

Publication Report



Acute Hospital Activity And NHS Beds Information

Quarter ending March 2012

Publication date – 26 June 2012



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Introduction

This release includes updated information on emergency admissions and bed days in over 65s and over 75s and BADS surgical procedures together with newly published information on inpatient, day case and outpatient activity and average available staffed beds.

The newly published information comprises a quarterly summary of inpatient, day case and outpatient activity and bed statistics for NHSScotland up to March 2012. The updated information includes revised annual emergency admissions, bed day figures and bed day rates up to March 2011 for patients aged 65 and over and for the NHSScotland HEAT target on emergency bed days for patients aged 75 and over.

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.

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 period April 2009 to December 2011. These data directly relate to the HEAT target aimed at delivering agreed improved efficiencies in same-day surgery by March 2011. Due to data completeness issues data for the period November 2010 to December 2011 are provisional and should be treated with caution, details can be found within the relevant excel file.

It should be noted that there are apparent differences between activity 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 for 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 [Emergency Department Activity web pages](#). This is due to the use of different data sources for the two publications. The data contained on the Emergency Department Activity web pages should be considered the primary source of emergency department activity.

Key points

- There were around 363,000 acute inpatient and day case discharges in the quarter ending March 2012. This is a slight increase of 1.5% when compared to the same quarter of the previous year.
- The total number of outpatient attendances in the quarter ending March 2012 was around 1,186,000. This is an increase of around 0.4% on the quarter ending March 2011.
- There has been a decrease of 3.2% in the emergency bed day rate per 1,000 population for patients aged 75+ from 5,388 in 2009/10 to an estimated 5,217 in 2010/11.
- The number of available staffed beds in acute specialties was recorded as 16,669 in the quarter ending March 2012. This is a slight reduction of 0.5% on the number of beds from March 2011.
- In the month of March 2011, 80.7% of all elective BADS procedures were carried out as day cases or outpatients, showing an increase from 75.1% in the month of April 2009.

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 provisional Scotland bed day rates for 'patients aged 65 and over' and 'patients aged 75 and over' for the year ending 31 March 2011 are estimates calculated from the "all Scotland" bed days total, excluding NHS Grampian, and the appropriate Scottish populations, excluding NHS Grampian residents.

Results and Commentary

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.

Inpatients and Day Cases (new)

- There were around 363,000 acute inpatient and day case discharges in the quarter ending March 2012. This is a slight increase of 1.5% when compared to the same quarter of the previous year.
- The number of acute inpatient discharge episodes was around 249,000 for the quarter ending March 2012, an increase of 1.9% on the quarter ending March 2011.
- The number of acute day case episodes in quarter ending March 2012 was around 113,000, an increase of 0.6% on the quarter ending March 2011.

Outpatients (new)

- The total number of outpatient attendances in the quarter ending March 2012 was around 1,186,000. This is an increase of around 0.4% on the quarter ending March 2011.
- The percentage of "did not attends" (DNAs) for new appointments ranged between 10% and 12% over the quarters March 2010 to December 2011. The DNA percentage is unavailable at Scotland level for March 2012 due to ongoing data issues for outpatient returns.

The DNA figures for quarter ending December 2010 are likely to be affected by the adverse weather conditions that were experienced during this time period. This should be taken into account when making data comparisons.

