Acute Hospital Activity and NHS Beds Information in Scotland

Annual – Year ending 31 March 2018

25 September 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 financial year ending 2017/18 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 £4.6bn, which represents around 41% of total NHS spend\(^1\). Admissions into maternity wards are not part of this report.

As well as reporting on activity within 2017/18, 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).

Revisions Statement

Revisions relevant to this publication:

Multiple Emergency Admissions table
A formula error was identified in the 65+ age group, where the data for the 65-69 age category was not captured within the 65+ age group. This has now been corrected and it should be noted that the overall age group total and the other age groupings at NHS Board and Scotland level are unaffected. This table was revised on 11/12/2018.

Annual Trends in Available Beds Table
Multiple errors identified in the excel lookups meant that some data was not being displayed properly within the data table. These have now been corrected and it should be noted that there has been no change to the background data figures at hospital, NHS Board or Scotland level. This table was revised on 11/12/2018, and again on 09/01/2019.

\(^1\) [http://www.isdscotland.org/Health-Topics/Finance/Costs/](http://www.isdscotland.org/Health-Topics/Finance/Costs/) The overall expenditure figure of £4.6bn refers to acute expenditure from the Cost Books (R310) for inpatient, day cases, outpatient, accident and emergency, and day patient.
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 which is normally initiated following a visit to the GP or other healthcare professional, and may result in a referral to see 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 themself. 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
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 Greater Glasgow & Clyde 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 2017/18

| Outpatient Services (excludes maternity and mental health clinics) | 1.07 million Scottish residents (around one in five of the population) visited an outpatient department in 2017/18. For 2017/18:  
- 824,000 people (77%) had one new outpatient attendance within the year  
- 187,000 people (17%) had two new attendances  
- 64,000 people (6%) had three or more new attendances  
Resulting in a total of 1.42 million new outpatient attendances.  
Overall there were 4.23 million total outpatient attendances; a 6% decrease on last year, with a 7% reduction in the last five years (2012/13).  
9.4% (146,817) of new outpatient appointments were not kept without prior notification (‘Did Not Attends’), lower than 2016/17 and 2012/13 at 9.5% and 10.2% respectively.  
In 2017/18, people aged 25-44 were three times more likely not to keep their new outpatient appointment compared to those aged 65 and over (15% vs. 5%). |
| Admissions into hospitals (excludes admissions to maternity wards and mental health hospitals) | Around 693,000 Scottish residents (one in eight of the population) were admitted to hospital in 2017/18. Of these, 69% had a single admission to hospital with three out of ten people having more than one admission:  
- 478,000 people (69% of those admitted to hospital) had one admission to hospital  
- 124,000 (18%) had two hospital admissions  
- 91,000 (13%) had three or more admissions  
There were a total of 1,201,785 admissions into hospital in 2017/18; a small reduction (2%) compared to last year and a 1% increase compared to 2012/13. For 2017/18:  
- 454,477 (38%) were treated in a day case setting  
- 149,766 (12%) were elective inpatient admissions  
- 592,219 (49%) were emergency admissions  
- 5,323 (<1%) were transfers  
In 2017/18, 686,557 (72%) of main procedures were carried out as an outpatient or day case (excluding imaging, injections, infusions, x-ray); a 7% reduction on last year and a 3% decrease compared to 2013/14. |
<table>
<thead>
<tr>
<th><strong>Length of stay</strong></th>
<th>In 2017/18, the average length of stay in hospital for elective inpatients is 3.6 days and for an emergency inpatient is 6.8 days.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beds</strong></td>
<td>The average number of available hospital beds in Scotland has been decreasing over the years. In 2017/18, the available beds for acute specialties was 13,426; a 2% decrease on last year and a 4% reduction when compared to 2012/13.</td>
</tr>
<tr>
<td></td>
<td>- 9,394 (70%) were for medical specialties</td>
</tr>
<tr>
<td></td>
<td>- 4,033 (30%) were for surgical specialties.</td>
</tr>
</tbody>
</table>

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 4.23 million outpatient attendances in 2017/18. An outpatient appointment will often be the patient’s first contact with hospital services. In 2017/18, 1.07 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 (31%) aged 65 and over were seen at an outpatient clinic, while around one in six (17%) of those aged 25-44 did so. The chart below shows the percentage of the population attending consultant outpatient services.
Chart 1: Percentage of the population attending consultant outpatient clinics in 2017/18 by age group

Source: Outpatient data are based on SMR00, Population data comes from National Records of Scotland.

