

# Publication Report



## **Mental Health Hospital Inpatient Care: Trends up to 31 March 2013**

**Interim report for selected NHS boards of treatment**

**Publication date – 29 July 2014**

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## Key points

This publication presents information on mental health (psychiatric) hospital inpatients and day cases derived from Scottish Morbidity Record 04 (SMR04) records submitted to ISD by NHS boards in Scotland.

The publication is interim and minimal in nature because of problems with the completeness of SMR04 data submitted in recent years. Many of these problems have been resolved, but the remaining issues prevent ISD from producing a report with Scotland-level data or figures by NHS board of residence at this stage.

The publication shows trends in numbers of admissions, discharges, continuous inpatient stays, patients and residents for selected NHS boards of treatment, over the time period 1997/98 to 2012/13.

- All NHS boards presented showed a decline in the number of admissions, discharges, continuous inpatient stays, patients and residents between 1997/98-1999/2000 and 2010/11-2012/13.
- The pattern for admissions was similar to discharges. For **discharges**, several boards showed a decline of around 40% over this time period.
- Generally, the decline in the number of **patients** (individuals discharged during the year) tended to be slightly less than for discharges, suggesting that in addition to fewer people being admitted in a year, each person had fewer admissions.
- The number of **residents** (individuals in hospital on 31 March each year) in several boards dropped by over 50% (average for 2011, 2012 and 2013 compared with average for 1998, 1999 and 2000).
- These patterns are to be expected, due to the shift in recent years in the care of people with mental health problems away from inpatient treatment towards various forms of care in the community.

### Future work

- A more comprehensive report is planned for publication in winter 2014/15.

## Introduction

This publication presents information on mental health (psychiatric) hospital inpatients and day cases derived from Scottish Morbidity Record 04 (SMR04) records submitted to ISD by NHS boards in Scotland. As the vast majority of records (over 99.9%) are for inpatients rather than day cases, for brevity the report is entitled Mental Health Hospital Inpatient Care.

It should be noted that an increasing amount of health care for mental illness takes place in the community, e.g. through specialist community mental health teams and general practice. Psychiatric hospital outpatient care is another key service. This publication however, does not include data on these other services.

The publication presents trends from 1997/98 to 2012/13 in the number of psychiatric admissions, discharges, continuous inpatient stays, patients and residents (see [Definitions](#)) for selected NHS boards of treatment.

The publication is interim and minimal in nature because of problems with the completeness of SMR04 data submitted in recent years. Many of these problems have been resolved, but the remaining issues are sufficient to prevent ISD from producing a report with Scotland-level data or figures by NHS board of residence at this stage.

It is hoped that a more comprehensive report will be published in winter 2014/15 if the outstanding data issues have been resolved.

## Developments since the last report

The most recent annual report based on SMR04 data, *Mental Health (Psychiatric) Hospital Activity Statistics, year ending 31st March 2012*, was published in December 2012. Since then, several considerations have informed the decision to revise the structure, scope and content of the report. These include:

- Reflecting the evolution of policy (see most recently the [Mental Health Strategy 2012-15](#)), recent decades have seen a strategic shift in the care of people with mental health problems away from inpatient treatment towards various forms of care in the community. As this has led to large long-term reductions in the numbers of mental health hospital admissions and the size of the inpatient population ('residents'), it was decided to present longer-term trends than had been produced before.
- There was also an intention to balance the previous focus on numbers of admissions and discharges with long-term trends in the size and characteristics of the psychiatric hospital inpatient population.
- During the summer of 2013, ISD ran a consultation exercise on the future structure and content of the report with individuals and organisations known to have, or likely to have, an interest in the publication. The [results](#) were published in November 2013 and have influenced the shape of the proposed revised report.
- The 2012 report was assessed by the United Kingdom Statistics Authority in 2013 and a series of recommendations was made to facilitate progress towards National Statistics accreditation. These have been implemented in this interim report

wherever possible, and will also be incorporated in the full, revised report to be published in winter 2014/15.

- There was a desire to minimise duplication of information published elsewhere by ISD, e.g. as part of the [Mental Health Benchmarking Toolkit](#). As a result, this report and the proposed more comprehensive report scheduled for winter 2014/15 will not contain information on, for example, length of stay or readmission rates.

**It should be noted that the above planned changes and developments will only be fully implemented in the next full report which it is proposed to publish in winter 2014/15. This current report represents an interim and partial response, due to current data limitations.**

## Key definitions

**SMR04:** A Scottish Morbidity Record 04 (SMR04) is submitted for every episode of inpatient or day case care in a mental health specialty in a psychiatric hospital or unit, or in a facility treating people with learning disabilities. In addition, if the NHS contracts out psychiatric care to a private care home or hospital, an SMR04 record should be generated.

When the SMR04 scheme was originally developed, inpatient stays in mental health specialties were often quite lengthy – perhaps several years – and this is still sometimes the case. To enable up-to-date monitoring of activity, it was decided that the SMR04 record would consist of two elements: one completed and submitted on admission; and one completed and submitted on discharge. This was to ensure that it was not necessary to wait until discharge for information on the admission to become available.

The SMR04 specialities are: general psychiatry; child psychiatry; adolescent psychiatry; forensic psychiatry; psychiatry of old age; and learning disabilities.

