

# Publication Report



## **Acute Hospital Activity And NHS Beds Information**



**Year ending 31 March 2012**

**Quarter ending June 2012**

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## Introduction

Scottish NHS hospitals provide a wide range of specialist care and treatment for patients. Typically, services offered in NHS secondary care settings (usually in an acute, general or community hospital) are diverse. They include: consultation with specialist clinicians (consultants, nurses, dieticians, physiotherapists and a wide range of other professionals); emergency treatment following transfer from emergency departments; routine, complex and life saving surgery; specialist diagnostic procedures; and close observation and short-term care of patients.

This publication summarises information on different aspects of hospital care, sourced from hospital administrative systems across Scotland. The release includes detailed annual information on inpatient, day case and outpatient activity, medical diagnoses, surgical procedures and operations, emergency hospital admissions and childhood hospital admissions for the year ending March 2012. Summary activity and bed statistics up to the quarter ending June 2012 are also included.

It should be noted that whilst the majority of the annual data for the years ending March 2011 and March 2012 is available in this publication, there is still a small proportion of information which remains affected by the implementation of the new TrakCare patient management system (PMS). ISD has clearly identified statistics which are affected by the ongoing data issues. The main issues are also detailed within the [data issues and completeness document](#) which accompanies this publication with additional information included within the [background section](#) of this report

Note that the term 'Acute Hospital Care' in the context of national data sources excludes clinical specialties covering obstetric, psychiatric and long stay care services. National information for these services is available elsewhere on the ISD website.

The format of this publication has been adapted to give more comprehensive insight into the broad range of patient care within NHS Scotland and how this has also changed over time with medical advancement, improvements to the health service and changes in clinical practice.

While the format of the report has changed the data tables produced have not. Regular users who want to go directly to the data can find the [full list of published tables](#) within this report.

In order to make the publication more patient focussed, the report has been designed around the healthcare encounters a person could typically have throughout their lifetime from childhood to old age and illustrating these with current and historic trends in related hospital activity.

The entire range of contacts with healthcare a person may experience in their lifetime includes non-hospital based services which are outside the scope of this publication. It can be helpful, however, to recognise where primary, secondary and community care interact and so references to non-hospital care topics have been made where appropriate. The table below summarises the services/treatments a person may experience alongside the relevant ISD [Health Topics](#) which cover and publish information on each.

Healthcare Contact/Treatment/Service	ISD Topic Area
GP Consultation	<a href="#">General Practice</a>
Prescription	<a href="#">Prescribing and Medicines</a>
A&E attendance	<a href="#">Emergency Care</a>
Outpatient attendance	<a href="#">Hospital care</a>
Day case admission	<a href="#">Hospital care</a>
Elective admission	<a href="#">Hospital care</a>
Emergency admission	<a href="#">Hospital care</a>
Long stay admission	<a href="#">Hospital care</a>
Psychiatric admission	<a href="#">Hospital care</a> / <a href="#">Mental Health</a>
Care Homes	<a href="#">Health and Social Care</a>
Palliative Care	<a href="#">Health and Social Care</a>

As with previous publications, this report also summarises high level activity and trends in Scotland's hospitals, bed statistics and information on [Scottish Government Performance Targets](#) (HEAT targets).

The treatment of patients who have a health problem that requires urgent attention forms a major part of the work of many acute hospitals. 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.

It should be noted that figures on A&E attendances will no longer be published under the [Hospital Care Topic](#) as alternative and improved data collection systems are now established in A&E departments which are managed separately from those covering broader hospital activity information. A&E attendance figures are published quarterly on the [Emergency Department Activity](#) web pages and these should be considered the primary source of emergency department activity.

Historic annual figures up to 2010/11 and quarterly figures to March 2012 can be found respectively within the March 2012 and June 2012 [Acute Hospital Activity publications](#).

## Key points

- There were 4,700,000 outpatient attendances at consultant clinics in 2011/12<sup>1</sup>. This is an increase of 5% from 4,471,000 in 2007/08<sup>2</sup>. New outpatient attendances have increased by around 9% from 1,378,000 in 2007/08 to 1,497,000 in 2011/12.
- The return to new ratio for outpatient attendances has reduced steadily over the last ten years from 2.4 return outpatients seen for each new outpatient in 2002/03 to 2.1 in 2011/12. Simultaneously, percentage Did Not Attend (DNA) rates have fallen from 12.0% in 2002/03 to 10.3% in 2011/12.
- The total number of hospital discharge episodes from acute specialties in 2011/12 was 1,430,000. Over the last ten years, acute discharges have increased by an average 2.1% year on year from 1,186,000 in 2002/03. The rate of increase has slowed in the last three years to around 0.7% per annum.
- In 2011/12 there were around 541,000 non-routine (emergency) inpatient discharges an increase of around 13% over the last ten years from 477,000 in 2002/03.
- The total number of hospital discharge episodes for children aged 14 years and under was around 100,000 in 2011/12. Over the last five years, total discharges have decreased by 4.7% from 105,000 in 2007/08.
- Neoplasms (including cancer) was the most common main diagnosis for patients discharged from hospital in 2011/12, accounting for 13.8% of all main diagnoses. This figure has remained at approximately 14% for the last five financial years.
- The average number of available staffed beds in acute specialties was recorded as 16,500 in the financial year 2011/12. This is a reduction of 7.8% from 17,900 beds in 2002/03. The mean stay per inpatient bed for acute specialties has decreased from 6.5 days in the year ending March 2003 to 5.3 days in year ending March 2012. 84% of all main procedures (excluding imaging, injections, infusions, x-ray) were performed during elective inpatient or day case admissions in 2011/12. Of these, 81.1% were performed as same day surgery, compared to 75.8% in 2007/08.
- A total of 828,000 main procedures (excluding imaging, injections, infusions, x-ray) were recorded on inpatient, day case and outpatient records in NHS Scotland in 2011/12. This is an increase of 9.7% from 755,000 in 2007/08.

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. Estimates of revision percentages between publications can be found within [background](#) of this report.

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](#).

<sup>1</sup> The annual periods used in this report relate to financial years ending 31st March. For example 2011/12 covers the period 1<sup>st</sup> April 2011 to 31<sup>st</sup> March 2012.

<sup>2</sup> Many of the statistics quoted in this report are rounded to the nearest 1,000. Percentage changes are based on actual (non-rounded) figures. This may result in apparent rounding error.

## Results and Commentary

### 1. High Level Summary of Hospital Activity and Bed Provision

#### 1.1 Historic and Recent trends in Inpatient, Day Case and Outpatient Activity

Long term and recent trends in hospital activity give an overview of the volume of secondary care delivered by health boards across Scotland. Changes in annual activity over time reflect variation in levels of demand, evolving clinical practice and the effects of changing demography (e.g. ageing population). Quarterly activity figures give an indication of the seasonal variation health boards experience over a year and can be influenced by a range of factors including severe weather and public holidays. Intelligence gained from analysing activity statistics allow the health service to better plan their resources and thereby improve efficiency and patient outcomes.

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

**Table 1- Annual inpatient, day case and outpatient activity(\*thousands) for patients treated in NHS Scotland, for financial years ending March 2003 to 2012<sup>P</sup>**

	2003	2008	2009	2010	2011 <sup>P</sup>	2012 <sup>P</sup>
<b>Total Outpatient Attendances (all specialties except A&amp;E)*</b>	4,693	4,471	4,634	4,575	4,609	4,700
<b>First Outpatient Attendances (all specialties except A&amp;E)*</b>	1,361	1,378	1,463	1,469	1,488	1,497
<b>First Outpatient Appointments % DNAs</b>	12.0	10.5	10.3	10.7	10.8	10.3
<b>Total Inpatient/Day Case Discharges (all specialties)*</b>	1,345	1,503	1,553	1,572	1,572	1,582
<b>Total Inpatient/Day Case Discharges ("acute" specialties)*</b>	1,186	1,347	1,401	1,405	1,422	1,430
<b>Total Inpatient Discharges ("acute" specialties)*</b>	827	943	973	965	979	981
<b>Total Day Case Discharges ("acute" specialties)*</b>	360	403	428	440	443	449
<b>Total Routine Inpatient Discharges ("acute" specialties)*</b>	350	413	433	435	447	441
<b>Total non-Routine (emergency) Inpatient Discharges ("acute" specialties)*</b>	477	530	540	530	532	541

\* thousands

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 & 2011/12 are provisional.

