

Publication Report



Acute Hospital Activity and

NHS Beds information;

Year ending 31 March 2010

Quarter ending September 2010



Publication date – 14 December 2010

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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 (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](#).

Introduction

This release contains information on annual and quarterly acute hospital activity within NHS Scotland, illustrating current data and historic trends in secondary care provision and patient contact with the service.

Published data includes revised information on inpatient, day case, outpatient activity, multiple emergency admissions and average length of stay for routine and non-routine admissions for the year ending 31 March 2010. This report also includes revised beds statistics for year ending March 2010 and Nurse and Allied Health Professional (AHP) outpatient activity.

Summary data for the quarter ending September 2010 is now available along with data for previously published quarters for the inpatient, day case and outpatient activity. Quarterly figures are likely to be less complete than annual data and, as a result, imputation may have been used to account for shortfalls in the quarterly data. The publication of quarterly inpatient, day case and outpatient activity data provides timely, high-level information for Scotland and NHS Boards. Where these quarterly data are incomplete, imputation may be used to account for any shortfalls.

Information on Childhood Hospital Admissions are now included within this publication. Data on admissions for patients aged 14 and under are shown by admission type and NHS Board for the last 5 years up to and including the year ending March 2010. Information on the main diagnoses and procedures/operations associated with these admissions is also published.

Information on the number of British Association of Day Surgery (BADs) surgical procedures performed in a day case or outpatient setting has been revised for the years ending March 2005 to March 2010. Monthly data for the period April 2009 to June 2010 is also presented for same-day surgery, these data directly relate to an NHSScotland HEAT performance target which aims to deliver agreed improved efficiencies in same-day surgery.

The information published on emergency admissions and bed days for patients aged 65 years and over directly relates to an NHSScotland HEAT performance target which aims to reduce the number of emergency bed days. These data are available up to and including the year ending March 2010.

Please note that there are apparent anomalies between figures published from Acute Hospital Care, A&E, Waiting Times and Costs data sources.

- The figures for elective admissions and new outpatients in the Acute Hospital Activity publication are considerably higher than the equivalent information published on the [Inpatient, Day case and Outpatient waiting times web pages](#). This is largely due to the use of different definitions between the two sets of figures. For example, Acute Hospital Activity information includes non-waiting list cases, which do not form part of the published Scotland figures in 'Waiting Times'.
- Figures for inpatient and day case activity in the Acute Hospital Activity publication differ slightly when compared to the equivalent information released in the [Costs web pages](#). This is largely due to the use of different definitions for the two sets of figures. For example, the Costs "acute" activity excludes the specialty of Geriatric Medicine and

patients treated in Neonatal and Younger Physically Disabled Units, which differs from the “acute” activity that is published in the Acute Hospital Activity pages. The Costs publication also excludes consultant-only transfers from the inpatient figures. ISD Scotland is carrying out further detailed investigations into these differences.

- Figures for attendances at A&E departments in the Acute Hospital Activity publication may differ to those figures released in the [Accident and Emergency waiting times web pages](#). This is due to the use of different data sources for each publication. A&E attendance data on A&E waiting times pages are sourced from the A&E datamart which has collected episode and aggregate level data since June 2007. The Acute Hospital Activity pages use data from the ISD(S)1 data return which has collected aggregate level data for over 20 years.
- There is ongoing work in ISD to research, identify and develop ways to address the changing ways in which healthcare is delivered. The National AHP Workload & Activity Project, based at ISD, was established to improve both the amount and the quality of information available to AHPs and AHP services in Scotland - through the development of a new AHP dataset.
- Another example of how ISD has been addressing these changes is the analysis of Nurse-led outpatient clinics. The section below on Nurse-led clinics shows revised data for years 2006/07 to 2009/10 for both acute and other non-acute specialties, thanks to the joint work with NHS Boards.