Note that although records of episodes of care in facilities for learning disabilities or in the specialty of learning disability are collected using SMR04, they have been excluded from this publication. This is because this publication focuses on inpatient psychiatric care of patients with mental illness.

Also excluded are any SMR04 records from the State Hospital (Carstairs).

### Five key SMR04 parameters

**Admission:** This first element of the SMR04 record is submitted as soon as possible after the patient is admitted to hospital. A new SMR04 admission record (or episode) is created whenever a patient is admitted or experiences a change of specialty, consultant, significant facility or hospital. In this report, admissions are assigned to the appropriate financial year according to date of admission.

**Discharge:** The discharge represents the end of an SMR04 episode. Discharges include: deaths; transfers to other specialties, consultants, significant facilities and hospitals; and routine discharges home. In this report, discharges are assigned to financial year according to the date of discharge.

**Stay (Continuous inpatient stay):** SMR04 episodes are combined into a continuous inpatient stay to help examine patterns of hospital usage. Therefore one continuous stay in hospital involving a change of specialty, consultant, significant facility or hospital, will contain more than one SMR04 episode. There will be fewer stays than there are admissions or discharges. In this report, stays are assigned to financial year according to the date of discharge of the final episode in the stay.

**Patients (individuals discharged during the year):** In this report, a patient is defined as an individual discharged from a mental health specialty at least once during the financial year.

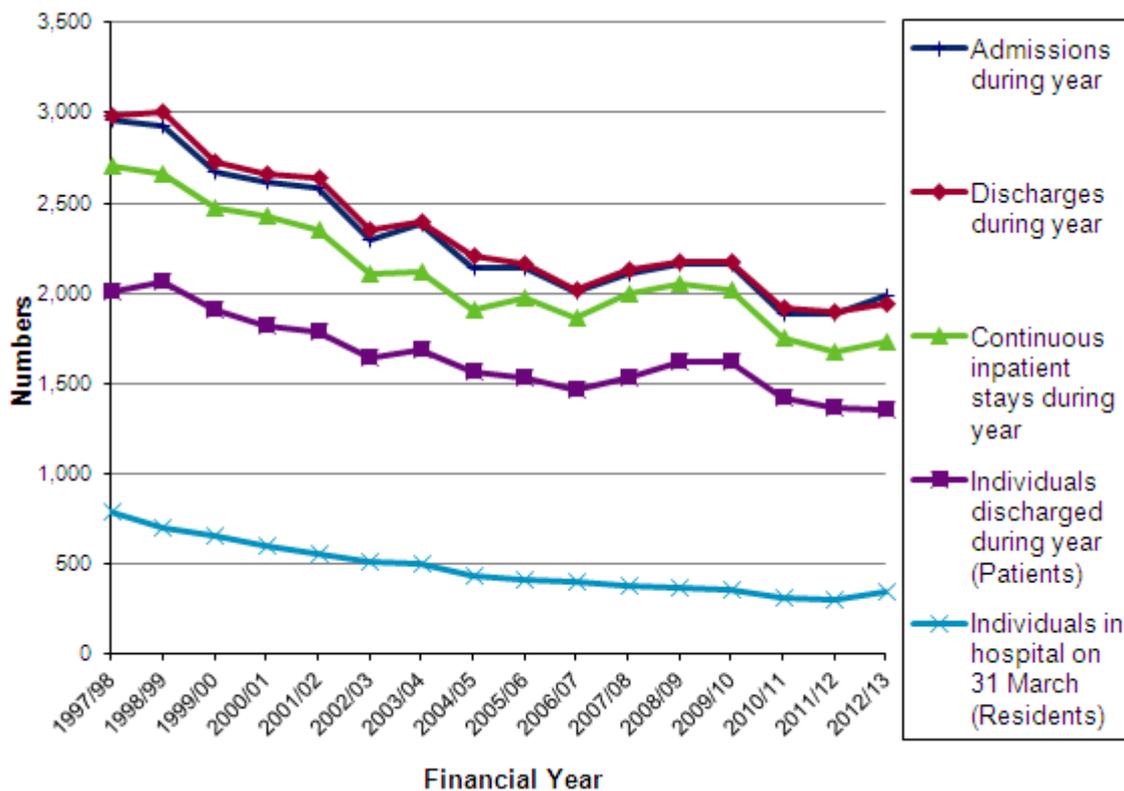
**Residents (individuals in hospital on 31 March each year):** In this report, a resident is an individual who is an inpatient at midnight on 31 March, before the beginning of the next financial year (1 April). The number is recorded against the financial year which is ending; for example for financial year 2012/13, the number of residents is at 31 March 2013.

Worked example:

These five parameters are illustrated in Figure 1, showing trend data for Tayside NHS board of treatment for 1997/98 to 2012/13 (Figure 1 is one of the figures shown in [Workbook 1](#) accompanying this report).

As expected, the numbers of admissions and discharges each financial year are the highest, and these lines are very similar. There are slightly fewer continuous inpatient stays per year than admissions and discharges, because a stay may include more than one SMR04 episode. The number of patients who were discharged each year is lower again as clearly a patient may have more than one stay each year. Finally, the lowest line shows how many people were resident in hospital at midnight on 31 March each year; for example, for 2012/13 the figure is for 31 March 2013.

**Figure 1. Mental health admissions, discharges, continuous inpatient stays, patients and residents in Tayside NHS board of treatment, 1997/98 to 2012/13**



Source: SMR04.

