Acute Hospital Activity and NHS Beds Information in Scotland

Annual – Year ending 31 March 2017
Quarterly – Quarter ending 30 June 2017
Publication date – 7 November 2017

Revised – 19 February 2018
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Introduction

The NHS in Scotland delivers a wide range of specialist care and treatment to the people of Scotland. Services provided in NHS hospitals are diverse ranging across specialist diagnostic procedures to complex and life saving surgery to meet both planned and emergency needs.

This publication provides a general overview of the use of hospital services for the year ending 2016/17 and the quarter ending 30 June 2017 using routinely collected data. This overview is primarily based on the range of acute medical and surgical hospital services that are provided in Scotland and covers most of the inpatient, day case and outpatient services used by patients. Additionally, there are sections on Accident & Emergency and Psychiatric activity. The overall expenditure associated with acute services is around £4.3bn, which represents around 38% of total NHS spend. Admissions into maternity wards are not part of this report.

As well as reporting on activity within 2016/17 and quarter ending June 2017, some trend information highlighting changes in service provision over the past twenty years is also presented. Note that individual figures referred to throughout this report may not add up to totals, due to rounding.

As well as this narrative, detailed information is given in a set of data tables which accompany this report and can be accessed here. These tables include statistical information on the medical diagnoses of patients, the number and type of surgical procedures that are carried out, and the level of emergency hospital admissions. Information is available at NHS Board level, as well as council area and hospital level (for selected data tables).

This publication has been revised since original release on Tuesday 7 November. Please see the revisions section within Appendices A1 and A3 for full details.

Background

There are two broad ways in which patients access and make use of acute hospital services. The first is part of a planned or elective pathway of care and which is normally initiated following a visit to the GP or another healthcare professional and may result in a referral to see

1 http://www.isdscotland.org/Health-Topics/Finance/Costs/ The overall expenditure figure of £4.3bn refers to acute expenditure from the Cost Books for inpatient, day cases, outpatient, accident and emergency, and day patient.
a consultant as an outpatient for specialist advice or diagnosis. This outpatient appointment may then result in an onward referral for further tests or admission into hospital for treatment.

The second way in which patients make use of hospital services is as a result of an emergency referral either by a healthcare professional or directly by the patient themselves. This may be via an Accident & Emergency department, directly to Ambulatory Emergency Care or to an Acute Assessment Unit, where it will be decided if the patient needs to be admitted to an inpatient ward; different models of emergency care are evolving to meet the challenge of increased complex cases and improved outcomes for patients.

Further information on emergency admissions and unscheduled care can be found within this report, here and within the Emergency Department Activity pages on the ISD website.

Within this report, the overview of outpatient activity and services is presented first, followed by information on attendances at Accident and Emergency departments. Next, information is presented on the number and type of acute hospital admissions, followed by a summary of psychiatric hospital admissions. The final section presents a snapshot of some of the ways in which hospital care has changed over the past 20 years.

Note - This report uses the terminology “admissions” to describe hospital activity in the reported periods. Strictly speaking the activity actually refers to the number of patients who are discharged from hospital in the reported time period rather than those admitted within that period. The difference between admissions and discharges is of small importance at the level of detail shown and in the context of this publication.

**Future Developments**

ISD Scotland are currently piloting a project with the aim of transforming our publication outputs. The quarterly Acute Hospital Activity and NHS Beds publication is part of this Transforming Publishing Programme of work which will lead to a modernised publication with additional visualisations and increased data availability. As a result the December 2017 quarterly Acute Hospital Activity and NHS Beds publication will be the last to be provided in the current format. The new version will be provided alongside the existing format in December 2017 with the new version being the sole release from March 2018 onwards.

In December 2016 the Scottish Government published “The Modern Outpatient: A Collaborative Approach 2017-2020” that aims to deliver care closer to the patients home,
provide more person centred care, utilise new and emerging technologies, and maximise the role of clinicians across Primary, Secondary and community based services. NHS GG&C Orthopaedic Department are currently piloting a new outpatient service delivery model that reflects the “Modern Outpatient”. ISD Data Advice has identified gaps in the existing national dataset (SMR00) that does not allow the full pathway to be appropriately recorded.

In order to meet the objectives set out in the “Modern Outpatient” agenda and to ensure our secondary care datasets meet future information needs, ISD is establishing a modernisation program of all SMR datasets, with an initial focus on outpatients, to take account of new, and future, service delivery models. This would support patient and service management at Board level as well as providing more accurate information at a national level.

The SMR00 Modernisation work may have an effect on the number of SMR’s submitted. In addition, other disciplines of staff are increasingly carrying out care for patients which may impact on the number of consultant clinics run.
## Main points

### Table 1: Summary of key statistics quarter ending June 30th 2017

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient Services - Revised</strong></td>
<td>(excludes maternity and mental health clinics)</td>
</tr>
<tr>
<td></td>
<td>918,008 outpatient attendances occurred in the quarter ending June 2017.</td>
</tr>
<tr>
<td></td>
<td>For the quarter ending June 2017:</td>
</tr>
<tr>
<td></td>
<td>- 315,190 (34%) of these were new appointments</td>
</tr>
<tr>
<td></td>
<td>- 602,818 (66%) of these were return appointments.</td>
</tr>
<tr>
<td></td>
<td>The new to return ratio has remained fairly static at 1:1.9 for the quarter ending June 2017.</td>
</tr>
<tr>
<td></td>
<td>For the quarter ending June 2017, 9.1% (28,682) of new outpatient appointments were not kept without prior notification, described as 'Did Not Attend' (DNA).</td>
</tr>
<tr>
<td><strong>Admissions into hospitals</strong></td>
<td>(excludes admissions to maternity wards and mental health hospitals)</td>
</tr>
<tr>
<td></td>
<td>294,742 hospital admissions took place in the quarter ending June 2017; a 5% decrease on the quarter ending June 2016 (311,211) and a slight reduction (&lt;1%) compared to the quarter ending June 2012.</td>
</tr>
<tr>
<td></td>
<td>For the quarter ending June 2017:</td>
</tr>
<tr>
<td></td>
<td>- 149,865 (51%) of these were scheduled (elective and daycase) admissions</td>
</tr>
<tr>
<td></td>
<td>- 143,275 (49%) of these were non elective or emergency admissions</td>
</tr>
<tr>
<td></td>
<td>- 1,602 (&lt;1%) were transfers.</td>
</tr>
<tr>
<td><strong>Beds</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The average number of available hospital beds in Scotland has been steadily decreasing over the years. 13,483 inpatient beds for acute specialties were available for the quarter ending June 2017; reductions of 2% and 4% when compared to June 2016 and June 2012 respectively.</td>
</tr>
<tr>
<td></td>
<td>For the quarter ending June 2017:</td>
</tr>
<tr>
<td></td>
<td>- 9,385 (70%) were for medical specialties</td>
</tr>
<tr>
<td></td>
<td>- 4,098 (30%) were for surgical specialties.</td>
</tr>
</tbody>
</table>

Source: Outpatient data are based on SMR00, Inpatient data come from SMR01 data, Beds data come from ISD(S)1.

