

Publication Report



Acute Hospital Activity and

NHS Beds information;

Quarter ending June 2011

Publication date – 27 September 2011



Contents

Contents	1
About ISD	2
Official Statistics	2
Introduction.....	3
Key points.....	5
Results and Commentary	6
3.1 Annual Inpatient, Day Case and Outpatient Activity (new)	6
3.1.1 Inpatients and Day Cases (new)	6
3.1.2 Outpatients (new).....	6
3.2 Quarterly Inpatient, Day Case and Outpatient Activity (new)	7
3.2.1 Inpatients and Day Cases (new)	7
3.2.2 Outpatients (new).....	7
3.3 Annual Beds Statistics (new)	8
3.4 Quarterly Beds Statistics (new)	9
3.5 Emergency Admissions and Bed Days; Over 65s (revised).....	10
3.6 Emergency Admissions and Bed Days; Over 75s (revised).....	11
Glossary	12
List of Tables	14
Contact	15
Further Information	15
Appendix.....	16
A1 – Background Information.....	16
A2 – Publication Metadata (including revisions details)	19
A3 – Early Access details (including Pre-Release Access).....	22

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

Due to issues associated with the supply of complete and comprehensive data from a number of NHS Boards, ISD have delayed the publication of the majority of the detailed Annual Acute Hospital Activity Information which were scheduled to be included within this September 2011 release. The absence of complete data for the period ending 31 March 2011 has had a significant impact on much of the information which was scheduled to be published and specifically affects the ability to use the data to make comparisons of, for example, diseases treated in hospital and operations undertaken in hospital at both national and NHS Board level.

Further details of these data submission issues are available on the [Hospital Records Data Monitoring SMR Completeness web page](#), while details of the associated backlogs can be found on the [SMR Timeliness web page](#).

This release, therefore, comprises a quarterly summary of inpatient, day case and outpatient activity and beds statistics for NHSScotland up to June 2011. In addition to these quarterly tables, the release also includes an annual available beds summary up to the year ending March 2011 and an annual summary of inpatient, day case and outpatient activity up to the year ending March 2011. Revised annual emergency admissions and bed days figures for patients aged 65 and revised annual figures, up to March 2010, for the new HEAT target on emergency bed days for patients aged 75 and over.

ISD Scotland will publish the full range of Annual Acute Hospital Activity information at the earliest possible opportunity. Further updates regarding this situation will be reported when they are available on the [Hospital Care home page](#).

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/inaccuracies.

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.

It should be noted that there are apparent anomalies between figures published within the Hospital Care, Waiting Times and Finance web pages.

- 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 [Finance web pages](#). This is largely due to the use of different definitions for the two sets of figures. For example, the Finance "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 Finance 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

- The total number of acute hospital discharges (episodes) was around 1,419,000 for the financial year ending 31 March 2011, this is an increase of 1.1% on the previous year.
- There were around 350,000 acute inpatient and day case discharges in the quarter ending June 2011. This is a decrease of 2.1% when compared to the same quarter of the previous year.
- The total number of outpatient attendances at consultant clinics was around 4,538,000 in the year ending March 2011, showing a slight decrease of 0.5% when compared to year ending March 2010
- The total number of outpatient attendances in the quarter ending June 2011 was around 1,142,000. This is a very slight decrease on the quarter ending June 2010.
- The average number of available staffed beds in acute specialties was recorded as 16,685 in the year ending March 2011 and was 17,099 in the year ending March 2010. Over the same time period the average length of stay has reduced from 5.5 to 5.3 days.
- The average number of available staffed beds in acute specialties was recorded as 16,603 in quarter ending June 2011 and was 16,909 in the quarter ending June 2010.
- There has been a decrease of 3.0% in the emergency bed days rate per 1,000 population for patients aged 75+ from 5,529 to 5,365 between 2008/09 and 2009/10.

