

Publication Report



Acute Hospital Activity and

NHS Beds Information;

Quarter ending September 2011

Publication date – 20 December 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

Due to the ongoing issues relating to the supply of complete and comprehensive hospital activity data from a number of NHS Boards, ISD Scotland are still unable to publish its detailed annual Acute Hospital Activity statistics for the year ending March 2011. This information was originally intended to be published in September 2011. The absence of this data has a significant impact on the annual statistics intended for publication 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 includes a quarterly summary of inpatient, day case and outpatient activity and beds statistics for NHSScotland up to September 2011. Annual emergency admissions and bed day figures for patients aged 65 and over are provided up to March 2011 for the majority of NHS Boards. Annual data, up to March 2011, for the new HEAT target on emergency bed days for patients aged 75 and over have also been included for the majority of NHS Boards.

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 bed 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 now available up to and including the year ending March 2011 for the majority of NHS Boards.

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

- There were around 354,000 acute inpatient and day case discharges in the quarter ending September 2011. This is a slight decrease of 0.5% when compared to the same quarter of the previous year but is comparable with the average number of acute inpatient and day case discharges over the last 10 quarters.
- The total number of outpatient attendances in the quarter ending September 2011 was around 1,159,000. This is an increase of around 0.9% on the quarter ending September 2010.
- The average number of available staffed beds in acute specialties was recorded as 16,353 in quarter ending September 2011 and was 16,624 in the quarter ending September 2010.
- There has been a decrease of 2.7% in the emergency bed day rate per 1,000 population for patients aged 75+ from 5,530 to 5,383 between 2008/09 and 2009/10. Scotland level data for 2010/11 is not yet available.

It should be noted that outpatient, inpatient and day case figures may include an element of estimation for any incomplete or missing data submissions. Therefore, data for the latest time periods should be treated as provisional.

Results and Commentary

3.1 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.

3.1.1 Inpatients and Day Cases (new)

- There were around 354,000 acute inpatient and day case discharges in the quarter ending September 2011. This is a slight decrease of 0.5% when compared to the same quarter of the previous year.
- The number of acute inpatient discharges (episodes) was around 242,000 for the quarter ending September 2011, a slight decrease of 0.6% on the quarter ending September 2010.
- The number of acute day case discharges (episodes) in quarter ending September 2011 is around 112,000, this is in line with the quarter ending September 2010.

3.1.2 Outpatients (new)

- The total number of outpatient attendances in the quarter ending September 2011 was around 1,159,000. This is an increase of around 0.9% on the quarter ending September 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%. Scotland level data is not yet available for quarters ending June and September 2011.

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

	Sep-10	Dec-10 ^P	Mar-11 ^P	Jun-11 ^P	Sep-11 ^P
Total Outpatient Attendances (all specialties except A&E)	1,148,176	1,091,496	1,162,988	1,148,282	1,158,952
Total A&E Outpatient Attendances	435,366	402,910	412,603	427,631	429,108
First Outpatient Attendances (all specialties except A&E)	375,350	356,422	373,765	367,144	371,391
First A&E Outpatient Attendances	409,729	380,799	389,801	398,079	403,488
First Outpatient Appointments % DNAs	10.4	12.0	10.8
Total Inpatient/Day Case Discharges (all specialties)	396,483	387,381	389,563	389,871	392,785
Total Inpatient/Day Case Discharges ("acute" specialties)	355,613	353,100	355,882	353,752	353,701
Total Inpatient Discharges ("acute" specialties)	243,404	245,632	242,374	241,768	241,846
Total Day Case Discharges ("acute" specialties)	112,209	107,468	113,505	111,983	111,855
Total Routine Inpatient Discharges ("acute" specialties)	111,133	111,871	109,025	107,982	108,906
Total non-Routine (emergency) Inpatient Discharges ("acute" specialties)	132,271	133,761	133,348	133,786	132,940

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 September 2011 are provisional. % DNAs are unavailable at Scotland level for June 11 and September 11 due to the ongoing data issues.

