

Publication Report



Acute Hospital Activity and



NHS Beds information;

Year ending 31 March 2011

Quarter ending December 2011

Publication date – 27 March 2012

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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

This release contains information on annual and quarterly acute hospital activity within NHS Scotland, illustrating current data and historic trends in secondary care provision and patient contact with the service.

Due to issues relating to the supply of complete and comprehensive hospital activity data from a number of NHS Boards, ISD Scotland were unable to publish its detailed annual Acute Hospital Activity statistics for the year ending March 2011 as scheduled in September 2011. Completeness is now at a suitable level and so this release includes detailed information on inpatient, day case and outpatient activity, hospital diagnoses, surgical procedures and operations, emergency hospital admissions and childhood hospital admissions for the year ending March 2011. This report also includes revised beds statistics for year ending March 2011 and Nurse and Allied Health Professional (AHP) outpatient activity.

Summary data for the quarter ending December 2011 is also available along with data for previously published quarters for the inpatient, day case and outpatient activity. Quarterly figures 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 publication of quarterly inpatient, day case and outpatient activity data provides timely, high-level information for Scotland and NHS Boards.

Tables relating to surgical procedures (for patients of all ages) have been revised to include outpatient activity alongside inpatient and day case activity, and also incorporate updated procedure groupings. This ensures that the groups of OPCS-4 codes used are the most up-to-date and that the information presented covers the majority of procedures undertaken in NHSScotland. The new tables include information on the number of inpatient, day case and outpatient procedures by procedure group, NHS Board of Treatment and year.

Information on the number of British Association of Day Surgery (BADs) surgical procedures performed in a day case or outpatient setting is available for the years ending March 2007 to March 2011. Monthly data for the period April 2009 to September 2011 is also presented for same-day surgery, these data directly relate to an NHSScotland Health Improvement, Efficiency, Access and Treatment (HEAT) performance target which aims to deliver agreed improved efficiencies in same-day surgery. Due to data completeness issues data for the period December 2010 to September 2011 are provisional and should be treated with caution.

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. Emergency admissions data are shown for all NHS Boards up to and including the year ending March 2011. Due to data submission issues, bed days data are not yet available at Scotland level for the year ending March 2011, however the data are available for the majority of individual NHS Boards.

For previously published Hospital Care statistics, NHS activity performed in Non-NHS locations was attributed to the NHS Board of Treatment where the hospital/facility was physically located. ISD Scotland now presents this activity as being undertaken by a 'Non-NHS Provider' therefore removing it from the NHS Board of Treatment figures. This affects all tables and charts presented by NHS Board of Treatment.

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 [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 discharge episodes in the year ending March 2011 was 1,424,000, an increase of 1.4% on the previous year. The number of routine and non-routine acute inpatient discharge episodes increased by 2.8% and 0.5% respectively between 2009/10 and 2010/11. The number of day case episodes was 445,000 in 2010/11, an increase of 1.0% from 440,000 in 2009/10.
- 4,558,000 outpatients were seen at consultant clinics in the year ending March 2011, a slight decrease of 0.4% when compared to year ending March 2010. In 2010/11, 1,474,000 were new outpatient attendances, a small increase of 0.4% from 1,469,000 in 2009/10. There has been an increase of 10.3% in new outpatient attendances over the last 10 years.
- Neoplasms (including cancer) were the most common main diagnosis for patients discharged from hospital in the year ending March 2011, accounting for 13.8% of all primary diagnoses. This figure has remained at approximately 14% for the last three financial years.
- A total of 971,000 main procedures were recorded on inpatient, day case and outpatient records in NHS Scotland in the year ending March 2011, an increase of 4.9% from 925,000 in 2009/10.
- 80.4% of all elective British Association of Day Surgery (BADs) procedures were carried out as day cases or outpatients in the month of March 2011. The associated target was to achieve 80%. Information on further Health Improvement, Efficiency, Access and Treatment (HEAT) targets is contained with this Publication Report.
- The average number of available staffed beds in acute specialties was recorded as 16,701 in the year ending March 2011 and was 17,092 in the year ending March 2010.
- The number of acute inpatient discharge episodes for the quarter ending December 2011 shows a decrease of 1.4% on the quarter ending December 2010 while the number of acute day case episodes shows an increase of 4.6% over the same periods.
- The total number of outpatient attendances in the quarter ending December 2011 (1,160,000) increased by around 5.9% on the quarter ending December 2010.

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.

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.

Results and Commentary

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

It should be noted that these 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 generally expected to be relatively small. Details can be found within the relevant Excel files.

3.1.1 Outpatient – All Specialties (revised)

- 4,558,000 outpatients were seen at consultant clinics in the year ending March 2011, a slight decrease of 0.4% when compared to year ending March 2010. In 2010/11, 1,474,000 were new outpatient attendances, a small increase of 0.4% from 1,469,000 in 2009/10. There has been an increase of 10.3% in new outpatient attendances over the last 10 years.
- The return to new ratio for outpatient attendances has decreased from 2.5 return outpatients seen for each new outpatient in 2001/02 to 2.1 in 2010/11. This data relates to the HEAT target to reduce the ratio of return to new outpatient attendances.
- The percentage of did not attends (DNAs) for new appointments has increased slightly in 2010/11 when compared to 2006/07 (10.8% and 10.1% respectively). This information relates to the HEAT target to reduce this rate by 10% between 2006/07 and 2009/10.

