

Publication Report



Acute Hospital Activity and

NHS Beds information;

Quarter ending March 2011

Publication date – 28 June 2011



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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](#).

Introduction

In January 2011, the Information Services Division (ISD) undertook a consultation regarding the frequency and content of the NHSScotland Acute Hospital Activity National Statistics publications. As a result of the feedback received during the consultation, it has been agreed that the following changes will be implemented.

There will now be three small quarterly publications in March, June and December of each year which will update the data for all monthly and quarterly trend tables on the acute hospital activity web pages. There will also be one major annual publication in the September of each year which will update the data in ALL tables on the acute hospital activity web pages. These changes aim to optimise the number and content of acute hospital activity publications whilst ensuring that the data included in each publication is timely, relevant, accurate and useful. The changes also allow for the most efficient use of ISD resources in relation to the production of these publications.

This release includes a quarterly summary of inpatient, day case and outpatient activity and beds statistics for NHSScotland up to March 2011. Revised annual emergency admissions and bed days figures for patients aged 65 and over are provided up to March 2010, and monthly figures for same-day surgery are also presented. Annual data, up to March 2010, for the new HEAT target on emergency bed days for patients aged 75 and over have also been included for the first time.

The publication of quarterly inpatient, day case and outpatient activity data and beds statistics provides timely, high-level information for Scotland and NHS Boards. Where these quarterly data are incomplete, imputation may be used to account for any shortfalls.

The information published on emergency admissions and bed days for 'patients aged 65 and over' and 'patients aged 75 years and over' directly relates to the associated NHSScotland HEAT performance targets which aim to reduce the number of emergency bed days. These data are available up to and including the year ending March 2010.

The figures presented for same-day surgery also directly relate to an NHSScotland HEAT performance target which aims to deliver agreed improved efficiencies in same-day surgery. These data are shown for each month in the period April 2009 to December 2010.

Please note that there are apparent anomalies between figures published from Acute Hospital Care, A&E, Waiting Times and Costs data sources.

- The figures for elective admissions and new outpatients in the Acute Hospital Activity publication are considerably higher than the equivalent information published on the [Inpatient, Day case and Outpatient waiting times web pages](#). This is largely due to the use of different definitions between the two sets of figures. For example, Acute Hospital Activity information includes non-waiting list cases, which do not form part of the published Scotland figures in 'Waiting Times'.
- Figures for inpatient and day case activity in the Acute Hospital Activity publication differ slightly when compared to the equivalent information released in the [Costs web pages](#). This is largely due to the use of different definitions for the two sets of figures. For example, the Costs "acute" activity excludes the specialty of Geriatric Medicine and patients treated in Neonatal and Younger Physically Disabled Units, which differs from the "acute" activity that is published in the Acute Hospital Activity pages. The Costs

publication also excludes consultant-only transfers from the inpatient figures. ISD Scotland is carrying out further detailed investigations into these differences.

- Figures for attendances at A&E departments in the Acute Hospital Activity publication may differ to those figures released in the [Accident and Emergency waiting times web pages](#). This is due to the use of different data sources for each publication. A&E attendance data on A&E waiting times pages are sourced from the A&E datamart which has collected episode and aggregate level data since June 2007. The Acute Hospital Activity pages use data from the ISD(S)1 data return which has collected aggregate level data for over 20 years.

Key points

- There were around 349,000 acute inpatient and day case discharges in the quarter ending March 2011. This is an increase of 0.2% when compared to the same quarter of the previous year.
- The total number of outpatient attendances in the quarter ending March 2011 was around 1,153,000. An increase of 0.9% when compared to the quarter ending March 2010.
- The average number of available staffed beds in acute specialties was 17,169 in the quarter ending March 2010 and is recorded as 16,683 in March 2011.
- There has been a decrease of 3.3% in the emergency bed days rate per 100,000 population for patients aged 65+ from 339,000 to 328,000 between 2008/09 and 2009/10.
- There has been a decrease of 3.1% in the emergency bed days rate per 1,000 population for patients aged 75+ from 5,528 to 5,356 between 2008/09 and 2009/10.
- In the month of December 2010, 78% of all elective BADS procedures were carried out as day cases or outpatients, showing an increase from 76% in the month of December 2009.