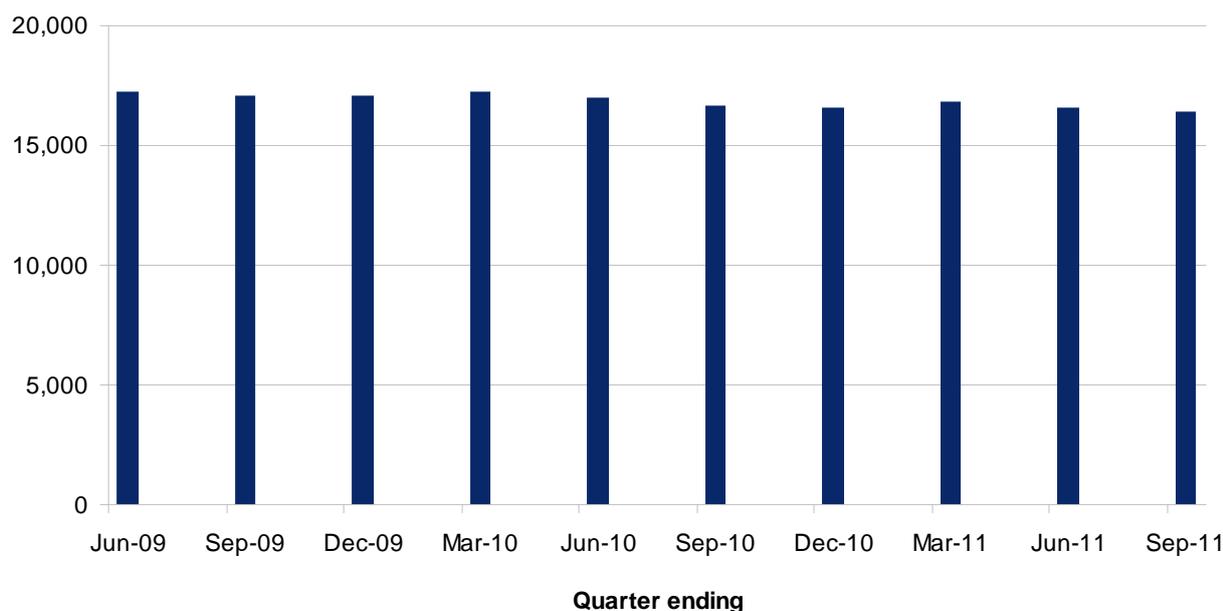
3.2 Quarterly Bed Statistics (new)

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 number of available staffed beds in acute specialties was recorded as 16,353 in the quarter ending September 2011. This is a reduction of approximately 1.6% on the number of beds from September 2010.
- The occupancy rate for acute beds over the last ten quarters (June 2009 – September 2011) has ranged from a low of 80.0% to a high of 84.4%. The occupancy rate in quarter ending September 2011 was 80.8%. This figure is similar to the occupancy rates in September 2009 and September 2010.
- The average number of inpatient discharges (episodes) treated per bed (i.e. throughput) has remained relatively constant between June 2009 and September 2011 at around 14.

The reduction in acute hospital bed numbers over time has been driven by a combination of factors including progress in medical technology and the provision of alternatives to hospital admission. Developments in medical technology have facilitated the provision of day surgery and ambulatory diagnostic or treatment services including, for example, the delivery of cancer treatments. Alternatives to hospital admission include nursing homes providing nursing care for elderly patients or services that enable patients to be cared for in their own homes. They also include facilities that aim to reduce the likelihood of admission, for example, assessment or observation units associated with emergency departments.