Results and Commentary

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

It should be noted that outpatient, inpatient and day case figures may include an element of estimation for any incomplete or missing data submissions. The estimation process uses the previous complete data submission where required. Any revisions are expected to be relatively small. Details can be found within the relevant Excel files.

3.1.1 Inpatients and Day Cases (new)

- The total number of acute hospital inpatient and day case discharges (episodes) was around 1,419,000 for the financial year ending 31 March 2011, this is an increase of 1.1% on the previous year.
- The total number of acute hospital inpatient discharges (episodes) was around 972,000 for the financial year ending 31 March 2011, this is an increase of 0.9% on the previous year.
- The total number of acute hospital day case discharges (episodes) was around 447,000 for the financial year ending 31 March 2011, this is an increase of 1.6% on the previous year.

3.1.2 Outpatients (new)

- 4,538,000 outpatients were seen at consultant clinics in the year ending March 2011, showing a slight decrease of 0.5% when compared to year ending March 2010. In 2010/11, 1,472,000 were new outpatient attendances, a slight increase of 0.3% from 1,467,000 in 2009/10.
- The percentage of did not attends (DNAs) for new appointments has increased slightly in the last two years to 10.8% in 2010/11. Over the last 10 years, the DNA percentage has been as high as 12% in 2002/3 and as low as 10.1% in 2006/7.

Table 1- Inpatient, Day Case and Outpatient Activity for patients treated in NHS Scotland, for years ending March 2007 to March 2011

	2007	2008	2009	2010	2011 ^P
Total Outpatient Attendances (all specialties except A&E)	4,488,267	4,471,000	4,634,292	4,562,910	4,538,427
Total A&E Outpatient Attendances	1,564,811	1,626,393	1,639,500	1,675,879	1,695,156
First Outpatient Attendances (all specialties except A&E)	1,365,775	1,377,750	1,462,720	1,467,222	1,471,543
First A&E Outpatient Attendances	1,462,770	1,517,638	1,542,891	1,584,812	1,598,243
First Outpatient Appointments % DNAs	10.1	10.5	10.3	10.6	10.8
Total Inpatient/Day Case Discharges (all specialties)	1,479,138	1,499,648	1,549,147	1,571,102	1,567,740
Total Inpatient/Day Case Discharges ("acute" specialties)	1,317,204	1,346,745	1,401,161	1,403,706	1,418,919
Total Inpatient Discharges ("acute" specialties)	911,463	943,395	973,068	963,403	971,724
Total Day Case Discharges ("acute" specialties)	405,741	403,350	428,093	440,303	447,191
Total Routine Inpatient Discharges ("acute" specialties)	402,742	412,812	433,267	435,225	441,748
Total non-Routine (emergency) Inpatient Discharges ("acute" specialties)	508,721	530,583	539,801	528,177	529,977

Sources: ISD(S)1 (OP and IP/DC 'all specialties'), SMR00 (DNA only), SMR01/ISD(S)1 (IP/DC 'acute specialties')

Note: Data for year ending March 2011 is 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 Inpatient, Day Case and Outpatient Activity (new)

It should be noted that outpatient, inpatient and day case figures may include an element of estimation for any incomplete or missing data submissions. The estimation process uses the previous complete data submission where required. Any revisions are expected to be relatively small. Details can be found within the relevant Excel files. The figures for quarter ending December 2010 are likely to be specifically affected by the adverse weather conditions which were experienced during this time period. This should be taken into account when making data comparisons.

3.2.1 Inpatients and Day Cases (new)

- The number of acute hospital discharges (episodes) decreased by 2.1% to around 350,000 in quarter ending June 2011 when compared with the quarter ending June 2010.
- The number of acute inpatient discharges (episodes) was around 240,000 for the quarter ending June 2011; this is a decrease of 2.2% on the quarter ending June 2010.
- The number of acute day case discharges (episodes) in quarter ending June 2011 is around 111,000, a decrease of 2.1% on the quarter ending June 2010.