Key points

- The total number of hospital discharges (episodes) has remained constant at approximately 1,400,000 for the last two financial years ending March 2009 and March 2010.
- There were 529,000 emergency inpatient discharges (episodes) and 440,000 day case discharges (episodes) in the year ending March 2010, a decrease of 2.0% and an increase of 2.8% respectively on the previous year.
- Neoplasms (including cancer) were the most common main diagnosis for patients discharged from hospital in the year ending March 2010, accounting for 14.1% of all primary diagnoses. This figure has remained at approximately 14% for the last three financial years
- 4,583,000 outpatients were seen at consultant clinics in the year ending March 2010, showing a slight decrease of 1.1% when compared to year ending March 2009. In 2009/10, 1,467,000 were new outpatient attendances, a slight increase of 0.3% from 1,463,000 in 2008/09.
- The numbers of inpatient and day case discharges in the quarter ending September 2010 show small increases when compared to the same quarter of the previous year. Outpatient attendance figures show a slight decrease when comparing the same time periods.
- In 2009/10 there were around 106,000 hospital admissions (episodes) for children aged 14 years and under. This is similar to the number of admissions in 2007/08 and 2008/09.

Results and Commentary

3.1 Inpatient/Day Case Activity

Annual Trends – Acute Specialties (revised)

It should be noted that figures for year ending 31 March 2010 may increase slightly in future releases.

- The total number of hospital discharges (episodes) has remained constant at approximately 1,400,000 for the last two financial years ending March 2009 and March 2010.
- The number of elective inpatient discharges (episodes) is 199,000 in 2010, a decrease of 2.0% from 203,000 in 2009.
- The number of emergency inpatient discharges (episodes) decreased by 2.0% to 529,000 in 2010 from 539,000 in 2009.
- The number of day case discharges (episodes) is 440,000 in 2010, an increase of 2.8% from 428,000 in 2009.

Quarterly Trends – Acute Specialties (new)

It should be noted that the quarterly figures include an element of estimation and are likely to change in future releases.

- The total number of hospital discharges (episodes) increased by 0.4% to 351,000 in quarter ending September 2010 from 350,000 in quarter ending September 2009.
- The total number of inpatient discharges (episodes) was around 240,000 in quarter ending September 2010, a slight increase of 0.4% on the quarter ending September 2009.
- The number of day case discharges (episodes) in quarter ending September 2010 is 111,000, an increase of 0.7% from 110,000 in quarter ending September 2009.

Table 1- Annual Inpatient, Day Case and Outpatient Activity for patients treated in NHS Scotland, for year ending March 2006 to 2010

	2006	2007	2008	2009	2010 ^P
Total Outpatient Attendances (all specialties except A&E)	4,569,839	4,488,267	4,471,000	4,634,292	4,583,076
Total A&E Outpatient Attendances	1,494,990	1,564,811	1,626,393	1,639,500	1,653,191
First Outpatient Attendances (all specialties except A&E)	1,372,390	1,365,775	1,377,750	1,462,720	1,466,663
First A&E Outpatient Attendances	1,390,819	1,462,770	1,517,638	1,542,891	1,555,903
First Outpatient Appointments % DNAs	10.3	10.1	10.5	10.3	10.6
Total Inpatient/Day Case Discharges (all specialties)	1,443,644	1,479,138	1,499,648	1,550,876	1,574,603
Total Inpatient/Day Case Discharges ("acute" specialties)	1,276,725	1,317,195	1,346,834	1,401,066	1,402,809
Total Inpatient Discharges ("acute" specialties)	883,883	911,455	943,363	972,968	962,859
Total Day Case Discharges ("acute" specialties)	392,842	405,740	403,471	428,098	439,950
Total Routine Inpatient Discharges ("acute" specialties)	396,864	403,015	413,343	433,658	434,247
Total non-Routine (emergency) Inpatient Discharges ("acute" specialties)	487,019	508,440	530,020	539,310	528,612

3.2 Outpatient Activity

Annual Trends – All Specialties (revised)

It should be noted that figures for year ending 31 March 2010 may increase slightly in future releases.

- 4,583,000 outpatients were seen at consultant clinics in the year ending March 2010, showing a slight decrease of 1.1% when compared to year ending March 2009. In 2009/10, 1,467,000 were new outpatient attendances, a slight increase of 0.3% from 1,463,000 in 2008/09.
- The return to new ratio for outpatient attendances has decreased from 2.6 return outpatients seen for each new outpatient in 2001 to 2.1 in 2010. This data relates to the HEAT target to reduce the ratio of return to new outpatient attendances.
- The percentage of did not attends (DNAs) for new appointments has increased slightly in 2009/10 when compared to 2006/07 (10.6% and 10.1% respectively). This information relates to the HEAT target to reduce this rate by 10% between 2006/07 and 2009/10.