## Methods

The SMR04 data used in this report are collected in individual psychiatric hospitals or units in Scotland, and sent by NHS boards to ISD for central collation and analysis.

Hospital episodes are combined into continuous inpatient stays, and then aggregated up to patient level, using record linkage. Historically this was done using probability matching, but increasingly it uses deterministic (exact) matching based on the assigned Community Health Index (CHI) number. (See [Glossary](#) for explanation of terms.)

Due to issues of data completeness, not all NHS boards could be included in the SMR04 analyses for this report. A summary of the nature of these problems and the work which has been carried out to resolve them is contained in [Appendix 1](#).

Table 1 shows the data available for each NHS board of treatment in the results section and in the accompanying spreadsheet.

**Table 1. SMR04 data presented on mental health admissions, discharges, continuous inpatient stays, patients and residents, by NHS board of treatment, 1997/98 to 2012/13**

NHS board	Admissions, discharges, stays, patients and residents
Ayrshire and Arran	1997/98 to 2011/12 only
Borders	Yes
Dumfries and Galloway	Yes
Fife	Yes
Forth Valley	Yes
Grampian	Yes
Greater Glasgow and Clyde	Yes
Highland	Yes
Lanarkshire	No
Lothian	Discharges only
Orkney	Not applicable <sup>1</sup>
Shetland	Not applicable <sup>1</sup>
Tayside	Yes
Western Isles	Yes

<sup>1</sup> There are no data by NHS board of treatment for Orkney and Shetland because these boards do not have mental health hospital inpatient facilities.

Thus there are **no** figures for:

- Ayrshire and Arran for 2012/13
- Lanarkshire for any year
- Lothian for admissions, stays, patients and residents for any year.

The missing data limit what can usefully be shown in this report, and there are also **no** figures for:

- Scotland overall
- NHS board of residence (There is a small but important element of cross-border flow for mental health inpatients. In other words, patients resident in one NHS board may be treated in another board. Therefore incomplete data for a particular NHS board of treatment might affect the figures for any NHS board of residence whose patients are treated there.)
- Rates per 100,000 population. (These cannot be calculated for area of treatment because of the unknown underlying population for treatment; thus only numbers are shown.)

## Results: Changes in activity for selected NHS boards of treatment

This interim report presents results for selected NHS boards of treatment only, due to the continuing problems with the submission and completeness of SMR04 data described in the [Methods](#) section and [Appendix 1](#). Ongoing efforts to improve the quality of SMR04 data may result in differences to previously published information.

Figure 1 above showed (for Tayside as an example) the typical trends experienced by Scottish NHS boards over the last 15 years. All five parameters (admissions, discharges, stays, patients and residents) described in the [Definitions](#) showed a downward trend over time.

The absolute numbers of admissions, discharges, stays, patients and residents will largely reflect the relative size (population) of the different NHS boards and the extent of the mental health hospital facilities which they provide. It is not possible to present comparative data on the level of provision per head of population.

Tables 2 to 6 show the overall percentage change over the period for all five parameters for selected NHS Boards of treatment. Due to short-term fluctuations, three-year averages at the beginning and end of the period are used. The full set of data for individual financial years is available in [Workbook 1](#).

**Admissions**

Several NHS boards showed a decline in admission numbers of around 40% over the time period (Table 2). At the other extreme, Borders and Dumfries and Galloway showed a gentler rate of decline (less than 20%).

**Table 2. Numbers of mental health inpatient and day case admissions<sup>1</sup> for selected NHS boards of treatment: changes over time**

<b>NHS board of treatment<sup>2</sup></b>	<b>Average 1997/98 to 1999/2000</b>	<b>Average 2010/11 to 2012/13</b>	<b>Percentage change</b>
Ayrshire and Arran <sup>3</sup>	2,586	1,577	-39.0%
Borders	659	545	-17.2%
Dumfries and Galloway	802	711	-11.3%
Fife	1,917	1,422	-25.8%
Forth Valley	1,391	1,081	-22.3%
Grampian	2,537	2,002	-21.1%
Greater Glasgow and Clyde	8,352	5,133	-38.5%
Highland	2,106	1,216	-42.3%
Lanarkshire <sup>4</sup>	n/a	n/a	n/a
Lothian <sup>5</sup>	n/a	n/a	n/a
Tayside	2,851	1,915	-32.8%
Western Isles <sup>6</sup>	179	63	-65.0%

Source: SMR04.

<sup>1</sup> A new SMR04 admission record (or episode) is created whenever a patient is admitted or experiences a change of specialty, consultant, significant facility or hospital.

<sup>2</sup> Data are not presented for Orkney and Shetland because these boards do not have mental health hospital inpatient facilities.

<sup>3</sup> Ayrshire and Arran most recent figure is the average of two years (2010/11 and 2011/12), as data for 2012/13 are incomplete.

<sup>4</sup> No data can be presented for Lanarkshire due to data completeness issues.

<sup>5</sup> No data can be presented for Lothian due to data completeness issues.

<sup>6</sup> Western Isles baseline figure is the average of two years (1997/98 and 1999/2000), as data for 1998/99 appear to be incomplete.

**Discharges**

The numbers and pattern of the decline in discharges is very similar to that for admissions.