**Table 2- Quarterly inpatient, day case and outpatient activity(\*thousands) for patients treated in NHS Scotland, for quarters ending September 2010 to June 2012<sup>P</sup>**

	Sep-10	Dec-10 <sup>P</sup>	Mar-11 <sup>P</sup>	Jun-11 <sup>P</sup>	Sep-11 <sup>P</sup>	Dec-11 <sup>P</sup>	Mar-12 <sup>P</sup>	Jun-12 <sup>P</sup>
<b>Total Outpatient Attendances (all specialties except A&amp;E)*</b>	1,162	1,105	1,183	1,157	1,164	1,166	1,212	1,172
<b>First Outpatient Attendances (all specialties except A&amp;E)*</b>	379	359	380	367	375	374	381	369
<b>First Outpatient Appointments % DNAs</b>	10.4	12.0	10.8	10.5	10.5	10.5	9.8	9.9
<b>Total Inpatient/Day Case Discharges (all specialties)*</b>	396	388	393	389	394	398	401	399
<b>Total Inpatient/Day Case Discharges ("acute" specialties)*</b>	357	353	356	352	357	359	362	360
<b>Total Inpatient Discharges ("acute" specialties)*</b>	245	245	244	242	245	247	246	247
<b>Total Day Case Discharges ("acute" specialties)*</b>	112	108	112	110	112	112	116	113
<b>Total Routine Inpatient Discharges ("acute" specialties)*</b>	112	112	110	109	110	111	111	111
<b>Total non-Routine (emergency) Inpatient Discharges ("acute" specialties)*</b>	133	133	134	133	135	136	135	136

\* thousands

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 & 2011/12 are provisional.

### 1.1.1 Outpatients – All Clinical Specialties

Patients who require the medical opinion of a specialist clinician may be referred to an outpatient clinic for treatment or investigation. An 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 out with a clinic session. Outpatients are not admitted to a hospital and do not use a hospital bed.

- Around 4,700,000 outpatients were seen at consultant clinics in 2011/12. Since 2002/03, attendances dropped from 4,693,000 to a minimum 4,471,000 in 2007/08 but have increased by 5% since then.
- New outpatient attendances have increased from a relatively static 1,350,000 across years 2002/03 to 2007/08 to 1,497,000 in 2011/12 (an increase of 8.7%).
- In the most recent four quarters, the number of new outpatient appointments ranged from 369,000 in June 2012 to 381,000 in March 2012.
- Over the last two complete financial years there have been consistently higher numbers of both total and new outpatient appointments in the quarter ending March and lower numbers occurring in quarters ending June and December.
- In the quarter ending December 2010 Outpatient attendances were particularly low and did not attend rates (DNAs) particularly high due to the severe winter weather experienced in Scotland at that time.

Improving efficiency, by reducing unnecessary return outpatient appointments and the number of patients who do not attend pre-arranged appointments (DNAs) continues to be a priority for NHS boards.

- The return to new ratio for outpatient attendances has reduced steadily over the last ten years from 2.4 return outpatients seen for each new outpatient in 2002/03 to 2.1 in 2011/12.
- The percentage of new appointments which patients did not attend (DNAs) in 2011/12 was 10.3%, a reduction of 0.5 percentage points from 10.8% in 2010/11 and 1.7 percentage points from 12.0% in 2002/03.

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 consultant as leader of the clinical team. This has had the effect of obscuring or overlooking the clinical contribution, in both hospitals and in the community, of nursing staff, allied health professionals and other healthcare professionals in nationally presented statistics. 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.

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.

- 971,000 outpatients were recorded as being seen at nurse led clinics for acute specialties in 2011/12. Of these, 145,000 were new attendances.
- 4,831,000 outpatients were recorded as being seen at an allied health professional or other technical department in 2011/12, of these, 1,685,000 were new attendances. The most frequent service utilised by outpatients is Radiography services with 2,216,000 attendances in total, of which 1,115,000 were new attendances (representing 45.9% of all AHP attendances and 66.1% of new AHP attendances respectively).

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

### 1.1.2 Inpatients & Day Cases – Acute Clinical Specialties

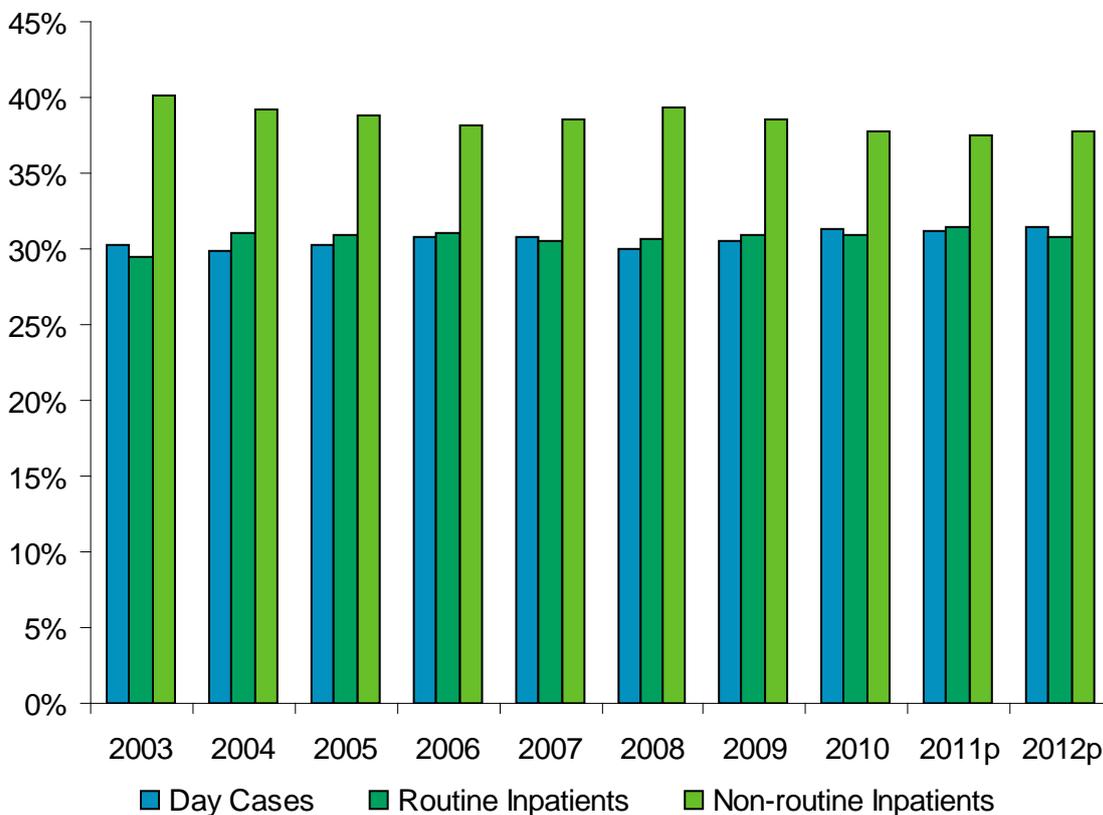
The term inpatients refer to people admitted to an available staffed bed in a hospital (either electively or as an emergency) and who either remain overnight or are expected to remain overnight but are discharged earlier.

Day cases refer to episodes where a person makes a planned admission to an available staffed bed in a hospital for clinical care, and requires the use of a bed (or trolley in lieu of a bed) but do not spend the night in that bed. For the purposes of national data a day case episode refers to a patient who is admitted as a day case and is discharged on the same day as planned.