Results and Commentary

3.1 Quarterly Inpatient, Day Case and Outpatient Activity (new)

It should be noted that the quarterly figures include an element of estimation and are likely to change in future releases when more complete data submissions have been received. The figures for quarter ending December 2010 are likely to be affected by the adverse weather conditions which were experienced during this time period. This should be taken into account when making data comparisons.

3.1.1 Inpatients and Day Cases (new)

- The number of acute hospital discharges (episodes) increased by 0.2% to approximately 349,000 in quarter ending March when compared with the quarter ending March 2010.
- The number of acute inpatient discharges (episodes) was around 237,000 for the quarter ending March 2011, this is in line with the quarter ending March 2010.
- The number of acute day case discharges (episodes) in quarter ending March 2011 is around 112,000, a slight increase of 0.6% on the quarter ending March 2010.

3.1.2 Outpatients (new)

- 1,153,000 outpatients were seen at consultant clinics in the quarter ending March 2011, showing an increase of 0.9% when compared to the same quarter in 2010.
- There were 367,000 new outpatient attendances, an increase of 2.0% on the same quarter in 2010.
- The percentage of did not attends (DNAs) for new appointments is between 10% and 11% over the quarters June 2009 to March 2011, with an increase in the December 2010 quarter to 12%.

Table 1- Inpatient, Day Case and Outpatient Activity for patients treated in NHS Scotland, for quarters ending March 2010 to March 2011

	Mar-10	Jun-10	Sep-10	Dec-10	Mar-11
Total Outpatient Attendances (all specialties except A&E)	1,143,376	1,128,925	1,147,115	1,087,902	1,153,123
Total A&E Outpatient Attendances	377,856	433,681	435,419	407,105	413,883
First Outpatient Attendances (all specialties except A&E)	359,955	354,872	371,927	354,169	366,997
First A&E Outpatient Attendances	352,393	408,342	404,548	379,108	385,167
First Outpatient Appointments % DNAs	10.4	10.1	10.4	12.0	10.8
Total Inpatient/Day Case Discharges (all specialties)	387,499	395,165	397,245	387,327	388,871
Total Inpatient/Day Case Discharges ("acute" specialties)	348,575	357,774	355,185	349,253	349,346
Total Inpatient Discharges ("acute" specialties)	237,010	244,828	243,026	241,027	237,119
Total Day Case Discharges ("acute" specialties)	111,565	112,946	112,158	108,226	112,224
Total Routine Inpatient Discharges ("acute" specialties)	107,196	112,241	110,947	109,463	106,377
Total non-Routine (emergency) Inpatient Discharges ("acute" specialties)	129,814	132,587	132,080	131,565	130,742

Sources: ISD(S)1, SMR00, SMR01

Note: Data for September 2010 to March 2011 are provisional.

Detailed information on [Inpatient and Day Case](#) and [Outpatient](#) activity can be found under the [Hospital Care Topic](#) on the ISD website.

3.2 Quarterly Beds Statistics (new)

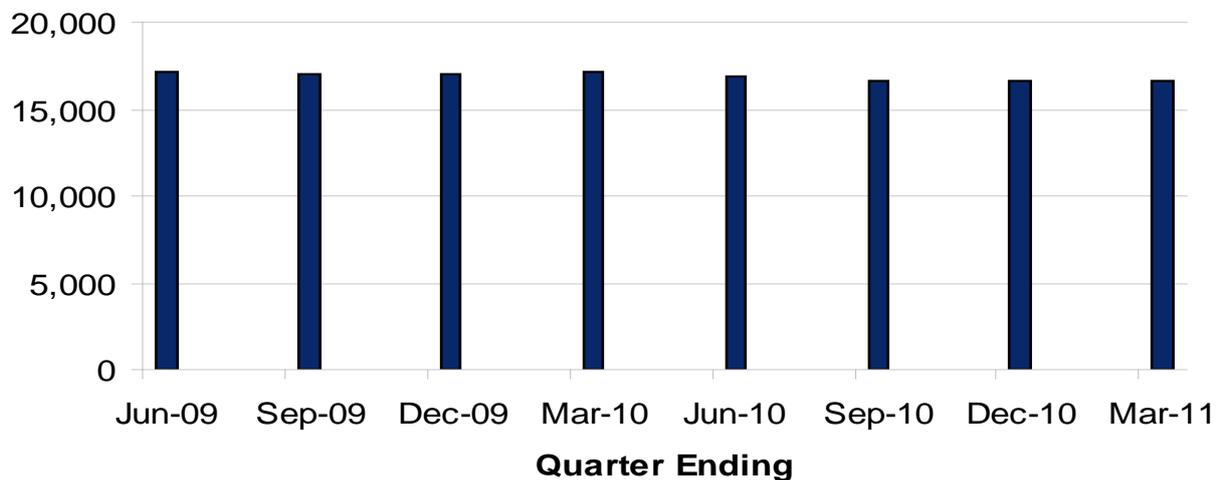
Information on NHS Beds is now published for both quarterly and annual time periods. Quarterly data are presented for the most recent eight quarters and annual figures are shown for the last ten financial years. It is not possible to directly compare quarterly data with annual data due to the fact that the information specifically relates to averages within different time periods.