Table 1- Inpatient, Day Case and Outpatient Activity - NHS Scotland

Quarters ending March 2011 to March 2012^P

	Mar-11 ^P	Jun-11 ^P	Sep-11 ^P	Dec-11 ^P	Mar-12 ^P
Total Outpatient Attendances (all specialties except A&E)	1,181,954	1,155,253	1,161,477	1,162,460	1,186,311
Total A&E Outpatient Attendances	410,984	425,710	427,519	403,677	399,478
First Outpatient Attendances (all specialties except A&E)	379,283	368,060	374,427	373,580	378,311
First A&E Outpatient Attendances	389,984	398,228	400,787	382,966	379,548
First Outpatient Appointments % DNAs	10.8	10.7	10.5	10.5	*
Total Inpatient/Day Case Discharges (all specialties)	392,680	389,568	394,414	398,102	400,462
Total Inpatient/Day Case Discharges ("acute" specialties)	357,404	353,637	352,400	354,946	362,749
Total Inpatient Discharges ("acute" specialties)	244,675	244,153	242,488	243,889	249,329
Total Day Case Discharges ("acute" specialties)	112,729	109,483	109,912	111,057	113,420
Total Routine Inpatient Discharges ("acute" specialties)	110,312	110,293	109,460	111,038	114,004
Total non-Routine (emergency) Inpatient Discharges ("acute" specialties)	134,362	133,861	133,028	132,850	135,325

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

Note: Data for March 2011 to March 2012 are provisional. % DNAs are unavailable at Scotland level for March 2012 due to ongoing data issues.

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

Emergency admissions for the elderly population are of particular interest and so 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 rate of emergency inpatient bed days for people aged 65 and over, by 10% compared with 2004/05.

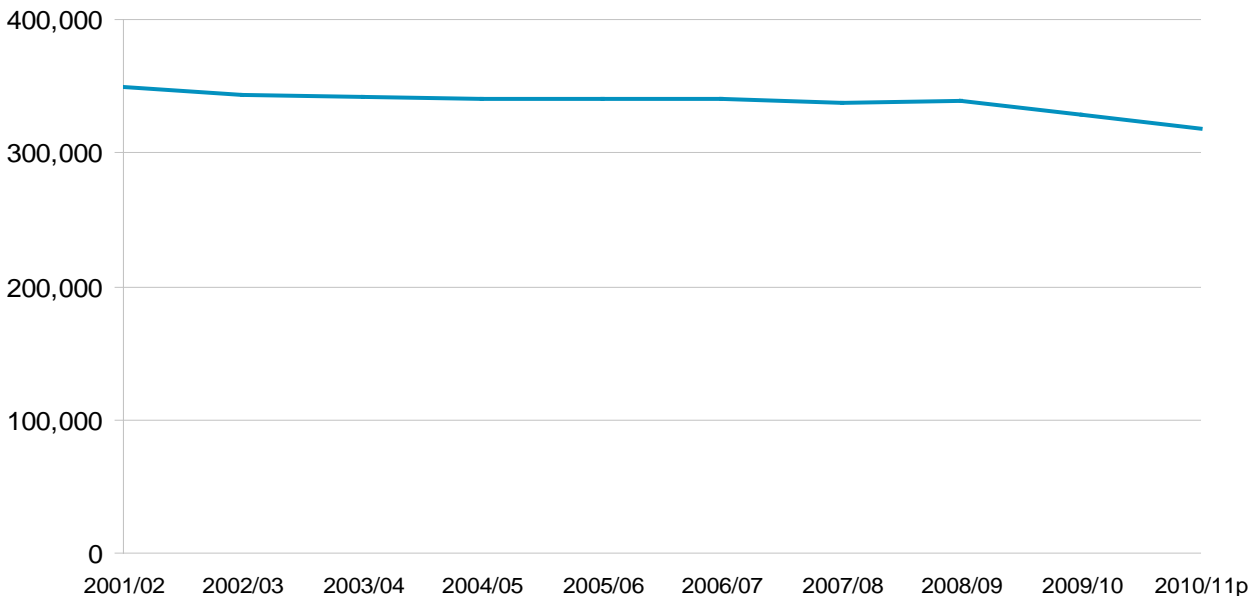
The provisional Scotland bed day rates for 'patients aged 65 and over' for the year ending 31 March 2011 are estimates calculated from the "all Scotland" bed days total, excluding NHS Grampian, and the appropriate Scottish populations, excluding NHS Grampian residents.