- The total number of hospital discharge episodes from acute specialties in 2011/12 was 1,430,000. Over the last ten years, acute discharges have increased by an average 2.1% year on year from 1,186,000 in 2002/03. The rate of increase has slowed in the last three years to around 0.7% per annum.
- Of these acute discharges, 449,000 (31%) were day case discharges, 441,000 (31%) were routine inpatient discharges and 541,000 (38%) were non-routine (emergency) inpatient discharges.

- Non-routine hospital activity is recognised as placing a substantial and hard to predict demand on NHS secondary care services and discharges have increased by around 13% over the last ten years from 477,000 in 2002/03. As a proportion of all acute discharges, however, non-routine discharges have decreased slightly from 40% in 2002/03 to 38% in 2011/12.
- In the most recent four quarters, the total number of inpatient and day case discharges ranged from 394,000 in September 2011 to 401,000 in March 2012. Of these, acute inpatient discharges have remained fairly constant at between 245,000 to 247,000, while acute day case discharges have ranged from 112,000 in September 2011 to 116,000 in March 2012.
- In the quarter ending December 2010 acute day case discharges were particularly low due to the severe winter weather experienced in Scotland at that time.

**Chart 1 - Proportion of day case, routine inpatient and non-routine (emergency) inpatient hospital discharges - financial years 2002/03 to 2011/12<sup>P</sup>**



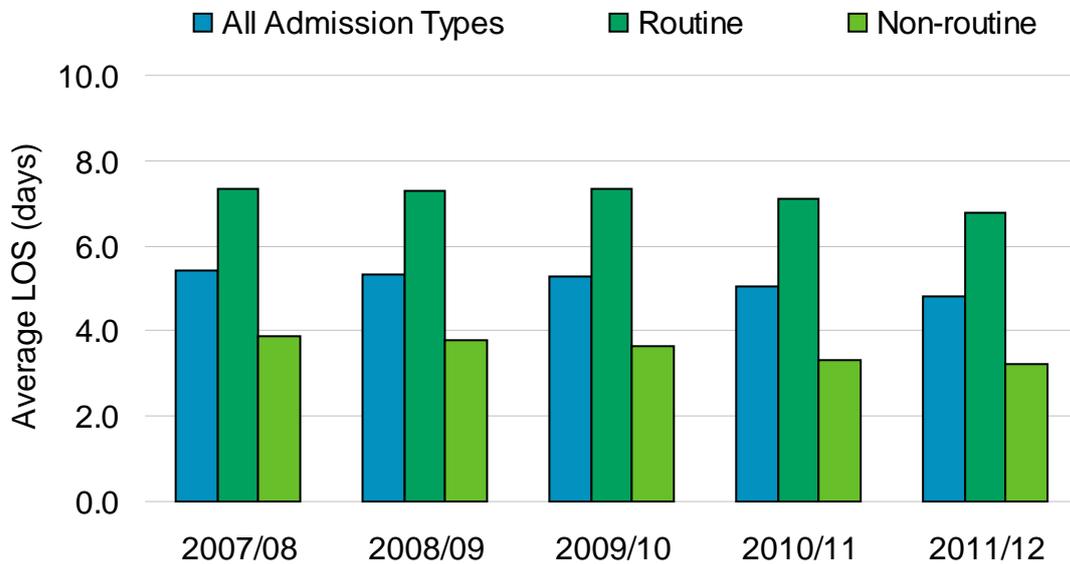
Source: SMR01  
<sup>P</sup> 2010/11 and 2011/12 data are provisional

Reducing the amount of time patients spend in hospital has been key priority for NHS boards for a number of years. Shorter lengths of stay results in better outcomes for patients, reduced risk of healthcare acquired infections, such as MRSA, and improved patient flow through hospital systems.

- The average length of stay for all inpatient admission episodes in the year ending March 2012 was 4.8 days, showing a steady year-on-year decrease from 5.4 days in 2007/08.

- The average length of stay for inpatient routine admissions has fallen from 7.3 to 6.8 days between 2007/08 and 2011/12, whilst for non-routine admissions the average has reduced from 3.9 to 3.2 days over the same period.

**Chart 2 - Average length of stay (days) for an inpatient episode in NHS Scotland by admission type, for financial years ending 31 March 2008 to 2012<sup>P</sup>**



Source: SMR01  
<sup>P</sup> 2010/11 and 2011/12 data are provisional

Note that the average length of stay for the above analysis is based on all hospital inpatient episodes while the mean length of stay included with the following bed statistics is based on ‘acute’ specialty or ‘all specialty’ groupings. ‘All specialties’ includes non-acute specialties such as geriatric long stay and hence the two sets of data are not directly comparable.

Further information on Outpatient, Inpatient & Day Case hospital activity, average length of stay is available under the ISD website sub topics [Outpatient Activity](#) and [Inpatient & Day Case Activity](#).

## 1.2 NHS Hospital Beds Statistics

In order to provide an effective, safe and efficient service to patients, hospitals must balance the provision of staffed beds against anticipated demand. Historically, the total number of beds has been reducing in line with evolving models of healthcare provision which aims to reduce the frequency and duration of hospital admissions and improve the integration of health and social care services. This strategy aims to improve outcomes for patients and reduce the likelihood of future hospital admissions.

The main unit of measuring bed provision within this publication is an Available Staffed Bed. This is a bed which is resourced for inpatient or day case care.

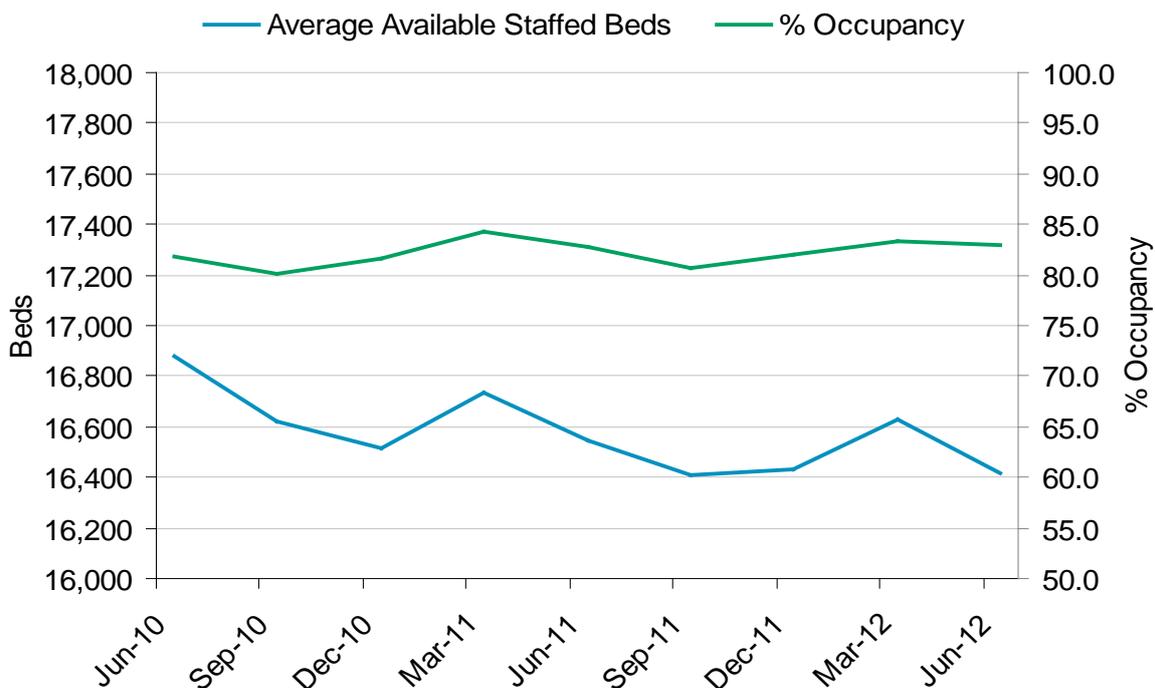
Data for this is sourced from ISD(S)1 which can contain missing or incomplete data. In order to provide continuous trends, missing or incomplete data is estimated using previous available data submissions. Further details can be found within the [annual](#) and [quarterly](#) beds publication files. Since the implementation of the New Patient Management system, TrakCare, the percentage of estimated figures for NHS Scotland has increased and is currently around 30% for the latest quarter (June 2012).