**Chart 1 - NHS Scotland Trend in Quarterly Average Available Staffed Beds
(All ACUTE Specialties)**



Source: ISD(S) 1

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

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

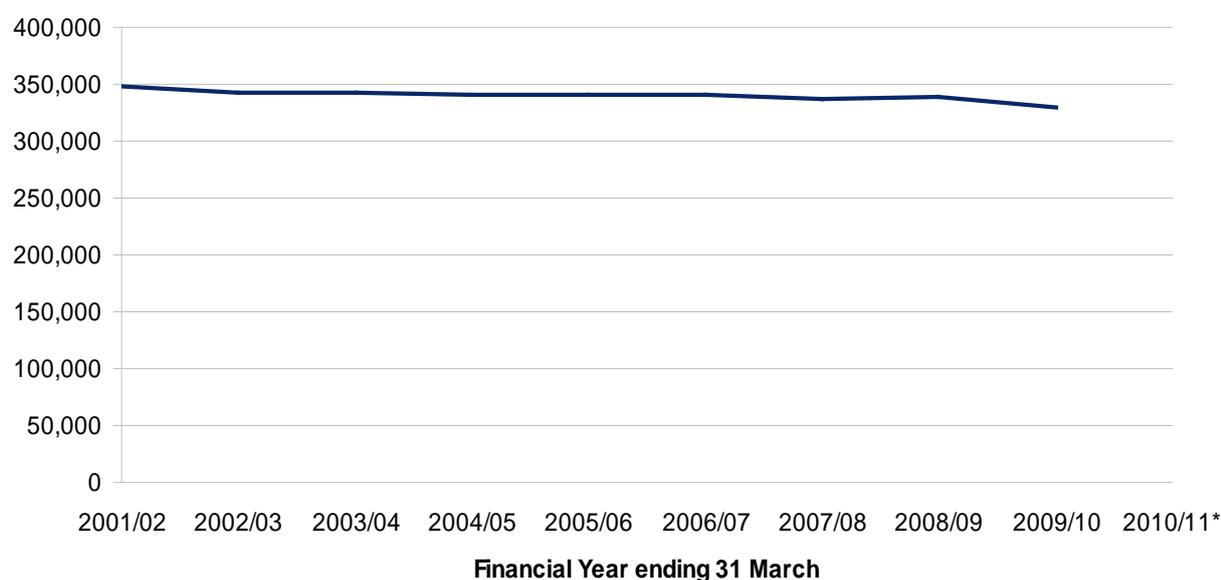
As emergency admissions for the elderly population are of particular interest, the Scottish Government developed a HEAT target which relates to the number of occupied bed days for patients aged 65 and over who were admitted as an emergency:

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 day rate per 100,000 population for patients aged 65+ from 340,468 in 2004/5 to 329,262 in 2009/10. A reduction of 3.3%.
- There has been a decrease of 2.6% in the emergency admission rate for patients aged 65+ between 2008/9 and 2009/10.

Scotland level data for 2010/11 is not yet available.

**Chart 2 - NHS Scotland Emergency Admission Bed Day Rate for Patients Aged 65+
(Rate per 100,000 population)**



Source: ISD SMR01

*Scotland level data for 2010/11 are currently unavailable due to the continuing data issues detailed in the [introduction](#) of this report. Data for the majority of NHS Boards are available within the [Emergency Admissions Over 65s data table](#).

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)

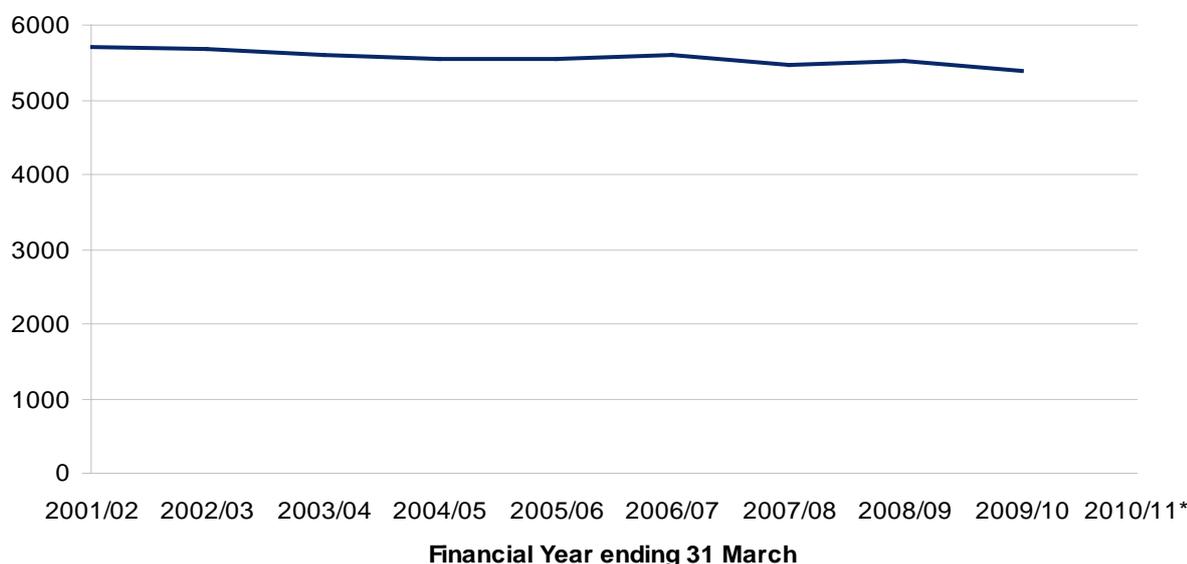
The Scottish Government developed a new HEAT target for emergency admissions to sustain focus on this important aspect of NHS performance. The amendment to this target sharpens the focus on the subgroup of patients aged 75 and over who have longer hospital stays and a higher risk of Healthcare Associated Infection (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 2009/10.