3.1.2 Inpatient/Daycase – Acute Specialties (revised)

- The total number of hospital discharge episodes increased by 1.4% on the previous year to 1,424,000 for the financial year ending March 2011.
- The number of routine and non-routine inpatient discharge episodes increased by 2.8% and 0.5% respectively in 2010/11 from 2009/10.
- The number of day case episodes is 445,000 in 2010/11, an increase of 1.0% from 440,000 in 2009/10.

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

	2006/07	2007/08	2008/09	2009/10	2010/11 ^P
Total Outpatient Attendances (all specialties except A&E)	4,488,267	4,471,000	4,634,292	4,576,323	4,558,132
Total A&E Outpatient Attendances	1,564,811	1,626,393	1,639,500	1,679,005	1,687,149
First Outpatient Attendances (all specialties except A&E)	1,365,775	1,377,750	1,462,720	1,468,751	1,474,240
First A&E Outpatient Attendances	1,462,770	1,517,638	1,542,891	1,584,978	1,593,375
First Outpatient Appointments % DNAs	10.1	10.5	10.3	10.7	10.8
Total Inpatient/Day Case Discharges (all specialties)	1,481,173	1,503,255	1,554,158	1,570,246	1,572,726
Total Inpatient/Day Case Discharges ("acute" specialties)	1,317,202	1,346,752	1,401,239	1,405,217	1,424,268
Total Inpatient Discharges ("acute" specialties)	911,462	943,400	973,114	964,768	979,241
Total Day Case Discharges ("acute" specialties)	405,740	403,352	428,125	440,449	445,022
Total Routine Inpatient Discharges ("acute" specialties)	402,883	413,000	433,402	434,920	446,966
Total non-Routine (emergency) Inpatient Discharges ("acute" specialties)	508,579	530,400	539,712	529,848	532,275

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

Note: Data for 2010/11 are provisional.

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

It should be noted that these 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)

- There were around 355,000 acute inpatient and day case discharges in the quarter ending December 2011. This is a slight increase of 0.5% when compared to the same quarter of the previous year.
- The number of acute inpatient discharge episodes was around 243,000 for the quarter ending December 2011, a decrease of 1.4% on the quarter ending December 2010.
- The number of acute day case episodes in quarter ending December 2011 is around 111,000, an increase of 4.6% on the quarter ending December 2010.

3.2.2 Outpatients (new)

- The total number of outpatient attendances in the quarter ending December 2011 was around 1,160,000. This is an increase of around 5.9% on the quarter ending December 2010.
- The percentage of did not attends (DNAs) for new appointments is between 10% and 11% over the quarters March 2011 to December 2011. The DNA percentage in the December 2010 quarter was 12%.

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

	Dec-10 ^P	Mar-11 ^P	Jun-11 ^P	Sep-11 ^P	Dec-11 ^P
Total Outpatient Attendances (all specialties except A&E)	1,095,558	1,165,857	1,156,905	1,157,860	1,160,326
Total A&E Outpatient Attendances	401,445	410,984	425,692	426,377	413,374
First Outpatient Attendances (all specialties except A&E)	357,105	375,323	369,080	376,366	376,083
First A&E Outpatient Attendances	379,734	389,984	397,957	399,839	391,765
First Outpatient Appointments % DNAs	12.0	10.8	10.7	10.5	10.6
Total Inpatient/Day Case Discharges (all specialties)	387,801	392,967	389,880	393,803	395,649
Total Inpatient/Day Case Discharges ("acute" specialties)	352,916	356,384	351,316	355,668	354,850
Total Inpatient Discharges ("acute" specialties)	246,422	242,857	240,257	242,592	242,854
Total Day Case Discharges ("acute" specialties)	106,494	113,523	111,058	113,077	111,398
Total Routine Inpatient Discharges ("acute" specialties)	112,933	109,693	107,102	109,076	109,083
Total non-Routine (emergency) Inpatient Discharges ("acute" specialties)	133,489	133,164	133,155	133,516	133,771

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 December 2011 are provisional.