3.2.2 Outpatients (new)

- 1,142,000 outpatients were seen at consultant clinics in the quarter ending June 2011, showing a very slight decrease when compared to the same quarter in 2010.
- There were 367,000 new outpatient attendances, a slight increase 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 2010 to June 2011, with an increase in the December 2010 quarter to 12%.

Table 2- Inpatient, Day Case and Outpatient Activity for patients treated in NHS Scotland, for quarters ending June 2010 to June 2011

	Jun-10	Sep-10	Dec-10	Mar-11	Jun-11
Total Outpatient Attendances (all specialties except A&E)	1,142,914	1,143,792	1,088,310	1,163,411	1,142,012
Total A&E Outpatient Attendances	444,433	435,314	402,858	412,551	425,329
First Outpatient Attendances (all specialties except A&E)	366,174	374,932	356,010	374,427	366,853
First A&E Outpatient Attendances	418,070	409,677	380,747	389,749	395,240
First Outpatient Appointments % DNAs	10.2	10.4	12.0	10.8	10.5
Total Inpatient/Day Case Discharges (all specialties)	395,039	396,038	386,780	389,883	392,778
Total Inpatient/Day Case Discharges ("acute" specialties)	357,921	355,206	350,450	355,342	350,238
Total Inpatient Discharges ("acute" specialties)	244,952	243,132	242,027	241,613	239,634
Total Day Case Discharges ("acute" specialties)	112,969	112,073	108,423	113,726	110,604
Total Routine Inpatient Discharges ("acute" specialties)	112,342	111,020	109,964	108,422	107,841
Total non-Routine (emergency) Inpatient Discharges ("acute" specialties)	132,610	132,112	132,063	133,191	131,794

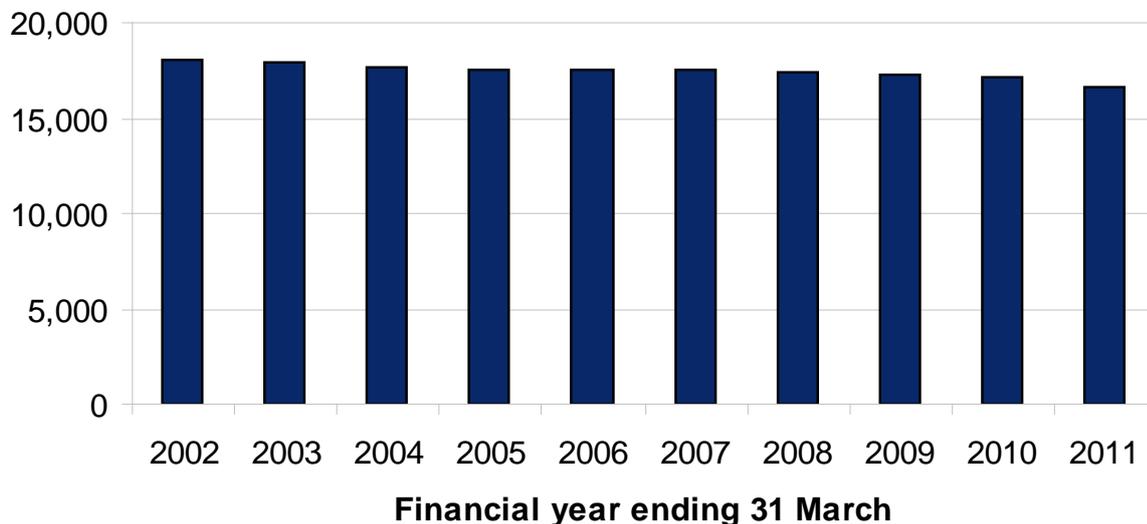
Sources: ISD(S)1 (OP and IP/DC 'all specialties'), SMR00 (DNA only), SMR01/ISD(S)1 (IP/DC 'acute specialties')

Note: Data for December 2010 to June 2011 are provisional.