Quarterly Trends – All Specialties (new)

It should be noted that the quarterly figures include an element of estimation and are likely to change in future releases.

- 1,134,000 outpatients were seen at consultant clinics in the quarter ending September 2010, showing a decrease of 1.5% when compared to the same quarter in 2009. 367,000 were new outpatient attendances, a decrease of 1.5% from 372,000 in same quarter in 2009. These figures may be revised in future publications and should be treated with caution.
- The percentage of did not attends (DNAs) for new appointments is similar when comparing the quarter ending September 2009 and the quarter ending September 2010 (10.8% and 10.5% respectively).

Table 2- Quarterly Inpatient, Day Case and Outpatient Activity for patients treated in NHS Scotland, for quarters ending June 2009 to September 2010

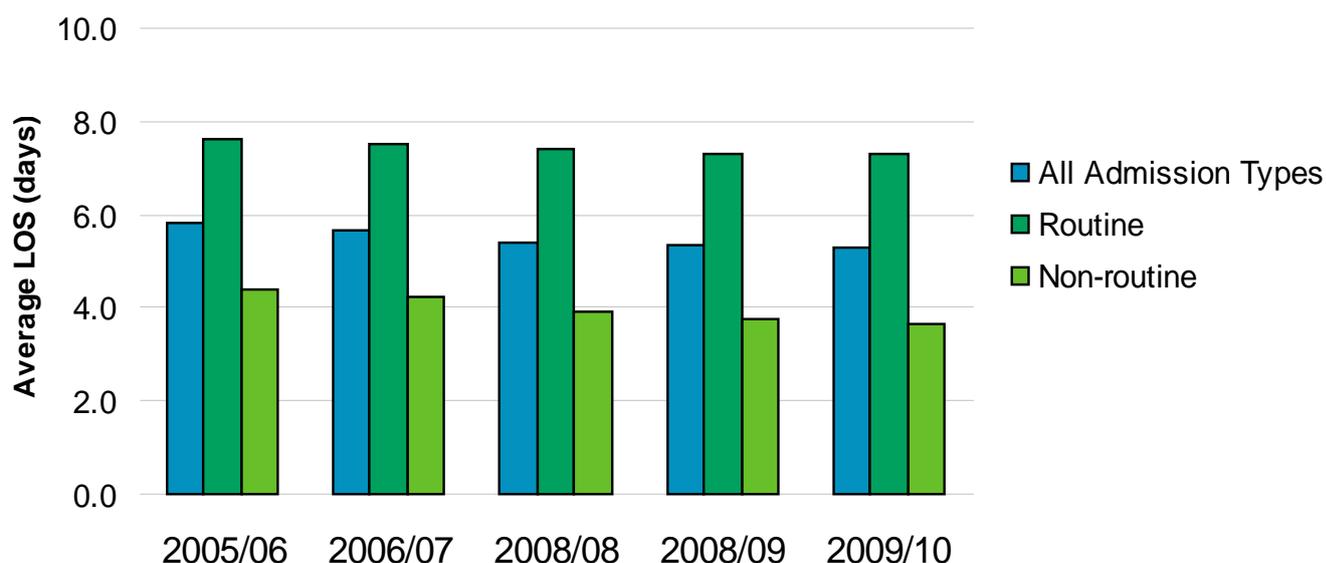
	Sep-09	Dec-09	Mar-10	Jun-10	Sep-10
Total Outpatient Attendances (all specialties except A&E)	1,151,294	1,131,985	1,144,070	1,115,641	1,134,495
Total A&E Outpatient Attendances	429,601	408,301	377,856	433,142	436,732
First Outpatient Attendances (all specialties except A&E)	372,352	363,780	360,629	354,667	366,603
First A&E Outpatient Attendances	405,929	386,989	352,393	408,342	410,544
First Outpatient Appointments % DNAs	10.8	10.9	10.4	10.1	10.5
Total Inpatient/Day Case Discharges (all specialties)	395,197	400,147	388,671	396,124	396,824
Total Inpatient/Day Case Discharges ("acute" specialties)	349,741	355,803	347,581	353,918	351,311
Total Inpatient Discharges ("acute" specialties)	239,524	245,325	236,260	241,549	240,371
Total Day Case Discharges ("acute" specialties)	110,216	110,478	111,321	112,369	110,940
Total Routine Inpatient Discharges ("acute" specialties)	108,064	110,576	106,860	110,491	108,456
Total non-Routine (emergency) Inpatient Discharges ("acute" specialties)	131,460	134,749	129,400	131,059	131,915