Information on NHS Beds is published for both quarterly and annual time periods. Quarterly data are presented to show how the change in beds by hospital specialty can change due to seasonal demands such as increased activity in winter for elderly patients.

### 1.2.1 Historic and recent trends in NHS bed statistics

- The average number of available staffed beds in acute specialties was recorded as 16,500 in the financial year 2011/12. This is a reduction of 7.8% from 17,900 beds in 2002/03.
- The occupancy rate for acute beds over the last ten years has remained steady at between 81% and 82%.
- The mean stay per inpatient bed for acute specialties has decreased from 6.5 days in 2002/03 to 5.3 days in 2011/12.
- The average number of inpatient discharge episodes treated per bed (i.e. throughput) has increased from 45.5 in 2002/03 to 57.1 in 2011/12.
- Over the last two financial years, quarterly available beds and percentage occupancy tend to be highest in March and lowest in September / December.

**Chart 3 - Quarterly average occupied beds and percentage bed occupancy, for quarters ending June 2010 to June 2012<sup>P</sup>**



Source: ISD(S)1

Note: vertical axes do not start at the origin (zero).

The annual data presented shows that the number of beds in Scottish hospitals, as elsewhere in the UK, is gradually declining. This is largely attributable to changing medical practice 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.

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

Technical information on how bed statistics are calculated can be found on the ISD data dictionary under [available staffed bed](#) and [bed complement](#).

## 2. Secondary Healthcare Encounters During Whole-life Pathway

### 2.1 Childhood (aged 0 to 14)

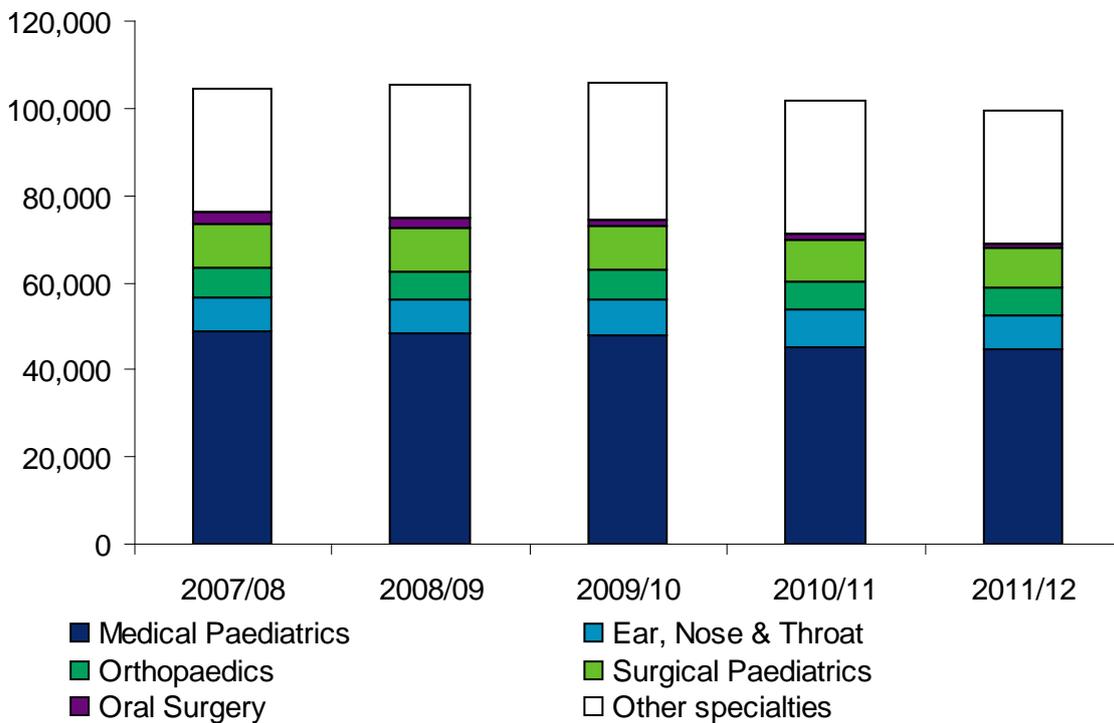
The health service plays an important part in promoting the health and well-being of children. NHS Scotland provides a universal health promotion programme to all children and their families known as the [child health programme](#). This programme includes various elements such as formal screening for specific medical problems, routine childhood immunisations, and a structured programme of needs assessment, health promotion, and parenting support provided through regular scheduled contacts with health visitors, school nurses and other health professionals. ISD publishes a range of information derived from provision of the child health programme, including information on [immunisation](#), [infant feeding](#), and [children's weight and growth](#).

It is also common for children to be admitted to an acute hospital for a number of reasons including: specialist diagnostic procedures; emergency treatment following accidents; and routine, complex and life saving surgery. In some instances the admission will be planned (known as an elective admission) and in some cases unplanned (an emergency admission).

#### 2.1.1 Trends in Childhood Hospital Admissions

- The total number of hospital discharge episodes for children aged 14 years and under was 100,000 in 2011/12. Over the last five years, total discharges have decreased by 4.7% from 105,000 in 2007/08.
- This decrease is driven by greater reductions in 10 to 14 year olds (12.2%) and 5 to 9 year olds (6.2%) but little change has occurred in 0 to 4 year olds (0.7%) who make up the majority of total discharges (54,000 in 2011/12; 54%)
- In 2011/12, there were 55,000 emergency inpatient admissions for children aged 14 years and under, 11,000 elective inpatient admissions and 27,000 day case admissions. 55%, 11% and 27% of total admissions respectively.
- The most common clinical specialties that children are admitted to are medical paediatrics, surgical paediatrics, dental/oral surgery, ENT (ear, nose and throat), and orthopaedics making up almost 70% of all admissions.

**Chart 4 - Inpatient and day case discharge episodes for children aged 0 to 14 years by clinical specialty, financial years 2007/08 to 2011/12<sup>P</sup>**



Source: SMR01

<sup>P</sup> 2010/11 and 2011/12 data are provisional

### 2.1.2 Health conditions diagnosed in children admitted to hospital

- For children aged 14 years and under, the three most common main diagnosis groupings for emergency admissions in 2011/12 were:
  - a. 'Diseases of the respiratory system' (24%), primarily upper and lower respiratory infections
  - b. 'Injury, poisoning and certain other consequences of external causes' (17% - of which head and other injuries constitute 15%).
  - c. 'Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified' (17%) which covers non-specific symptoms such as abdominal pain, coughs / wheezing and fever.
- There has been an 8% reduction in the numbers of emergency admissions in the 'Injury, poisoning and certain other consequences of external causes' diagnosis grouping over the last five years with head injuries reducing by 13%.
- The three most common main diagnosis groupings for elective inpatient and day case admissions in 2011/12 were:
  - a. 'Diseases of the digestive system' (26% - of which dental caries are the predominant diagnosis)
  - b. '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%)
  - c. 'Congenital malformations, deformations and chromosomal abnormalities' (10%).

### 2.1.3 Procedures / operations performed for children admitted to hospital

- In 2011/12, around 34,000 elective inpatient and day case and 11,000 emergency inpatient procedures/operations were carried out on children aged 14 years and under.
- Procedures to the mouth were the most commonly performed for elective inpatients and day cases amounting to 31% of all procedures. Within this group, 'Extraction of Tooth' and 'Excision of Tonsil' accounted for the majority.
- In emergency admissions the most common procedures related to the 'reduction of fracture or dislocation of bone (not skull or face)' - around 23% of all procedures.