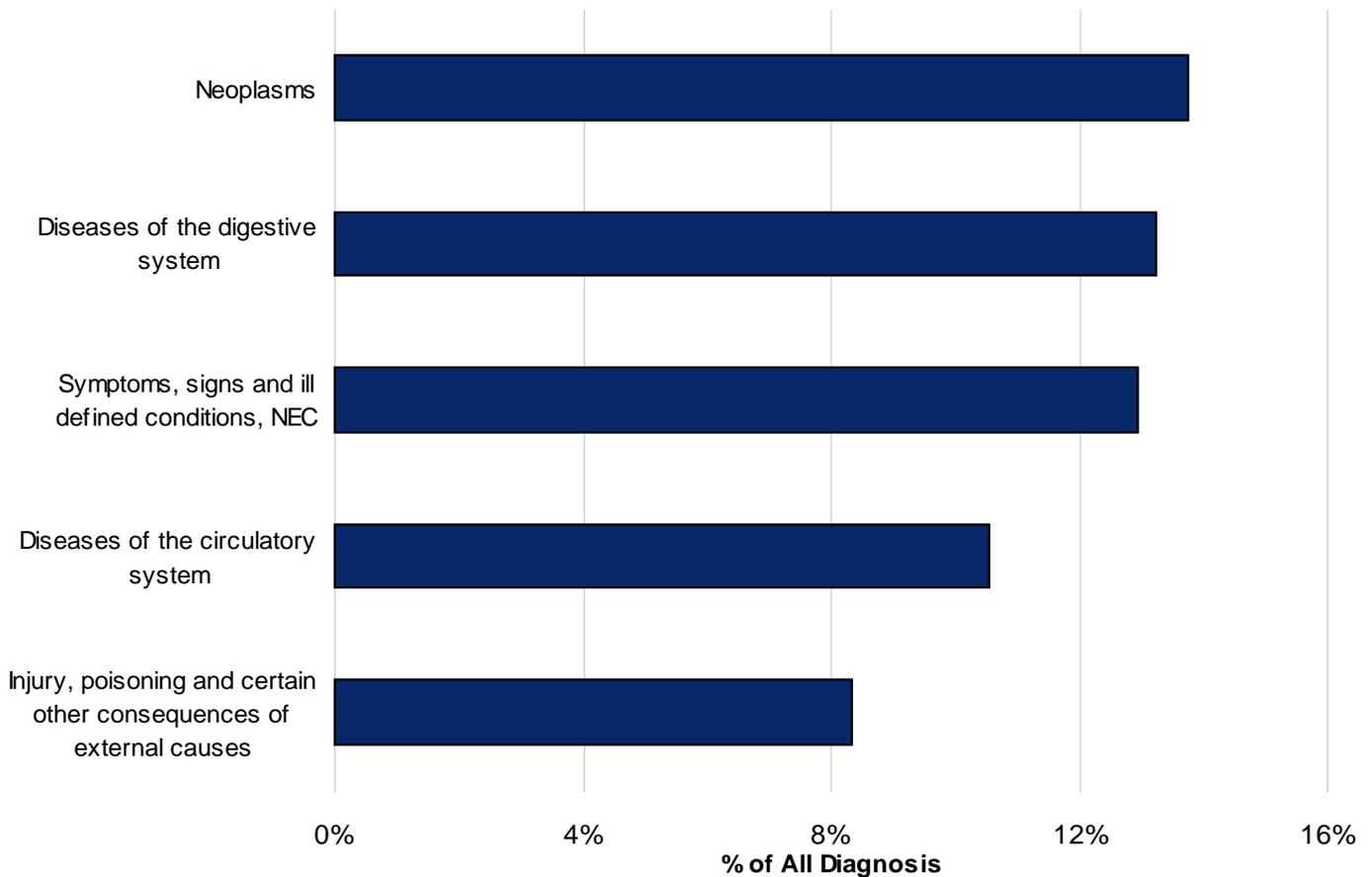
More detailed information on outpatient, inpatient and day case activity can be found under the ISD website sub topics - [Outpatient activity](#) and [Inpatient and Day Case activity](#).

3.3 Diagnoses (new)

- The most common main diagnoses for patients discharged from hospital in the year ending March 2011 are Neoplasms; Symptoms, Signs and Ill Defined Conditions; and Diseases of the Digestive System, accounting for 13.8%, 13.2% and 12.9% of all main diagnoses respectively.
- 2010/11 incidence (new diagnoses) analysis shows that the three most common are Diseases of the Digestive System; Symptoms, Signs and Ill Defined Conditions; and Injury and Poisoning, representing 16.3%, 13.5% and 10.2% of all main diagnoses respectively.
- The bed days rate per 100,000 population for the eight long term conditions has decreased by 13.0% from 9,239 in 2006/07 to 8,041 in 2010/11. This data corresponds with the HEAT target to reduce the number of bed days for Long Term Conditions.

Chart 1 - Percentage of Total Discharges – Top 5 Diagnosis Groupings

NHS Scotland, for year ending March 2011^P



^P 2010/11 data are provisional

Note that not every diagnostic category is represented in this chart. Data are based on a count of individual hospital episodes.

More detailed information for all diagnosis groupings is available by NHS Board of Residence under the ISD website sub topic - [Diagnosis](#).

3.4 Inpatient, Day Case and Outpatient Procedures (new)

3.4.1 All procedures (new)

Due to variations in data recording across all NHS Boards it is difficult to describe and accurately quantify the level of procedures carried out in an outpatient setting. 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. Therefore, it is important to note that the changes in these statistics over time may be as a result of improved recording as well as a real increase in the number of procedures being undertaken. Further details on data completeness can be found within the relevant Excel files.

The tables relating to procedures (for patients of all ages) have been revised to include outpatient activity alongside inpatient and day case activity, and also incorporate updated procedure groupings. This is to allow the data that are collected to be available for comparison and to ensure that the groups of OPCS-4 codes used are the most up-to-date. The groups have been selected to cover the majority of procedures undertaken in NHSScotland.

- A total of 971,000 main procedures were recorded on inpatient, day case and outpatient records in NHS Scotland in the year ending March 2011, an increase of 4.9% from 925,000 in 2009/10.
- A total of 746,000 main procedures were recorded on inpatient and day case records in NHS Scotland in the year ending March 2011, a decrease of 1.9% from 761,000 in 2010.
- 81.7% of all elective main procedures were performed as same day surgery in the year ending 31 March 2011, compared to 76.5% in 2006/07.

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

3.4.2 BADS surgical procedures (new)

The Scottish Government developed a HEAT target related to improving efficiencies in same-day surgery. The target was to achieve 80% of British Association of Day Surgery (BADS) procedures performed in a day case or outpatient setting by March 2011.

