Acute Hospital Activity and NHS Beds Information for Scotland
Annual – Year ending 31 March 2019

10 September 2019
This is a National Statistics Publication

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Find out more about National Statistics at: https://www.statisticsauthority.gov.uk/national-statistician/types-of-official-statistics/
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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 2018/19 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 £4.7bn, which represents around 40% of total NHS spend\(^1\). Admissions into maternity wards are not part of this report.

As well as reporting on activity within 2018/19, 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).

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

\(^1\) [http://www.isdscotland.org/Health-Topics/Finance/Costs/](http://www.isdscotland.org/Health-Topics/Finance/Costs/) The overall expenditure figure of £4.7bn refers to 2017/18 acute expenditure from the Cost Book (R310). The total NHS spend figure (40%) refers to 2017/18 expenditure from the Cost Book (R300) published in November 2018.
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 hospital discharges in the reported time period rather than admissions. The difference between admissions and discharges is of small importance at the level of detail shown and in the context of this publication. For the purpose of these analyses, hospital admissions are defined as the number of continuous inpatient stays (CIS) in hospital where the patient was admitted.

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, you will see that a small proportion of transfers do appear within the various tables.

See the [Episodes of Care and Continuous Inpatient Stays](#) section for further information.

**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. 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 2018/19

| Outpatient Services (excludes maternity and mental health clinics) | Around 1.1 million Scottish residents (one in five of the population) visited an outpatient department in 2018/19. For 2018/19: - 828,000 (76%) had one new outpatient attendance within the year - 190,000 (18%) had two new attendances - 67,000 (6%) had three or more new attendances Overall there were nearly 4.3 million total outpatient attendances (new and return/follow-up) in 2018/19; a 1% increase on last year (2017/18), with a 7% reduction in the last five years (2013/14). The number of new outpatient attendances was just over 1.4 million whilst the number of return attendances was over 2.8 million. |
| Admissions into hospitals (excludes admissions to maternity wards and mental health hospitals) | Around 698,000 Scottish residents (one in eight of the population) were admitted to hospital in 2018/19. Of these, more than two thirds (69%) had a single admission to hospital with three out of ten patients having more than one admission. For 2018/19: - 480,000 (69% of those admitted to hospital) had one admission to hospital - 126,000 (18%) had two hospital admissions - 92,000 (13%) had three or more admissions There were just over 1.2 million admissions into hospital in 2018/19; a small increase (<1%) compared to last year (2017/18) and five years ago (2013/14). For 2018/19: - 38% were day cases - 12% were elective inpatient admissions - 49% were emergency inpatient admissions - <1% were transfers In 2018/19 there were just under 1.2 million total procedures performed within the acute hospital care setting (excluding imaging, injections, infusions, x-ray); a 1% increase on last year (2017/18), with a 3% reduction in the last four years (2014/15). Of these; 81% were carried out as a main procedure. More than seven out of ten (73%) of main procedures were carried out as an outpatient or day case. The average length of stay has been reducing over the years. In 2018/19, the average length of stay was 6 days compared to 6.2 days last year (2017/18). In 2018/19, the average length of stay for elective inpatients was 3.4 days and 6.6 days for emergency inpatients. |
The average number of available hospital beds in Scotland has been decreasing over the years. In 2018/19, the average available staffed beds for acute specialties was 13,105; a 2% decrease on last year (2017/18) and a 6% reduction when compared to five years ago (2013/14).

For 2018/19:
- 9,165 (70%) were for medical specialties
- 3,940 (30%) were for surgical specialties.

The percentage occupancy has remained relatively stable over the years. In 2018/19, the percentage occupancy for acute specialties was 87%.

There are known issues with the quality of data presented, in particular with statistics on new outpatient appointments not attended without prior warning ('Did Not Attends'). For more information please see the data issues and completeness document which accompanies this publication.

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

Trend information on acute activity and beds data can be found in the publication 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. There were around 4.3 million total outpatient attendances in 2018/19; a 1% increase on last year (2017/18), with a 7% reduction in the last five years (2013/14). An outpatient appointment will often be the patient’s first contact with hospital services. In 2018/19, nearly 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 attending 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 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 Scottish population attending consultant outpatient clinics in 2018/19 by age group

![Chart showing percentage of the Scottish population attending outpatient clinics by age group](chart.png)

Source: New 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 2018/19,

- More than three out of four (76%) of the people (828,000) attending an outpatient clinic had one attendance
- 18% (190,000) had two attendances
- 6% (67,000) had three or more attendances.