Detailed information on [Inpatient and Day Case](#) and [Outpatient](#) activity can be found under the [Hospital-Care Topic](#) on the ISD website.

3.3 Average length of stay (revised)

- The average length of stay for all inpatient admission episodes in the year ending March 2010 is 5.3 days, showing a steady year-on-year decrease from 5.8 days in 2006.
- Inpatient admissions can be split into routine and non-routine admissions and both have seen a decrease in recent years. The average length of stay for routine admissions has fallen from 7.6 to 7.3 days between 2006 and 2010, whilst for non-routine admissions the average has reduced by almost 1 day from 4.4 to 3.7 days in the same time period. This reduction in the average length of stay for non-routine admission episodes to 3.7 days for the year ending March 2010 is inline with the HEAT target of 3.9 days by March 2011.

Chart 1- Average length of stay (days) for an Inpatient Episode in NHS Scotland by Admission type, for financial years ending 31 March 2006 to 2010



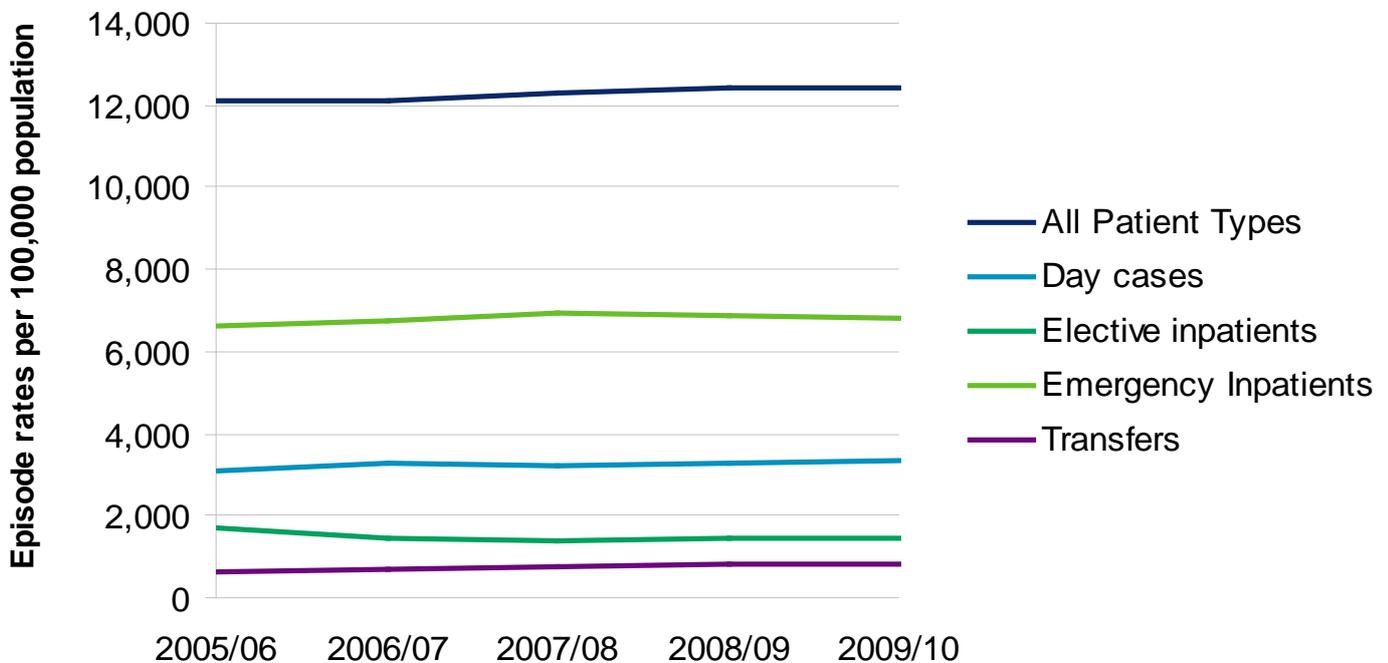
Further information on average length of stay by NHS Board of Treatment and admission type is available under the ISD website sub topic - [Inpatient and Day Case Activity](#).