Detailed statistics and trend information can be found in the Childhood Summary Tables, Childhood diagnoses tables and Childhood procedures tables published under the ISD sub-topics [Inpatient and Day Case Activity](#), [Diagnoses](#) and [Operations and Procedures](#).

Further information on Child Health can be found under the ISD topic - [Child Health](#). Statistics on the delivery of healthcare to children in primary care and estimated prevalence of certain health conditions affecting children can be found under the ISD topic [General Practice](#).

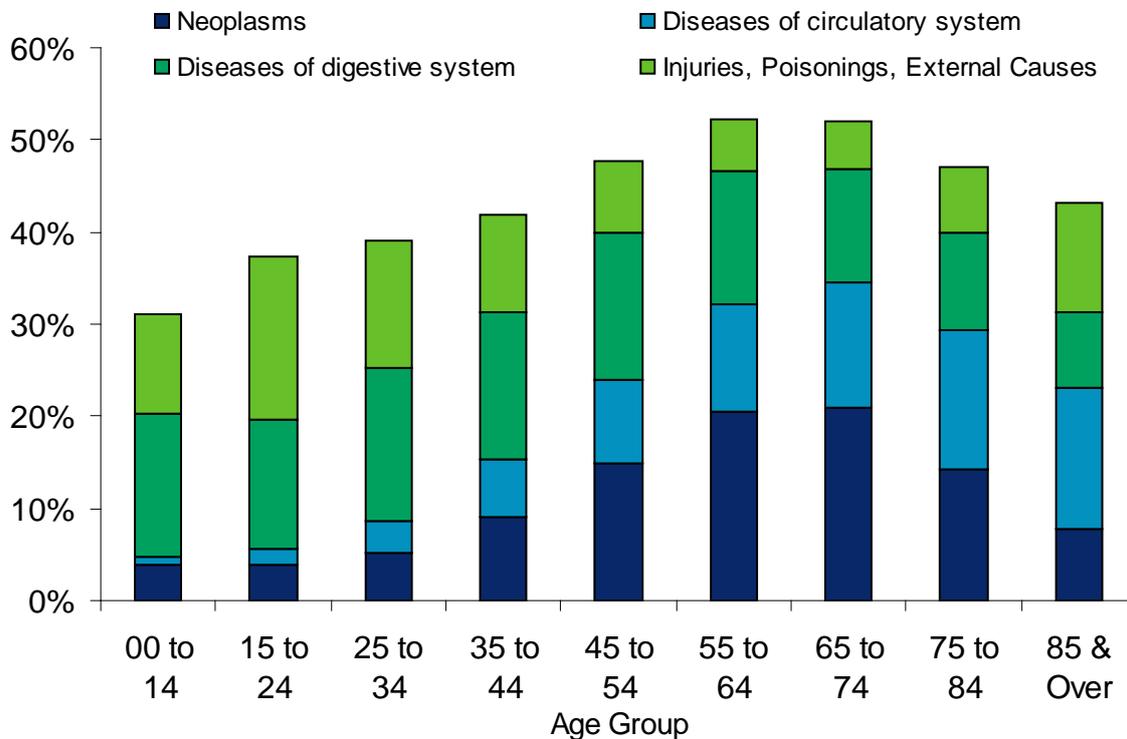
## 2.2 Hospital Care in Adults (aged 15 or more)

As people get older their healthcare needs across all sectors change. In general the frequency and level of care required increases with age, however, the types of conditions requiring medical attention varies according to the prevalent life-stage. Whilst some people tend to accumulate health conditions as they progress through life, these conditions are not necessarily the preserve of older people. Lifestyle choices (diet, exercise, smoking etc) at all stages of life have a major influence on the likelihood of developing a medical condition which may lead to chronic disease lasting for significant proportions of adult life. This in turn has consequences for frequency of contact with healthcare services, long-term medication and potentially repeated admissions to acute hospitals.

### 2.2.1 Trends of Diagnoses Made for People Admitted to Hospital

- The most common main diagnoses groups for patients discharged from hospital in 2011/12 (all ages) are "Neoplasms" (including cancer), "Diseases of the Digestive System", "Diseases of the circulatory system" and "Symptoms, signs & ill defined conditions, not elsewhere classified", accounting for 13.8%, 13.4%, 10.3,% and 13.0% of all main diagnoses respectively.
- The numbers of discharges within each diagnostic group can change markedly depending on the age of the people involved. For example, "injuries, poisonings and other external causes" accounts for as much as 18% of total main diagnosis in young adults (15 to 24 years) but less than 10% in older people (65+ years). By contrast, neoplasms account for less than 5% in children and young adults (0 to 34 years), up to 20% in older adults (55 to 64 years) and drops to less than 13% in older people (75+ years).
- The rates per 100,000 population of hospital discharges with a main diagnosis group of neoplasms decreased slightly by 2% from 3,829 in 2008/09 to 3,741 in 2011/12 but remain higher than the figure of 3,680 recorded in 2007/08. Further, detailed information on cancer in Scottish people including incidence, prevalence and mortality rates is available on the [Cancer](#) topic of ISD's website.

**Chart 5 - Proportion of most common main diagnosis groups made during inpatient or day case episodes by age, financial year 2011/12<sup>P</sup>**



Source: SMR01  
<sup>P</sup>2011/12 data are provisional

Reducing the number of hospital admissions for people suffering from a long term condition (LTC) has become an important objective for health boards and their partners. Through improved public health, better integration of health and social care services and the timely application of multidisciplinary care packages for patients it is hoped the clinical management of LTCs can be improved and those who suffer them have the best possible and most efficient care available.

It is estimated that one in four adults over the age of 16 report some form of LTC, health problem or disability and by the age of 65 nearly two thirds will have developed a LTC<sup>1</sup>. Common long term conditions include epilepsy, diabetes, some mental health problems, heart disease, chronic pain, arthritis, inflammatory bowel disease, asthma and chronic obstructive pulmonary disease (COPD). A sizeable number of people suffering these LTCs will have at least one hospital admission (either emergency or elective) as a consequence.

- The number of hospital discharges with a main diagnosis of COPD has increased by 18% from 24,000 in 2007/08 to 28,565 in 2011/12. The total bed days spent in hospital for these episodes, however, have decreased slightly from 137,000 to 136,000 indicating average length of stay has decreased over this period.
- The number of hospital discharges with a main diagnosis of Diabetes Mellitus has increased by 15% from 6,600 in 2007/08 to 7,600 in 2011/12 while bed days have decreased from 38,000 to 34,000 over the same period.

<sup>1</sup> [Improving the Health & Wellbeing of People with Long Term Conditions in Scotland: A National Action Plan](#)

- The number of acute myocardial infarction (AMI or heart attack) discharges increased by 58% from 16,000 in 2007/08 to 25,000 in 2011/12. Whilst this appears a substantial increase it should be noted that recent changes in the definition of AMI and more sensitive testing (i.e. troponin) is likely to be the underlying cause. For more information on historic trends of coronary heart disease please refer to the ISD topic [Heart Disease](#).

## 2.2.2 Trends of Inpatient, Day Case and Outpatient Procedures

People admitted to a hospital or who attend outpatient clinics may have a medical or surgical procedure performed upon them either as a diagnostic test to investigate the nature of their particular health concern or to treat a previously diagnosed condition. Procedures can occur electively, where the patient has been given an appointment or admission date in advance, or as an emergency where the patient requires urgent and immediate intervention to prevent or alleviate a potentially dangerous episode.

In recent years, clinical practice has been evolving to put more emphasis on surgical procedures occurring in outpatient or day case settings (so-called day surgery). This change has been supported through recommendations of the British Association of Day Surgery (BADs) based on evidence that a wider range of elective procedures can be done safely without the need for inpatient admission and therefore overnight stays in hospital. The Scottish Government introduced a HEAT performance target to promote this changing practice. Statistics relating specifically to the [Same Day Surgery HEAT target](#) can be found later in this report. Further information on HEAT can also be found within [section 3 of this report](#).