Overall, there were nearly 4.3 million total outpatient attendances (new and return/follow-up) in Scotland in 2018/19. The number of new outpatient attendances was just over 1.4 million (excluding A&E attendances). For each new referral to outpatient, there is then, on average, a further two return 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. In 2018/19, the number of return attendances was over 2.8 million (excluding A&E attendances).

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, 8.4% (131,267) of new outpatient appointments were not kept without prior notification (‘Did Not Attends’) in 2018/19.

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 (9.3% vs. 7.6%). Patients aged 25–44 were three times more likely not to turn up for their appointment than patients aged 65 and over (13.4 vs. 4.1%). 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 2018/19 by age group

There was variation between NHS Boards and specialties in the number of patients who did not attend their appointments. Annual data for year ending March 2019 showed that just over 8.4% of appointments were missed without prior warning; lower than 2017/18 and 2013/14 at 9.4% and 9.9% respectively.

Detailed information on the level of Did Not Attends for each NHS Board and specialty can be found [here](#).

**Note** – There are known issues with the quality of Did Not Attend (DNA) information. In order to present a more accurate reflection of the NHSScotland and NHS Lothian totals, aggregated DNA information from NHS Lothian local systems has been used rather than via
the national SMR00 returns. For details on all ongoing data issues please refer to the Data Issues and Completeness document.

In addition, it should be highlighted 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.
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 2018/19 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 (4,938) with a second highest in June (4,888), while October and December saw the lowest (4,449 and 4,448 respectively). 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 2018/19 resulted in an admission to the same hospital with the average daily number of admissions remaining relatively stable throughout the year at around 1,076.

Chart 3: Average daily attendances at and admissions from A&E, 2018/19

More than two thirds (71%) 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 eleven-year period 2008/09 to 2018/19 with a daily average of around 4,450. However, A&E attendances have been increasing over the past two to three years. There is a clear and consistent seasonal pattern with peaks in late spring/summer and troughs in winter. May 2018 saw the highest number of average daily attendances (4,938) and December 2010 the lowest (3,928).
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 (698,000) of the Scottish population had at least one admission into hospital in 2018/19. The likelihood of being admitted to hospital is, as expected, highly correlated with age, reflecting the health status of the population. In 2018/19, around one person in three (33%) of the Scottish population aged over 75 was admitted at least once to hospital. By way of contrast, around one in twelve (8%) people aged 25-44 were admitted. The chart below shows, by age grouping, the percentage of the population who were admitted to hospital in 2018/19.
Effect of population change in the future

The population aged 65 and over was expected to increase by 21% from 2018 to 2028. 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 2018/19, there were approximately 7,800 such admissions, equating to 0.6% of all admissions.

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Multiple admissions to hospital
Most people (69%) admitted to hospital had only one admission per year. However, nearly one third (31%) of people who were admitted to hospital had two or more admissions. In 2018/19,

- 69% (480,000) of those people admitted to hospital had one admission
- 18% (126,000) had two hospital admissions
- 13% (92,000) were admitted three or more times within the year.

Of the 408,000 people who had at least one emergency admission, 301,000 (74%) had one emergency admission into hospital, around 67,000 (16%) had two emergency admissions and around 40,000 (10%) had three or more.

Episodes of Care and Continuous Inpatient Stays
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 continuous inpatient stay. For the purpose of these analyses, and in the context of this publication, hospital admissions are defined as the number of continuous inpatient stays in hospital where the patient was admitted. See the Glossary section for further information.

The majority of hospital admissions consist of one discrete episode of care. In total, there were 1,651,833 episodes associated with the 1,211,643 admissions to hospital in 2018/19.

Overall, there were 1,211,643 admissions to hospital in 2018/19; a small increase (<1%) compared to last year (2017/18) and five years ago (2013/14). Of these,

- 466,817 (38%) were day cases
- 146,365 (12%) were elective inpatient admissions
- 593,543 (49%) were emergency inpatient admissions
- 4,918 (<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.
How long do people stay in hospital?