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 2017/18,

- More than three out of four of the people (824,000) attending an outpatient clinic had one attendance
- 17% (187,000) had two attendances
- 6% (64,000) had three or more attendances.

Overall, there was a total of 4,233,550 outpatient attendances (new and follow-up) in Scotland. The total number of new outpatient attendances in 2017/18 was 1,418,667 (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.

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 146,817 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. 8.6%). People aged 25–44 were three times more likely not to turn up for their appointment than patients aged 65 and over (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 (% Did Not Attends) in 2017/18 by age group**

![Chart 2: Level of non-attendance (% Did Not Attends) in 2017/18 by age group](chart2.png)

Source: SMR00 data.

There was significant variation between NHS Boards and specialties in the number of patients who did not attend their appointments. Annual data for year ending March 2018 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. For more information, contact nss.isdunscheduledcare@nhs.net.

In 2017/18 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 (4,853) with a second peak in September (4,698), and January saw the lowest (4,163). 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 2017/18 resulted in an admission to the same hospital with the average daily number of admissions remaining relatively stable throughout the year at around 1,060.

Chart 3: Average daily attendances at and admissions from A&E, 2017/18

More than two thirds (70%) 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 ten-year period 2008/09 to 2017/18 with a daily average of around 4,430.

There is a clear and consistent seasonal pattern with peaks in late spring/summer and troughs in winter. May 2017 saw the highest number of average daily attendances (4,853) and December 2010 the lowest (3,928).
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 (693,000) of the Scottish population had at least one admission into hospital in 2017/18. Just over 325,000 people were admitted at least once as a planned admission into hospital and a similar number of the population (367,000) were admitted as an emergency. A small number of people had both planned and emergency admissions within the year.
Chart 6: Percentage of the population admitted to hospital in 2017/18 by age group

The likelihood of being admitted to hospital is, as expected, highly correlated with age, reflecting the health status of the population. In 2017/18, around one person in three of the Scottish population aged over 75 was admitted at least once to hospital. By way of contrast, around one in twelve people aged 25-44 were admitted. The chart above shows, by age grouping, the percentage of the population who were admitted to hospital in 2017/18.

Effect of population change in the future

The population aged 65 and over was expected to increase by 19% from 2016 to 2026\(^2\). 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.

People living outwith Scotland

There was a small proportion of hospital admissions that were for people who were resident from outwith Scotland. In 2017/18, there were approximately 8,000 such admissions, equating to 0.7% of all admissions.

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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 2017/18,

- 69\% (478,000) of those people admitted to hospital had one admission
- 18\% (124,000) had two hospital admissions
- 13\% (91,000) were admitted three or more times within the year.

Of the 405,000 people who had at least one emergency admission, 299,000 (74\%) had one emergency admission into hospital, around 66,000 (16\%) had two emergency admissions and around 40,000 (10\%) had three or more.

Overall, there were 1,201,785 admissions to hospital in 2017/18. Of these,

- 454,477 (38\%) were treated in a day case setting
- 149,766 (12\%) were planned inpatient admissions
- 592,219 (49\%) were admitted an emergency
- 5,323 (<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 1,642,397 episodes (including patient transfers between wards) associated with the 1,201,785 admissions to hospital in 2017/18.

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 3.6 days for elective inpatients and 6.8 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 2017/18, the average length for an inpatient stay was 6.2 days. For:

- Planned admissions: the average length of stay was 3.6 days
- Emergency admissions: the average length of stay was 6.8 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.
Information Services Division

Chart 7: Length of Stay profile for all inpatients (all admissions) in 2017/18

- 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% of admissions remained in hospital for more than four weeks.