- In the month of March 2011, 80.4% of all elective BADS procedures were carried out as day cases or outpatients, showing an increase from 74.7% in the month of April 2009.

Due to the ongoing issues relating to the supply of complete and comprehensive hospital activity data from a number of NHS Boards these figures should be treated as provisional. While data is available up to September 2011 completeness varies greatly by NHS Board. Details can be found the [HEAT BADS Monthly rates table](#).

- 79.8% of BADS procedures were performed in a day case or outpatient setting in the year ending March 2011, an increase of 7.9 percentage points since 2006/07.

Further information on Inpatient, Day Case and Outpatient Procedures is available under the ISD website sub topic - [Operations/Procedures](#).

3.5 Beds Statistics

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.

NHS Lanarkshire has specifically advised ISD that the estimated figures used for quarters ending June, September and December 2011 are likely to be an undercount of the actual number of available staffed beds in NHS Lanarkshire. All data for these time periods should therefore be considered provisional and treated with caution. ISD Scotland is currently investigating ways of improving the estimation methodology for inclusion in future publications and will include revised staffed bed numbers in the next scheduled publication in June 2012.

Further details on the level of estimated data can be found within the relevant Excel files.

3.5.1 Annual Beds Statistics (revised)

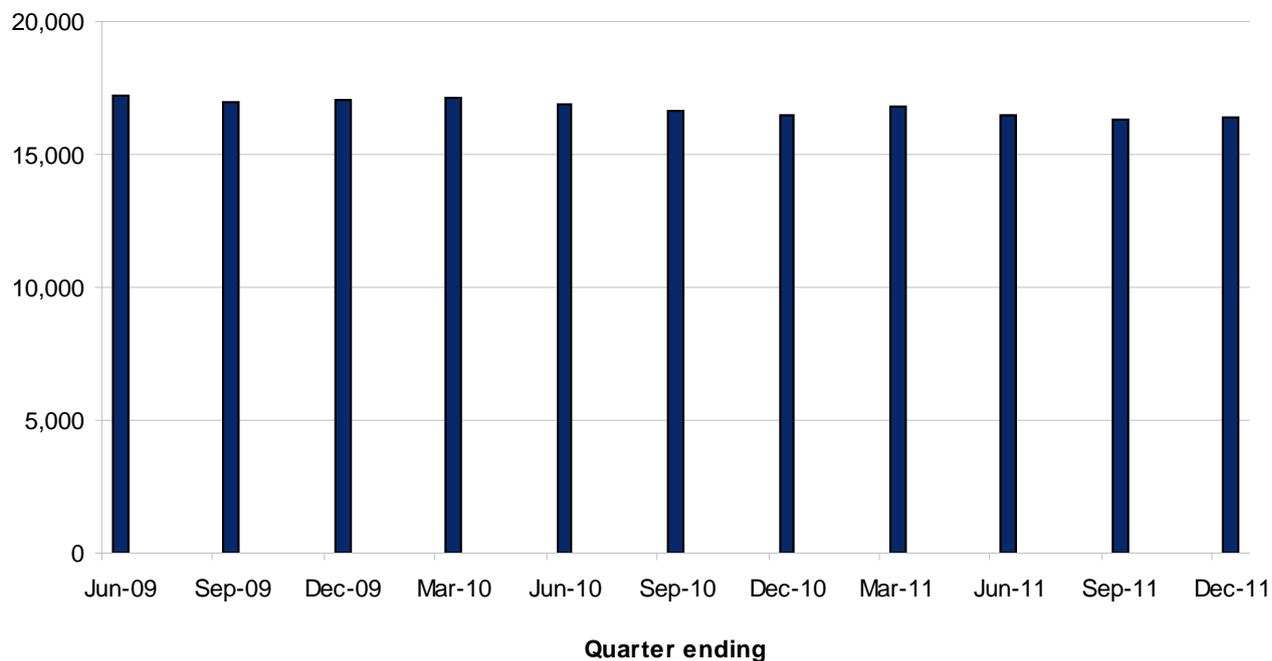
- The average number of available staffed beds in acute specialties was recorded as 16,701 in the year ending March 2011 and was 17,092 in the year ending March 2010.
- The occupancy rate for acute beds over the last ten years has remained steady at between 81% and 82%.
- The mean stay per bed for inpatient discharge episodes has decreased from 6.5 in the year ending March 2002 to 5.3 in the March 2011.
- The average number of inpatient discharge episodes treated per bed (i.e. throughput) has increased from 45.6 in the year ending March 2002 to 56.0 in March 2011.

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

3.5.2 Quarterly Beds Statistics (new)

- The number of available staffed beds in acute specialties was recorded as 16,361 in the quarter ending December 2011. This is a slight reduction of approximately 0.9% on the number of beds from December 2010.
- The occupancy rate for acute beds over the last eleven quarters (June 2009 – December 2011) has ranged from a low of 80.0% to a high of 84.4%. The occupancy rate in quarter ending December 2011 was 81.9%. This figure is similar to the occupancy rates in December 2009 and December 2010.
- The average number of inpatient discharges (episodes) treated per bed (i.e. throughput) has remained relatively constant between June 2009 and December 2011 at around 14.