In 2018/19...

The average length of stay in hospital is **3.4 days** for elective inpatients and **6.6 days** for emergency inpatient admissions.

How long a patient stays in hospital will be strongly related to the complexity of any operation carried out as well as the underlying health condition of the person. The average length of stay has been reducing over the years. In 2018/19, the average length of stay was 6 days compared to 6.2 days last year (2017/18). Patients admitted as emergencies generally stay longer than elective hospital admissions.

In 2018/19, the average length for an inpatient stay was 6 days. For:

- Elective admissions: the average length of stay was 3.4 days
- Emergency admissions: the average length of stay was 6.6 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 elective and emergency admissions.
Around 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 a quarter of all inpatient admissions.

Overall 46% of all inpatient admissions stayed one night or less in hospital.

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 52% (76,693) staying no more than one night compared to 9% (13,603) staying for a week or more. By contrast, for patients admitted as an emergency those staying no more than one night was 44% (262,111) and those staying for a week or more was 20% (121,453); 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 10) alongside a shift to treatment and care in a more ambulatory setting or in the community.

The average number of available staffed beds for acute specialties in Scotland in 2018/19 was 13,105. This compares with 13,429 (2% decrease) on last year (2017/18) and a 6% reduction (13,966) when compared to five years ago (2013/14). Of the 13,105 beds, 70% (9,165) were for medical specialties and 30% (3,940) were for surgical specialties.

The percentage occupancy is the percentage of average available staffed beds that were occupied by inpatients during the period. The percentage occupancy has remained relatively stable over the years. In 2018/19, the percentage occupancy for acute specialties was 87%.

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 58% of all admissions are shown in the table below.

Table 2: Five diagnosis groupings accounting for the greatest number of hospital stays, Scotland, 2018/19

<table>
<thead>
<tr>
<th>Diagnosis grouping</th>
<th>Specific conditions</th>
<th>No. of admissions</th>
<th>Percentage</th>
</tr>
</thead>
</table>
| Neoplasms                                              | For example: -
Non-Hodgkin lymphoma, benign tumour, breast cancer | 187,849           | 15.5%      |
| Diseases of the digestive system                       | For example: -
Appendicitis, pancreatitis                          | 161,886           | 13.4%      |
| Symptoms, signs and ill-defined conditions, not elsewhere classified | For example: -
Pain in throat and chest, abdominal and pelvic pain | 149,659           | 12.4%      |
| Injury, poisoning and certain other consequences of external causes | For example: -
Fracture of forearm, burns and corrosions, poisonings and toxic effects of substances. | 102,239           | 8.4%       |
| Diseases of the respiratory system                     | For example: -
Pneumonia, asthma, chronic obstructive pulmonary disease (COPD) | 100,386           | 8.3%       |

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 Injury, poisoning and certain other consequences of external causes.
Table 3: Five diagnosis groupings accounting for the greatest number of hospital stays, Elective and Emergency Admissions, Scotland, 2018/19

<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>164,407</td>
<td>27.0</td>
</tr>
<tr>
<td>Diseases of the digestive system</td>
<td>99,941</td>
<td>16.4</td>
</tr>
<tr>
<td>Diseases of the musculoskeletal system and connective tissue</td>
<td>52,390</td>
<td>8.6</td>
</tr>
<tr>
<td>Factors influencing health status and contact with health services</td>
<td>50,706</td>
<td>8.3</td>
</tr>
<tr>
<td>Diseases of the eye and adnexa</td>
<td>50,286</td>
<td>8.2</td>
</tr>
</tbody>
</table>

Source: SMR01 data.

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.

High Resource Individuals

Evidence from healthcare cost analysis in Scotland shows that a small percentage of patients (5%) consume a considerable amount of hospital and GP prescribing expenditure/resources (65%). These patients are referred to as High Resource Individuals (HRI). As part of efforts to have evidence based healthcare delivery, ISD Scotland developed the “High Health Gain” (HHG) risk prediction tool to calculate the risk of a person becoming, or continuing to be, an HRI in the next 12 months.