- 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 an estimated 317,679 in 2010/11*. A reduction of 6.7%.
- There has been a slight increase of 0.9% in the emergency admission rate for patients aged 65+ between 2009/10 and 2010/11.

Chart 1 - NHS Scotland Emergency Bed Days Rate for Patients Aged 65+

(Rate per 100,000 population)

Financial years ending 31 March 2002-2011^P



Source: ISD SMR01, NRS population estimates. ^PData is provisional

*Provisional Scotland bed day rate excluding NHS Grampian residents. NHS Grampian data for 2010/11 are currently unavailable due to the continuing data issues detailed in the introduction of this report.

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](#).

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.

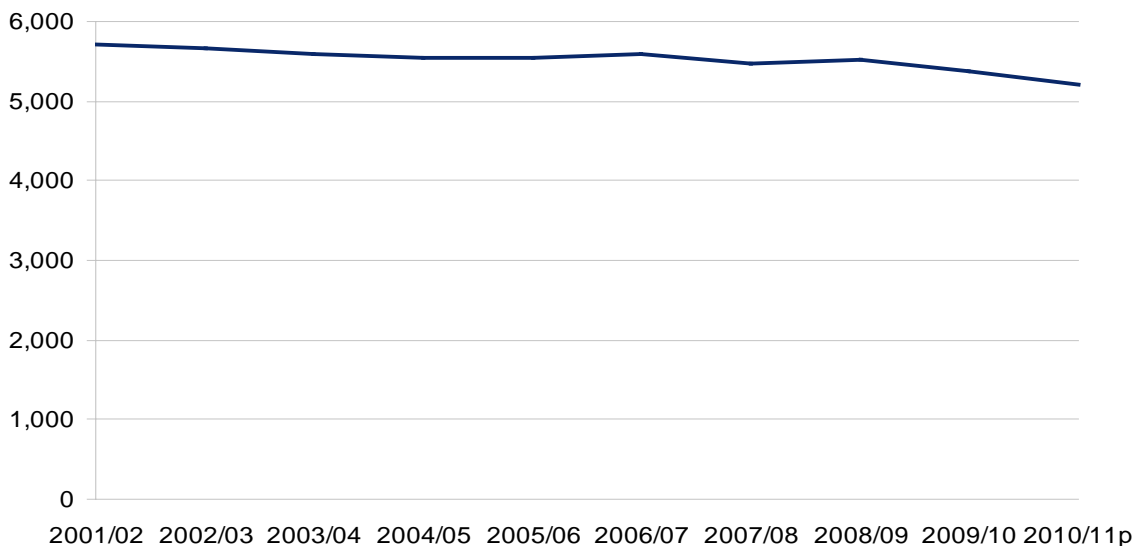
Reduce the rate of emergency inpatient bed days for people aged 75 and over per 1,000 population by at least 12% between 2009/10 and 2014/15.

The provisional Scotland bed day rates for ‘patients aged 75 and over’ for the year ending 31 March 2011 are estimates calculated from the “all Scotland” bed days total, excluding NHS Grampian, and the appropriate Scottish populations, excluding NHS Grampian residents.

- There has been a decrease of 3.2% in the emergency bed day rate per 1,000 population for patients aged 75+ from 5,388 in 2009/10 to an estimated 5,217 in 2010/11*.
- There has been an increase of approximately 1.8% in the emergency admission rate for patients aged 75 and over between 2009/10 and 2010/11.

**Chart 2 - NHS Scotland Emergency Admission Bed Day Rate for Patients Aged 75+
(Rate per 1,000 population)**

Financial years ending 31 March 2002-2011^P



Source: ISD SMR01, NRS population estimates. ^PData is provisional

*Provisional Scotland bed day rate excluding NHS Grampian residents. NHS Grampian data for 2010/11 are currently unavailable due to the continuing data issues detailed in the introduction of this report.