**Chart 2 - 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](#).

3.6 Emergency Admissions (new)

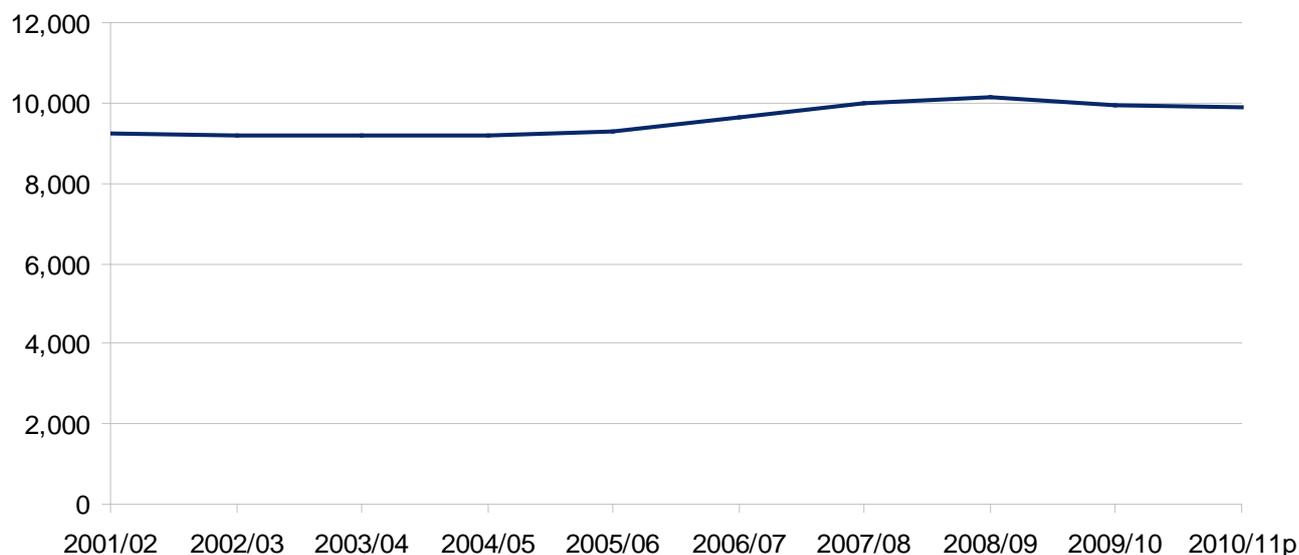
A steady rise in the number of emergency inpatient admissions has been a major source of pressure for the NHS over the past twenty years. The information presented is intended to assist in gaining a better understanding of the underlying trends in emergency admissions and in particular multiple emergency admissions.

The general analysis of Emergency Admissions and Bed Days data is based on the date of discharge rather than the date of admission. This change was made in December 2009 in order to provide more up-to-date and complete data, particularly in relation to bed day information.

- The emergency admission rate per 100,000 population for patients of all ages increased steadily between the years ending March 2005 and March 2009 (from 9,204 to 10,150). In subsequent years it has decreased slightly to 9,917 in 2009/10 and then 9,908 in 2010/11.
- For patients aged 65 years and over who have had 2 or more emergency admission spells in hospital, the rate per 100,000 population has increased from 4,939 in 2009/10 to 5,025 in 2010/11.
- The emergency admission rate per 100,000 population for patients aged under 25 years with 1 admission in a given year increased steadily between the years ending March 2007 and March 2009 (from 4,068 to 4,114). In subsequent years it has decreased to 4,008 in 2009/10 and 3,838 in 2010/11.
- The rate per 100,000 population for children aged 0 to 4 years who have had 2 emergency admission spells in hospital increased from 958 in 2001/02 to 1,344 in 2008/09, this figure has since decreased to 1,163 in the year ending March 2011.

Chart 3 - NHS Scotland All Emergency Admission Rate for Patients of All Ages
(Rate per 100,000 population)

Financial years ending 31 March 2002-2011^P



^P 2010/11 data are provisional

3.6.1 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:

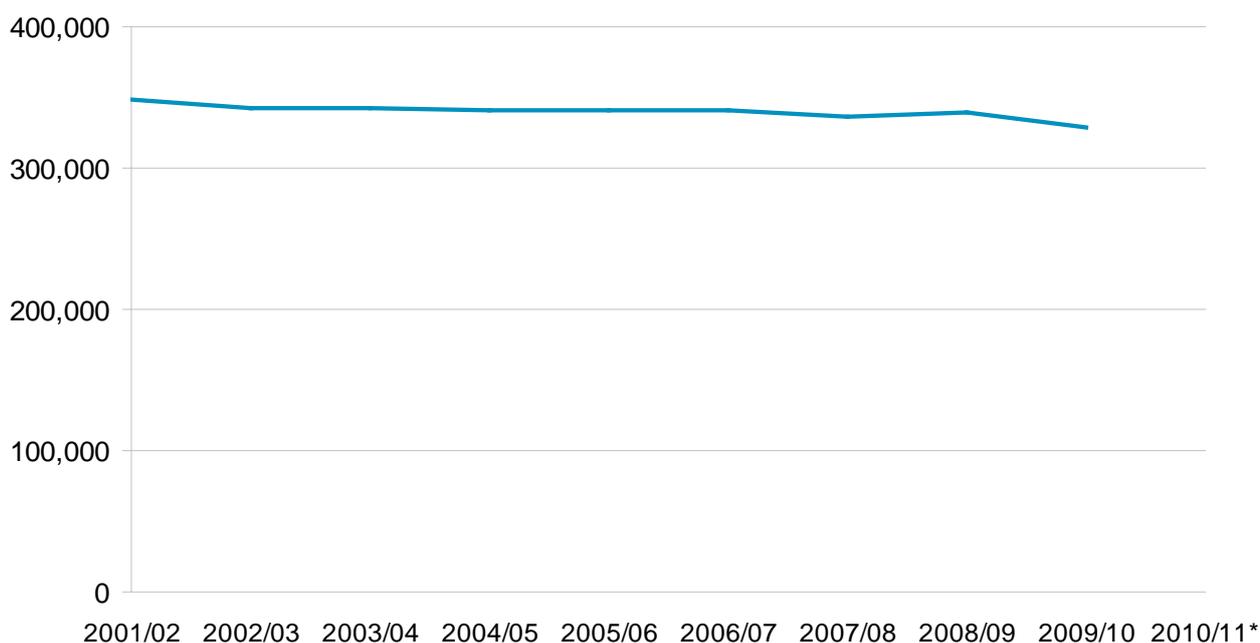
By 2010/11, NHS Boards will reduce the emergency inpatient bed days for people aged 65 and over, by 10% compared with 2004/05.