HHG risk prediction scores are available via the Primacy Care Information dashboard, and can be used by partnerships to identify patients who may benefit from an anticipatory care plan (ACP) or a review of their existing ACP, including a medicine review. The aim of HHG is to encourage the provision of earlier preventative care, to enable people to self-manage their health condition(s) in their own home, and to reduce multiple medications, in an effort to reduce/prevent the need for future hospital treatment. For more information on the High Health Gain tool please visit the Health & Social Care integration area of the ISD website.
What procedures are carried out?

In 2018/19 there were a total of 1,185,469 procedures performed within the acute hospital care setting (excluding imaging, injections, infusions, x-ray); a 1% increase on last year (2017/18), with a 3% reduction in the last four years (2014/15). In 2018/19, more than two thirds (69%) of total procedures were carried out as an outpatient or daycase,

- 381,112 (32%) of all procedures were carried out in an outpatient setting
- 438,226 (37%) were carried out in a day case setting
- 366,131 (31%) were associated with at least one overnight stay in hospital or inpatients discharged the same day.

Of the 1,185,469 total procedures performed in 2018/19; 81% (962,144) were carried out as a main procedure (excluding imaging, injections, infusions, x-ray). More than seven out of ten (73%; 698,754) of main procedures were carried out as an outpatient or day case.

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

- Eye related operations (such as cataracts) - there were 92,000 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 76,000 of them
- Various types of endoscopies which were used to assist with diagnosing conditions - in total there were 185,000 endoscopies performed
- 30,000 procedures were for the removal of skin lesions
- 17,000 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 9 (11%) admissions 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.

All NHS Boards refer some patients to the National Waiting Times Centre (NWTC). The Golden Jubilee National Hospital (GJNH) in Clydebank 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 (elective) procedures from across Scotland. The GJNH treated 4% of all elective hospital admissions in 2018/19.

Table 4: Flow of patients admitted to hospital between NHS Boards, Scotland, 2018/19

<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>New Outpatients</td>
<td>92%</td>
<td>8%</td>
</tr>
<tr>
<td>All Admissions</td>
<td>89%</td>
<td>11%</td>
</tr>
<tr>
<td>- Day case Admissions</td>
<td>86%</td>
<td>14%</td>
</tr>
<tr>
<td>- Inpatients (Elective)</td>
<td>76%</td>
<td>24%</td>
</tr>
<tr>
<td>- Inpatients (Emergency)</td>
<td>94%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Source: SMR00 and SMR01.
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 10% - 26% 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 acute hospitals within the Mental Health Inpatient Activity publication which is updated on an annual basis. The most recent update was released on 10th September 2019 and contained data up to year ending March 2019. For further information on mental health inpatient activity please contact NSS.isdMENTALHEALTH@nhs.net.

The analysis below presents information on episodes of inpatient or day case care where a mental health diagnosis was recorded in psychiatric and/or acute hospitals or units in Scotland up to 31 March 2019. 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. However, please note that activity from the Learning Disability specialty has been excluded, as this information will be published in a separate publication at a later date.

Figure 1 illustrates the rate of discharges per 100,000 population in acute and psychiatric facilities for Scottish Council areas in 2018/19. Note that this measure does not take account of age and sex differences which may influence differences between areas.

**Figure 1: Rate of Mental Health Discharges**\(^1\) (per 100,000 population) from any treatment specialty\(^2\) in 2018/19\(^3\) by council area of residence\(^4\)

![Map showing rate of mental health discharges by council area in Scotland](image)

Source: SMR01 Acute Hospital Activity, 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.
4. Council area refers to the local authority area in which the patient lives.
Inverclyde had the highest rate of discharges for Mental Health in any specialty with a rate of over 1,356 per 100,000 population and Aberdeenshire had the lowest rate of over 405 per 100,000 population. When looking at non-psychiatric specialties only, however, West Dunbartonshire had the highest rate of discharges at 830 per 100,000 population and Aberdeenshire again had the lowest value of 172 per 100,000 population.