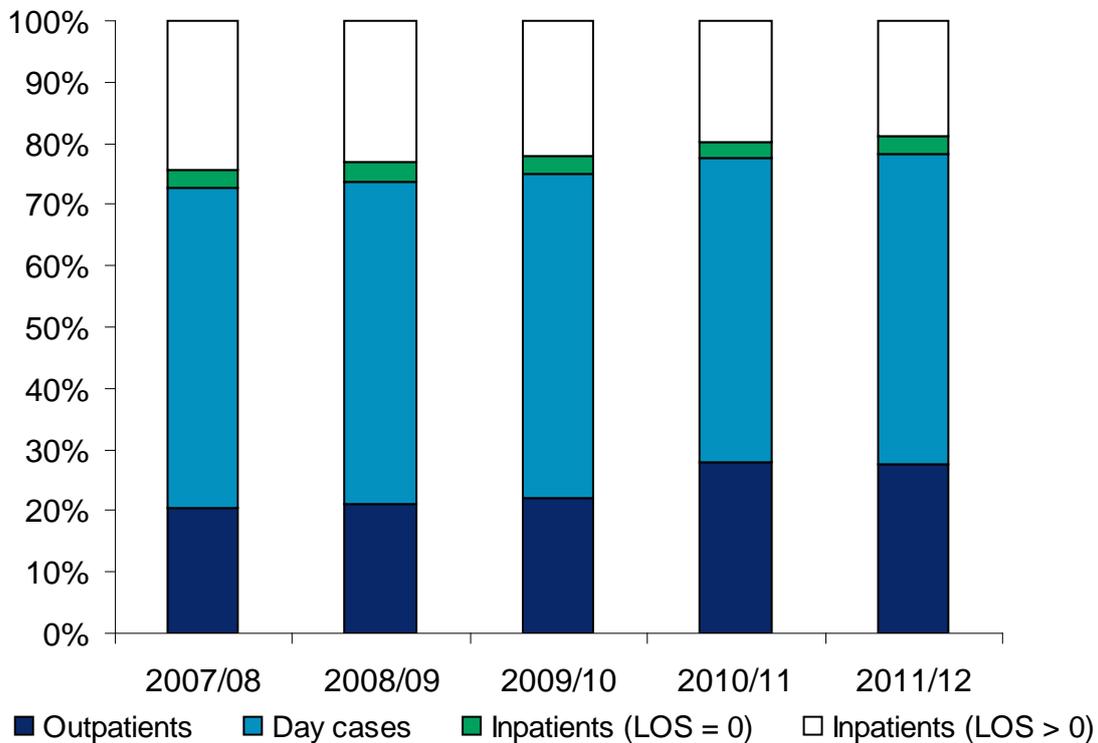
The procedures tables presented in this release (for patients of all ages) include outpatient procedures alongside inpatient and day case activity to put the breadth of hospital procedures in context. The procedures presented have been selected to cover the majority of procedures undertaken in NHSScotland and are grouped according to the most up-to-date coding (OPCS-4<sup>1</sup>) guidance.

- A total of 828,000 main procedures (excluding imaging, injections, infusions, x-ray) were recorded on inpatient, day case and outpatient records in NHS Scotland in 2011/12. This is an increase of 9.7% from 755,000 in 2007/08.
- 11% of main procedures (excluding imaging, injections, infusions, x-ray) were performed during an emergency episode while 84% were performed during an elective episode.
- Of all elective main procedures (excluding imaging, injections, infusions, x-ray), 81.1% were performed as same day surgery in 2011/12, compared to 75.8% in 2007/08.

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<sup>1</sup> Office of Population Censuses and Surveys Classification of Surgical Operations and Procedures (4th revision).

**Chart 6 - Proportion of operations / procedures performed as same day surgery, financial years 2007/08 to 2011/12<sup>P</sup>**



Source: SMR00 (outpatients) SMR01 (Inpatients & Day Cases)  
<sup>P</sup> 2010/11 and 2011/12 data are provisional

The volume of complex and costly surgery performed in NHS hospitals is of interest to service planners from the perspective of surgical team training, availability of operating theatres and theatre slots, efficiency of use and patient safety. With an increasingly aged population the quantity of procedures such as hip replacements can place significant demand on hospital resources which need to be managed appropriately.

- There were around 8,300 total hip replacements performed as a main procedure in 2011/12 an increase of 17% from 7,100 in 2007/08.
- Total knee replacements performed as a main procedure increased by 12% from 6,500 in 2007/08 to 7,300 in 2011/12.

It should be noted that 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. Details of completeness can be found within the relevant tables.

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

## 2.3 Older People (aged 65 and over)

As people grow older the chance of requiring healthcare interventions from a variety of sources increases. Whilst the sizeable majority of minor health concerns are dealt with in the community and with the support of friends and family there is an age-related, increasing likelihood of unplanned or emergency hospital admission and, for those who are admitted, an increasing average length of stay. Of course, an emergency admission to hospital may be the right course of action for someone who has a potentially serious or life threatening health problem that needs urgent specialist investigation or treatment in hospital. However, for some older people an emergency hospital admission can be followed by complications such as a loss of confidence and confusion that prolong their stay, compromising their independence and ability to return home quickly.

### 2.3.1 Emergency Admissions and Readmissions in Older People

A number of national policies<sup>1,2</sup> specifically target improvements in the provision of integrated care (primary, secondary and community) for older people, particularly in relation to safely reducing the number and duration of unplanned admissions to hospital. It is recognised that by making such improvements patient outcomes (in terms of ongoing health, patient choice and dignity) can be significantly enhanced. Implementing and sustaining these changes represents a significant challenge to the NHS as the Scottish population of people aged 65 or more is estimated to increase by 22% by 2020 and 50% by 2030 (based on projected change from 2010<sup>3</sup>).

- The emergency admission rate per 100,000 population for patients of all ages has increased over the last ten years from 9,176 in 2004/05 to 10,070 in 2011/12. The highest rate was observed at 10,149 in 2008/09.
- The emergency admission rate is strongly related to patient age. With the exception of the very young (ages 0-4) rates rise with increasing age group with patients aged 75+ having 6.6 times more emergency admissions per 100,000 than 15 to 29 year olds and 4.3 times more than 45 to 59 year olds (see chart 7 overleaf).
- As the likelihood of emergency admission increases with age, so too does the likelihood of a patient having multiple emergency admissions. 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 over the last ten years from 4,380 in 2002/03 to 5,132 in 2011/12.
- The total number of bed days spent in hospital following an emergency admission increased by 3% from 4,001,000 in 2002/03 to 4,129,000 in 2008/09. Since then emergency bed days have decreased by 6% to 3,865,000 in 2011/12.