Source: SMR01 data.
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% (76,921) staying no more than one night compared to 10% (15,013) staying for a week or more. By contrast, for patients admitted as an emergency those staying no more than one night was 43% (259,363) and those staying for a week or more was 21% (126,769); 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 2017/18 was 13,426. This compares with 14,020 in 2012/13 and 14,860 in 2008/09.

Detailed information on Bed numbers can be found [here](#).
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 2: Five diagnosis groupings accounting for the greatest number of hospital stays, Scotland, 2017/18

<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>For example:-</td>
<td>184,174</td>
<td>15.2%</td>
</tr>
<tr>
<td></td>
<td>Non-Hodgkin lymphoma, benign tumour, breast cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diseases of the digestive system</td>
<td>For example:-</td>
<td>158,941</td>
<td>13.2%</td>
</tr>
<tr>
<td></td>
<td>Appendicitis, pancreatitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symptoms, signs and ill defined conditions, not elsewhere classified</td>
<td>For example:- Pain in throat and chest, abdominal and pelvic pain</td>
<td>149,008</td>
<td>12.3%</td>
</tr>
<tr>
<td>Diseases of the respiratory system</td>
<td>For example:-</td>
<td>108,822</td>
<td>9.0%</td>
</tr>
<tr>
<td></td>
<td>Pneumonia, asthma, chronic obstructive pulmonary disease (COPD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injury, poisoning and certain other consequences of external causes</td>
<td>For example:- Fracture of forearm, burns and corrosions, poisonings and toxic effects of substances.</td>
<td>100,131</td>
<td>8.3%</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 diseases of the respiratory system.
Table 3: Five diagnosis groupings accounting for the greatest number of hospital stays, Elective and Emergency Admissions, Scotland, 2017/18

<table>
<thead>
<tr>
<th>Diagnosis Grouping</th>
<th>Elective Admissions</th>
<th>Emergency Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of admissions</td>
<td>% of total</td>
</tr>
<tr>
<td>Neoplasms</td>
<td>160,154</td>
<td>26.5</td>
</tr>
<tr>
<td>Diseases of the digestive system</td>
<td>97,594</td>
<td>16.2</td>
</tr>
<tr>
<td>Diseases of the musculoskeletal system and connective tissue</td>
<td>52,223</td>
<td>8.6</td>
</tr>
<tr>
<td>Factors influencing health status and contact with health services</td>
<td>50,714</td>
<td>8.4</td>
</tr>
<tr>
<td>Diseases of the eye and adnexa</td>
<td>48,160</td>
<td>8.0</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 hospital and GP prescribing expenditure 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.

It should be noted that the 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%).
What procedures are carried out?
In 2017/18 there were a total of 1,172,626 procedures performed within the acute hospital care setting (excluding diagnostic imaging and testing procedures). 33% (385,376) of all procedures were carried out in an outpatient setting and 26% of procedures (304,084) were associated with at least one overnight stay in hospital.

84% 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 77,000 of them
- Various types of endoscopies which were used to assist with diagnosing conditions - in total there were 189,000 endoscopies performed
- 32,000 procedures were for the removal of skin lesions
- 16,000 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 (25%) 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 5% of all planned hospital admissions in 2017/18.

Table 4: Flow of patients admitted to hospital between NHS Boards, Scotland, 2017/18

<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>75%</td>
<td>25%</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% - 27% for other NHS Boards.

Information on Cross Boundary Flow is available [here](#).

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 last update was released on 07 November 2017 and contained data up to year ending March 2017. 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 2018. 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 35 years to visualise historic patterns, from financial year 1983/84 until 2017/18.

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 2017/18\(^3\)

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 just less than 21,000 admissions and discharges in psychiatric specialties in 2017/18, compared with over 21,000 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 2017/18 compared with 2016/17 (16,160 and 17,230, respectively). The number of patients in 2017/18 (13,770) and 2016/17 (14,180) shows an overall decline in patient numbers year on year. Hospital residents have increased slightly from 2016/17, with 3,640 residents in 2017/18 compared to 3,520 residents in the previous year.
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 1998/99 the number of planned admissions into inpatient wards has fallen by around 96,000 (-39%); whilst at the same time the number of patients treated as day cases has increased by around 62,000 (+15%). In 2017/18, around 385,000 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 2017/18 around 134,000 more emergency admissions compared with 1998/99 (+29%). This increase is strongly associated with the ageing population; for example there has been a 28% 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.