Chart 9 shows the number of discharges for mental health in Psychiatric specialties, Non-Psychiatric specialties and any specialty for Scotland from 1997/98 to 2018/19. There were 47,790 discharges from any specialty for Mental Health in 2018/2019, the highest number of discharges for Mental Health since 1997/1998. Generally, the number of discharges for Mental Health from psychiatric specialties has decreased over the last 21 years while discharges from Non-Psychiatric specialties have been increasing. In 2016/2017, the number of discharges for Mental Health was higher in Non-Psychiatric specialties than for Psychiatric specialties for the first time, this trend has continued into 2018/2019.

Chart 9: Number of Mental Health Discharges¹ in Psychiatric, Non-psychiatric and any specialty for Scotland, 1997/1998 – 2018/2019²

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1. Excludes discharges from the Learning Disability specialty.
2. The underlying data for this figure can be found on the ISD website.
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 1999/00 the number of elective admissions into inpatient wards has fallen by around 82,000 (-36%); whilst at the same time the number of patients treated as day cases has increased by around 84,000 (+23%). In 2018/19, around 381,000 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 2018/19 around 130,000 more emergency admissions compared with 1999/00 (+28%). This increase is likely associated with the ageing population; for example there has been a 29% 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.

Chart 10: Hospital Admissions, Scotland, 1999/00 - 2018/19

![Hospital Admissions Chart]

Source: SMR01 data.

### Table 5: 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 1999/00, there were around 12,000 admissions to hospital for dermatology and this has fallen to 1,000 in 2018/19. At the same time, the number of new patients seen in outpatients has increased from 80,000 to 119,000</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 1999/00, 35% of admissions were to an inpatient ward, whereas in 2018/19, it is 9% 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 8,100 of these procedures were carried out in 2018/19</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 5 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 5.3 days to 2.6 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 14.4 days to 5.9 days</td>
</tr>
<tr>
<td></td>
<td>- Knee replacements: The average length of stay has fallen from 12.6 days to 4.2 days</td>
</tr>
</tbody>
</table>

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

Acute Hospital Care/Activity

‘Acute’ hospital care includes activity occurring in major teaching hospitals, district general hospitals and community hospitals. **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. **Excludes** obstetric services; psychiatric services; long stay care services; and non-consultant led clinics.

Available staffed beds

These are the beds that can be used for inpatient or daycase care. This number can be used to work out how many beds are being used during a particular time period.

Average available staffed beds

This is the average daily number of beds, which are staffed and available for the reception of patients (borrowed and temporary beds are included).

Average length of stay

This is the mean length of stay (in days) experienced by inpatients within a specialty/significant facility etc. over any period of time.

Continuous Inpatient Stay (CIS)

A continuous inpatient stay is an unbroken period of time that a patient spends as an inpatient. However, a patient may change consultant, significant facility, specialty, and/or hospital during a continuous inpatient stay.

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 from first episode admission to last episode discharge (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.

For the purpose of these analyses, hospital admissions are defined as the number of continuous inpatient stays in hospital where the patient was admitted.

<table>
<thead>
<tr>
<th>Cross-boundary flow</th>
<th>Cross-boundary flow refers to the relationship between the NHS Board in which patients live and the NHS Board where they are treated.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day case</td>
<td>A daycase is when a patient makes a planned attendance for a day to a specialty for clinical care and requires the use of a bed, or trolley in lieu of a bed. Whilst a daycase is usually completed within the same day, the patient may need to be admitted as an inpatient if they are not fit to be discharged.</td>
</tr>
<tr>
<td>Did Not Attends (DNA’s)</td>
<td>There are people who do not attend their outpatient appointment without making the hospital aware in advance; these appointments are known as Did Not Attends (DNA’s).</td>
</tr>
<tr>
<td>Discharge</td>
<td>A hospital discharge marks the end of an episode of care. Discharges include deaths, transfers to other specialties/significant facilities and hospitals, and discharges home or to other regular place of residence.</td>
</tr>
<tr>
<td>Elective / Planned Admission</td>
<td>An elective, or planned, admission is when a patient has been given a date to come to hospital for a planned procedure or treatment.</td>
</tr>
<tr>
<td>Emergency Admission</td>
<td>An emergency admission occurs when, for clinical reasons, a patient is admitted unexpectedly at the earliest possible time. This might be after a visit to a doctor, emergency department or calling an ambulance.</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</td>
</tr>
</tbody>
</table>
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
A patient is termed an inpatient when they occupy a staffed bed in a hospital and either remains overnight (whether intended or not), or is expected to remain overnight but is discharged earlier. An inpatient's admission can be an emergency, an elective or as a transfer.