**Table 3. Numbers of mental health inpatient and day case discharges<sup>1</sup> for selected NHS boards of treatment: changes over time**

<b>NHS board of treatment<sup>2</sup></b>	<b>Average 1997/98 to 1999/2000</b>	<b>Average 2010/11 to 2012/13</b>	<b>Percentage change</b>
Ayrshire and Arran <sup>3</sup>	2,609	1,591	-39.0%
Borders	669	551	-17.6%
Dumfries and Galloway	830	717	-13.5%
Fife	1,943	1,440	-25.9%
Forth Valley	1,435	1,091	-24.0%
Grampian	2,563	2,000	-22.0%
Greater Glasgow and Clyde	8,465	5,139	-39.3%
Highland	2,113	1,243	-41.2%
Lanarkshire <sup>4</sup>	n/a	n/a	n/a
Lothian	5,413	3,153	-41.7%
Tayside	2,903	1,918	-33.9%
Western Isles <sup>5</sup>	186	64	-65.4%

Source: SMR04.

<sup>1</sup> Discharges include deaths, transfers to other specialties, consultants, significant facilities and hospitals, and routine discharges home.

<sup>2</sup> Data are not presented for Orkney and Shetland because these boards do not have mental health hospital inpatient facilities.

<sup>3</sup> Ayrshire and Arran most recent figure is the average of two years (2010/11 and 2011/12), as data for 2012/13 are incomplete.

<sup>4</sup> No data can be presented for Lanarkshire due to data completeness issues.

<sup>5</sup> Western Isles baseline figure is the average of two years (1997/98 and 1999/2000), as data for 1998/99 appear to be incomplete.

### Continuous inpatient stays

For continuous inpatient stays, again the percentage change over the time period was similar to that for both admissions and discharges. However, in Dumfries and Galloway the percentage change in continuous inpatient stays was slightly greater (-17.5%) than the percentage change in both admissions and discharges (-11.3% and -13.5% respectively).

**Table 4. Numbers of mental health continuous inpatient stays<sup>1</sup> for selected NHS boards of treatment: changes over time**

<b>NHS board of treatment<sup>2</sup></b>	<b>Average 1997/98 to 1999/2000</b>	<b>Average 2010/11 to 2012/13</b>	<b>Percentage change</b>
Ayrshire and Arran <sup>3</sup>	2,455	1,405	-42.8%
Borders	600	482	-19.6%
Dumfries and Galloway	768	633	-17.5%
Fife	1,733	1,234	-28.8%
Forth Valley	1,255	941	-25.1%
Grampian	2,343	1,841	-21.4%
Greater Glasgow and Clyde	7,719	4,395	-43.1%
Highland	2,007	1,206	-39.9%
Lanarkshire <sup>4</sup>	n/a	n/a	n/a
Lothian <sup>5</sup>	n/a	n/a	n/a
Tayside	2,612	1,719	-34.2%
Western Isles <sup>6</sup>	179	63	-65.0%

Source: SMR04.

<sup>1</sup> Continuous Inpatient Stays are assigned to the financial year of the date of discharge of the last episode in the stay.

<sup>2</sup> Data are not presented for Orkney and Shetland because these boards do not have mental health hospital inpatient facilities.

<sup>3</sup> Ayrshire and Arran most recent figure is the average of two years (2010/11 and 2011/12), as data for 2012/13 are incomplete.

<sup>4</sup> No data can be presented for Lanarkshire due to data completeness issues.

<sup>5</sup> No data can be presented for Lothian due to data completeness issues.

<sup>6</sup> Western Isles baseline figure is the average of two years (1997/98 and 1999/2000), as data for 1998/99 appear to be incomplete.

**Patients**

The percentage decline over time in patients in a given year (Table 5) tended to be slightly less than for admissions and discharges. This suggests the declines in admission and discharge numbers have been due to both a decline in the number of patients being admitted each year and in the number of admissions each patient has.

**Table 5. Numbers of mental health inpatient and day case patients<sup>1</sup> for selected NHS boards of treatment: changes over time**

<b>NHS board of treatment<sup>2</sup></b>	<b>Average 1997/98 to 1999/2000</b>	<b>Average 2010/11 to 2012/13</b>	<b>Percentage change</b>
Ayrshire and Arran <sup>3</sup>	1,723	1,138	-34.0%
Borders	442	354	-20.0%
Dumfries and Galloway	609	460	-24.4%
Fife	1,243	975	-21.6%
Forth Valley	951	783	-17.7%
Grampian	1,762	1,432	-18.7%
Greater Glasgow and Clyde	5,815	3,623	-37.7%
Highland	1,429	984	-31.1%
Lanarkshire <sup>4</sup>	n/a	n/a	n/a
Lothian <sup>5</sup>	n/a	n/a	n/a
Tayside	1,993	1,380	-30.8%
Western Isles <sup>6</sup>	107	51	-52.1%

Source: SMR04.

<sup>1</sup> A patient is defined in this report as an individual discharged from a mental health specialty at least once during the financial year.

<sup>2</sup> Data are not presented for Orkney and Shetland because these boards do not have mental health hospital inpatient facilities.

<sup>3</sup> Ayrshire and Arran most recent figure is the average of two years (2010/11 and 2011/12), as data for 2012/13 are incomplete.

<sup>4</sup> No data can be presented for Lanarkshire due to data completeness issues.

<sup>5</sup> No data can be presented for Lothian due to data completeness issues.