Trend information on acute activity and beds data can be found in the publication's tables.
### Table 2: Summary of key statistics 2016/17

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
</table>
| **Outpatient Services** (excludes maternity and mental health clinics) | 1.1 million Scottish residents (around one in five of the population) visited an outpatient department in 2016/17. For 2016/17:  
- 843,000 people (76%) had one new outpatient attendance within the year  
- 195,000 people (18%) had two new attendances  
- 68,000 people (6%) had three or more new attendances  
Resulting in a total of 1.47 million new outpatient attendances.  
Overall there were 4.25 million total outpatient attendances; a slight decrease (1%) compared with last year, with a 6% reduction in the last five years (2011/12).  
9.4% (138,230) of new outpatient appointments were not kept without prior notification, lower than 2015/16 and 2011/12 at 10.0% and 10.4% respectively.  
In 2016/17, people aged 25-44 were three times more likely not to keep their new outpatient appointment compared with those aged over 65 (15% vs. 5%). |
| **Admissions into hospitals** (excludes admissions to maternity wards and mental health hospitals) | 705,000 Scottish residents (one in eight of the population) were admitted to hospital in 2016/17.  
- 485,000 people (69% of those admitted to hospital) had one admission to hospital  
- 127,000 (18%) had two hospital admissions  
- 93,000 (13%) had three or more admissions.  
There were a total of 1,222,916 admissions into hospital in 2016/17; a small reduction (<1%) compared to last year and 5% increase compared to five years ago.  
For 2016/17:  
- 465,802 (38%) were treated in a day case setting  
- 164,805 (13%) were elective inpatient admissions  
- 585,580 (48%) were emergency admissions  
- 6,729 (1%) were transfers  
The general trend to provide more hospital-based treatment in an outpatient or day case setting continues. In 2016/17, 731,150 (73%) of procedures were carried out as an outpatient or day case (excluding imaging, injections, infusions, x-ray); a slight reduction on last year (1.5%) but an increase of 13% compared to 2012/13. |
| **Length of stay** | In 2016/17, the average length of stay in hospital for elective inpatients is 3.7 days and for an emergency inpatient is 6.9 days. |

Length of stay

In 2016/17, the average length of stay in hospital for elective inpatients is 3.7 days and for an emergency inpatient is 6.9 days.
The average number of available hospital beds in Scotland has been steadily decreasing over the years. In 2016/17, the available beds for acute specialties was 13,644; a 2% decrease on last year and a 4% reduction when compared to 2011/12.

- 9,481 (69%) were for medical specialties
- 4,163 (31%) were for surgical specialties.

Source: Outpatient data are based on SMR00 & ISD(S)1, Inpatient data come from SMR01 data, Beds data come from ISD(S)1.

Trend information on acute activity and beds data can be found in the publication’s tables.
Results and Commentary

Section A: The use of outpatient services

The majority of interactions with hospital–based services were carried out in an outpatient setting with around 4.25 million outpatient attendances per annum. An outpatient appointment will often be the patient’s first contact with hospital services. In 2016/17, 1.1 million people i.e. around one in five of the general population attended a consultant-led outpatient clinic at least once during the year.

The likelihood of being referred to an outpatient clinic increases significantly with age. Almost one third of the population (32%) aged 65 and over were seen at an outpatient clinic, while fewer than one in five (18%) of those aged 25-44 did so. The chart below shows the percentage of the population attending consultant outpatient services.
The vast majority of people attending usually have only one new outpatient attendance per year, although a small proportion of people do have multiple attendances. In 2016/17,

- Three out of four of the people (843,000) attending an outpatient clinic had one attendance
- 18% (195,000) had two attendances
- Just over six percent of people (68,000) had three or more attendances.

Overall, there was a total of 4,246,507 outpatient attendances (new and follow-up) in Scotland. The total number of new outpatient attendances in 2016/17 was 1,470,532 (excluding A&E attendances). For each new referral to outpatient, there is then, on average, a further two follow-up attendances at the clinic, although the actual number of return appointments for any individual patient will vary depending on the reason for referral and treatment required.

Additionally for the quarter ending June 2017, 918,008 outpatient attendances took place. In the quarterly data, a large percentage of attendances were observed to have taken place in acute specialties (79%).

Detailed information on Outpatient attendances for each NHS Board and specialty can be found here.
‘Did Not Attends’ at outpatient clinics

People do not always attend their booked outpatient clinic. Whilst some patients will inform the hospital that they cannot attend, 9.4% of new outpatient appointments are missed without prior notification. This equates to 138,230 patients not turning up for their first outpatient appointment.

The likelihood of someone not turning up for their appointment was linked to their age and gender. Males were more likely than females not to keep their appointments (10.4% vs. 8.7%). People aged 25–44 were three times more likely not to turn up for their appointment than patients aged over 65 (15% vs. 5%). Chart 2 shows, for different age groupings, the percentage of new appointments that were not kept.

Chart 2: Level of non-attendance at new outpatient clinics

Source: SMR00 data.

There was significant variation between NHS Boards and specialties in the number of patients who did not attend their appointments. Quarterly information for June 2017 and annual data for year ending March 2017 showed that just over 9% of appointments were missed without prior warning.

Detailed information on the level of Did Not Attends for each NHS Board and specialty can be found here.
It should be noted that previous figures provided may have included an element of estimation for any incomplete or outstanding data submissions. Therefore, subsequent data submissions could be lower or higher than the estimated values. Previously, ISD(S)1 was used to provide all the Outpatients information; however, this information is now sourced from SMR00 excluding return attendances which uses ISD(S)1. Please note that SMR00 figures contained within each publication may also be subject to change in future publications as submissions may be updated to reflect a more accurate and complete set of data submissions.