3.3 Annual Beds Statistics (new)

- The average number of available staffed beds in acute specialties was recorded as 16,685 in the year ending March 2011 and was 17,099 in the year ending March 2010.
- The occupancy rate for acute beds over the last ten years has remained steady at between 81% and 82%.
- The mean stay per bed for inpatient discharges (episodes) has decreased from 6.5 in the year ending March 2002 to 5.3 in the March 2011.
- The average number of inpatient discharges (episodes) treated per bed (i.e. throughput) has increased from 45.6 in the year ending March 2002 to 56.2 in March 2011.

**Chart 1 - NHS Scotland Trend in Annual 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'

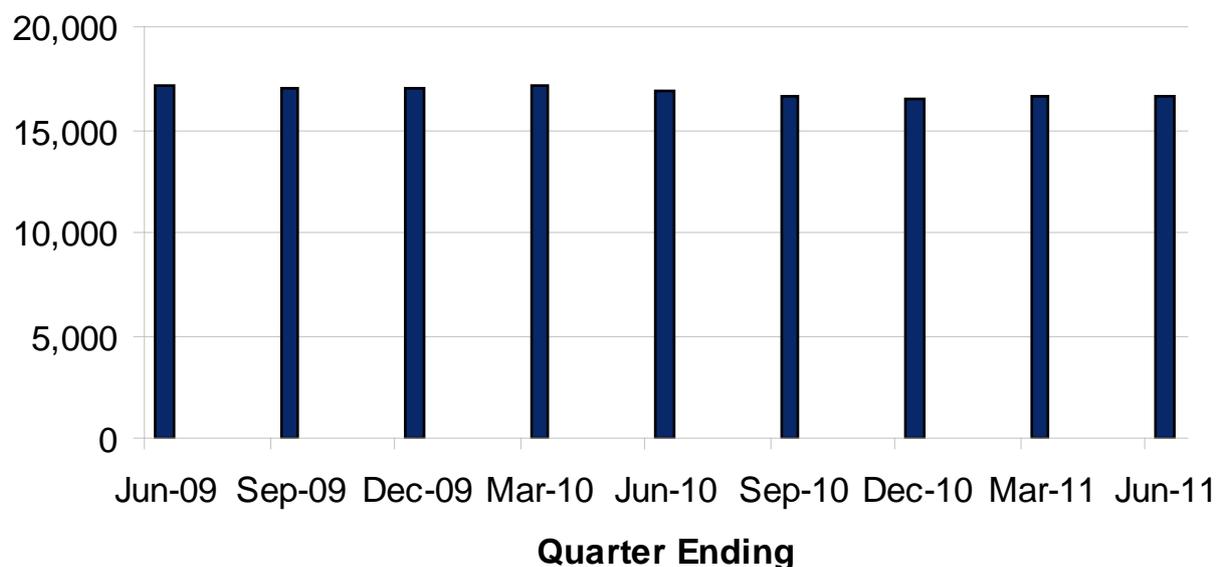
Further information on Beds is available under the ISD website sub topic [Beds](#).

3.4 Quarterly Beds Statistics (new)

ISD are working with NHS Boards to resolve data submission issues which have resulted from implementation of the new PMS TrakCare system. Missing or incomplete data has been estimated using the last complete data submission for the affected NHS Boards. Figures will be revised in future publications. Any revisions are expected to be relatively small. Details can be found within the relevant Excel files.

- The average number of available staffed beds in acute specialties was recorded as 16,603 in quarter ending June 2011 and was 16,909 in the quarter ending June 2010.
- The occupancy rate for acute beds over the last nine quarters (June 2009 – June 2011) has ranged from a low of 80.1% in quarter ending September 2009 to a high of 84.4% in quarter ending March 2010. The occupancy rate in quarter ending June 2011 was 82.7%.
- The average number of inpatient discharges (episodes) treated per bed (i.e. throughput) has remained relatively constant between June 2009 and June 2011 at approximately 14.

**Chart 2 - NHS Scotland Trend in Quarterly 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 on Beds is available under the ISD website sub topic [Beds](#).