<sup>6</sup> Western Isles baseline figure is the average of two years (1997/98 and 1999/2000), as data for 1998/99 appear incomplete.

## Residents

In contrast, the numbers of residents in each snapshot showed much larger falls over time (Table 6) than the other measures. For example, several NHS boards experienced a more than 50% reduction since the late 1990s, including Dumfries and Galloway showing the largest fall, even the smallest reduction was more than a third (in Fife). These falls reflect what has been seen in the past decade for [hospital bed numbers](#) in psychiatric specialties (e.g. from 2003/04 to 2012/13).

**Table 6. Numbers of mental health residents<sup>1</sup> at 31 March for selected NHS boards of treatment: changes over time**

NHS board of treatment <sup>2</sup>	Average 1998 to 2000	Average 2011 to 2013	Percentage change
Ayrshire and Arran <sup>3</sup>	471	264	-44.1%
Borders	123	76	-38.0%
Dumfries and Galloway	231	74	-67.8%
Fife	485	306	-36.9%
Forth Valley	344	185	-46.2%
Grampian	639	311	-51.4%
Greater Glasgow and Clyde	2,066	1,173	-43.2%
Highland	354	182	-48.5%
Lanarkshire <sup>4</sup>	n/a	n/a	n/a
Lothian <sup>5</sup>	n/a	n/a	n/a
Tayside	714	321	-55.1%
Western Isles <sup>6</sup>	36	20	-43.7%

Source: SMR04.

<sup>1</sup> A resident is defined in this report as an individual in hospital as an inpatient at midnight on 31 March.

<sup>2</sup> Data are not presented for Orkney and Shetland because these boards do not have mental health hospital inpatient facilities.

<sup>3</sup> Ayrshire and Arran most recent figure is the average of two years (2011 and 2012), as data for 2013 are incomplete.

<sup>4</sup> No data can be presented for Lanarkshire due to data completeness issues.

<sup>5</sup> No data can be presented for Lothian due to data completeness issues.

<sup>6</sup> Western Isles baseline figure is the average of two years (1998 and 2000), as data for 1999 appear over-inflated.

## **Future plans: next publication**

It is hoped that the normal publication schedule will be resumed in winter 2014/15 with the publication of a more comprehensive report for data up to and including 2013/14. This will depend on successful resolution of the submission problems by the boards whose data have had to be excluded from this report.

## Links to other information sources

### ISD

Information on the following mental health topics is also available on the [Mental Health](#) section of the ISD website:

- Mental health diagnoses in acute (general) hospitals
- Psychiatric bed provision
- SPARRA MD (Scottish Patients at Risk of Readmission and Admission Mental Disorder) report
- Child health
- Community prescriptions
- General Practice
- Health and social community care
- Substance misuse
- Workforce

The ISD website also has sections providing information on the [Mental Health Benchmarking project](#) and [psychiatric outpatient attendances](#).

The [Scottish Suicide Information Database \(ScotSID\)](#) provides a central repository for information on all recent probable suicide deaths in Scotland, and links these deaths to records of prior health service contact including psychiatric inpatients (SMR04) and outpatients (SMR00).

### ScotPHO

The Scottish Public Health Observatory (ScotPHO) website includes a [Mental health](#) topic with extensive information on the background and policy context; and data on mental wellbeing and mental health problems for adults and children, specific conditions, vulnerable groups, deprivation, and international comparisons, etc.

ScotPHO website also includes a topic on [Suicide](#) which includes the background and policy context, and data on time trends including assessing progress towards the [suicide reduction target](#).

### Mental Welfare Commission for Scotland

The Mental Welfare Commission for Scotland aims to ensure that care, treatment and support are lawful and respect the rights and promote the welfare of individuals with mental illness, learning disability and related conditions.

The Commission produces [annual statistical monitoring reports](#) based on an independent overview of the operation of the Mental Health (Care & Treatment) (Scotland) Act 2003 and

the Adults with Incapacity (Scotland) Act 2000. This is a legal requirement and is embedded in legislation.

The Commission receives notifications of most interventions under the Mental Health (Care & Treatment) (Scotland) Act 2003. It uses these to report on how the Act is used and to monitor trends over time and geographical variations. A range of data is held, including emergency detentions and short term detentions under the Act, for which certificates are issued. These detentions include cases of *formal admission to hospital*, about which each NHS board notifies the Commission.

### ***Differences between SMR04 and Mental Welfare Commission for Scotland data***

Formal admission records on the SMR04 mental health inpatient record scheme will overlap with the Commission's records on emergency and short term detention certificates which relate to hospital care. Note, however, that:

- most SMR04 records relate to informal admissions, which the Commission does not routinely record
- the Commission's records include those relating to community-based care as well as hospital-based care. SMR04 is purely for hospital care.

It is therefore not advisable to try and compare the two data sources.

## **Health and Social Care Information Centre (English mental health data)**

The Health and Social Care Information Centre (HSCIC) publishes the following mental health data for England:

- The Mental Health Bulletin, which contains annual data on specialist mental health provider activity: <http://www.hscic.gov.uk/pubs/mhb1213>. This contains information from the Mental Health Minimum Data Set (MHMDS) which covers people using adult specialist mental health services in England. This is not comparable with the hospital discharge data in this report as it only contains information on people using adult mental health services, it does not include information on patients treated in acute hospitals and is not limited solely to hospital inpatient care.
- The National Statistics report on uses of the Mental Health Act 1983 and detained patients: <http://www.hscic.gov.uk/pubs/inpatientdetmha1213>.
- Routine statistics on hospital discharges from the Hospital Episode Statistics (HES) database: <http://www.hscic.gov.uk/hes>. These data are not comparable to those in this publication as they are not restricted to Mental Health. HES covers all discharges, outpatient appointments and A&E attendances at NHS hospitals in England.