Further details and previously published information on multiple and all emergency admissions are 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](#).

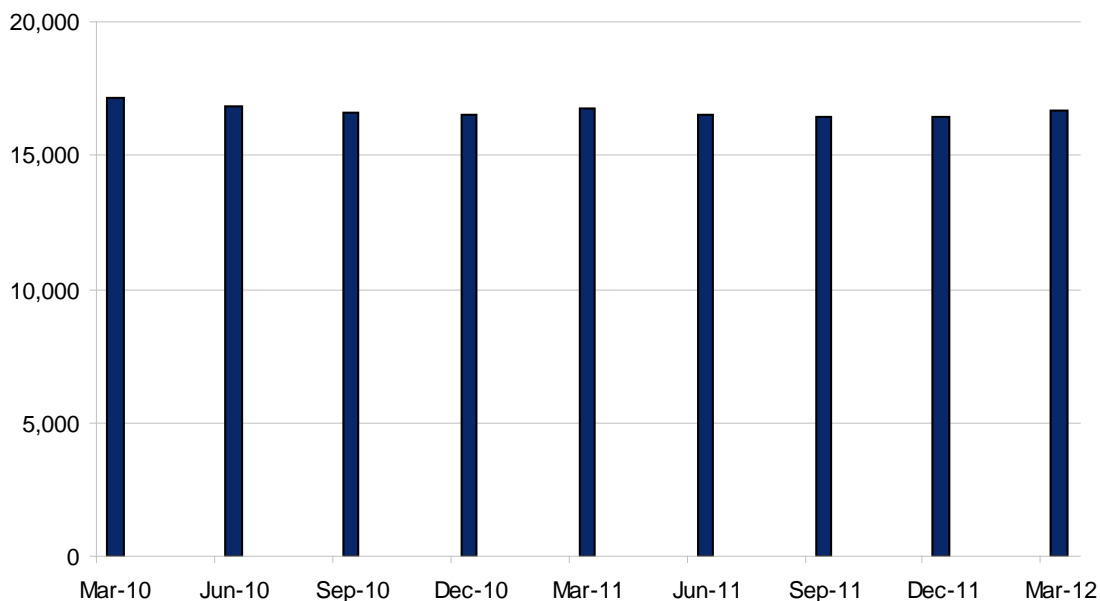
Quarterly Bed Statistics (new)

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 have been estimated for the affected NHS Boards. ISD Scotland has improved the estimation methodology used within this publication. For details please refer to [Appendix A1](#).

- The number of available staffed beds in acute specialties was recorded as 16,669 in the quarter ending March 2012. This is a slight reduction of 0.5% on the number of beds from March 2011.
- The occupancy rate for acute beds over the last 9 quarters (March 2010 – March 2012) has ranged from 80.0% to 84.4%. The occupancy rate in quarter ending March 2012 was 83.4%. Quarters ending March tend to have the highest occupancy year on year, however the March 2012 figure is slightly lower than the previous 2.
- The average number of inpatient discharges (episodes) treated per bed (i.e. throughput) has remained relatively constant over the last two years 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 3 - NHS Scotland Trend in ACUTE Average Available Staffed Beds
Quarters ending March 2010 to March 2012^P**



Source: ISD(S)1. Figures will be revised in future publications. Any revisions are expected to be relatively small. Details can be found within the relevant Excel files.

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

BADS surgical procedures (revised)

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, 80.7% of all elective BADS procedures were carried out as day cases or outpatients, showing an increase from 75.1% 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 December 2011, completeness varies greatly by NHS Board. Details can be found the [HEAT BADS monthly rates table](#).

The increase in the percentage is attributable to efforts by NHS boards to provide day surgery for relevant cases and improvements in the level of procedure recording for outpatient attendances.