3.4 Childhood Hospital Activity (new)

- In 2009/10, there were 58,000 emergency inpatient admissions (episodes) for children aged 14 years and under compared to the 12,000 elective inpatient admissions. There were 28,000 day case episodes. 63.8% (37,000) of the 58,000 emergency admissions (episodes) were for children aged 0 to 4 years.
- For children aged 14 years and under, the three most common main diagnosis groupings for elective inpatient and day case admissions in 2009/10 were: 'Diseases of the digestive system' (24.7%) - mainly attributable to dental caries, 'Factors influencing health status and contact with health services (includes admissions for examination, observation, immunisation, stoma care, respite care, disrupted family/home circumstances, awaiting fostering)' (14.1%) and 'Congenital malformations, deformations and chromosomal abnormalities' (10.2%).
- For children aged 14 years and under, the three most common main diagnosis groupings for emergency admissions in 2009/10 were: 'Diseases of the respiratory system' (24.6%), 'Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified' (21.5%) and 'Injury, poisoning and certain other consequences of external causes' (16.5%).
- In 2009/10, over 35,000 elective inpatient and day case procedures/operations were carried out for children aged 14 years and under.

Chart 2- Rates per 100,000 population (episodes) for children aged 14 and under from all specialties by patient type, for NHS Scotland,

Financial years ending 31 March 2006-2010



More detailed information on Childhood Hospital Activity is available on the ISD website: via the [Inpatient and Day Case Activity](#), [Diagnosis](#) and [Operations/Procedures](#) sub topics.

There is also further information on Child Health under the ISD Website topic - [Child Health](#).

3.5 Emergency Admissions (revised)

A steady rise in the number of emergency inpatient admissions has been a major source of pressure for the NHS over the past twenty years. Analysis contained within these pages has been developed to try to gain a better understanding of the underlying trends in emergency admissions and in particular multiple emergency admissions.

General analysis of Multiple and All Emergency Admissions and Bed Days data is based on the date of discharge rather than the date of admission. This change was made in December 2009 in order to provide more up-to-date and complete data, particularly in relation to bed days information.

- For patients aged 65 years and over admitted as an emergency, there were around 329,300 occupied bed days per 100,000 population in the year ending March 2010. This is a slight decrease (3.2%) on the rate of 340,000 in the year ending March 2005.
- For patients aged 65 years and over who have had 2 or more emergency admission spells in hospital, the rate per 100,000 population has decreased from 5,109 in the year ending March 2009 to 4,929 in 2010.
- The emergency admission rate per 100,000 population for patients aged under 25 years with 1 admission in a given year increased steadily between the years ending March 2005 and March 2008 (from 3,903 to 4,174). In subsequent years it has decreased slightly to 4,109 in the year ending March 2009 and 4,002 in March 2010.
- The rate per 100,000 population for children aged 0 to 4 years who have had 2 emergency admission spells in hospital has increased over the last 9 years from 912 in year ending March 2001 to 1,344 in 2009, there was a slight decrease to 1,288 in 2010.