## Glossary

Community Health Index (CHI)	The Community Health Index or CHI number is the unique Scottish number for any health communication for a given patient. It is a ten-digit number created from a patient's date of birth and four other numbers. All patients who register with a GP will be allocated a CHI number.
Continuous inpatient stay	An unbroken period of time that a patient spends as an inpatient. A patient may change consultant, significant facility, specialty and/or hospital during a continuous inpatient stay.
Day case	A patient who makes a planned attendance to a specialty for clinical care, sees a doctor or dentist or nurse (as the consultant's representative) and requires the use of a bed or trolley in lieu of a bed. The patient is not expected to, and does not, remain overnight.
Deterministic matching	Used to link datasets for an individual when there is a common unique identifier in both datasets, for example the CHI number.
Discharge	A hospital discharge marks the end of an episode of care. Discharges include deaths, transfers to other specialties/significant facilities and hospitals, and routine discharges home.
Formal admission	A formal admission to psychiatric inpatient facilities under the jurisdiction of the Mental Health (Scotland) acts 1960 and 1984 and the Mental Health (Care and Treatment) (Scotland) Act 2003.
Inpatient	<p>A patient who generally occupies an available staffed bed in a hospital and remains/is expected to remain overnight; or is admitted as an emergency or urgent case, regardless of length of stay.</p> <p>Note that a psychiatric patient who is on leave of absence from the hospital must, for legal reasons, be regarded as an inpatient for the duration of their absence which may be for up to 6 months. During the first 28 days, a patient will be regarded as a 'patient on pass' for statistical purposes (i.e. SMR04 returns). Such patients will be discharged from SMR04 when their period of absence exceeds 28 days. If the patient returns for readmission after 28 days, a new SMR04 will be generated.</p> <p>For full definition, see <a href="#">ISD data dictionary</a>.</p>
ISD	Information Services Division of NHS National Services

	Scotland. (From 1 June 2013, ISD became part of the Public Health and Intelligence Strategic Business Unit.)
NHS board of residence	One of the 14 territorial NHS boards in Scotland ('health boards') in which patients live (based on the postcode of their home address). The population of nine of the NHS boards of residence was affected by the <a href="#">boundary changes</a> on 1 April 2014.
NHS board of treatment	One of the 14 territorial NHS boards in Scotland ('health boards') with facilities in which patients are treated. Note that NHS boards of treatment for SMR04 activity were unaffected by the boundary changes on 1 April 2014, as no hospitals moved between boards. There are no SMR04 data by NHS board of treatment for Orkney and Shetland because these boards do not have mental health inpatient facilities.
Outpatient	A patient who attends a consultant or other medical clinic, or has an arranged meeting with a consultant or a senior member of his team outwith a clinic session. Outpatients are categorised as new outpatients or follow-up (return) outpatients.
Patient	In this report, a patient is defined as an individual discharged from a mental health specialty at least once during the financial year.
Probability matching	In linking data from different datasets for an individual, probability matching uses a set of identifiers to estimate the probability that two records correspond.
Resident	In this report, a resident is defined as an individual who is an inpatient in a mental health specialty at a given point in time. The resident count is taken at midnight on 31 March, before the beginning of the next financial year (1 April).
Significant facility	A type of clinical facility which is identified for clinical and/or costing purposes. (Some examples of psychiatric significant facilities are; 1R - intensive psychiatric care unit (IPCU), 1T - psychiatric rehabilitation unit (PRU), 1Q - secure psychiatric inpatient facility.)
SMR04	Scottish Morbidity Record 04 – an episode-based patient record relating to all inpatients and day cases admitted to and discharged from NHS mental health (psychiatric) specialties in Scotland. For further details see the <a href="#">ISD data dictionary</a> .
Specialty	A division of medicine or dentistry covering a specific area of clinical activity.

## List of figures and tables

Table No.	Name	Time period	File & size
Figure 1	Mental health admissions, discharges, stays, patients and residents in Tayside NHS board of treatment	1997/98 to 2012/13	-
Table 1	SMR04 data presented on mental health admissions, discharges, stays, patients and residents, by NHS board of treatment	1997/98 to 2012/13	-
Table 2	Numbers of mental health inpatient and day case admissions for selected NHS boards of treatment: changes over time	Average of 1997/98 to 1999/2000 & average of 2010/11 to 2012/2013	-
Table 3	Numbers of mental health inpatient and day case discharges for selected NHS boards of treatment: changes over time	Average of 1997/98 to 1999/2000 & average of 2010/11 to 2012/2013	-
Table 4	Numbers of mental health continuous inpatient stays for selected NHS boards of treatment: changes over time	Average of 1997/98 to 1999/2000 & average of 2010/11 to 2012/2013	-
Table 5	Numbers of mental health inpatient and day case patients for selected NHS boards of treatment: changes over time	Average of 1997/98 to 1999/2000 & average of 2010/11 to 2012/2013	-
Table 6	Numbers of mental health hospital residents at 31 March for selected NHS boards of treatment: changes over time	Average of 1998 to 2000 & average of 2011 to 2013	-
<a href="#">Workbook 1</a>	Mental health admissions, discharges, stays, patients and residents, by NHS board of treatment	1997/98 to 2012/13	Excel [750kb]

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## Further information

Further information can be found on the [ISD website](#)

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## Appendices

### Appendix 1 - Problems with the data and their resolution

#### Background

In the preparation of this report several issues relating to the completeness of the SMR04 data were identified. This Appendix outlines the issues and the progress made towards resolving them.