For details on all ongoing data issues please refer to the Data Issues and Completeness document.
Section B: Accident and Emergency

Further Accident and Emergency (A&E) information and publications can be found on the Emergency Department Activity pages on the ISD website. Contact email: nss.isdunscheduledcare@nhs.net.

In 2016/17 there were over 1.6 million attendances at around 90 locations providing A&E services across Scotland. As well as 30 Emergency Departments, there are also minor injuries units, community hospitals and health centres that carry out A&E related activity which are typically GP or nurse led.

Attendances to A&E were generally higher in summer months and lower in winter months. May saw the highest average daily number of attendances (4,791) with a second peak in September (4,704), and January saw the lowest (4,150). One factor for the increase in attendances during summer could be better weather encouraging outdoor pursuits and resulting in an increase in the number of injuries presenting at Emergency Departments. Around a quarter of A&E attendances in 2016/17 resulted in an admission to the same hospital with the average daily number of admissions remaining relatively stable throughout the year at around 1,050.

Chart 3: Average daily attendances at and admissions from A&E, 2016/17

More than two thirds (69%) of A&E attendances resulted in discharge to a place of residence.
The number of attendances to A&E has remained relatively stable over the nine-year period 2008/09 to 2016/17 with a daily average of around 4,400.

There is a clear and consistent seasonal pattern with peaks in late spring/summer and troughs in winter. June 2014 saw the highest number of average daily attendances (4,829) and December 2010 the lowest (3,928).

Chart 4: Discharge destination from A&E, 2016/17

The chart shows the distribution of discharge destinations from A&E. The majority (69%) are discharged home, with 25% admitted to a hospital. Other specified reasons account for 3% and unknown reasons for another 3%.
Section C: Acute hospital admissions

Although much hospital-based care is carried out on an outpatient basis, a significant number of people have to be admitted to hospital for diagnosis or treatment. This can be part of a planned pathway of care, such as the requirement for an operation following a consultation at an outpatient clinic or a requirement for further diagnosis.

Alternatively the admission could be as a result of an emergency, for example, due to an accident or perhaps an acute exacerbation of a condition.

When admitted to hospital, the patient is either treated on a same day basis, often referred to as a day case, or as an inpatient, when the patient will normally spend at least one night in hospital. Some inpatients may be discharged from hospital on the same day as their admission.

Around one in eight (705,000) of the Scottish population had at least one admission into hospital in 2016/17. Just over 343,000 people were admitted at least once as a planned admission into hospital and a similar number of the population (362,000) were admitted as an emergency. A small number of people had both planned and emergency admissions within the year.

For the quarter ending June 2017 there were 294,742 admissions for all admission types listed above. This was broken down into 112,045 daycase admissions, 37,820 elective inpatient stays and 143,275 emergency admissions. The rest was made up of a small number (1,602) of transfers.
The likelihood of being admitted to hospital is, as expected, highly correlated with age reflecting the health status of the population. Around one person in three of the Scottish population aged over 75 was admitted at least once to hospital in 2016/17. By way of contrast, just under one in eleven of people aged 25-44 were admitted. The chart above shows, by age grouping, the percentage of the population who were admitted to hospital in 2016/17.

**Effect of population change in the future**

The population aged over 65 was expected to increase by more than 20% from 2014 to 2024\(^2\). Based on the above use of hospital healthcare services, this demographic shift in the population will have significant implications for the future demand on hospital services. This is a highly complex area. For further information please see [here](https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/population-projections-scotland/2014-based).

People living outwith Scotland

There was a small proportion of hospital admissions that were for people who were resident from outwith Scotland. In 2016/17, there were approximately 7,600 such admissions, equating to 0.6% of all admissions.

Multiple admissions to hospital

Most people admitted to hospital had only one admission per year. However one third of people who were admitted to hospital had at least two admissions. In 2016/17,

- 69% (490,000) of those people admitted to hospital had one admission
- 18% (128,000) had two hospital admissions
- 13% (93,000) were admitted three or more times within the year.

Of the 403,000 people who had at least one emergency admission, 300,000 (74%) had one emergency admission into hospital, around 65,000 (16%) had two emergency admissions and around 38,000 (10%) had three or more.

Overall, there were 1,222,916 admissions to hospital in 2016/17. Of these,

- 465,802 (38%) were treated in a day case setting
- 164,805 (13%) were planned inpatient admissions
- 585,580 (48%) were admitted an emergency
- 6,729 (1%) were transfers.

Detailed information on inpatient and day cases by NHS Board of Treatment can be found [here](#). More information is available by [NHS Board of Residence](#) and [council area](#).

Episodes of care

Sometimes when a patient has been admitted to hospital, their care will be transferred between consultants as part of their pathway of care. For example, it is not uncommon for patients who are being treated in the specialty of geriatric medicine to have initially been under the care of a general physician as part of their hospital stay. Similarly orthopaedic patients can sometimes be transferred to geriatric medicine as part of their ongoing treatment. These separate elements are known as ‘episodes’ of care within each hospital stay.
The majority of hospital admissions consist of one discrete episode of care. In total, there were 1,667,589 episodes (including patient transfers between wards) associated with the 1,222,916 admissions to hospital in 2016/17. The corresponding figure for the quarter ending June 2017 was 391,530 episodes of care.

Detailed information on Episodes of care by NHS Board of Treatment can be found here.

**How long do people stay in hospital?**

The average length of stay in hospital is 3.7 days for elective inpatients and 6.9 days for emergency inpatients.

How long a patient stays in hospital will be strongly related to the complexity of any operation carried out as well the underlying health condition of the person. Patients admitted as emergencies generally stay longer than elective hospital admissions.

In 2016/17, the average length for an inpatient stay was 6.3 days. For:

- Planned admissions: the average length of stay was 3.7 days
- Emergency admissions: the average length of stay was 6.9 days.

The charts below show the length of stay profile for patients admitted to hospital. The first chart shows the distribution for all admissions; the subsequent chart highlights the different length of stay profiles experienced by planned and emergency admissions.
Chart 7: Length of stay profile for inpatients (all admissions)

Inpatients admissions (%):
Length of Stay Profile in 2016/17

Source: SMR01 data.