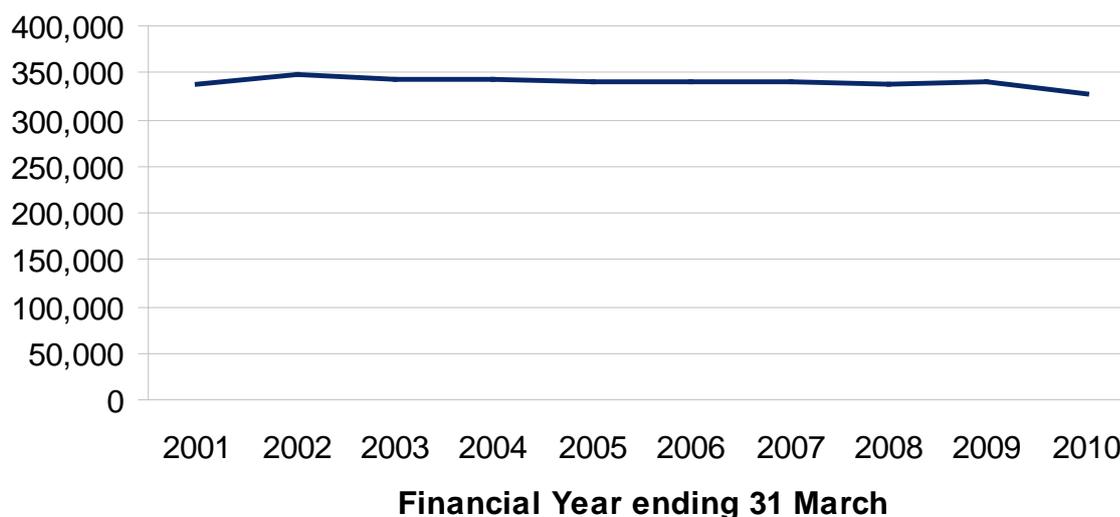
3.5 Emergency Admissions and Bed Days; Over 65s (revised)

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 340,476 in 2004/5 to 328,457 in 2009/10. A reduction of 3.5%.
- There has been a decrease of 1.3% in the number of emergency admissions for patients aged 65 and over between 2008/9 and 2009/10.

**Chart 3 - 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. Changes to the data will be minimal with bed days expected to increase by around 0.2%.

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](#).

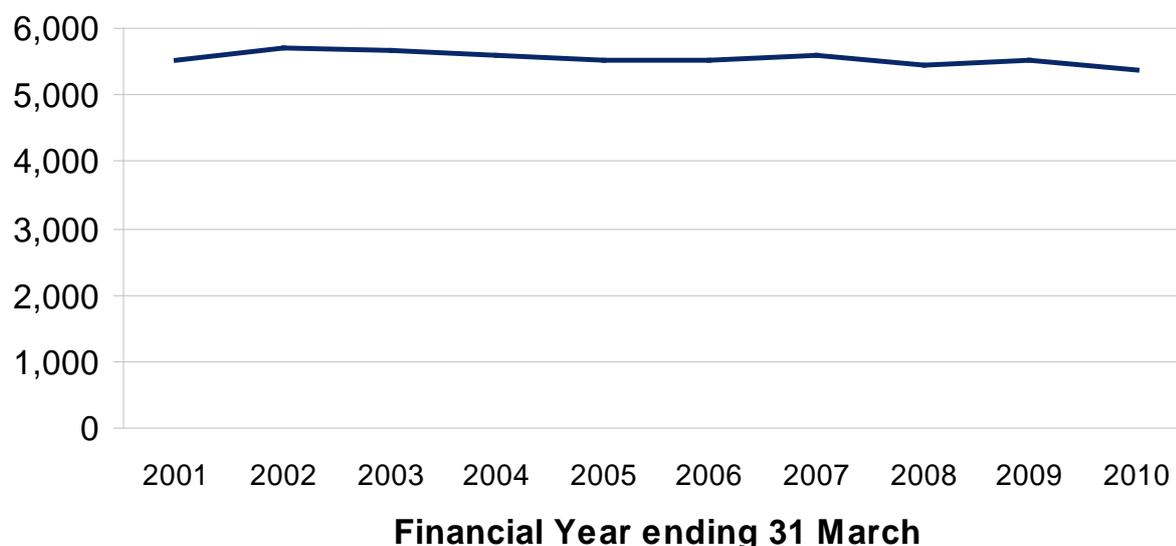
3.6 Emergency Admissions and Bed Days; Over 75s (revised)

