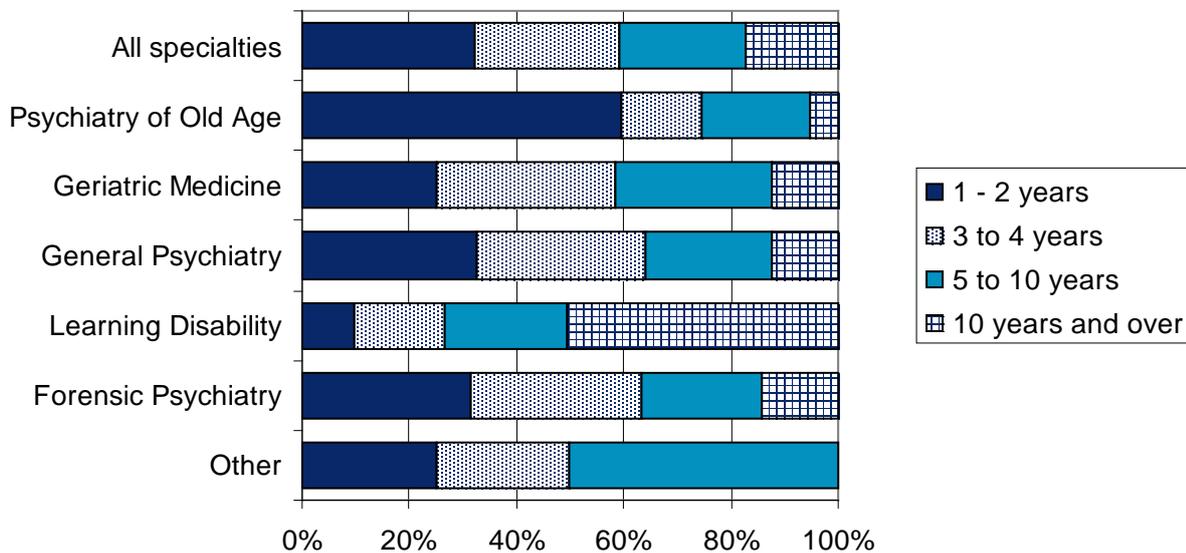
Figure 7 Length of Stay and Specialty for Category A patients, March 2012



Specialty, Location of care and Length of stay for Category B patients (Tables 9, 10 and 11)

- For Category B patients, the most common specialties were General Psychiatry (40% of the 548 patients), Forensic Psychiatry (24%) and Learning Disability (15%). (Table 9)
- Of the 548 Category B patients, 534 (97%) were resident in hospital, 12 patients (2%) were located in care homes (includes NHS Beds on a contracted basis). (Table 11)
- 32% of all Category B patients in March 2012 had been in hospital/care home for between 1 to 2 years at the time of census, 23% had been in hospital/care home between 5 and 10 years, 17% for 10 years or more. (Table 10) Figure 8 shows the variation in length of stay for each specialty.

Figure 8 Length of Stay and Specialty for Category B patients, March 2012



Glossary

Category A

Patients who are receiving NHS Continuing Health Care as a result of a decision made under the terms of the NHS Continuing Health Care guidance (see below). Note that although NHS Continuing Health Care may be provided in a hospital ward it may also be provided on a contractual basis in a hospice or care home.

Category B

Patients who do not specifically meet the criteria for NHS Continuing Health Care but who have been in hospital for over one year and for whom no estimated date of discharge has been set.

NHS Continuing Health Care guidance

NHS Continuing Health Care is a package of health care provided and solely funded by the NHS. Patients normally receive NHS Continuing Health Care in a hospital ward, hospice or a contracted inpatient bed within an independent sector provider e.g. Care Home. The NHS, and not the local authority or individual, pays the total cost of that care. NHS Continuing Health Care may be for prolonged periods but not necessarily for life and entitlement should be subject to regular review.

A link to the guidance on NHS Continuing Health Care can be found here:

http://www.sehd.scot.nhs.uk/mels/CEL2008_06.pdf

Standardisation

The use of standardisation allows for fairer comparison between study populations with differing age/sex structures. A directly age/sex standardised rate is a theoretical rate, based on the rates observed in the study populations within the chosen age/sex groups, and the relative frequencies of these age/sex groups within a standard population. The replacement of the age/sex group frequencies in the study populations with those in the standard population gives the rates that would be observed if the age structure of the study populations were the same as that of the standard population.

The standard population should be a relevant and larger population than the study populations, with ideally a similar age/sex structure. It should be referred to as the 'standard population'. In practice, the European Standard Population is widely used for Scottish data.

List of Tables

Table No.	Name	Time period	File & size
Workbook	CC_mar12_tables.xls (Tables)	See below	Excel [149kb]
table1	Number of Patients in Category A and B by NHS Health board of Treatment.	September 2008 to March 2012	Excel [750kb]
table2	Number of Patients in Category A and Category B by Gender and Age Group.	September 2008 to March 2012	Excel [750kb]
table3	Patients aged 65 years and over and Under 65 years, by NHS Health board of Treatment.	September 2008 to March 2012	Excel [750kb]
table4	Number of Patients aged under 65 years and 65 years and over by Local Authority of Residence.	March 2012	Excel [750kb]
table5a	Number of Patients in Category A by NHS Health board of Treatment with European Age-Sex Standardised Rate per 100 000 population.	September 2008 to March 2012	Excel [750kb]
table5b	Number of Patients in Category B by NHS Health board of Treatment with European Age-Sex Standardised Rate per 100 000 population	September 2008 to March 2012	Excel [750kb]
table6	Specialty of Category A patients, by NHS Health Board of Treatment.	September 2008 to March 2012	Excel [750kb]
table7	Length of Stay for Category A, patients by Specialty.	September 2008 to March 2012	Excel [750kb]
table8	Location of care for Category A patients by Specialty.	September 2008 to March 2012	Excel [750kb]
table9	Speciality for Category B patients, by NHS Health Board of Treatment.	September 2008 to March 2012	Excel [750kb]
table10	Length of Stay for Category B, patients by Specialty.	September 2008 to March 2012	Excel [750kb]
table11	Location of carer for Category B patients, by Specialty.	September 2008 to March 2012	Excel [750kb]