- There has been a decrease in the emergency bed days rate per 100,000 population for patients aged 65+ from 340,475 in 2004/05 to 329,288 in 2009/10. A reduction of 3.3%. Scotland level bed day data for 2010/11 is not yet available.
- There has been a slight increase of 0.7% in the emergency admission rate for patients aged 65+ between 2009/10 and 2010/11.

Chart 4 - NHS Scotland Emergency Bed Days Rate for Patients Aged 65+

(Rate per 100,000 population)

Financial years ending 31 March 2002-2010



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](#).

3.6.2 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 Healthcare Associated Infection (HAI), delayed discharge and institutional care outcomes.

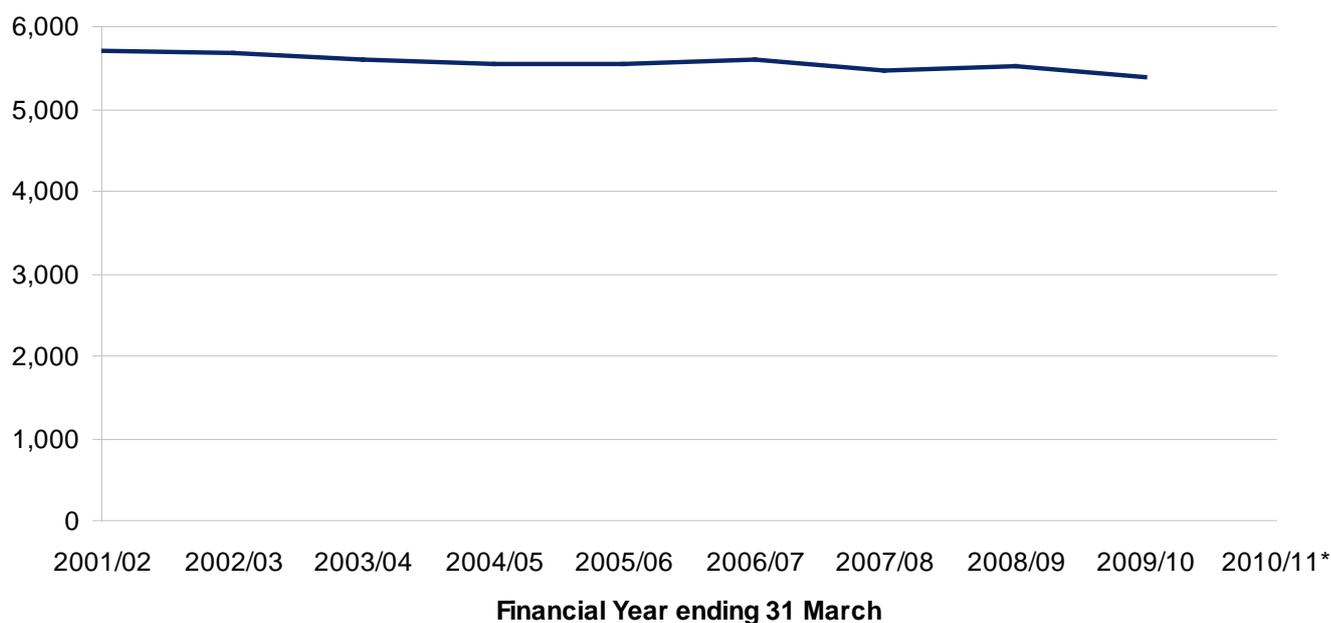
By 2011/12, NHS Boards will reduce the number of emergency inpatient bed days for people aged 75 and over, compared with 2010/11.

- There has been a decrease of 2.6% in the emergency bed days rate per 1,000 population for patients aged 75+ from 5,530 to 5,385 between 2008/09 and 2009/10. Scotland level bed day data for 2010/11 is not yet available.
- There has been an increase of 1.7% in the emergency admission rate for patients aged 75 and over between 2009/10 and 2010/11.