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 of 3.0% in the emergency bed days rate per 1,000 population for patients aged 75+ from 5,529 to 5,365 between 2008/09 and 2009/10.
- 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 4 - 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. Changes to the data will be minimal with bed days expected to increase by around 0.2%.

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](#).

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 \(new\)](#) 

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

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

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

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

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

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

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

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.

Contact

Matthew Armstrong
Principal Information Analyst
Matthew.Armstrong@nhs.net
0131 275 7487

Ishbel Robertson
Senior Information Analyst
ishbel.robertson@nhs.net
0141 282 2276

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 [Hospital Records Data Monitoring SMR Completeness web page](#), while information on the timeliness of SMR data submissions can be found on the [SMR Timeliness web page](#).

ISD are working with NHS Boards to resolve data submission issues. The majority of these issues have resulted from implementation of the new PMS TrakCare system and other existing system issues. Further details of these issues can be found [here](#).

Missing or incomplete data has been estimated using the last complete data submission for the affected NHS Boards. Figures will be revised in future publications. Any revisions are expected to be relatively small. Details of the affected data can be found within the relevant Excel files along with a note of the percentage of data which have been estimated for the most recent quarters.

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.

Revisions between the 28 June 2011 and 27 September 2011 published quarterly inpatient, day case and outpatient activity data for the quarter ending March 2011 were small, ranging from -0.3% 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 75 was less than 0.001% between the 28 June 2011 and 27 September 2011 quarterly publications, the equivalent increase in the bed days figure was 0.002% (approximately 3,500 bed days).

All revisions to data within this publication are planned and are due to incomplete data returns at the time of publication. All tables will be revised annually or quarterly. In general

these revisions have minimal affect on the statistics. 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.

The ISD Data Quality Assurance (DQA) team is responsible for evaluating and ensuring SMR datasets are accurate, consistent and comparable across time and between sources. Details of the quality assurance process for SMRs can be found are published on the [DQA methodology web page](#).

The DQA team's [previous projects](#) web page contains details of past Data Quality Assurance Assessments, including final reports and findings. Emerging findings for the current SMR01 DQA Assessment can be found [here](#).

The data contained within this publication are predominantly based on ISD(S)1 aggregate data returns. ISD(S)1 contains summarised data by NHS Board of Treatment, hospital and specialty, i.e. high level reports with no patient details. This data return is in place to allow NHS Boards to report activity which is not regularly recorded on SMRs. ISD(S)1 is also the only source of bed occupancy and availability data.

All outpatient and A&E attendance figures are sourced from ISD(S)1 with the exception of outpatient DNA rates which are obtained from patient-level outpatient appointment records (SMR00).

The inpatient and day case 'all specialties' figures are sourced from ISD(S)1. Patient-level data on discharges from acute general specialties are available from SMR01 returns, however these do not include information on specialties such as Genito-Urinary Medicine, Obstetrics and Psychiatry. Hence, ISD(S)1 data are used to provide high level activity figures for all specialties.

Inpatient and day case 'acute specialties' figures are sourced from SMR01 records if the levels of completeness of the SMR01 data are deemed to be fit-for-publication (97.5% of the expected figure). If SMR01 records are not deemed to be fit-for-publication then ISD(S)1 data used. ISD(S)1 data may be adjusted to account for shortfalls/inaccuracies.

For further details please see the [sources and coding document](#).