- One in five inpatient admissions were admitted and discharged on the same day
- The most common stay in hospital involves one overnight stay, which was experienced by almost a quarter of all inpatient admissions
- Overall 45% of all inpatient admissions stayed one night or less in hospital
- 4.4% of admissions remained in hospital for more than four weeks.
The length of stay profile for elective admissions differed from those admitted as emergencies. Patients admitted as an inpatient following a planned referral tend to be in hospital for shorter periods with 51% (83,796) staying no more than one night compared to 10% (16,894) staying for a week or more. By contrast, for patients admitted as an emergency those staying no more than one night was 44% (259,779) and those staying for a week or more was 21% (126,411); this often reflects the underlying health condition and multiple morbidities of these patients.

Detailed information on Length of stay can be found here.
The number of hospital beds has been reducing for many years. This is a result of both medical advances which have led to shorter stays in hospital for patients including planned day case procedures (see Chart 11) alongside a shift to treatment and care in a more ambulatory setting or in the community.

The number of available hospital beds for acute specialties in Scotland in 2016/17 was 13,644. This compares with 14,227 in 2011/12 and 14,835 in 2007/08.

For the quarter ending June 2017 there were 13,483 available hospital beds for acute specialties in Scotland.³

Detailed information on Bed numbers can be found here.

³ Please note that seasonal variation in bed numbers occurs within NHSScotland and will account for the higher figure recorded for the quarterly data.
Reasons for admission

There are many reasons why a person might have to be admitted to hospital. It could, for example, be due to an underlying health condition which requires treatment, monitoring or further diagnosis; it could be as a result of a sudden deterioration in health status; or it could be following a trauma incident.

The five most common diagnosis groupings, accounting for 57% of all admissions are shown in the table below.

Table 3: Five diagnosis groupings accounting for the greatest number of hospital stays, Scotland, 2016/17

<table>
<thead>
<tr>
<th>Diagnosis grouping</th>
<th>Specific conditions</th>
<th>No of admissions</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neoplasms</td>
<td><em>For example:</em> - Non-Hodgkin lymphoma, benign tumour, breast cancer</td>
<td>183,645</td>
<td>14.6%</td>
</tr>
<tr>
<td>Diseases of the digestive system</td>
<td><em>For example:</em> - Appendicitis, pancreatitis</td>
<td>163,502</td>
<td>13.0%</td>
</tr>
<tr>
<td>Symptoms, signs and ill defined conditions, not elsewhere classified</td>
<td><em>For example:</em> - Pain in throat and chest, abdominal and pelvic pain</td>
<td>160,841</td>
<td>12.8%</td>
</tr>
<tr>
<td>Diseases of the respiratory system</td>
<td><em>For example:</em> - Pneumonia, asthma, chronic obstructive pulmonary disease (COPD)</td>
<td>104,213</td>
<td>8.3%</td>
</tr>
<tr>
<td>Injury, poisoning and certain other consequences of external causes</td>
<td><em>For example:</em> - Fracture of forearm, burns and corrosions, poisonings and toxic effects of substances.</td>
<td>99,252</td>
<td>7.9%</td>
</tr>
</tbody>
</table>

Source: SMR01 data.

The medical diagnosis of patients who were admitted to hospital differs markedly as to whether the admission was on a planned elective basis or as an emergency. For elective admissions, four out of ten admissions were either for neoplasms (cancer-related / suspicion of cancer) or were linked to the digestive system. For emergency admissions more than one-third were for general ‘signs or symptoms’ or following an injury or poisoning.
Table 4: Five diagnosis groupings accounting for the greatest number of hospital stays, Elective and Emergency Admissions, Scotland, 2016/17

<table>
<thead>
<tr>
<th>Diagnosis Grouping</th>
<th>No. of admissions</th>
<th>% of total</th>
<th>Diagnosis Grouping</th>
<th>No. of admissions</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neoplasms</td>
<td>160,612</td>
<td>25.4</td>
<td>Symptoms, signs and ill defined conditions,</td>
<td>126,249</td>
<td>20.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>not elsewhere classified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diseases of the digestive system</td>
<td>101,464</td>
<td>16.1</td>
<td>Diseases of the respiratory system</td>
<td>90,512</td>
<td>14.5</td>
</tr>
<tr>
<td>Diseases of the musculoskeletal system and</td>
<td>58,696</td>
<td>9.3</td>
<td>Injury, poisoning and certain other</td>
<td>88,008</td>
<td>14.1</td>
</tr>
<tr>
<td>and connective tissue</td>
<td></td>
<td></td>
<td>consequences of external causes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Factors influencing health status and</td>
<td>54,226</td>
<td>8.6</td>
<td>Diseases of the digestive system</td>
<td>62,038</td>
<td>10.0</td>
</tr>
<tr>
<td>contact with health services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diseases of the eye and adnexa</td>
<td>47,817</td>
<td>7.6</td>
<td>Diseases of the circulatory system</td>
<td>60,545</td>
<td>9.7</td>
</tr>
</tbody>
</table>

Source: SMR01 data.

Evidence from healthcare cost analyses in Scotland show that a small percentage of patients (2%) consume a considerable amount of resources (50%). Patients in this 2% population are referred to as the “High Health Gain” (HHG – previously known as high resource individuals) cohort. As part of efforts to have evidence based healthcare delivery ISD develop risk predictive tools that can be deployed locally within partnerships to identify patients who might potentially fall into the HHG cohort and to initiate anticipatory care plans for such patients. For more information on this area please visit the Health & Social Care integration area of the ISD website.

See the Diagnosis by NHS Board of Residence table for further detailed data on the above. Information on Diagnosis is also available by council area.
What procedures are carried out?

In 2016/17 there were a total of 1,233,602 procedures performed within the acute hospital care setting (excluding diagnostic imaging and testing procedures). 35% (426,453) of all procedures were carried out in an outpatient setting and 25% of procedures (310,435) were associated with at least one overnight stay in hospital.

88% of all procedures were carried out as either a planned admission or in an outpatient setting.

Some of the more common procedures that were carried out include,

- Eye related operations (such as cataracts) - there were 91,000 of these and they were primarily carried out on older people
- ‘Operations on the mouth’ which include tooth extractions or fitting of orthodontic appliance - these procedures were mainly carried out on children and there were around 87,000 of them
- Various types of endoscopies which were used to assist with diagnosing conditions - in total there were 203,000 endoscopies performed
- 36,800 procedures were for the removal of skin lesions
- 16,800 total Hip and Knee replacements were carried out.