Length of stay
This is the total length of stay (in days) experienced by inpatients within a specialty/important facility etc. over any period of time.

New outpatient attendances
New attendances are the number of attendances at an outpatient service for a new case.

Non-NHS Provider Data
Non-NHS Provider figures relate to patients treated in non-NHS locations such as private hospitals, hospices, nursing homes, care homes, etc. Patients who receive treatment at a Private (independent) hospital which is paid for by the NHS Board should be recorded within the Scottish Morbidity Record (SMR) by the relevant NHS Board. However, if a patient is treated privately (i.e. treatment paid for by patient or private insurer) and there is no NHS involvement then this activity will not be recorded within the SMR.

Occupancy (%)
The percentage occupancy is the percentage of average 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
An outpatient is a patient who attends 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. Outpatient attendances involve treatment or assessment that only take a short time to complete. Outpatient attendances are categorised as new or return (follow-up).
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.

Return outpatient attendances

Return (follow-up) attendances are the number of attendances to an outpatient service which are related to an original case.

Specialty

A specialty is defined as a division of medicine or dentistry covering a specific area of clinical activity. There are two specialty groupings that most specialties sit in: medical and surgical. A full listing of specialties covered by the data sets used in this publication is available on the NHSScotland Health & Social Care data dictionary web page.

Transfer

A transfer occurs when a patient needs to be moved to another doctor, clinical specialty, or 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.

Note: 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.

Further details are available in the NHS Scotland Health & Social Care data dictionary.
### List of Tables

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<thead>
<tr>
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<th>File and size</th>
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<td>Annual Trends in Consultant-led Outpatient Activity</td>
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<tr>
<td>Inpatient and Day Case Activity By NHS Board Of Residence</td>
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</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 2.6 Mb</td>
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<tr>
<td>Emergency Admissions and Bed Days by NHS Board and council area</td>
<td>Excel 9.7 Mb</td>
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<td>Multiple Emergency Admissions and Bed Days by NHS Board and council area</td>
<td>Excel 34.3 Mb</td>
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<tr>
<td>Average Length of Stay by NHS Board and Specialty</td>
<td>Excel 0.6 Mb</td>
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<td>Annual Trends in Available Beds by NHS Board of Treatment and Hospital</td>
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<td>Diagnosis by NHS Board of Residence</td>
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<tr>
<td>Diagnosis by council area</td>
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<tr>
<td>Number of Hospital Stays, Bed Days and Rates for selected Long Term Conditions</td>
<td>Excel 5.8 Mb</td>
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<tr>
<td>Number and Types of Procedures carried out by NHS Board</td>
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</tr>
<tr>
<td>Cross Boundary Flows for Outpatients, Day cases and Inpatients</td>
<td>Excel 0.1 Mb</td>
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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 August 2020.

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 outpatient 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 is a set of aggregated summary statistics on activity in hospitals in NHSScotland and is derived from monthly and quarterly returns from the NHS Boards. ISD(S)1 is the only source of bed occupancy and bed availability data and contains summarised data by NHS Board of Treatment, hospital and specialty. ISD(S)1 is also used for return outpatient activity since completeness for return outpatients in SMR00 is poor.

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.

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 2018/19 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

Scottish NHS Boards have a responsibility to ensure their SMR data are accurate, consistent and comparable across time and between sources. The ISD Data Quality Assurance team (DQA) audit SMR data at NHS Boards to determine if it has been properly recorded in accordance with national rules and standards. The DQA team’s assessment web page contains reports from past audits of inpatient/day case data, including findings on the accuracy of submitted SMR01 data items used in our analysis (specialty, admission type, etc).