Please see the [Key Definitions](#) for background information on SMR04.

#### a) Incomplete discharge elements

##### The issue

In April/May 2013, an exploratory analysis was carried out of long-term trends in SMR04 residents, i.e. patients who were occupying a psychiatric inpatient bed on 31 March each year.

As expected, over the long-term the analysis showed a steady decline in numbers of residents. There was, however, an unexplained upturn over the latest two years.

Further analysis and investigation showed that this unexplained upturn was limited to four NHS boards: Greater Glasgow and Clyde, Lanarkshire, Borders, and Dumfries and Galloway. We were able to confirm that the problem stemmed from incomplete submission of the discharge element of SMR04 records. Thus, for the more recent years, some patients were recorded as having been admitted without a corresponding discharge record (even when they had actually been discharged), and therefore appeared (erroneously) to be still occupying a bed.

##### Resolution

A concerted effort in the latter half of 2013 and early 2014 led to the submission of the vast bulk of the missing discharge elements.

This effort involved

- i) Close liaison between ISD's Data Management staff and information staff in the boards concerned. Boards were asked to submit the outstanding discharge elements by January 2014.
- ii) Feedback to the relevant boards from ISD of trends in apparent 'surplus residents' and thus the approximate level of missing discharge elements.
- iii) Support from the Scottish Government in urging the boards to address the issue. In particular the issue was raised at the six-monthly high-level review meetings between the Mental Health Delivery Team and the senior management of the relevant boards.

#### b) Non-submission of SMR04 records by NHS Ayrshire and Arran

##### The issue

NHS Ayrshire and Arran had been unable to submit SMR04 records since May 2011. This failure was associated with the introduction of a new local patient management system.

### **Resolution**

The importance of resolving the issue was re-emphasised to NHS Ayrshire and Arran both by ISD Data Management and by the SG Mental Health Delivery Team at their Mental Health Review meeting in late 2013.

The issue began to move towards resolution when NHS Ayrshire and Arran acquired the necessary functionality within their local patient management system. Thereafter the data backlog began to be submitted relatively quickly in the early months of 2014.

A proportion of records still appear to be missing for the most recent year and this issue is continuing to be addressed by ISD Data Management and NHS Ayrshire and Arran.

### **Implications for Report**

As noted in the main report, data for NHS Ayrshire and Arran is presented only up to 2011/12 rather than 2012/13.

## **c) Completeness concerns relating to NHS Lanarkshire SMR04 data**

### **The issue**

It was reported in April 2014 that NHS Lanarkshire had concerns about the completeness of their SMR04 submissions. Comparison with aggregate returns from operational systems confirmed the existence of a deficit for both admissions and discharges.

### **Progress towards resolution**

NHS Lanarkshire and ISD Data Management are currently liaising to find a solution to this problem.

### **Implications for Report**

Data for NHS Lanarkshire has been excluded from this report.

## **d). Issues with submission of NHS Lothian SMR04 data**

### **The issue**

In April 2014, it was reported that NHS Lothian has only been submitting SMR04 records (both admission and discharge elements) on discharge, rather than submitting an admission record at admission and a corresponding discharge record on discharge. This situation has held since 2001 when a local patient management system was introduced.

### **Resolution**

It is expected that the situation will begin to be resolved with the introduction of the new patient management system for SMR04 in June 2014.

### **Implications for the Report**

Only data on discharges are presented in this publication for NHS Lothian.

## Appendix 2 – Publication metadata (including revisions details)

NB Update the info below – it is from 2012 report. See also advice on geNSS.

Metadata Indicator	Description
Publication title	Mental Health Hospital Inpatient Care: Trends up to 31 March 2013: Interim report for selected NHS boards of treatment
Description	Mental health hospital inpatient (and day case) information within Scotland, drawn from hospital administrative systems. The data source is the SMR04 (mental health) return for admissions to and discharges from NHS psychiatric hospitals in Scotland. Note that this is an interim report for selected NHS boards of treatment only, with no Scotland totals.
Theme	Health and Social Care
Topic	Mental Health
Format	Excel workbook, PDF document
Data source(s)	Scottish Morbidity Record 04 (SMR04)
Date that data are acquired	4 <sup>th</sup> June 2014
Release date	29 July 2014
Frequency	Annual
Timeframe of data and timeliness	SMR04 data up to 31 March 2013. Publication delayed from December 2013 due to data completeness issues.
Continuity of data	Report includes figures and tables showing time trends from financial year 1997/98 to 2012/13.
Revisions statement	As with other SMR data collections, SMR04 is dynamic and each new publication includes revised data for previous years. In addition, planned revisions are a feature of this publication's release.
Revisions relevant to this publication	This interim publication is limited to selected NHS boards of treatment only, because there are still known SMR04 data quality/completeness issues (see <a href="#">Appendix 1</a> ). Once the issues are resolved, the next publication will be more comprehensive with a revised structure and richer data.  Psychiatric outpatient information was included in the previous (December 2012) publication, but is no longer included as there is now a separate ISD <a href="#">Outpatient activity</a> publication.
Concepts and definitions	See <a href="#">Key definitions</a> and <a href="#">Glossary</a>
Relevance and key uses of the statistics	See <a href="#">Appendix 3</a> .
Accuracy	Quality checks are conducted by NHS boards and ISD. Figures are compared to previously published data and