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Further Information

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

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Appendix

A1 – Background Information

The patients who were included in the census were:

Category A: Patients who are receiving NHS Continuing Health Care as a result of a decision made under the terms of the guidance referred to on pages 2-3 of this report. Note that although NHS Continuing Health Care may be provided in a hospital ward it may also be provided on a contractual basis in a hospice or care home.

Category B: Patients who do not specifically meet the criteria for NHS Continuing Health Care but who have been in hospital for over one year and for whom no estimated date of discharge has been set.

The following data items were collected:

- Location Code
- Location Name
- CHI Number
- Patient Identifier (If CHI unavailable)
- Patient Name
- Gender
- Date of Birth
- Date of Admission
- Ethnicity
- Specialty
- Patient's postcode of residence

NHS Boards were instructed to carry out the census on the 31st March 2012. However, if there was local benefit in undertaking the national census on a date other than the 31st March NHS Boards could select a date up to 3 calendar days prior to the census date.

Under no circumstances could NHS Boards undertake the census outwith these timescales.

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Findings from the Balance of Care / Continuing Care Census
Description	Annual publication presenting data on all patients whom clinicians had assessed to meet the criteria for NHS Continuing Health Care and certain other patients who did not meet the criteria for NHS Continuing Health Care but had been in hospital for over 1 year and for whom no estimated date of discharge had been set.
Theme	Health and Social Care
Topic	
Format	PDF and Excel Tables
Data source(s)	Balance of Care / Continuing Care Censuses
Date that data are acquired	31 March 2012 (most recent census)
Release date	26th June 2012
Frequency	Annual publication
Timeframe of data and timeliness	Annual census - 31st March. Information is published annually. No delays between data availability and processing of data for publication
Continuity of data	To date, 7 censuses have been held and there have been no major discontinuities of data. Within the publication, local authority of residence could not be presented until the 3rd Census due to lack of accurate recording of postcode of residence, this was noted in the relevant publication. To aid validation, we also requested a flag to denote those patients that were also delayed discharges - this information is not published.
Revisions statement	Previously published data are on occasion revised following comparison with more recent data received which highlight inconsistencies with historic data. These revisions are unplanned. It is likely that these revisions will continue until the Census is more embedded into local practices. Examples of errors are wrong dates of admission, incorrect categorisation of patients (NHS continuing care vs. in hospital for over 1 year), postcode of institution instead of original residence of patient. Due to the length of time that some of these patients have been in hospital it has not always been possible to obtain original records and for this reason queries may still be included.
Revisions relevant to this publication	One area highlighted a very small number of patients (27) coded incorrectly in March 2011. These have been revised and noted in the relevant tables. The revisions have a very limited impact on overall findings.
Concepts and definitions	A copy of the Definitions and Data Recording manual can be found on our website.
Relevance and key uses of	Findings from the Census support the Scottish Government

the statistics	to monitor Shifting the Balance of long term care for older people and also to inform on the application of the NHS Continuing Health Care guidance. The data can be used by NHS Boards to monitor patients in receipt of NHS Continuing Care and also to highlight those patients who have been in hospital for over 1 year, to ensure that they are in the most appropriate care setting.
Accuracy	Census data are subject to validation when data files are received by ISD. Validation reports are returned to NHS Boards for correction of data/verification of queries. The data is also cross checked with information received as part of the Delayed Discharge census which validates some of the patients received in each Census. Reported data are compared to previous Census figures.
Completeness	As part of the validation process, NHS Boards are provided with numbers reported from each hospital/care home and Specialty. They are invited to review and amend as required. It is therefore assumed that data received is 100% complete.
Comparability	There are currently no comparable/consistent sources of data available for UK comparison. The census does however collect data on whether the patient is a delayed discharge. This is used to validate whether a patient should have appeared on the Census.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	The publication includes sections on Introduction/background, data quality, key findings (including charts) and then tables.
Value type and unit of measurement	Number, percentage and European Age Standardised rate
Disclosure	The ISD Statistical Disclosure Protocol is followed.
Official Statistics designation	Official statistic
UK Statistics Authority Assessment	Awaiting assessment by UK Statistics Authority
Last published	28 th of June 2011
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Date of first publication	February 2009
Help email	k.mcgregor2@nhs.net
Date form completed	12/06/2012

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 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)

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:

Policy Manager responsible for NHS Continuing Care and Delayed Discharges within the Primary & Community Care Directorate, Partnership Improvement & Outcomes Division at 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:

Policy Manager responsible for NHS Continuing Care and Delayed Discharges within the Primary & Community Care Directorate, Partnership Improvement & Outcomes Division at 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](#).