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 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 by averaging the last three complete monthly submissions from the relevant NHS Board 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 Methodology

NHS Grampian and NHS Highland

- NHS Grampian was unable to submit beds information from quarters ending March 2011 until June 2014, to ISD due to system implementation problems. NHS Highland was unable to submit beds information from quarters ending March 2014 until September 2015.
- 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

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<tr>
<th>Metadata Indicator</th>
<th>Description</th>
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</tr>
<tr>
<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 NHS Scotland</td>
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<td>Theme</td>
<td>Health and Social Care</td>
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<td>Topic</td>
<td>Hospital Care</td>
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<td>Format</td>
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<td>Data source(s)</td>
<td>ISD(S)1 aggregated data returns (beds and return outpatients), Scottish Morbidity Records SMR01 (inpatient/day case), SMR00 (outpatient – excluding returns)</td>
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<tr>
<td>Date that data are acquired</td>
<td>June 2019 (SMR00, ISD(S)1) and July 2019 (SMR01)</td>
</tr>
<tr>
<td>Release date</td>
<td>10 September 2019</td>
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<td>Frequency</td>
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</tr>
<tr>
<td>Timeframe of data and timeliness</td>
<td>Detailed Annual Acute Hospital Activity Information up to March 2019</td>
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</tbody>
</table>
| Continuity of data      | Reports include a mix of 5, 10, and 20-year trend annual data up to 2018/19. There are known issues with the quality of data presented, in particular with statistics on new outpatient appointments not attended without prior warning ('Did Not Attends'). For more information please see the [data issues and completeness document](#) which accompanies this publication. Due to problems with the implementation of a new patient administration system, no ISD(S)1 returns were submitted for NHS Grampian from quarters ending March 2011 until June 2014. NHS Highland has had similar problems from quarters ending March 2014 until 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 since the November 2017 publication release. This has led to apparent decreases in ‘acute specialty’ figures 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. 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
- acute medical (assessment) units
- paediatric assessment units
- acute receiving ward/unit admission unit

These cases should be recorded under significant facility 40.

- **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.

The number of emergency admissions presented in the Inpatient and Day Case Activity tables may differ from that presented in the 'Emergency Admissions and Bed Days by NHS Board and Council Area' and 'Multiple
Emergency Admissions by NHS Board and Council Area tables. This is due to the recording of Ambulatory Emergency Care cases as daycases on SMR01 (see above for more information). For tables split by inpatient/daycases, these cases will be counted under the daycase figure, but for tables counting emergency admissions only, these cases will appear within the emergency admissions figure.

**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:

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**Council Area:**

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<td>S12000047</td>
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<td>S12000024</td>
<td>S12000048</td>
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</table>

**Dumfries & Galloway hospital/location code changes:**
Dumfries & Galloway Royal Infirmary (Y104H) moved location in December 2017, and activity is now recorded under a new code, Y146H. The name remains “Dumfries & Galloway Royal Infirmary”. To ensure that no activity is missed, and to allow trends to be presented, the two hospital codes Y146H and Y104H (for SMR01 and SMR00 activity) are combined in our analyses under Y146H. The old site (Y104H) still exists and is now a treatment centre named “Mountainhall Treatment Centre”. This new activity will be reported separately under a new code (Y177C) which came into effect in December 2017.

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.
**NHS Forth Valley hospital changes:**

From 1st December, Stirling Community Hospital closed along with all its wards and the Bellfield Centre opened. The Bellfield Centre provides short-term inpatient care, assessment or rehabilitation for people who require additional support following an operation or illness. Within the Bellfield Centre there is one new NHS ward, the Wallace Suite. Most of the beds are converting to partnership controlled intermediate beds. This may impact on NHS Forth Valley’s bed figures.

**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. 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.

**Revisions statement**

All revisions to data within this release are planned and are due to incomplete data returns at the time of publication. All tables will be revised annually or quarterly. In general, these revisions have minimal 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**

The geography and SIMD lookup files are based on the latest versions of the National Records of Scotland 2019_Scottish Postcode Directory available at the time of data analysis. The NHS Board and Council Area population figures are based on the mid-2018 National Records Scotland (NRS) population estimates, while the datazone level population for SIMD analyses are based on 2017 mid-year population estimates at the time the analysis was performed.

Postcode has been used to map directly to NHS Board and Council Areas rather than using the existing NHS Board and Council Area variables within the SMR dataset. This may introduce minimal changes when compared to previous releases.
Office for Population Censuses and Surveys Classification of Surgical Operations and Procedures (OPCS4).