Source: SMR01 data.

Table 6: Changes over time in NHS Care Delivery

<table>
<thead>
<tr>
<th>Change</th>
<th>Illustration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater use of outpatient services</td>
<td>Dermatology is now predominantly an outpatient based service.</td>
</tr>
<tr>
<td></td>
<td>- In 1998/99, there were around 12,000 admissions to hospital for dermatology and this has fallen to 1,000 in 2017/18. At the same time, the number of new patients seen in outpatients has increased from 81,000 to 115,000</td>
</tr>
<tr>
<td>More patients being treated on a day case basis</td>
<td>In Ophthalmology, the majority of patients admitted to hospital for eye-related conditions are now treated on a same day basis.</td>
</tr>
<tr>
<td></td>
<td>- In 1998/99, 43% of admissions were to an inpatient ward, whereas in 2017/18, it is 10% of admissions</td>
</tr>
<tr>
<td>Increased use of keyhole surgery</td>
<td>Cholecystectomy (removal of gallbladder):</td>
</tr>
<tr>
<td></td>
<td>- Nine out of ten patients now have this operation carried out using keyhole surgery. More than 7,700 of these procedures were carried out in 2017/18</td>
</tr>
<tr>
<td></td>
<td>- This allows patients to be sent home much more quickly. A patient who undergoes this keyhole surgery stays in hospital 4 days less than someone who has more invasive surgery</td>
</tr>
<tr>
<td></td>
<td>- Over the past 20 years, the average length of stay for patients undergoing a cholecystectomy has reduced from 5.6 days to 2.9 days.</td>
</tr>
<tr>
<td>Shorter lengths of stay</td>
<td>The average time patients stay in hospital for total hip or knee replacements has more than halved over the past 20 years</td>
</tr>
<tr>
<td></td>
<td>- Hip replacements: The average length of stay has fallen from 14.9 days to 6.5 days</td>
</tr>
<tr>
<td></td>
<td>- Knee replacements: The average length of stay has fallen from 13.0 days to 4.7 days</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acute Hospital Care/Activity</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Average available staffed beds</strong></td>
<td>The average daily number of beds, which are staffed and are available for the reception of inpatients (borrowed and temporary beds are included).</td>
</tr>
<tr>
<td><strong>Average length of stay</strong></td>
<td>Mean stay per episode (in days) experienced by inpatients within a specialty/significant facility etc over any period of time.</td>
</tr>
<tr>
<td><strong>Continuous Inpatient Stay (CIS)</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Day case</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Discharge</strong></td>
<td>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.</td>
</tr>
<tr>
<td>Term</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Elective / Planned Admission</td>
<td>This is when the patient has already been given a date to come to hospital for a planned procedure or treatment.</td>
</tr>
<tr>
<td>Emergency Admission</td>
<td>Occurs when, for clinical reasons, a patient is admitted at the earliest possible time after seeing a doctor.</td>
</tr>
<tr>
<td>Episode</td>
<td>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.</td>
</tr>
<tr>
<td>Incidence</td>
<td>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.</td>
</tr>
<tr>
<td>Inpatient</td>
<td>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.</td>
</tr>
<tr>
<td>Non-routine admission</td>
<td>Occurs when an inpatient is discharged following an emergency; unplanned admission (includes emergency transfers).</td>
</tr>
<tr>
<td>Occupancy (%)</td>
<td>The percentage of available staffed beds that were occupied by inpatients during the period.</td>
</tr>
<tr>
<td>Occupied Bed</td>
<td>An occupied bed is an available staffed bed, which is either being used to accommodate an inpatient or reserved for a patient on pass.</td>
</tr>
<tr>
<td>Outpatient</td>
<td>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.</td>
</tr>
</tbody>
</table>
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 Grouping 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 Tables