- There has been a decrease of 2.7% in the emergency bed day rate per 1,000 population for patients aged 75+ from 5,530 to 5,383 between 2008/09 and 2009/10.
- There has been a decrease of 2.3% in the emergency admission rate for patients aged 75 and over between 2008/9 and 2009/10.

Scotland level data for 2010/11 is not yet available.

**Chart 3 - NHS Scotland Emergency Admission Bed Day Rate for Patients Aged 75+
(Rate per 1,000 population)**



Source: ISD SMR01

*Scotland level data for 2010/11 are currently unavailable due to the continuing data issues detailed in the [introduction](#) of this report. Data for the majority of NHS Boards are available within the [Emergency Admissions Over 75s data table](#).

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 out with 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 \(new\)](#) 

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

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](#)

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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](#).

Where possible, 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 27 September 2011 and 20 December 2011 published quarterly inpatient, day case and outpatient activity data for the quarter ending June 2011 were small, ranging from -0.7% to 1.5%. Decreases can occur if actual submissions are lower than estimates.

The percentage increase in the 2009/10 emergency admissions for patients aged 75 was 0.04% between the 27 September 2011 and 20 December 2011 quarterly publications, the equivalent increase in the bed days figure was 0.3% (approximately 7,000 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 are 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 December 2011
Description	Summary of inpatient, day case and outpatient activity and bed 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	November 2011
Release date	20 December 2011
Frequency	Quarterly December 2011 publication is a limited release. A detailed annual publication was due to be released in September 2011 but continues to be delayed due to data issues. See 'Completeness' section below.
Timeframe of data and timeliness	Data up to 30 September 2011 (Quarterly). Emergency Admissions data up to March 2011 (Annual) for the majority of NHS Boards. 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 released within the September 2011 release. See 'Completeness' section below.
Continuity of data	Reports include limited annual data from 2002 to 2011 with quarterly data up to September 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	To allow NHS Board employees to compare activity levels nationally, e.g. NHS clinical consultants interested in their specialty figures by NHS Board, NHS information managers planning capacity, to assist in the development of Service Agreements between NHS boards. To investigate the implications of common systemic diseases in

	<p>Scotland as a basis for assessing health demands in the future.</p> <p>To provide activity and incidence data for NHS Board Needs Assessments for specific diseases such as Chronic Obstructive Pulmonary Disease (COPD).</p> <p>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).</p> <p>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.</p> <p>To assist students and universities conducting medical studies in areas such as asthma and diabetes.</p> <p>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.</p> <p>To back political campaigns, e.g. to halt reductions in acute NHS beds.</p>
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 in this publication is currently classed as National Statistics. Data on Bed 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 was assessed by the UK Statistics Authority in September 2011 and successfully received confirmation of designation as National Statistics.
Last published	27/09/2011

Next published	27/03/2012
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Date form completed	01/12/2011

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).