Chart 5 - NHS Scotland Emergency Bed Days Rate for Patients Aged 75+

(Rate per 1,000 population)

Financial years ending 31 March 2002-2010



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](#)

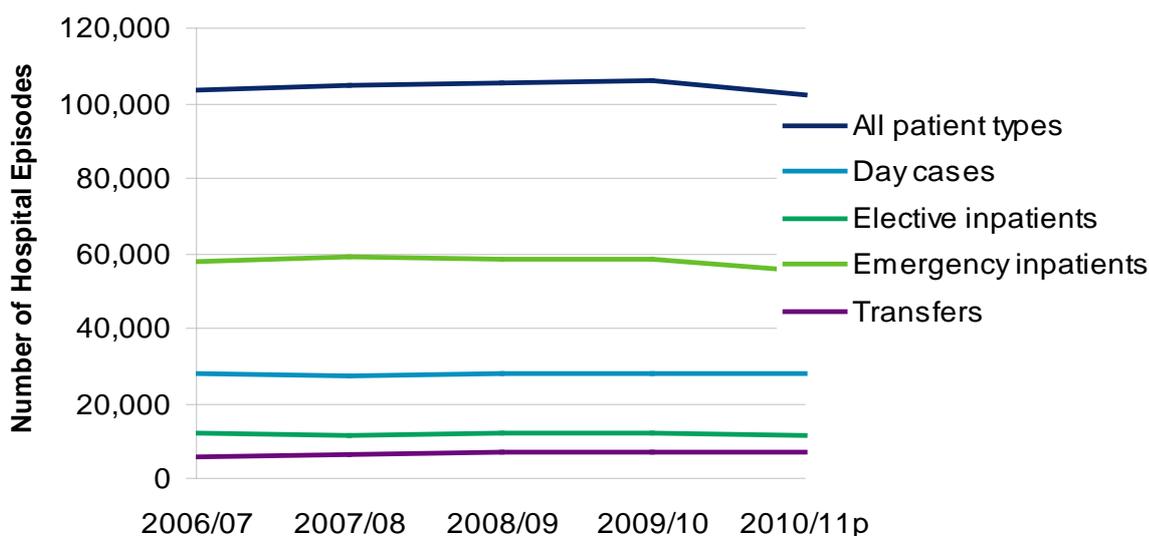
3.7 Childhood Hospital Activity (new)

- In 2010/11, there were 55,000 emergency inpatient admissions for children aged 14 years and under; 35,000 (62.9%) of these admissions were for children aged 0 to 4 years.
- For children aged 14 years and under, the three most common main diagnosis groupings for emergency admissions in 2010/11 were: 'Diseases of the respiratory system' (23.9%), 'Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified' (18.5%) and 'Injury, poisoning and certain other consequences of external causes' (16.6%).
- There were 11,000 elective inpatient admissions and 28,000 day case episodes for children aged 14 years and under in the year ending March 2011.
- For children aged 14 years and under, the three most common main diagnosis groupings for elective inpatient and day case admissions in 2010/11 were: 'Diseases of the digestive system' (24.8%) - mainly attributable to dental caries, 'Factors influencing health status and contact with health services (includes admissions for examination, observation, immunisation, stoma care, respite care, disrupted family/home circumstances, awaiting fostering)' (13.8%) and 'Congenital malformations, deformations and chromosomal abnormalities' (10.7%).
- In 2010/11, over 34,000 elective inpatient and day case procedures/operations were carried out on children aged 14 years and under.

These percentages are comparable with previous years.

Chart 6- Number of hospital episodes for children aged 14 and under from all specialties by patient type, for NHS Scotland,

Financial years ending 31 March 2007-2011^P



^P 2010/11 data are provisional

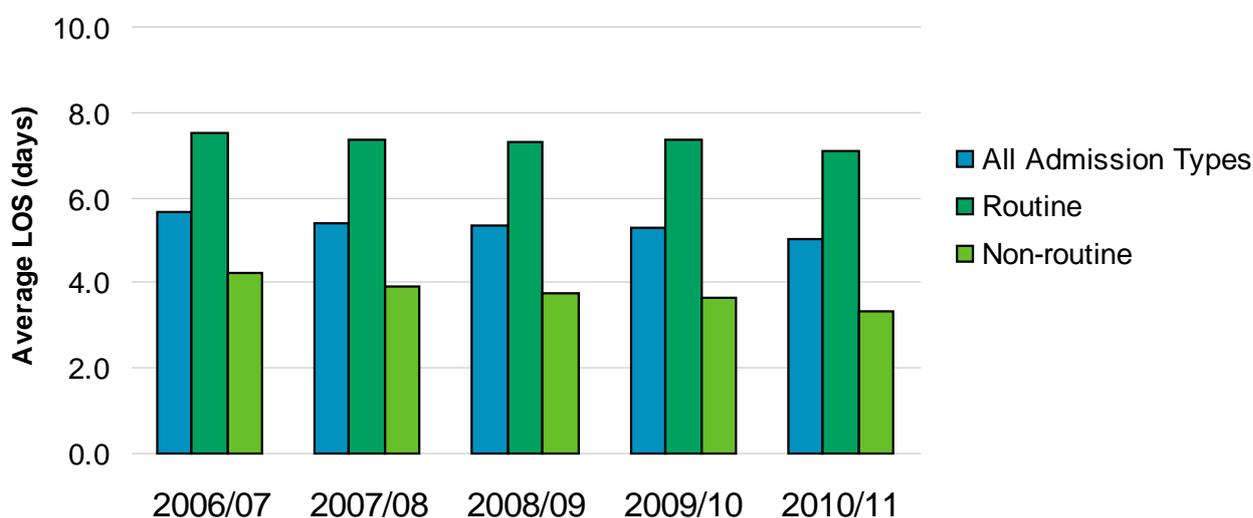
More detailed information on Childhood Hospital Activity is available on the ISD website: via the [Inpatient and Day Case Activity](#), [Diagnosis](#) and [Operations/Procedures](#) sub topics.