Beds figures for NHS Grampian, for quarters ending December 2010 and March 2011, are affected by data submission issues as a result of the implementation of the new PMS TrakCare. Data has been estimated using the last complete data submission. ISD are working with the Board to resolve this and figures will be revised in future publications. Any revisions are expected to be relatively small.

- The average number of available staffed beds in acute specialties was 17,169 in the quarter ending March 2010 and 16,683 in March 2011.
- The occupancy rate for acute beds over the last eight quarters has ranged from a low of 80.1% in quarters ending September 2009 and 2010 to a high of 84.3% in quarter ending March 2010.
- The average number of inpatient discharges (episodes) treated per bed (i.e. throughput) has remained relatively constant between June 2009 and March 2011 at approximately 14.

Chart 1 - NHS Scotland Trend in Average Available Staffed Beds

(All ACUTE Specialties)



Source: ISD(S)1

Note All ACUTE Specialties' defined as:

- All specialties listed under 'Acute Surgical'
- All specialties listed under 'Acute Medical'
- All specialties listed under 'Dental'
- GP Other than Obstetrics
- Geriatric Medicine - units other than long stay
- All specialties listed under 'Radiology Specialties'

Further information and previously published information on Beds is available under the ISD website sub topic [Beds](#).

3.3 Emergency Admissions and Bed Days; Over 65s (revised)

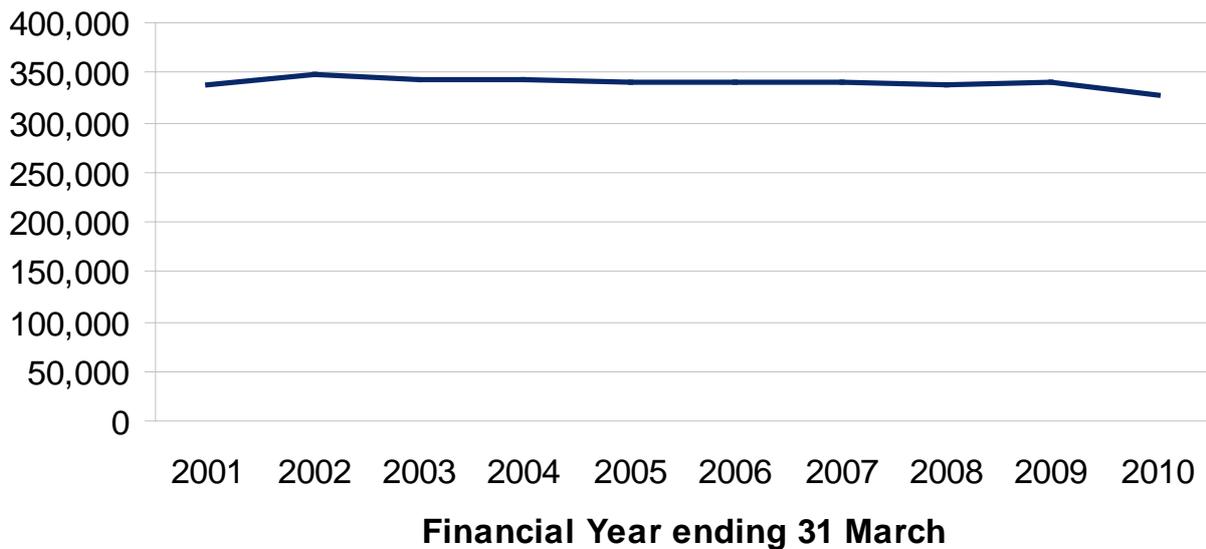
As emergency admissions for the elderly population are of particular interest, the Scottish Government developed a HEAT target which relates to the number of occupied bed days for patients aged 65 and over who were admitted as an emergency:

By 2010/11, NHS Boards will reduce the emergency inpatient bed days for people aged 65 and over, by 10% compared with 2004/05.

- There has been a decrease in the emergency bed days rate per 100,000 population for patients aged 65+ from 340,500 in 2004/5 to 328,000 in 2009/10. A reduction of 3.7%.
- There has been a decrease of 1.4% in the number of emergency admissions for patients aged 65 and over between 2008/9 and 2009/10.

Chart 2 - NHS Scotland Emergency Admission Bed Day Rate for Patients Aged 65+

(Rate per 100,000 population)



Source: ISD SMR01

Figures for 2009/10 are provisional and may be subject to change in further releases.

Further details and previously published information on multiple and all emergency admissions is available under the ISD website sub topic: [Inpatient and Day Case Activity](#).

Detailed information on how emergency admissions, multiple emergency admissions, bed days and the HEAT targets are defined and calculated is available in the [Multiple and All Emergency Admissions Interpretation document](#).

3.4 Emergency Admissions and Bed Days; Over 75s (new)

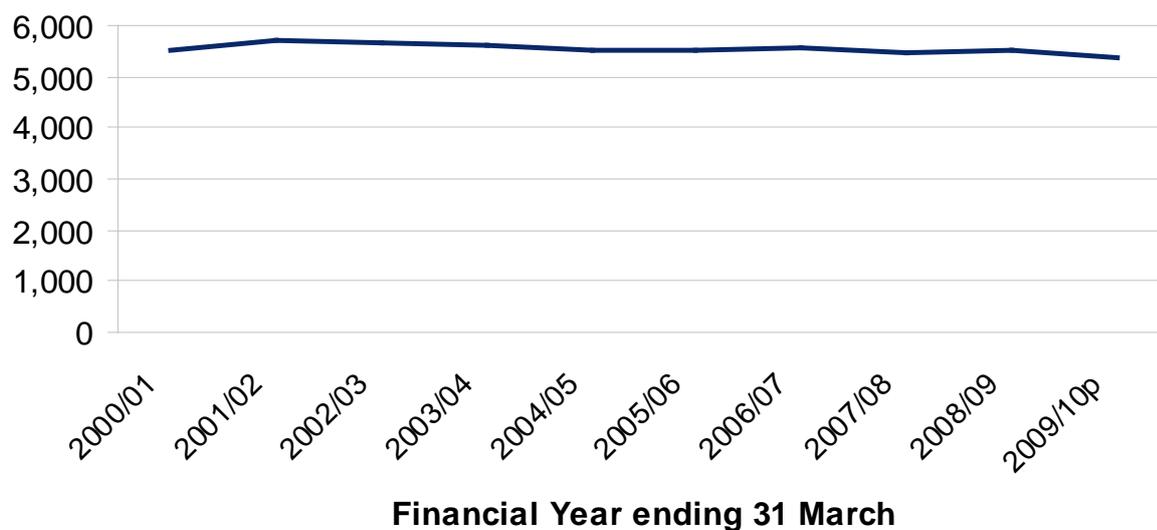
The Scottish Government developed a new HEAT target for emergency admissions to sustain focus on this important aspect of NHS performance. The amendment to this target sharpens the focus on the subgroup of patients aged 75 and over who have longer hospital stays and a higher risk of HAI, delayed discharge and institutional care outcomes.

By 2011/12, NHS Boards will reduce the number of emergency inpatient bed days for people aged 75 and over, compared with 2010/11.

- There has been a decrease in the emergency bed days rate per 1,000 population for patients aged 75+ from 5,500 in 2008/09 to 5,300 in 2009/10. A reduction of just over 3%.
- There has been a decrease of 1% in the number of emergency admissions for patients aged 75 and over between 2008/9 and 2009/10.