A full listing of procedures is provided in the accompanying table.
Where are patients treated?

The majority of patients are treated in a hospital located in their own local NHS Board area. However, around 1 in 8 admissions (12%) are to hospitals within other NHS Board areas. The reasons for patients not being treated in their own NHS Board area will include the provision of specialist national and regional services, where an emergency may have occurred or it may simply reflect the natural 'catchment' area of a particular hospital, being the closest to the patient.

The flow of patients between NHS Boards varies depending on whether the admission is an emergency or not.

Overall about one in four elective inpatient admissions (24%) were referred for treatment within another NHS Board area. A much smaller percentage of emergency admissions (6%) were to hospitals outwith the patients’ own NHS Board area. Some of these patients may have been subsequently transferred to another hospital.

In addition, all NHS Boards refer some patients to the Golden Jubilee National Hospital (GJNH) in Clydebank. The GJNH provides a range of national and regional services as well as being a national resource providing additional capacity to help meet the demand for planned procedures from across Scotland. The GJNH treated 4% of all planned hospital admissions in 2016/17.

Table 5: Flow of patients admitted to hospital between NHS Boards, Scotland, 2016/17

<table>
<thead>
<tr>
<th>Admission Type</th>
<th>% treated in own Board area</th>
<th>% treated in another Board area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatients</td>
<td>91%</td>
<td>9%</td>
</tr>
<tr>
<td>All Admissions</td>
<td>88%</td>
<td>12%</td>
</tr>
<tr>
<td>- Day case Admissions</td>
<td>86%</td>
<td>14%</td>
</tr>
<tr>
<td>- Inpatients (Planned)</td>
<td>77%</td>
<td>23%</td>
</tr>
<tr>
<td>- Inpatients (Emergency)</td>
<td>94%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Source: SMR01 data.
The number of patients being treated in another NHS Board varies depending on which NHS Board the patient resides in. As would be expected, there is less ‘flow out’ of patients from the four teaching Boards that provide most of the specialist or regional services NHS Greater Glasgow Clyde, NHS Lothian, NHS Grampian, NHS Tayside, compared with other NHS Boards. Around 4%-5% of patients from these four NHS Boards were treated elsewhere, which contrasts with 9% - 29% for other NHS Boards.

Information on Cross Boundary Flow is available here.

The methodology for counting continuous inpatient stays (stays) has been updated to reflect revised guidance issued in February 2017. Previously, patient level records were not manually sorted prior to identifying a patient’s stay. This means that any transfer records may have erroneously appeared at the beginning of the stay, when in fact their initial admission to hospital was an emergency or elective stay. For this publication, patient records are now manually sorted to ensure that the first record in the patient’s stay is reflective of their initial admission. The impact of this change is outlined in Appendix 2.

New specialty groupings have been implemented in the November 2017 release of this publication. This has led to apparent decreases in available beds compared to groupings that were used previously. This effect is due to changes to the specialties used in the groupings with no corresponding impact on the bed numbers for individual specialties themselves.

Note that figures for diagnosis groupings split by admission type may not match exactly with figures presented in the corresponding excel data table for diagnosis. This is due to differences in methodology when splitting by admission type. The magnitude of these differences is small (ranging from 0% to 1%).

For details on all ongoing data issues please refer to the Data Issues and Completeness document.
Section D: Psychiatric Hospital Activity

Psychiatric activity is analysed in more detail and explored together with mental health presentations in general hospitals within the Hospital Inpatient Care of People with Mental Health Problems in Scotland publication which is updated on an annual basis. The most recent update was released on 14 March 2017 and contained data up to year ending March 2016. For further information on psychiatric hospital activity please contact NSS.isdMENTALHEALTH@nhs.net.

The analysis below presents information on patients with mental health problems or learning disability who have been cared for as inpatients or day cases in psychiatric hospitals or units in Scotland up to 31 March 2017. It also includes records from certain care homes contracted by NHS Boards to provide this care which allows for more comprehensive analysis of inpatient mental health pathways in Scotland.

Chart 9 illustrates long-term trends for Scotland for five parameters: admissions, discharges, continuous inpatient stays (CIS or 'stays'), patients, and hospital residents (for psychiatric specialties only). The time trend spans 34 years to visualise historic patterns, from financial year 1983/84 until 2016/17.

Chart 9: Mental health inpatients\(^1\) in psychiatric specialties in Scottish hospitals\(^2\) number of admissions, discharges, CIS, patients and hospital residents, 1983/84 to 2016/17\(^3\)

Source: SMR04 Psychiatric Hospital Activity
1. Excludes discharges from the Learning Disability specialty.
2. The data include people from outwith Scotland who have been treated in Scottish hospitals, including those treated in the state hospital.
3. The underlying data for this figure can be found on the ISD website.
There were around 21,100 admissions and discharges in psychiatric specialties in 2016/17, compared with around 21,870 in the previous year. Admissions and discharges initially increased between 1983/84 and 1997/98 but have generally decreased since then. There was a small decrease in continuous inpatient stays in 2016/17 compared with 2015/16 (17,179 and 17,704, respectively). The number of patients in 2016/17 (14,100) and 2015/16 (14,490) shows an overall decline in patient numbers year on year. Hospital residents have also been declining gradually, with 3,352 residents in 2016/17.

Chart 10 shows that the distribution of care in psychiatric specialties varies with the main diagnostic groupings. Patients who only have discharges from psychiatric specialties have a range of diagnoses recorded. The most common diagnosis, attributed to 30% of these patients, is ‘mood (affective) disorders’ (F30-39). A diagnosis of ‘schizophrenia and delusional disorders’ (F20-29) is attributed to 21%, ‘mental disorders due to substance misuse’ (F10-19) to 17%, and ‘organic mental disorders’ (F00-09) to 13%.

‘Organic mental disorders’ includes conditions like dementia and delirium which predominantly affect older people.

**Chart 10: Patients with a main diagnosis of mental and behavioural disorders discharged from hospitals in Scotland, by main diagnosis grouping, financial years 2010/11 to 2016/17**

Source: SMR04 Psychiatric Hospital Activity.