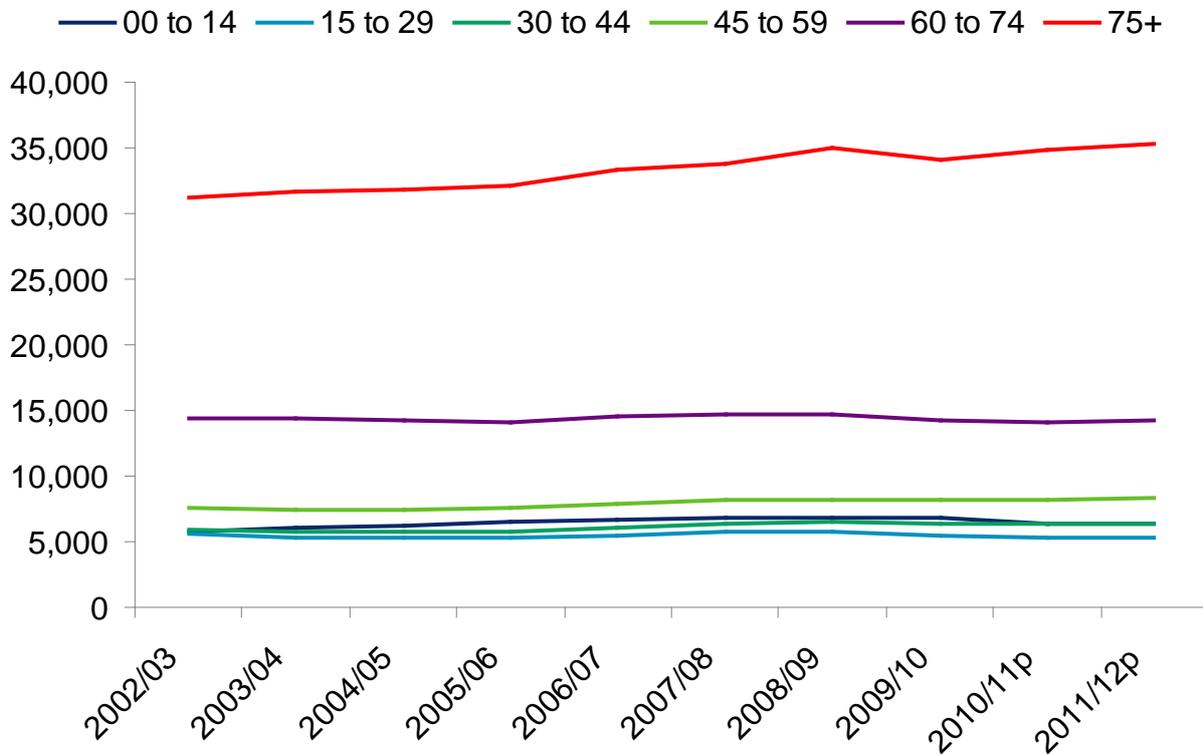
In order to identify those at risk of repeated admission to acute hospitals ISD has developed the Scottish Patients at Risk of Readmission and Admission (SPARRA) algorithm. This service offered to health boards and their partners provides predictive intelligence which enables healthcare providers to target at risk patients with appropriate interventions to reduce their likelihood of being admitted to hospital. Further information can be found on the SPARRA sub-topic of ISD's [Health and Social Community Care](#) web pages.

<sup>1</sup> [Improving the Health & Wellbeing of People with Long Term Conditions in Scotland: A National Action Plan](#)

<sup>2</sup> [Achieving Sustainable Quality In Scotland's Healthcare - A '20:20' Vision](#)

<sup>3</sup> [GRO\(S\) population projections 2010](#)

**Chart 7 - Emergency inpatient discharge rates per 100,000 population by age group, financial years 2002/03 to 2011/12<sup>P</sup>**



Source: SMR01  
<sup>P</sup> 2010/11 and 2011/12 data are provisional

A range of other factors not necessarily related to a patient's health influence the frequency and duration with which older people are admitted to hospital in an emergency. For example:

- Poor weather in winter can lead to an increase in the number of emergency admissions generally and particularly for older people. Health boards anticipate this increased demand by reducing planned admissions over the winter period and adjusting bed capacity. Some effects of this in terms of national statistics reporting can be seen in the quarterly [inpatient and day case activity](#) and [beds](#) information published under the Hospital Care topic.
- When an older person is judged clinically able to be discharged from hospital to a more appropriate healthcare setting (e.g. in the patient's home or in a care home) but the patient focussed healthcare plan is not yet in place this can lead to a delayed discharge and therefore an inappropriately extended hospital stay. Further information on Delayed Discharges and Care Home residency can be found under the ISD topic [Health and Social Community Care](#)

### 3 Scottish Government Performance (HEAT) targets

The HEAT performance management system sets out the targets and measures against which NHS Boards are publicly monitored and evaluated. Every year a number of HEAT targets are agreed with NHSScotland and their partners. These set out the accelerated improvements that will be delivered across Scotland in support of progress towards the Scottish Government's Healthcare Quality Ambitions and Outcomes.

HEAT stands for:

- H - Health Improvement
- E - Efficiency and Governance
- A - Access to Services
- T - Treatment Appropriate to Individuals.

This publication includes information relating to HEAT targets for long term conditions such as Asthma, Chronic Heart Disease and Diabetes, length of stay in hospital for older people admitted as an emergency and patients receiving surgery without an over night stay in hospital.

Further information on HEAT can be found on the [Scotland Performs Website](#).

#### 3.1 Emergency Admissions and Bed Days; Over 65s

As described above, emergency admissions for the elderly population are of particular interest to modern healthcare provision so the Scottish Government developed a HEAT target which related 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.*

- Across Scotland the rate of emergency bed days reduced by 7.4% from 340,466 in 2004/05 to 315,117 in 2010/11.

This target has now concluded and has been superseded by a new target relating to patients aged 75 and over (see below). The final [data](#) for this measure covering the last 10 years from 2001/02 to 2010/11 and further information can be found under the ISD website sub topic: [Inpatient and Day Case Activity](#).

#### 3.2 Emergency Admissions and Bed Days; Over 75s

To sharpen the focus on the subgroup of elderly 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, the Scottish Government developed a new HEAT target for emergency admissions bed days relating to this important aspect of NHS performance.

*Reducing the need for emergency hospital care, NHS Boards will achieve agreed reductions in emergency inpatient bed days rates for people aged 75 and over between*

*2009/10 and 2011/12 through improved partnership working between the acute, primary and community care sectors.*

An additional target for this measure to make further reductions in emergency bed days for patients aged 75 or more was agreed in March 2012.

*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.*

- Across Scotland the rate of emergency bed days per 1,000 patients aged 75 and over reduced by 10% from 5,390 in 2009/10 to a provisional 4,868 in 2011/12.
- It should be noted that the 2011/12 figures are provisional as not all emergency bed days data have been received by ISD. In order to account for these outstanding bed days we have provided an estimate of the Scotland bed day rate alongside the observed 2011/12 figure which is based on the expected proportion of outstanding bed days seen in previous years. This brings the bed day rate per 1,000 people aged 75 or over in 2011/12 to 4,980 - a reduction of 8% from 2009/10.

[Data](#) for this measure is available for 2002/03 to 2011/12 can be found under the ISD website sub topic: [Inpatient and Day Case Activity](#).

### 3.3 Long-term conditions (LTCs)

The HEAT target on long-term conditions was designed to provide a focus on identifying people at risk of admission and in turn direct efforts on reducing hospitalisation to benefit patients with the following conditions: Diabetes, Hypertensive Diseases, Angina, Acute Myocardial Infarction (Heart Attack), Other Ischaemic Heart Disease, Heart Failure, COPD or Asthma.

*To achieve agreed reductions in the rates of hospital admissions and bed days of patients with primary diagnosis of COPD, Asthma, Diabetes or CHD, from 2006/07 to 2010/11*

- Across Scotland the bed day rate for patients admitted with a long-term condition reduced by 13.5% from 9,239 in 2006/07<sup>1</sup> to 7,995 in 2010/11.

This target has now concluded. The final [data](#) for the measure is can be found under the ISD website sub topic: [Diagnoses](#).

### 3.4 Same Day Surgery (BADS surgical procedures)

The Scottish Government developed this target drawing on evidence that a large number of elective procedures can be undertaken on the same day safely; based on the British Association of Day Surgery (BADS) recommendations. This has benefits for patient safety and also limits the amount of time patients are required to spend in hospital.

*To achieve 80 per cent of British Association of Day Surgery (BADS) surgical procedures performed in a day case or outpatient setting by March 2011*

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<sup>1</sup> Based on previously published final [data - 27 March 2012](#).

- 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.

This target has now concluded. Due to the ongoing issues relating to the supply of complete and comprehensive outpatient 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. A full listing of specialties covered by the data sets used in this publication is available on the NHS Scotland Health & Social Care data dictionary <a href="#">Specialty Listing</a> web page.