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	Acute Hospital Activity and NHS Scotland Beds information September 2011
Description	Summary of inpatient, day case and outpatient activity and beds statistics for NHSScotland
Theme	Health and Social Care
Topic	Hospital Care
Format	Excel, PDF
Data source(s)	ISD(S)1 aggregated data returns, Scottish Morbidity Records SMR01 (inpatient/day case) SMR00 (outpatient)
Date that data is acquired	Aug-11
Release date	27-Sep-11
Frequency	Quarterly September 2011 publication is a limited release. A detailed annual publication was due to be released but has been delayed due to data issues. See 'Completeness' section below.
Timeframe of data and timeliness	Data up to 30 June 2011 (Quarterly). Data up to March 2011 (Annual). Due to issues associated with the supply of complete and comprehensive data from a number of NHS Boards, ISD have delayed the publication of the majority of the detailed Annual Acute Hospital Activity Information which were scheduled to be included within this September 2011 release. See 'Completeness' section below.
Continuity of data	Reports include Annual data from 2002 to 2011 with quarterly data up to June 2011.
Revisions Statement	All revisions to data within this publication are planned and are due to incomplete data returns at the time of publication. All tables will be revised annually or quarterly. In general these revisions have minimal affect on the statistics. 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.
Revisions relevant to this publication	In general, revisions have minimal affect on the statistics as noted in Appendix A1 of this report.
Concepts and definitions	See Hospital Care: Background Information
Relevance and key uses of the statistics	<ul style="list-style-type: none"> To allow NHS Board employees to compare activity levels nationally, e.g. NHS clinical consultants interested their specialty figures by NHS Board, NHS information managers planning capacity, to assist in the development of Service Agreements

	<p>between NHS boards.</p> <ul style="list-style-type: none"> • To investigate the implications of common systemic diseases in Scotland as a basis for assessing Health demands in the future. • To provide activity and incidence data for NHS Board Needs Assessments for specific diseases such as Chronic obstructive pulmonary disease (COPD). • To monitor National and NHS Board performance against HEAT targets for Day Surgery (BADs), emergency Admission Bed days for Over 75s, average length of stay for non-routine admissions (annual publication), and long term conditions (annual publication). • To allow members of the public to readily access information on the number of hospital admissions for specific diagnoses or procedures that may be of personal interest to them. • To assist students and universities conducting medical studies in areas such as asthma and diabetes. • By private companies interested in hospital activity levels in Scotland such as pharmaceutical companies, consultancy companies employed by NHS Trusts in England, advertising/media companies on behalf of clients. • To back political campaigns, e.g. to halt reductions in acute NHS beds.
Accuracy	See Hospital Care: Introduction . Information on forms is clerically checked, with additional validation on data entry. Data are also compared to previous year's figures.
Completeness	Details of these data submission issues are available on the Hospital Records Data Monitoring SMR Completeness web page , while details of the associated backlogs can be found on the SMR Timeliness web page .
Comparability	See Hospital Care Introduction or within the introduction of this publication report.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	The Acute Hospital Activity and NHS Scotland Beds information released for each publication is listed on the Hospital Care Publication page . Detailed information on how emergency admissions, multiple emergency admissions and bed days are defined and calculated is available in the Multiple and All Emergency Admissions Interpretation document .
Value type and unit of measure	In general, figures are shown as either numbers, percentages or rates. Age, sex and deprivation standardised rates are also presented, for example, for emergency admissions.
Disclosure	Data has a low/medium risk of disclosure. The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	The majority of information this publication is currently classed as National Statistics. Data on Beds Statistics are classed as Official Statistics. Currently the statistics are produced in line with the Code of Practice for Official Statistics, available on the UK Statistics Authority website .

UK Statistics Authority Assessment	The Hospital Care information is currently being assessed by the UK Statistics Authority for confirmation of designation as National Statistics.
Last published	28/06/2011
Next published	13/12/2011
Help email	ishbel.robertson@nhs.net
	matthew.armstrong@nhs.net
	nss.isdsct@nhs.net
Date form completed	08/09/2011

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).