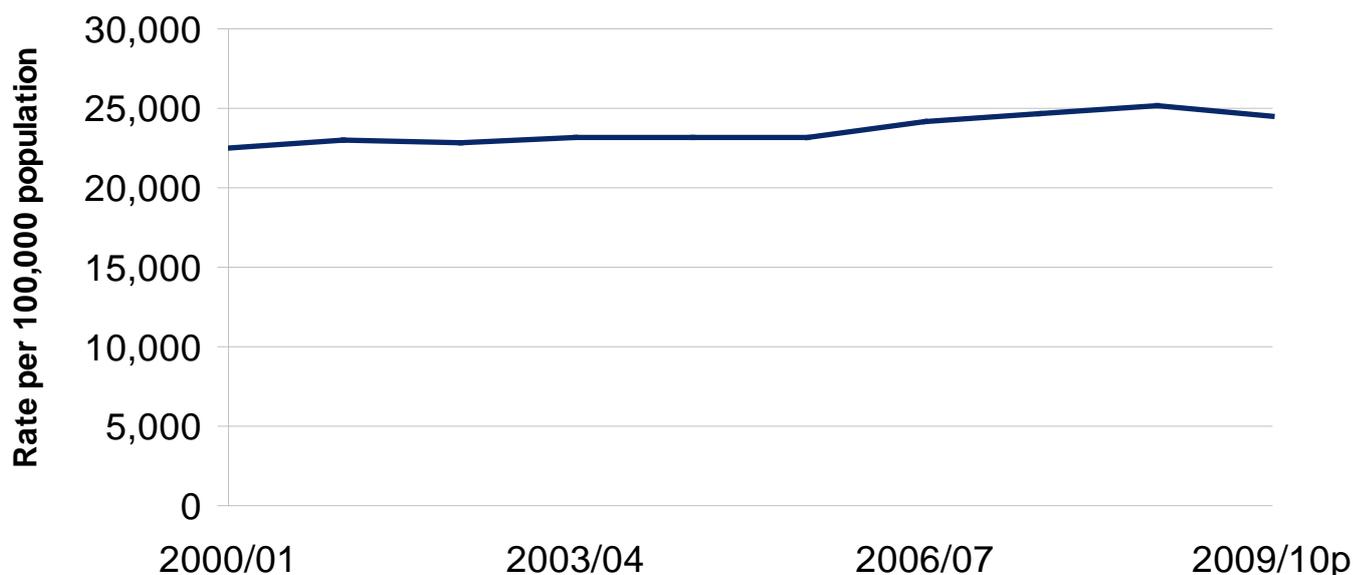
HEAT – Patient aged 65 and Over

As emergency admissions for the elderly population are of particular interest, the Scottish Government developed a HEAT target which relates to the number of occupied bed days for patients aged 65 and over who were admitted as an emergency:

By 2010/11, NHS Boards will reduce the emergency inpatient bed days for people aged 65 and over, by 10% compared with 2004/05.

- There has been a decrease in the emergency bed days rate per 100,000 population for patients aged 65+ from 340,500 in 2004/5 to 327,000 in 2009/10. A reduction of just under 4%.
- There has been a decrease of 2.7% in the number of emergency admissions for patients aged 65 and over between 2008/9 and 2009/10.

Chart 3. NHS Scotland Emergency Admissions Rate for Patients Aged 65+
Financial years ending 31 March 2001 to 2010^p



Source: ISD SMR01

Figures for 2009/10 are provisional and may be subject to change in further releases.

Further details and previously published information on multiple and all emergency admissions is available under the ISD website sub topic: [Inpatient and Day Case Activity](#).