<table>
<thead>
<tr>
<th>File name</th>
<th>File and size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Trends in Consultant-led Outpatient Activity</td>
<td>Excel 1.6 Mb</td>
</tr>
<tr>
<td>Inpatient and Day Case Activity By NHS Board Of Residence</td>
<td>Excel 1.4 Mb</td>
</tr>
<tr>
<td>Inpatient and Day Case Activity by NHS Board of Treatment</td>
<td>Excel 1.2 Mb</td>
</tr>
<tr>
<td>Inpatient and Day Case Activity by council area</td>
<td>Excel 2.7 Mb</td>
</tr>
<tr>
<td>Emergency Admissions and Bed Days by NHS Board and council area</td>
<td>Excel 6.6 Mb</td>
</tr>
<tr>
<td>Multiple Emergency Admissions and Bed Days by NHS Board and council area</td>
<td>Excel 24.4 Mb</td>
</tr>
<tr>
<td>Revised</td>
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<tr>
<td>Average Length of Stay by NHS Board and Specialty</td>
<td>Excel 610 Kb</td>
</tr>
<tr>
<td>Annual Trends in Available Beds by NHS Board of Treatment and Hospital - Revised</td>
<td>Excel 3.9 Mb</td>
</tr>
<tr>
<td>Diagnosis by NHS Board of Residence</td>
<td>Excel 11.1 Mb</td>
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<tr>
<td>Diagnosis by council area</td>
<td>Excel 22.6 Mb</td>
</tr>
<tr>
<td>Number of Hospital Stays, Bed Days and Rates for selected Long Term Conditions</td>
<td>Excel 5.9 Mb</td>
</tr>
<tr>
<td>Number and Types of Procedures carried out by NHS Board</td>
<td>Excel 6.7 Mb</td>
</tr>
<tr>
<td>Cross Boundary Flows for Outpatients, Day cases and Inpatients</td>
<td>Excel 129 Kb</td>
</tr>
</tbody>
</table>
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Further Information

Further Information can be found on the ISD website. For more information on Acute Activity see the Acute Activity section of our website.

A selection of information from this publication is included in NHS Performs. NHS Performs is a website that brings together a range of information on how hospitals and NHS Boards within NHSScotland are performing.

The next release of this publication will be October 2019.

Rate this publication

Please provide feedback on this publication to help us improve our services.
Appendices

Appendix 1 – 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
- 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

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. 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

Multiple Emergency Admissions table

A formula error was identified in the 65+ age group, where the data for the 65-69 age category was not captured within the 65+ age group. This has now been corrected and it should be noted that the overall age group total and the other age groupings at NHS Board and Scotland level are unaffected.

Annual Trends in Available Beds Table

Multiple errors identified in the excel lookups meant that some data was not being displayed properly within the data table. These have now been corrected and it should be noted that there has been no change to the background data figures at hospital, NHS Board or Scotland level.

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 2017/18 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.

Please see Appendix 3 for further information on revisions relevant to this publication.
Appendix 2 – 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 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. Specific issues are as follows:

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). 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

**NHS Grampian and NHS Highland**

- NHS Grampian was unable to submit beds information between March 2011 and June 2014, to ISD due to system implementation problems. NHS Highland was unable to submit beds information between October 2013 and December 2015.
- 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 to cover these periods.
- We used a straight line extrapolation between the last and first known data points.
- 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.

For details on all ongoing data issues please refer to the [Data Issues and Completeness document](#).
Appendix 3 – Publication Metadata

<table>
<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Publication title</strong></td>
<td>Acute Hospital Activity and NHS Beds Information in Scotland, September 2018</td>
</tr>
<tr>
<td><strong>Description</strong></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 NHS Scotland</td>
</tr>
<tr>
<td><strong>Theme</strong></td>
<td>Health and Social Care</td>
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<td><strong>Topic</strong></td>
<td>Hospital Care</td>
</tr>
<tr>
<td><strong>Format</strong></td>
<td>Excel, PDF</td>
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<td><strong>Data source(s)</strong></td>
<td>ISD(S)1 aggregated data returns (beds and return outpatients), Scottish Morbidity Records SMR01 (inpatient/day case), SMR00 (outpatient – excluding returns)</td>
</tr>
<tr>
<td><strong>Date that data are acquired</strong></td>
<td>July 2018 (SMR00, SMR01, ISD(S)1)</td>
</tr>
<tr>
<td><strong>Release date</strong></td>
<td>25 September 2018 (Revised 9 January 2019)</td>
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<tr>
<td><strong>Frequency</strong></td>
<td>Annual</td>
</tr>
<tr>
<td><strong>Timeframe of data and timeliness</strong></td>
<td>Detailed Annual Acute Hospital Activity Information up to March 2018</td>
</tr>
<tr>
<td><strong>Continuity of data</strong></td>
<td>Reports include a mix of 5 and 10 year trend annual data up to 2017/18. 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 October 2013 and December 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.</td>
</tr>
</tbody>
</table>