There is also further information on Child Health under the ISD topic - [Child Health](#).

3.8 Average length of stay (new)

- The average length of stay for all inpatient admission episodes in the year ending March 2011 is 5.0 days, showing a steady year-on-year decrease from 5.7 days in 2006/07.
- Inpatient admissions can be split into routine and non-routine admissions and both have seen a decrease in recent years. The average length of stay for routine admissions has fallen from 7.5 to 7.1 days between 2006/07 and 2010/11, whilst for non-routine admissions the average has reduced by almost 1 day from 4.2 to 3.3 days over the same period. The reduction in the average length of stay for non-routine admission episodes to 3.3 days for the year ending March 2011 exceeded the HEAT target of 3.9 days by March 2011.

Chart 7- Average length of stay (days) for an Inpatient Episode in NHS Scotland by Admission type, for financial years ending 31 March 2007 to 2011^P



^P 2010/11 data are provisional

Further information on average length of stay by NHS Board of Treatment and admission type is available under the ISD website sub topic - [Inpatient and Day Case Activity](#).

3.9 Nurse and AHP Activity (new)

Nurse and AHP outpatient information is still considered to be in development. Due to issues relating to data completeness, caution should be shown when making comparisons between available years.

- 1,091,000 outpatients were recorded as being seen at nurse led clinics for acute specialties in the year ending March 2011. Of these, 161,000 were new attendances.
- 5,334,000 outpatients were recorded as being seen at an allied health professional or other technical department in the year ending March 2011. Of these, 1,916,000 were new attendances. The most frequent service utilised by outpatients is Radiography services with 2.5 million attendances in total, of which 1,259,000 were new attendances (representing 46.5% of all AHP attendances and 65.7% of new AHP attendances respectively).

Further information on nurse led and AHP activity is available within the ISD website sub topic: [Outpatient Activity](#).

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 5 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 5 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 their 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

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[Annual Inpatient, Day Case and Outpatient Activity](#)
[Inpatient and Day Case Activity Tables by NHS Board of Residence](#)
[Inpatient and Day Case Activity Tables by NHS Board of Treatment](#)
[Annual trends in outpatient activity – NHS Board of Treatment Comparison](#)
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[Emergency Admissions by NHS Board of Residence](#)
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[Childhood Admissions Summary by NHS Board of Residence](#)
[Childhood Diagnosis data](#)
[Childhood Procedures data](#)

[Average length of stay data](#)

[Annual Allied Health Professional outpatient activity 2007/08](#)
[Annual Allied Health Professional outpatient activity 2008/09](#)
[Annual Allied Health Professional outpatient activity 2009/10](#)
[Annual Allied Health Professional outpatient activity 2010/11](#)

[Annual Nurse Led outpatient activity](#)

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 under the [Hospital-Care](#) topic on 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 20 December 2011 and 27 March 2012 published quarterly inpatient, day case and outpatient activity data for the quarter ending September 2011 were small, ranging from -0.9% to 1.3%. Decreases can occur if actual submissions are lower than estimates.

Revisions between the 20 December 2011 and 27 March 2012 published quarterly average available beds the quarter ending September 2011 were small, ranging from -1.2% to 1.9%. Decreases can occur if actual submissions are lower than estimates.

The percentage increase in the 2010/11 emergency admissions for patients aged 75 was around 0.1% for the available NHS Board between the December 2011 and 27 March 2012 quarterly publications, the equivalent increase in the bed days figure was 0.3% (approximately 5,000 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 March 2012
Description	Summary of inpatient, day case and outpatient activity and bed statistics for NHSScotland
Theme	Health and Social Care
Topic	Hospital Care
Format	Excel
Data source(s)	ISD(S)1 aggregated data returns, Scottish Morbidity Records SMR01 (inpatient/day case) SMR00 (outpatient)
Date that data is acquired	January 2012
Release date	27 March 2012
Frequency	March 2012 publication includes the delayed Annual Hospital Activity statistics publication which was scheduled to be released in September 2011 as well as the scheduled publication of quarterly Hospital Activity statistics up to December 2011. See 'Completeness' section below.
Timeframe of data and timeliness	Data up to 31 December 2011 (Quarterly) - as scheduled Detailed Annual Acute Hospital Activity Information up to March 2011 (Annual) - postponed from September 2011. See 'Completeness' section below.
Continuity of data	Reports include annual data from 2002 to 2011 with quarterly data up to December 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 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

	<p>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. halt reductions in acute NHS beds.</p>
Accuracy	<p>See Hospital Care: Introduction.</p> <p>Information on forms is clerically checked, with additional validation on data entry. Data are also compared to previous year's figures.</p>
Completeness	<p>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.</p>
Comparability	<p>See Hospital Care Introduction or within the introduction of this publication report.</p>
Accessibility	<p>It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.</p>
Coherence and clarity	<p>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.</p>
Value type and unit of measure	<p>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.</p>
Disclosure	<p>Data has a low/medium risk of disclosure. The ISD protocol on Statistical Disclosure Protocol is followed.</p>
Official Statistics designation	<p>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.</p>
UK Statistics Authority Assessment	<p>The Hospital Care information was assessed by the UK Statistics Authority in September 2011 and successfully received confirmation of designation as National Statistics.</p>
Last published	20/12/2011
Next published	26/06/2012
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A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access 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).