There have been changes to the OPCS4 coding used in this publication:
- Inclusion of additional Mastectomy and partial excision of breast procedure: B41 within the Endocrine system and breast grouping
- Inclusion of additional cataract procedures: C71-C75 within the Eye grouping
- Inclusion of additional Upper gastrointestinal endoscopy procedures: G12 & G20 within the Upper digestive tract grouping
- Inclusion of additional Prostate procedures: M61-M62, M65, M67-M68, M70-M71 within the urinary grouping.

<table>
<thead>
<tr>
<th>Concepts and definitions</th>
<th>See Hospital Care: Background Information</th>
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<tr>
<td>Relevance and key uses of the statistics</td>
<td>To compare areas and activity across Scotland and view trends over time.</td>
</tr>
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<td></td>
<td>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.</td>
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<tr>
<td></td>
<td>To investigate the implications of common systemic diseases in Scotland as a basis for assessing health demands in the future.</td>
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<td></td>
<td>To assess whether patients were treated within or outwith their own NHS Board.</td>
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<td></td>
<td>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.</td>
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<tr>
<td></td>
<td>To assist students and universities conducting medical studies for research purposes.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>To provide statistical information for political campaigns, e.g. to halt reductions in acute NHS beds.</td>
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| 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 2 |
| 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.

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<th>In general, figures are shown as numbers, percentages or rates per 100,000 population.</th>
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<td>Data has a low/medium risk of disclosure. The ISD protocol on Statistical Disclosure Protocol is followed.</td>
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<td>Official Statistics designation</td>
<td>The UK Statistics Authority has designated these statistics as National Statistics signifying compliance with the Code of Practice for Statistics, available on the UK Statistics Authority website.</td>
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<td>UK Statistics Authority Assessment</td>
<td>The statistics last underwent a full assessment by the Office for Statistics Regulation (OSR) against the Code of Practice in September 2011. The OSR is the regulatory arm of the UK Statistics Authority.</td>
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<tr>
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<td>Next published</td>
<td>August 2020</td>
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<td>Date of first publication</td>
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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 Management Information
These statistics will also have been made available to those who needed access to ‘management information’, i.e. as part of the delivery of health and care:

National Services Scotland, Information Services Division – Head of Service
Scottish Government Performance and Delivery Directorate – Deputy Director, Principal Information Analyst

Early Access for Quality Assurance
These statistics will also have been made available to those who needed access to help quality assure the publication:

National Waiting Times Centre – Information Manager, Medical Records Manager, Senior Information Analyst(s)
NHS Ayrshire & Arran – Head of Health Records Services, Senior Coder
NHS Borders – Information & Business Intelligence Services Manager, Senior Health Information Manager, Information Analysis Team Leader
NHS Dumfries & Galloway – Team Leader, Information Services, Information Services Technical Co-ordinator
NHS Fife – Head of Health Records, Health Intelligence Lead, Clinical Coding Team Leader(s), Health Records Supervisor – Mental Health
NHS Forth Valley – Information Services Manager, Health Records Services Manager(s), Principal Information Analyst, NaSH/Matsys Administrator

NHS Grampian – Systems Development Manager, PMS Administrator, Information & Records Manager, Coding Manager, Assistant Outpatient Service Manager, Senior/Information Analyst(s)

NHS Greater Glasgow & Clyde – Business Intelligence Manager(s), Coding Manager, Coding Supervisor, Medical Records Manager

NHS Highland – Information and Data Quality Manager Health, Performance Manager, Head of Planning and Performance

NHS Lanarkshire – Assistant Head of IM&T Health Records, Health Records Manager, Information Management eHealth/ICT, Information Management Team

NHS Lothian – Planning and Performance, Modernisation Manager, Lothian Analytical / Scheduled Care Team(s)

NHS Orkney – Clinical Coder(s), Health Intelligence Team

NHS Shetland – Senior Planning & Information Officer / Interim Information Services Manager

NHS Tayside – Information Manager, Head of Health Records, Business Unit Service Manager

NHS Western Isles – Health Intelligence Analyst Specialist

National Services Scotland, Information Services Division – Data Management Team
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 (i.e. assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (i.e. legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (i.e. still to be assessed by the UK Statistics Authority)
- other (e.g. Management Information, Experimental 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](#).