Chart 3 - NHS Scotland Emergency Admission Bed Day Rate for Patients Aged 75+

(Rate per 1,000 population)



Source: ISD SMR01

Figures for 2009/10 are provisional and may be subject to change in further releases.

Further details and previously published information on multiple and all emergency admissions is available under the ISD website sub topic: [Inpatient and Day Case Activity](#).

Detailed information on how emergency admissions, multiple emergency admissions, bed days and the HEAT targets are defined and calculated is available in the [Multiple and All Emergency Admissions Interpretation document](#).

3.5 Same-day surgery (new)

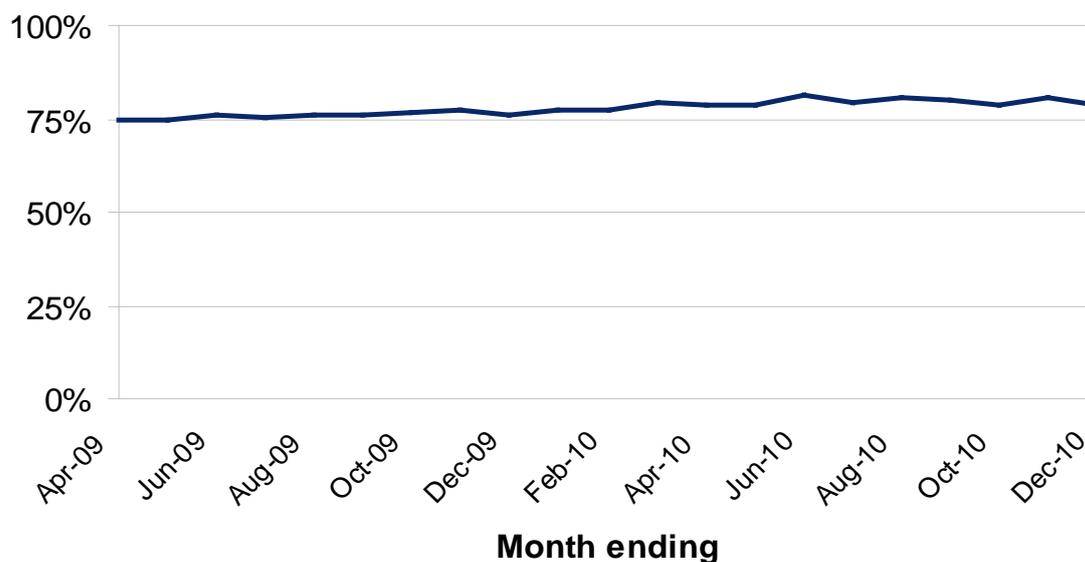
The Scottish Government has developed a HEAT target related improving efficiencies in same-day surgery. For the purpose of this target, inpatients with a length of stay of zero are counted alongside day cases and outpatients.

The implementation of the new PMS TrakCare has impacted on SMR submissions from November 2010. ISD are working with relevant NHS Boards to resolve any issues. There is no data for NHS Grampian for December 2010. For most NHS Boards, December 2010 figures are also affected by the adverse weather conditions experienced during this period.

- In the month of December 2010, 78% of all elective BADS procedures were carried out as day cases or outpatients, showing an increase from 76% in the month of December 2009.

Chart 4 - Percentage of British Association of Day Surgery (BADS) surgical procedures performed in a day case or outpatient setting

NHS Scotland



Data for June to December 2010 data are provisional.
Source: ISD SMR00 and SMR01

It should be noted that nationally collected information about procedures performed in an outpatient setting is a relatively new development and known to be incomplete. ISD Scotland is working with NHS Boards to develop full compliance nationally.

Also, from the 1st April 2008, it was no longer mandatory to record interventions/procedures (such as imaging, injections, infusions, x-rays etc) unless the patient is specifically admitted for this purpose. For further details please refer to the [Clinical Coding Guidelines \(March 08 No.22\)](#).

Further information and previously published figures on Outpatient and Day Case Surgery (BADs) is available under the ISD website sub topic - [Operations/Procedures](#).