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

## List of Tables

Table No.	Name	Time period	File & size
1	<a href="#">Quarterly Inpatient, Day Case and Outpatient Activity</a>	June 2010 to June 2012	Excel [125kb]
2	<a href="#">Annual Inpatient, Day Case and Outpatient Activity</a>	2002/03 to 2011/12	Excel [123kb]
3	<a href="#">Summary Inpatient and Day Case Activity Tables by NHS Board of Residence</a>	2007/08 to 2011/12	Excel [17,940kb]
4	<a href="#">Summary Inpatient and Day Case Activity Tables by NHS Board of Treatment</a>	2007/08 to 2011/12	Excel [18,842kb]
5	<a href="#">Annual trends in outpatient activity – NHS Board of Treatment Comparison</a>	2002/03 to 2011/12	Excel [1,439kb]
6	<a href="#">Annual trends in outpatient activity</a>	2002/03 to 2011/12	Excel [1,416kb]
7	<a href="#">Diagnosis data by NHS Board of Residence</a>	2007/08 to 2011/12	Excel [9,881kb]
8	<a href="#">Diagnosis data by Community Health Partnership</a>	2007/08 to 2011/12	Excel [22,040kb]
9	<a href="#">HEAT Long Term Conditions data by NHS Board of Residence</a>	2007/08 to 2011/12	Excel [959kb]
10	<a href="#">HEAT Long Term Conditions data by Community Health Partnership</a>	2007/08 to 2011/12	Excel [3,567kb]
11	<a href="#">Inpatient, Day Case and Outpatient Procedures</a>	2007/08 to 2011/12	Excel [11,177kb]
12	<a href="#">Annual trends in BADS procedures by NHS Board of Treatment</a>	2007/08 to 2011/12	Excel [552kb]
13	<a href="#">Monthly trends in BADS procedures by NHS Board of Treatment</a>	April 2009 to December 2011	Excel [139kb]
14	<a href="#">Annual trends in available beds</a>	2002/03 to 2011/12	Excel [1,732kb]
15	<a href="#">Annual trends in available beds – NHS Board of Treatment Comparison</a>	2002/03 to 2011/12	Excel [810kb]
16	<a href="#">Quarterly trends in available beds</a>	June 2010 to June 2012	Excel 1,510kb]
17	<a href="#">Quarterly trends in available beds – NHS Board of Treatment Comparison</a>	June 2010 to June 2012	Excel [747kb]
18	<a href="#">Emergency Admissions by NHS Board of Residence</a>	2002/03 to 2011/12	Excel [4,060kb]
19	<a href="#">Multiple Emergency Admissions by NHS Board of Residence</a>	2002/03 to 2011/12	Excel [9,172kb]
20	<a href="#">Emergency Admissions Over 65s</a>	2002/03 to 2011/12	Excel [2,432kb]
21	<a href="#">Emergency Admissions by NHS Board of Residence including Deprivation/Sex Rates</a>	2002/03 to 2011/12	Excel [11,689kb]
22	<a href="#">HEAT Emergency Admissions Over 65s</a>	2001/02 to 2010/11	Excel [1,768kb]
23	<a href="#">HEAT Emergency Admissions Over 75s</a>	2002/03 to 2011/12	Excel [1,550kb]
24	<a href="#">Childhood Admissions Summary by NHS Board of Residence</a>	2007/08 to 2011/12	Excel [27,047b]

25	<a href="#">Childhood Diagnosis data</a>	2007/08 to 2011/12	Excel [10,351kb]
26	<a href="#">Childhood Procedures data</a>	2007/08 to 2011/12	Excel [6,817kb]
27	<a href="#">Average length of stay data</a>	2007/08 to 2011/12	Excel [124kb]
28	<a href="#">Annual Allied Health Professional outpatient activity 2007/08</a>	2007/08	Excel [38kb]
29	<a href="#">Annual Allied Health Professional outpatient activity 2008/09</a>	2008/09	Excel [39kb]
30	<a href="#">Annual Allied Health Professional outpatient activity 2009/10</a>	2009/10	Excel [39kb]
31	<a href="#">Annual Allied Health Professional outpatient activity 2010/11</a>	2010/11	Excel [40kb]
32	<a href="#">Annual Allied Health Professional outpatient activity 2011/12</a>	2011/12	Excel [39kb]
33	<a href="#">Annual Nurse Led outpatient activity</a>	2007/08 to 2011/12	Excel [40kb]

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

## Contact

Richard Hunter  
Principal Information Analyst  
[Richard.Hunter@nhs.net](mailto:Richard.Hunter@nhs.net)  
0131 275 6957

Ishbel Robertson  
Senior Information Analyst  
[ishbel.robertson@nhs.net](mailto:ishbel.robertson@nhs.net)  
0141 282 2276

## Further Information

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

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

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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](#) or within the [data issues and completeness document](#) which accompanies this publication.

### Revisions

Where possible, missing or incomplete data has been estimated for affected NHS Boards. ISD Scotland revised the estimation methodology for the inpatient and day case ISD(S)1 data used within these publications from June 2012. 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 26 June 2012 and 25 September 2012 published quarterly inpatient, day case and outpatient activity data for the quarter ending March 2012 were small,

ranging from -2.7% to 2.2%. Decreases can occur if actual submissions are lower than estimates.

Revisions between the 26 June 2012 and 25 September 2012 published quarterly average available beds for the quarter ending March 12 ranged from -9.1% to 2.5%. Decreases can occur if actual submissions are lower than estimates. Further details can be found within the [relevant excel files](#).

The percentage increase, since the 26 June 2012 publication, in the 2010/11 emergency admissions for patients aged 75+, was around 0.03% while bed days have increased by an average of 0.15% for the available NHS Boards. A larger % increase is expected in admissions and bed days for the 2011/12 data, between the current publication and the scheduled publication in December 2012, due the timeliness of the data.

### Data Quality

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 more frequently than that recorded on SMRs. ISD(S)1 is also the only source of bed occupancy and availability data.

All outpatient 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.

It should be noted that 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.

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. The reduction in the total number of main procedures shown between 2010/11 and 2011/12 in the [Inpatient, Day case and Outpatient procedures table](#) is primarily due to missing outpatient procedures for NHS Ayrshire & Arran. Further details can be found within the relevant [Operation and Procedure](#) tables.

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

## A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Acute Hospital Activity and NHS Scotland Beds Information September 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	July 2012
Release date	25 September 2012
Frequency	Annual September 2012 publication includes the publication of annual and quarterly Hospital Activity and Bed statistics up to March 2012 and June 2012 respectively. Some ongoing data completeness issues remain. See 'Completeness' section below.
Timeframe of data and timeliness	Data up to June 2012 (Quarterly). Detailed Annual Acute Hospital Activity Information up to March 2012 (Annual).
Continuity of data	Reports include annual data from 2003 to 2012 with quarterly data up to June 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 <a href="#">ISD revisions policy</a> for further details.
Revisions relevant to this publication	In general, revisions have minimal affect on the statistics as noted in <a href="#">Appendix A1</a> of this report.
Concepts and definitions	See Hospital Care: <a href="#">Background Information</a>
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 <a href="#">Appendix A1</a> 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 <a href="#">Hospital Records Data Monitoring SMR Completeness web page</a> , while details of the associated backlogs can be found on the <a href="#">SMR Timeliness web page</a> . <a href="#">Additional detail can also be found</a> within the <a href="#">data issues and completeness document</a> which accompanies this publication.
Comparability	See Hospital Care <a href="#">Introduction</a> .
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to <a href="#">published guidelines</a> .
Coherence and clarity	The Acute Hospital Activity and NHS Scotland Beds information released for each publication is listed on the <a href="#">Hospital Care Publication page</a> . Detailed information on how emergency admissions, multiple emergency admissions and bed days are defined and calculated is available in the <a href="#">Multiple and All Emergency Admissions Interpretation document</a> .
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 <a href="#">Statistical Disclosure Protocol</a> 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 <a href="#">UK Statistics Authority website</a> .
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 of first publication	
Help email	<a href="mailto:ishbel.robertson@nhs.net">ishbel.robertson@nhs.net</a> , <a href="mailto:richard.hunter@nhs.net">richard.hunter@nhs.net</a>
Date form completed	24/08/2012

## **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.