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

Glossary

Acute Hospital Care/Activity	includes services such as: consultation with specialist clinicians; emergency treatment; routine, complex and life saving surgery; specialist diagnostic procedures; close observation and short-term care of patients. 'Acute' hospital care includes activity occurring in major teaching hospitals, district general hospitals and community hospitals but 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 as well as routine discharges home.
Elective Admission	this is when the patient has already been given a date to come to hospital for a planned procedure or treatment.
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	is defined as a division of medicine or dentistry covering a specific area of clinical activity.

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

List of Tables

Table No.	Name	Time period	File & size
1	Quarterly Inpatient, Day Case and Outpatient Activity	March 2010 to March 2012	Excel [239kb]
2	Quarterly trends in available beds	March 2010 to March 2012	Excel [1516kb]
3	Quarterly trends in available beds – NHS Board of Treatment Comparison	March 2010 to March 2012	Excel [767kb]
4	HEAT Emergency Admissions Over 65s	2001/02 to 2010/11	Excel [1774kb]
5	HEAT Emergency Admissions Over 75s	2001/02 to 2010/11	Excel [1568kb]
6	Monthly trends in BADS procedures by NHS Board of Treatment	April 2009 to December 2011	Excel [126kb]

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 activity - 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](#). Details on completeness can also be found within the excel data files.

ISD are working with NHS Boards to resolve ongoing 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 for affected NHS Boards. ISD Scotland has revised the estimation methodology for the inpatient and day case ISD(S)1 data used within this publication. Estimated data are now based on an average of the last three submissions from the relevant NHS Boards. The change has been made to make estimates more accurate and consistent, and less sensitive to seasonal fluctuations. The number of days in the month has also been factored in to the process as this can cause erroneous variation if not accounted for. The estimation methodology for outpatient data remains based on the previous available quarterly submission, this methodology will also be revised in future publications.

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 between the 27 March 2012 and 26 June 2012 published quarterly inpatient, day case and outpatient activity data for the quarter ending December 2011 were small, ranging from -2.3% to 1.8%. Decreases can occur if actual submissions are lower than estimates.

Revisions between the 27 March 2012 and 26 June 2012 published quarterly average available beds for the quarter ending December 2011 ranged from -21.3% to 4.9%. Decreases can occur if actual submissions are lower than estimates. These percentage changes are higher than expected due to the change in estimation methodology introduced for the 26 June 2012 publication. The percentage change for NHS Scotland overall was 0.4%.

The percentage increase, since the 27 March 2012 publication, in the 2010/11 emergency admissions for patients aged 75+, was around 0.6% while bed days have increased by around 0.5% for the available NHS Boards.

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. 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 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 outpatient clinics. Whilst outpatient procedure recording has improved in recent years, gaps in the completeness and coverage remain. Details can be found within the [HEAT BADS monthly rates table](#).

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 June 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, PDF
Data source(s)	ISD(S)1 aggregated data returns, Scottish Morbidity Records SMR01 (inpatient/day case) SMR00 (outpatient)
Date that data are acquired	May 2012
Release date	26 June 2012
Frequency	Quarterly June 2012 publication includes the scheduled publication of quarterly Hospital Activity and Bed statistics up to March 2012 however there are still some ongoing data completeness issues. See 'Completeness' section below.
Timeframe of data and timeliness	Data up to 31 March 2012 (Quarterly). Emergency Admissions data up to March 2011 (Annual) for the majority of NHS Boards.
Continuity of data	Reports include limited annual data from 2002 to 2011 with quarterly data up to March 2012.
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 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

	<p>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>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 provide statistical information for political campaigns, e.g. to halt reductions in acute NHS beds.</p>
Accuracy	Please refer to page 16 within Appendix A1 of this report. Summary data within this publication is also compared to previously published figures.
Completeness	Details of 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 measurement	In general, figures are shown as numbers, percentages or rates.
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.
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Date form completed	05/06/2012

A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

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

Standard Pre-Release Access:

Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads

Extended Pre-Release Access

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)

A4 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie 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](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.