Glossary

Acute Hospital Care/Activity	includes services such as: consultation with specialist clinicians; emergency treatment; routine, complex and life saving surgery; specialist diagnostic procedures; close observation and short-term care of patients. 'Acute' hospital care excludes obstetric, psychiatric and long stay care services.
Average available staffed beds	the average daily number of beds, which are staffed and are available for the reception of inpatients (borrowed and temporary beds are included).
Average length of stay	mean stay per episode (in days) experienced by inpatients within a specialty/significant facility etc over any period of time.
Day case	this is when a patient makes a planned attendance to a specialty for clinical care, and requires the use of a bed or trolley in lieu of a bed.
Discharge	a discharge marks the end of an episode of care. Discharges include deaths and transfers to other specialties/significant facilities and hospitals.
Elective Admission	this is when the patient has already been given a date to come to hospital for some kind of procedure.
Emergency Admission	occurs when, for clinical reasons, a patient is admitted at the earliest possible time after seeing a doctor.
Episode	an SMR01 episode is generated when a patient is discharged from hospital but also when a patient is transferred between hospitals, significant facilities, specialties or to the care of a different consultant.
Incidence	this looks for the first occurrence of a diagnosis within a given time period. The time period used for published data is a 10 year incidence look back. For example, a patient is admitted in 2004 and again in 2005 for the same diagnosis. For the purpose of counting incidence, only the hospital episode in 2004 is counted. The 2005 episode would not be counted because the previous episode occurred within 10 years.
Inpatient	this is when a patient occupies an available staffed bed in a hospital and either; remains overnight whatever the original intention or is expected to remain overnight but is discharged earlier.

Non-routine admission	are those inpatients discharged following an emergency, unplanned admission (Includes emergency transfers).
Occupancy (%)	the percentage of available staffed beds that were occupied by inpatients during the period.
Occupied Bed	an occupied bed is an available staffed bed, which is either being used to accommodate an inpatient or reserved for a patient on pass.
Outpatient	is a patient who attends (outpatient attendance) a consultant or other medical clinic or has an arranged meeting with a consultant or a senior member of his team outwith a clinic session. Outpatients are categorised as new outpatients or follow-up (return) outpatients.
Routine Admission	occurs when a patient is admitted as planned (Includes planned transfers).
Specialty	A specialty is defined as a division of medicine or dentistry covering a specific area of clinical activity.
Spell	a spell/care package is the healthcare provided usually in connection with a single condition. It may comprise several SMR episodes and cover one or more types of care, e.g. inpatient care, outpatient care, day patient care.

Further details are available in the [NHS Scotland Health & Social Care data dictionary](#).

List of Tables

[Quarterly Inpatient, Day Case and Outpatient Activity\(new\)](#) 

[Quarterly Beds Statistics \(new\)](#) 

[Quarterly Beds Statistics HB Comparison \(new\)](#) 

[Emergency Admissions Over 65s \(revised\)](#) 

[Emergency Admissions Over 75s \(new\)](#) 

[Same-day surgery \(new\)](#) 

Note: in order to view these documents, your macro security settings will need to be set to medium. To change macro security settings using Tools, Macro, Security - set security level to Medium and re-open the report.

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Further Information

Further information on Acute Hospital Activity can be found on the [Hospital Care](#) pages of the ISD website:

Further details on ISD publications and available information can be found on the [ISD website](#)

Appendix

A1 – Background Information

People attending hospitals can be seen in various hospital settings.

Outpatient, day case and inpatient admissions - This can involve a patient attending hospital, and either being admitted or being seen as an outpatient. Outpatient clinics are generally consultant led, however clinics led by nurse and other health professionals are a growing feature in a changing NHSScotland. For those patients requiring specialist treatment, such as a clinical procedure (operation) needed to diagnose a health problem, or a surgical operation carried out as part of the treatment provided, their care is likely to involve either an extended outpatient clinic appointment (for relative minor procedures), a day case admission where they require a longer period of recovery, or an inpatient admission where they require to stay in hospital.

Outpatient, inpatient and day case activity data are collected across NHSScotland and are based on nationally available information routinely drawn from hospital administrative systems across the country. The principal data sources are the SMR00 (outpatients), SMR01 (acute inpatients and day cases) and ISD(S)1 (aggregate hospital activity) returns. Information on SMR data completeness can be found on the [ISD Data Monitoring Service webpage](#).