1. Patients are counted once within each specialty in which they were treated during the continuous inpatient stay, therefore the same patient may be counted as a discharge in several different specialties.
2. Mental and behavioural disorders are defined by the following ICD10 codes: F00-F99.
3. The data include people from outwith Scotland who have been treated in Scottish hospitals, including those treated in the state hospital.
4. Excludes discharges from the Learning Disability specialty.
5. The underlying data for this figure can be found on the [ISD website](https://www.isdscotland.org)
Section E: Now and then – a brief look over the past two decades

The way NHS care has been delivered over the past two decades has changed significantly. This is often driven by advances in medical techniques and medication allowing patients either to stay significantly less in hospital once they have been admitted or indeed avoiding the need to be admitted at all. For example, the increased use of keyhole surgery has had a significant impact on patients’ treatment and rehabilitation. This section describes some of the changes that have taken place in the past twenty years.

An increasing amount of healthcare is now being delivered either as an outpatient or day case, rather than in an inpatient ward. The chart below shows the number of admissions to hospital over the past twenty years categorised as whether they were treated as an inpatient or day case. Since 1997/98 the number of planned admissions into inpatient wards has fallen by around 84,000 (-34%); whilst at the same time the number of patients treated as day cases has increased by around 105,000 (+28%). In 2016/17, around 426,000 procedures were carried out in an outpatient clinic. Data on the number of procedures carried out in outpatient clinics was not comprehensively recorded in the earlier years but it is known that there has been a shift to patients being treated in an ambulatory care setting wherever possible.

The number of emergency admissions has grown gradually over the 20 year period with, in 2016/17 around 133,000 more emergency admissions compared with 1997/98 (+29%). This increase in emergency admissions is strongly associated with the ageing population; for example there has been a 27% increase in the number of people aged 65+ over the same period. This changing profile of treatment presented below shows a reduction in planned elective inpatient admissions and the increase in the level of treatment delivered as a day case.
Some of the more specific changes that have taken place are illustrated in the table below.

**Table 6: Changes over time in NHS Care Delivery**

<table>
<thead>
<tr>
<th>Change</th>
<th>Illustration</th>
</tr>
</thead>
</table>
| Greater use of outpatient services       | Dermatology is now predominantly an outpatient based service.  
- In 1997/98, there were around 12,000 admissions to hospital for dermatology and this has fallen to 1,400 in 2016/17. At the same time, the number of new patients seen in outpatients has increased from 83,000 to 124,000  
-                                                                                                                                 |
| More patients being treated on a day case basis | In Ophthalmology, the majority of patients admitted to hospital for eye-related conditions are now treated on a same day basis.  
- In 1997/98, 50% of admissions were to an inpatient ward, whereas in 2016/17, it is 11% of admissions |
<table>
<thead>
<tr>
<th>Change</th>
<th>Illustration</th>
</tr>
</thead>
</table>
| Increased use of keyhole surgery   | Cholecystectomy (removal of gallbladder):  
- Nine out of ten patients now have this operation carried out using keyhole surgery. More than 8,000 of these procedures were carried out in 2016/17  
- This allows patients to be sent home much more quickly. A patient who undergoes this keyhole surgery stays in hospital 5 days less than someone who has more invasive surgery  
- Over the past 20 years, the average length of stay for patients undergoing a cholecystectomy has reduced from 5.7 days to 3.1 days. |
| Shorter lengths of stay            | The average time patients stay in hospital for total hip or knee replacements has more than halved over the past 20 years  
- Hip replacements: The average length of stay has fallen from 16.0 days to 6.7 days  
- Knee replacements: The average length of stay has fallen from 13.8 days to 5.2 days |

Source: Outpatient data are based on SMR00 data, Inpatient data come from SMR01 data.
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.

Continuous Inpatient Stay (CIS)  Probability matching methods have been used to link together individual SMR01 hospitals episodes for each patient, thereby creating "linked" patient histories. Within these patient histories, SMR01 episodes are grouped according to whether they form part of a continuous spell of treatment (whether or not this involves transfer between hospitals or even NHS Boards).

When showing information by CIS the admission type e.g. elective/emergency is determined by the first admitting episode. As a result transfers will generally not appear within the CIS analysis. When a transfer does appear it is often the result of a patient being transferred from another provider unit e.g. outwith Scotland. However there will also be instances where the admission type has been incorrectly coded, unfortunately it is not possible to fully ascertain what the correct admission type should have been. As a result a small proportion of transfers do appear within the various tables.

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 / Planned 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

Occurs when an inpatient is 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.

OPCS4


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.

Patients

This relates to individual patients. However, the same patient can be counted more than once, if they change subgroup (e.g. specialty, type of admission, NHS Board etc.). In these cases a patient will be counted once within each subtotal, but only once in the overall total.

For example if a patient was admitted three times in a single year. twice as an emergency admission and once as an elective admission, they would be counted once in each sub-
total of emergency and elective admissions, and once in the overall total of admission types.

The same patient will also be counted for each of the financial year they were admitted in hospital, for example if a patient was admitted in 2010/11 and 2012/13 they would be counted in each of these years.

**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 NHSScotland Health & Social Care data dictionary [Specialty Listing](#) web page.

**Transfer**

Occurs when a patient needs to be moved to another doctor, clinical specialty, and facility within the hospital or another hospital altogether to receive the specialist care they require after they have been admitted to hospital. The majority of these transfers are planned (elective) transfers.

An inpatient’s admission can be an emergency, an elective or as a transfer.

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

<table>
<thead>
<tr>
<th>Table No.</th>
<th>Name</th>
<th>Time period</th>
<th>File &amp; size</th>
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<td><strong>Annual Trends in Consultant-led Outpatient Activity - Revised</strong></td>
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<td>Excel [1513kb]</td>
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<td>2007/08-2016/17</td>
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<td><strong>Emergency Admissions and Bed Days by NHS Board and council area</strong></td>
<td>2012/13-2016/17</td>
<td>Excel [6479kb]</td>
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<td>6</td>
<td><strong>Multiple Emergency Admissions and Bed Days by NHS Board and council area</strong></td>
<td>2012/13-2016/17</td>
<td>Excel [24682kb]</td>
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<tr>
<td>7</td>
<td><strong>Average Length of Stay by NHS Board and Specialty</strong></td>
<td>2012/13-2016/17</td>
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<td><strong>Annual Trends in Available Beds by NHS Board of Treatment and Hospital - Revised</strong></td>
<td>2007/08-2016/17</td>
<td>Excel [3036kb]</td>
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<td><strong>Diagnosis by NHS Board of Residence</strong></td>
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<td><strong>Diagnosis by council area</strong></td>
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<td>11</td>
<td><strong>Number of Hospital Stays, Bed Days and Rates for selected Long Term Conditions</strong></td>
<td>2012/13-2016/17</td>
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<tr>
<td>12</td>
<td><strong>Number and Types of Procedures carried out by NHS Board</strong></td>
<td>2012/13-2016/17</td>
<td>Excel [6767kb]</td>
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<td>13</td>
<td><strong>Cross Boundary Flows for Outpatients, Day cases and Inpatients</strong></td>
<td>2016/17</td>
<td>Excel [82kb]</td>
</tr>
</tbody>
</table>