	expected trends.
Completeness	See <a href="#">Appendix 1</a> . See also SMR completeness charts published on ISD web site; <a href="http://www.isdscotland.org/Products-and-Services/Hospital-Records-Data-Monitoring/SMR-Completeness/">http://www.isdscotland.org/Products-and-Services/Hospital-Records-Data-Monitoring/SMR-Completeness/</a>
Comparability	See <a href="#">Links to other information sources</a>
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to <a href="#">published guidelines</a> .
Coherence and clarity	This report and accompanying workbook are available on ISD's website under <a href="#">Mental health: related publications, Psychiatric inpatient activity</a> .
Value type and unit of measurement	Numbers and percentages
Disclosure	The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed. There was a low risk of disclosure and no disclosure control was employed.
Official Statistics designation	Official Statistics
UK Statistics Authority Assessment	Assessed by UK Statistics Authority ( <a href="#">Assessment Report 260 - Statistics on Public and Mental Health in Scotland</a> ). Final outcome awaited.
Last published	December 2012
Next published	Winter 2014/15
Date of first publication	Web publication from 2003
Help email	<a href="mailto:nss.isdmentalhealth@nhs.net">nss.isdmentalhealth@nhs.net</a> and see contact details listed above
Date form completed	8 July 2014

## Appendix 3 – Use of published SMR04 statistics

There are many users of the annual Mental health inpatient care publication and data. These include the Scottish Government, Scottish Parliament, NHS board Chief Executives and Information Departments, NHS clinical and medical staff, ISD, other NHS organisations (e.g. Health Protection Scotland, NHS 24), Audit Scotland, private research and pharmaceutical companies, charities, students and members of the public.

The information is used for many purposes, including:

- NHS boards benchmarking their performance against other boards.
- Scottish Government Health Department for a variety of purposes, including analytical support, briefing and advice to policy, ministerial and press colleagues and to support the development, implementation and monitoring of policy and performance.
- Suicide prevention work through [ScotSID](#) (the Scottish Suicide Information Database) which links recent probable suicide deaths to prior health service contact including psychiatric inpatients.
- ISD and Scottish Government to reply to questions raised in the Scottish Parliament (PQs).
- NRS (National Records of Scotland) to estimate populations in long-term care in psychiatric hospitals.
- SMR04 data is part of the [ACaDMe datamart](#) linking acute (SMR01), mental health (SMR04), cancer registration (SMR06) and deaths records from NRS (National Records of Scotland), and this is used for many purposes.
- Historically, national NHS performance targets (HEAT targets) were included in the mental health publication to allow NHS boards and the Scottish Government to monitor boards' performance, e.g. for psychiatric readmissions within 12 months of discharge.
- Supporting local, regional and national planning and monitoring.
- Comparative data across Scotland and within the UK and for other European countries are included in databases collated by organisations such as ONS, OECD, WHO and ScotPHO (the [Scotland and European Health for All Database](#)).
- A range of users request information on the number of admissions with specific diagnoses and by particular geographic breakdowns.
- Individual researchers use the data for epidemiological studies and as baseline information.
- Press and media use the information to inform public debate and discussion.

### Examples of particular requests from students, researchers and private companies:

- The number of patients with a mental illness by urban/rural description.
- The number of admissions to mental health hospitals with a diagnosis of autism spectrum disorder.
- Mental illness discharges by admission type, diagnosis, sex and age group; years 1979 to 2011.
- Anorexia & bulimia data for the past 5 years.
- Discharges from psychiatric hospitals in Scotland with a diagnosis of schizophrenia; year 2009/10.

### **Users' experience of the statistics**

On the ISD website, users are invited to provide a rating and comment on the usefulness of the data presented in the publication. As at October 2013, the product was rated as 'good' but the number of replies was limited.

The publication report invites feedback on the publication, its statistics and data presentation, but so far there has been little response.

The Health Improvement team reflect on the frequency of information requests and, should any appear regularly, consideration is given to including this information in future publications.

ISD ran a consultation exercise in summer 2013 on proposals for the redevelopment of the Mental Health publication. Responses have been collated and summarised in [Results of the ISD Consultation on the 'Mental Health \(Psychiatric\) Hospital Inpatient Care Statistics' Publication](#). The feedback was taken into account in redeveloping this interim publication, and will be a key driver for the full report due in winter 2014/15.

## Appendix 4 – 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](#).

These statistics are Official Statistics, currently under assessment by the United Kingdom Statistics Authority for designation as National Statistics.

## **Appendix 5 – Early access details (including Pre-Release Access)**

### **Pre-Release Access**

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

#### **Standard Pre-Release Access:**

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

#### **Extended Pre-Release Access**

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

- Scottish Government Health Department (Analytical Services Division)