Quarterly figures up to and including March 2011 are likely to be less complete than annual data and, as a result, imputation may have been used to account for shortfalls in the quarterly data. The figures for quarter ending December 2010 are likely to be affected by the adverse weather conditions which were experienced during this time period. This should be taken into account when making data comparisons. NHS Borders outpatient and A&E activity are notably low due to a combination of incomplete data returns and adverse weather conditions since March 2010. NHS Grampian A&E and outpatient data are incomplete for the quarter ending March 2010.

Beds figures for NHS Grampian, for quarters ending December 2010 and March 2011, are affected by data submission issues as a result of the implementation of the new PMS TrakCare. Data has been estimated using the last complete data submission. ISD are working with the Board to resolve this and figures will be revised in future publications. Any revisions are expected to be relatively small.

Revisions to the 29 March 2011 and 28 June 2011 published quarterly inpatient, day case and outpatient activity data for the quarter ending December 2010 were small, ranging from -1.1% to 2.0%. Decreases can occur if actual submissions are lower than estimates.

The percentage increase in the 2009/10 emergency admissions for patients aged 65 was less than 0.01% between the 29 March 2011 and 28 June 2011 quarterly publications, the equivalent increase in the bed days figure was 0.2%.

Total Elective BADS procedures - increase of 0.4% in the September 2010 figure between the 29 March 2011 and 28 June 2011 quarterly publications. This equates to 76 episodes. It should be noted that adverse weather conditions and the absence of NHS Grampian data have significantly affected the NHS Scotland figures for December 2010.

All revisions to data within this publication and planned and are due to incomplete data returns at the time of publication. All tables will be revised annually or quarterly. In general these revisions have minimal affect on the statistics as noted in the background information within the Publication report. If missing/incomplete data is significant and is due to be submitted and published in subsequent releases this will be highlighted within the notes on the affected table. Please see the [ISD revisions policy](#) for further details.

Accident and Emergency - Another major part of the work of many acute hospitals involves the treatment of patients who have a health problem that requires urgent attention. Many of these patients will be treated within an Accident and Emergency (A&E) department and will not require a hospital admission. Typically a patient will be admitted as an emergency inpatient if their condition is considered by a doctor to be serious enough to warrant urgent hospital care and treatment.

In the past most reported patient activity has been attributed in national information systems to consultants and general practitioners, reflecting perhaps a more traditional view of the doctor as leader of the clinical team. This, however, has had the effect of obscuring or overlooking in nationally presented statistics the clinical contribution, in both hospitals and in the community, of nursing staff, allied health professionals and other healthcare professionals. In recent years, there has been a greater emphasis given towards enhancing the role of these professionals but the information systems required to account for many of these changes have not been available nationally.

Currently it is difficult to describe and quantify accurately the level of operations and clinical procedures carried out in outpatients. This is particularly relevant for monitoring how changes in clinical practice have enabled the transfer of certain clinical activities, previously requiring inpatient or day case admission, to outpatients.

For further information on the data sources and clinical coding used in this publication please refer to the following [Data Sources and Clinical Coding document](#).

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title Description	Acute Hospital Activity and NHS Beds Information Summary of inpatient, day case and outpatient activity and beds statistics for NHSScotland including information on diagnosis, procedures and admission type.
Theme	Health and Social Care
Topic	Hospital Care
Format	Excel, PDF
Data source(s)	SMR01, SMR00, ISD(S)1
Date that data is acquired	May-11
Release date	28 June 2011
Frequency	Quarterly - limited publication, annual publication in September each year.
Timeframe of data and timeliness	Data ranges from 1997 – 2010, No delays
Relevance and key uses of the statistics	Making information publicly available for planning, service improvement, research and provides comparative data. Data is also used to monitor progress against Scottish Government performance targets.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	National Statistics and Official Statistics
UK Statistics Authority Assessment	Undergoing assessment by UK Statistics Authority
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Help email	Ishbel.robertson@nhs.net Matthew.Armstrong@nhs.net
Date form completed	09/06/2011

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

Scottish Government Health Department (Analytical Services Division)

This extended Pre-Release Access 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).