Note: Tables 1-4 and 8 also contain information for the quarter ending June 2017.
Contact
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Further Information
Further information can be found on the [ISD website](http://www.isd.nhs.uk)

NHS Performs
A selection of information from this publication is included in [NHS Performs](http://www.nhsperforms.nhs.uk). NHS Performs is a website that brings together a range of information on how hospitals and NHS Boards within NHSScotland are performing.

Rate this publication
Please [provide feedback](http://www.isd.nhs.uk) on this publication to help us improve our services.
Appendices

A1 – Background Information

Data sources

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

- SMR00 (patient-level outpatients records) - source for outpatients (except return attendances, 2015/16 – Jun 2017)
- SMR01 (inpatients and day cases discharges from non-obstetric and non-psychiatric specialties) - source for acute inpatients and day cases, and
- ISD(S)1 (aggregate hospital activity) - source for bed data returns and return outpatients (2007/08 – 2014/15)

ISD(S)1 contains summarised data by NHS Board of Treatment, hospital and specialty. 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.

Revisions

All tables will be revised annually or quarterly. In general these revisions have minimal effect 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.

Revised

The full publication report and summary have been revised to remove quarterly outpatient trend information due to missing and incomplete data from some NHS Boards. Any reference to previous quarterly trends have therefore been removed.

NHS Boards can update both their current and historical data monthly. This may result in changes in the recent data shown from one publication to another.

The data for June 2017 is provisional. Provisional data is subject to change in future publications as submissions may be updated to reflect a more accurate and complete set of data submissions.

The data issues and completeness document has been updated to provide the SMR00 completeness estimates for August as well as the current situation. A specific note about NHS Fife’s outpatient data completeness has also been incorporated.

Additional links to the data issues and completeness document have been provided on Pages 12 & 26.
Additional trend information on quarterly outpatient attendances has been incorporated into the [Annual Trends in Consultant Led Outpatient Activity Table](#) along with a specific note about NHS Fife’s outpatient data completeness; including reference to their local figures.

Additional text has been added to the publication report (Future Developments) to include information around the SMR00 Modernisation Programme and that increasingly other disciplines of staff are carrying out care for patients.

In line with the latest guidance on specialty groupings, there have been revisions made to the presentation of the specialty groupings. The changes are as follows:

**Annual Trends in Available Beds Table**

The specialty of ‘Learning Disability’ is now displayed in its own group rather than incorporated under the ‘Mental Health’ grouping. The specialty of ‘Unspecified’ is now included within the ‘Other’ group. The specialty of ‘Obstetrics’ is now included as part of the 'Women and Newborn’ group. Additionally, the ‘Child’ and ‘Adolescent’ specialties have now been combined and presented as ‘Child & Adolescent’.

**Annual Trends in Outpatient Activity Table**

The specialty of ‘Obstetrics’ is now included as part of the ‘Women and Newborn’ group.

These revisions have not affected the overall NHSScotland or NHS Board totals.
A2 – Data Quality and Completeness

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.

The DQA team’s assessments web page contains details of past Data Quality Assurance Assessments of inpatient/day case data, including findings on the accuracy of submitted SMR01 data items used in our analysis (specialty, admission type, main condition, main operation etc). A data quality assurance assessment of SMR01 data items for 2014/15 was released in July 2016.

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.

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 Waiting times web pages for inpatients, day cases and outpatients. This is largely due to the use of different definitions for the two sets of figures.
- The 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. The Finance publication also excludes consultant-only transfers from the inpatient figures.

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.

SMR completeness

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.

Estimations / provisional data

It should be noted that outpatient, inpatient, day case and beds figures may include an element of estimation for any incomplete or outstanding data submissions. Where possible, missing or incomplete ISD(S)1 data have been estimated for affected NHS Boards. Estimates are based
on an average of the last three submissions from the relevant NHS Boards. This method of estimation would be used unless otherwise stated.

Therefore, data for the latest time period should be treated as provisional as subsequent data submissions could be lower or higher than the estimated values. The data tables which accompany this report identify statistics where estimation has been used. Specific issues are as follows:

**Inpatient**

The methodology for counting continuous inpatient stays (stays) has been updated to reflect revised guidance issued in February 2017. Previously, patient level records were not manually sorted prior to identifying a patient’s stay. This means that any transfer records may have erroneously appeared at the beginning of the stay, when in fact their initial admission to hospital was an emergency or elective stay. For this publication, patient records are now manually sorted to ensure that the first record in the patient’s stay is reflective of their initial admission. This means that transfers appear to have decreased, compared to last year’s iteration of the publication. The table below demonstrates the impact of this change.

<table>
<thead>
<tr>
<th></th>
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<td>5,400</td>
<td>4,794</td>
<td>4,730</td>
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**Outpatient**

It should be noted that previous figures provided may have included an element of estimation for any incomplete or outstanding data submissions. Therefore, subsequent data submissions could be lower or higher than the estimated values. Previously, ISD(S)1 was used to provide the Outpatients information; however, this information is now sourced from SMR00 (except return outpatients, 2007/08 – 2014/15). This is due to data quality concerns around return outpatients in SMR00 for these time periods. Please note that SMR00 figures contained within each publication may also be subject to change in future publications as submissions may be updated to reflect a more accurate and complete set of data submissions.

**Beds**

**Specialty Groupings**

New specialty groupings have been implemented in the November 2017 release of this publication. This has led to apparent decreases in available beds compared to groupings that were used previously. This effect is due to changes to the specialties used in the groupings with no corresponding impact on the bed numbers for individual specialties themselves.