**Acute Assessment Unit (AAU) / Ambulatory Emergency Care (AEC) activity**

**Definitions**

- **Acute Assessment Unit (AAU)**

  The AAU is a dedicated facility for the acute clinical care of patients that present to hospital as clinical emergencies or who develop an acute clinical problem while in hospital. The units may also carry out some planned healthcare.

  Generally these units have both trolleyed areas and staffed beds which form part of the hospital’s bed complement. Where trolleys are used in lieu of beds, patients should be counted as inpatients.

  **Acute Assessment Unit (AAU) is the preferred term for services also known as:**

  - medical/surgical assessment unit
  - combined assessment units
  - clinical assessment units
- **Ambulatory Emergency Care (AEC)**

  An Ambulatory Emergency Care Unit is a multidisciplinary ‘one stop’ service. It provides Outpatient and Daycase services only.

  These cases should be recorded under significant facility 39.

**National recording of AAU & AEC activity**

Currently AAU activity is only being submitted by some NHS Boards within SMR01. NHS Greater Glasgow & Clyde AAU activity stopped in 2017. NHS Highland have been submitting AEC cases via SMR01 using criteria agreed by ISD to ensure that they pass validation rules as an interim measure. NHS Greater Glasgow & Clyde has opted to record these cases differently from NHS Highland since they consider a number of these cases to be non-elective day cases which, due to recording rules, cannot be recorded that way on Trakcare. As such they took the decision to record them as Emergency Department activity to allow them to be able to follow the patient through the system.

There are ongoing discussions with NHS Boards, the Scottish Government and ISD on the most appropriate way for capturing this activity including AEC cases. AEC is under the scope of SMR00 Modernising Review, and it is hoped that national definitions and guidance on how to record this activity can be agreed by all NHS Boards.

**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**

**Change to Council Area/NHS Board codes:**

There has been a minor council area boundary change for Keltybridge and Fife Environmental Energy Park at Westfield. The official implementation date of this change is 2nd February 2018.

As a result, the following geographies are impacted and new 9-digit codes have been generated: Council Areas, Electoral Wards, Health Boards, Health and Social Care Partnerships, Police Divisions, Fire and Rescue, Postcodes and LAU1.

The changes for geography codes commonly used by ISD are as follows:
**Information Services Division**

### NHS Board:

<table>
<thead>
<tr>
<th>Old code</th>
<th>New code</th>
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</thead>
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<td>NHS Fife</td>
<td>S08000018</td>
</tr>
<tr>
<td>NHS Tayside</td>
<td>S08000027</td>
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</table>

### Council Area:

<table>
<thead>
<tr>
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<th>New code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fife</td>
<td>S12000015</td>
</tr>
<tr>
<td>Perth &amp; Kinross</td>
<td>S12000024</td>
</tr>
</tbody>
</table>

### Dumfries & Galloway hospital/location code changes:

Dumfries & Galloway Royal Infirmary (Y104H) moved location in December 2017, and inpatient and daycase (SMR01) episodes are now recorded under a new code Y146H. The name remains “Dumfries & Galloway Royal Infirmary”. The implications are that since December 2017 about half of the usual SMR01 records are now being recorded under Y146H as expected, although there does still remain some SMR01 records under Y104H.

The old site (Y104H) still exists and is now a treatment centre named “Mountainhall Treatment Centre”. This means outpatient (SMR00) historic episodes are recorded under the old code Y104H with a new code Y177C coming into effect in December 2017. To ensure that no activity is missed, and to allow trends to be presented, the two hospital codes Y146H and Y104H (for SMR01 activity) and Y177C and Y104H (for SMR00 activity) will be combined in our analyses.

### Future Developments

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 Greater Glasgow & Clyde 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 NHS 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.

**Revised – 11 December 2018**

Multiple Emergency Admissions table

A formula error was identified in the 65+ age group, where the data for the 65-69 age category was not captured within the 65+ age group. This has now been corrected and it should be noted that the overall age group total and the other age groupings at NHS Board and Scotland level are unaffected.

Annual Trends in Available Beds Table

An error identified in the excel lookups meant that some data was not being displayed properly within the data table. This has now been corrected and it should be noted that there has been no change to the background data figures at hospital, NHS Board or Scotland level.

**Revised – 9 January 2019**

Annual Trends in Available Beds Table

A second, separate error identified in the excel lookups meant that some data was not being displayed properly within the data table. This has now been corrected and again it should be noted that there has been no change to the background data figures at hospital, NHS Board or Scotland level.

**Concepts and definitions**

See Hospital Care: [Background Information](#)

**Relevance and key uses of the statistics**

To allow NHS Board employees to compare activity levels nationally, e.g. NHS clinical consultants interested in their specialty figures by NHS Board, NHS information managers planning capacity, to assist in the development of Service Agreements between NHS Boards.

To investigate the implications of common systemic diseases in Scotland as a basis for assessing health demands in the future.

To 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 studies for research purposes.

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](https://www.isdScotland.org.uk). Additional detail can also be found within the [data issues and completeness document](https://www.isdScotland.org.uk) which accompanies this publication.

<table>
<thead>
<tr>
<th>Comparability</th>
<th>See <a href="https://www.isdScotland.org.uk">Appendix A2</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessibility</td>
<td>It is the policy of ISD Scotland to make its web sites and products accessible according to <a href="https://www.isdScotland.org.uk">published guidelines</a>.</td>
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<tr>
<td>Coherence and clarity</td>
<td>Measures to enhance coherence &amp; 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 <a href="https://www.isdScotland.org.uk">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="https://www.isdScotland.org.uk">Multiple and All Emergency Admissions Interpretation document</a>.</td>
</tr>
<tr>
<td>Value type and unit of measurement</td>
<td>In general, figures are shown as numbers, percentages or rates.</td>
</tr>
<tr>
<td>Disclosure</td>
<td>Data has a low/medium risk of disclosure. The <a href="https://www.isdScotland.org.uk">ISD protocol on Statistical Disclosure Protocol</a> is followed.</td>
</tr>
<tr>
<td>Official Statistics designation</td>
<td>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="https://www.statisticsauthority.gov.uk">UK Statistics Authority website</a>.</td>
</tr>
<tr>
<td>UK Statistics Authority Assessment</td>
<td>The Hospital Care information was assessed by the UK Statistics Authority in September 2011 and successfully received confirmation of designation as National Statistics.</td>
</tr>
<tr>
<td>Last published</td>
<td>07 November 2017 (revised 19 February 2018)</td>
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<tr>
<td>Next published</td>
<td>October 2019</td>
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<td>Date of first publication</td>
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<td>Help email</td>
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<td>Date form completed</td>
<td>13/09/2018</td>
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(Revised 09/01/19)
Appendix 4 – Early access details

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD is 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

Early Access for Quality Assurance

These statistics will also have been made available to those who needed access to help quality assure the publication:

NHS Ayrshire & Arran – Head of Health Records Services, Coding and Standards Manager
NHS Borders – Planning & Performance Officer, Senior Health Information Manager
NHS Dumfries & Galloway – Head of Information
NHS Forth Valley – Information Services Manager
NHS Greater Glasgow & Clyde – Health Records Manager/DQ, Coding Manager, Coding Supervisor, Business Intelligence Manager, Medical Records Manager
NHS Lanarkshire – Assistant Head of IM&T Health Records, Health Records Manager
NHS Orkney – Medical Records Supervisor, Clinical Coder, Senior Health Intelligence Analyst
NHS Western Isles – Health Intelligence Analyst Specialist
Appendix 5 – 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](http://isd.org.uk).