**NHS Grampian**

- This publication contains bed statistics submitted by NHS Grampian from their local system. Between March 2011 and June 2014, NHS Grampian was unable to submit beds statistics to ISD due to system implementation problems.
• After exploring several methods trying to tie up ISD(S)1 data with SMR01 data for bed days, we have taken a very simple approach to estimate the numbers of available beds and the percentage occupancy for all specialties for Grampian to cover the period 2010/11 - 2014/15.
• We used a straight line extrapolation between the last and first known data points (2009/10 and 2015/16).
• We appreciate that the actual change in bed numbers may have been more of a step change in service delivery at different points throughout the 5 year period, but feel straight line estimation is the most pragmatic and proportionate solution to filling the gaps.

**NHS Highland**
For NHS Highland between 2014/15 and 2015/16, missing data was suppressed due to data quality issues. It is hoped that redevelopment of the underlying systems will go some way to resolving these issues. In the meantime, any data which may be provided for this period should be treated with caution.
## A3 – Publication Metadata (including revisions details)

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<td>Description</td>
<td>Summary of inpatient, day case and outpatient activity, including details about specialties, diagnoses, procedures; emergency admissions, long term conditions, and bed statistics for NHSScotland</td>
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<td>Theme</td>
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<td>Topic</td>
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<td>Format</td>
<td>Excel, PDF</td>
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<td>ISD(S)1 aggregated data returns (beds), Scottish Morbidity Records SMR01 (inpatient/day case), SMR00 (outpatient)</td>
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<td>Date that data are acquired</td>
<td>August 2017 (SMR00, SMR01, ISD(S)1)</td>
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<td>October 2017 ISD(S)1 for return attendances</td>
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<td>07 November 2017</td>
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<td>Frequency</td>
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<td>Timeframe of data and</td>
<td>Detailed Annual Acute Hospital Activity Information up to March 2017 (Annual) and quarter ending June 2017 (quarterly).</td>
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<td>timeliness</td>
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</tr>
<tr>
<td>Continuity of data</td>
<td>Reports include a mix of 5 and 10 year trend annual data up to2016/17 and quarter ending June 2017.</td>
</tr>
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</table>
|                            | Due to problems with the implementation of a new patient administration system, no data were successfully extracted for NHS Grampian between March 2011 and June 2014. NHS Highland has had similar problems between quarter ending March 2014 and quarter ending September 2015. Missing data were estimated and are presented in Annual Trends in Available Beds Table. More details on this estimating process can be found in the Beds Methodology section found in the Appendix. New specialty groupings have been implemented in the November 2017 release of this publication. This has led to apparent decreases in available beds compared to groupings that were used previously. This effect is due to changes to the specialties used in the groupings with no
corresponding impact on the bed numbers for individual specialties themselves.

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. In general these revisions have minimal effect on the statistics. If data providers discover that data submitted for publication is incorrect, and/or missing/incomplete and is significant, this can be re-submitted and published in subsequent releases. Any changes will be highlighted within the notes on the affected table. Please see the ISD revisions policy for further details.

Revisions relevant to this publication - Revised

Please see the Revision Section of this report.

The methodology for counting continuous inpatient stays (stays) has been updated to reflect revised guidance issued in February 2017. Previously, patient level records were not manually sorted prior to identifying a patient’s stay. This means that any transfer records may have erroneously appeared at the beginning of the stay, when in fact their initial admission to hospital was an emergency or elective stay. For this publication, patient records are now manually sorted to ensure that the first record in the patient’s stay is reflective of their initial admission. This means that transfers appear to have decreased, compared to last year’s iteration of the publication. The table below demonstrates the impact of this change.

Revised – 14 November 2017

The full publication report and summary have been revised to remove quarterly trend information due to missing and incomplete data from some NHS Boards. Any reference to previous quarterly trends have therefore been removed.

NHS Boards can update both their current and historical data monthly. This may result in changes in the recent data shown from one publication to another.

The data for June 2017 is provisional. Provisional data is subject to change in future publications as submissions may be updated to reflect a more accurate and complete set of data submissions.

The data issues and completeness document has been updated to provide the SMR00 completeness estimates for August as well as the current situation. A specific note about NHS Fife’s outpatient data completeness has also been incorporated.

Additional links to the data issues and completeness...
document have been provided on Pages 12 & 26. Additional trend information on quarterly outpatient attendances has been incorporated into the Annual Trends in Consultant Led Outpatient Activity Table along with a specific note about NHS Fife’s outpatient data completeness; including reference to their local figures.

Additional text has been added to the publication report (Future Developments) to include information around the SMR00 Modernisation Programme and that increasingly other disciplines of staff are carrying out care for patients.

Revised – 19 February 2018

In line with the latest guidance on specialty groupings, there have been revisions made to the presentation of the specialty groupings. The changes are as follows:

Annual Trends in Available Beds Table

The specialty of ‘Learning Disability’ is now displayed in its own group rather than incorporated under the ‘Mental Health’ grouping. The specialty of ‘Unspecified’ is now included within the ‘Other’ group. The specialty of ‘Obstetrics’ is now included as part of the ‘Women and Newborn’ group. Additionally, the ‘Child’ and ‘Adolescent’ specialties have now been combined and presented as ‘Child & Adolescent’.

Annual Trends in Outpatient Activity Table

The specialty of ‘Obstetrics’ is now included as part of the ‘Women and Newborn’ group.

These revisions have not affected the overall NHSScotland or NHS Board totals.

<table>
<thead>
<tr>
<th>Concepts and definitions</th>
<th>See Hospital Care: Background Information</th>
</tr>
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</table>
| 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 allow members of the public to readily access information on the number of hospital admissions for specific diagnoses or procedures that may be of personal interest to them.
To assist students and universities conducting medical... |
Private companies interested in hospital activity levels in Scotland such as pharmaceutical companies, consultancy companies employed by NHS Trusts in England, advertising/media companies on behalf of clients. To provide statistical information for political campaigns, e.g. to halt reductions in acute NHS beds.

### Accuracy
Please refer to Appendix A2 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. Additional detail can also be found within the data issues and completeness document which accompanies this publication.

### Comparability
See Appendix A2

### Accessibility
It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.

### Coherence and clarity
Measures to enhance coherence & clarity within this report include: explanatory charts/table notes, minimal use of abbreviations/abbreviations explained in text and notes on background and methodology. For example, 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.

### Last published
04/10/2016 (revised 24/01/2017)

### Next published
TBC

### Date of first publication
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A4 – 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.

Standard Pre-Release Access:
- Scottish Government Health Department
- NHS Board Chief Executives
- NHS Board Communication leads
A5 – 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.