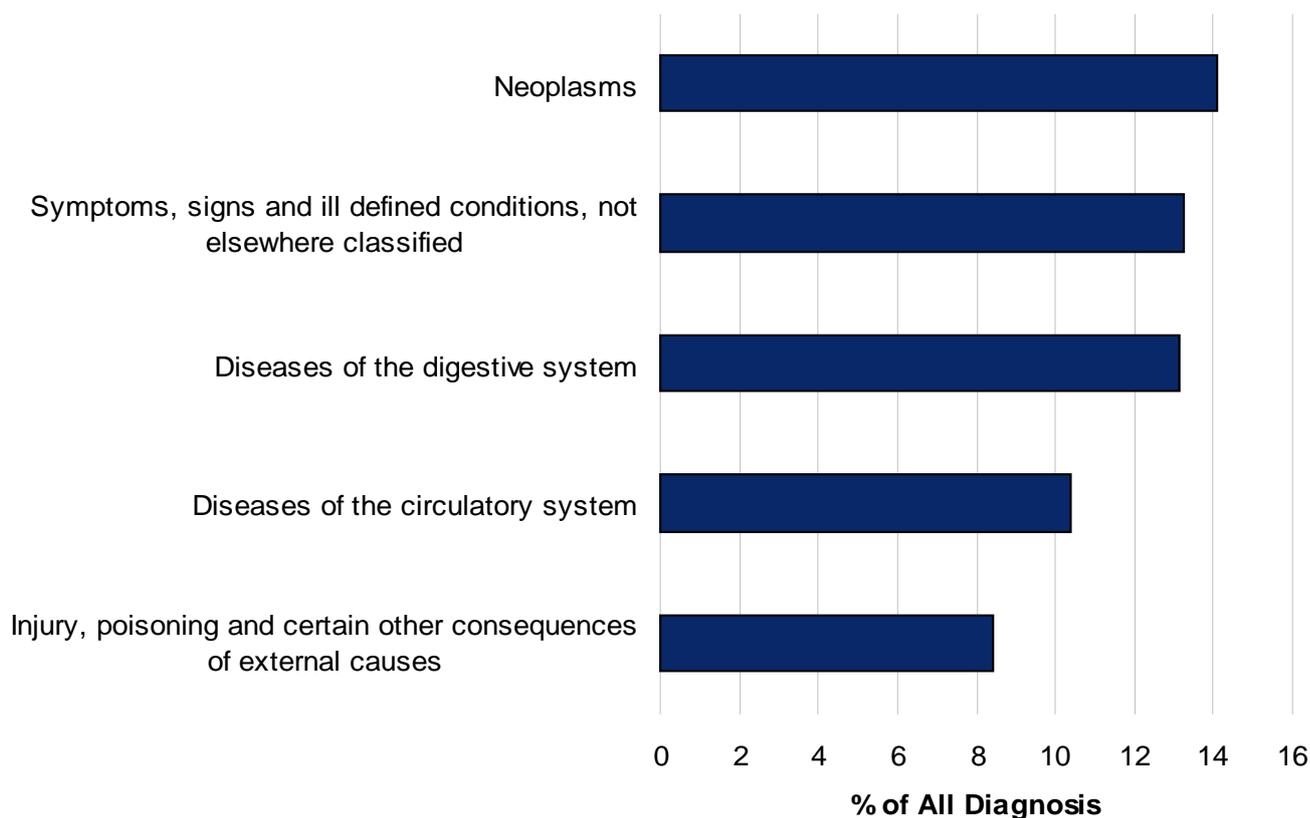
Detailed information on how emergency admissions, multiple emergency admissions and bed days are defined and calculated is available in the [Multiple and All Emergency Admissions Interpretation document](#).

3.6 Diagnoses (revised)

- The most common main diagnoses for patients discharged from hospital in the year ending March 2010 are Neoplasms; Symptoms, Signs and Ill Defined Conditions; and Diseases of the Digestive System, accounting for 14.1%, 13.2% and 13.1% of all main diagnoses respectively.
- 2009/10 incidence (new diagnoses) analysis shows that the three most common are Diseases of the Digestive System; Symptoms, Signs and Ill Defined Conditions; and Injury and Poisoning, representing 16.2%, 13.6% and 10.3% of all main diagnoses respectively.
- Analysis of eight long term conditions (based on main condition) showed that the hospital episode rate per 100,000 population for these conditions was 1,945 in the year ending 31 March 2010, a 0.9% decrease from 1,962 in the year ending 31 March 2007.
- The bed days rate per 100,000 population for the eight long term conditions has decreased by 11.3% from 9,248 in 2006/07 to 8,201 in 2009/10. This data corresponds with the HEAT target to reduce the number of bed days for Long Term Conditions.

Chart 4 - Percentage of Total Discharges – Top 5 Diagnosis Groupings

NHS Scotland, for year ending 31 March 2010



1. Source is the SMR01 linked catalog (October 2010).

2. Data is all Inpatient & Day Case discharges from "acute" specialties, i.e. excludes obstetric & psychiatric specialties.

3. Episode count adds up the total number of episodes of care i.e. a patient may have been in hospital for a week but had several episodes of care during the one stay.

4. Please note that not every diagnostic category is represented in this chart.

More detailed information for all diagnosis groupings is available by NHS Board of Residence under the ISD website sub topic - [Diagnosis](#).

3.7 Inpatient Procedures and operations (revised)

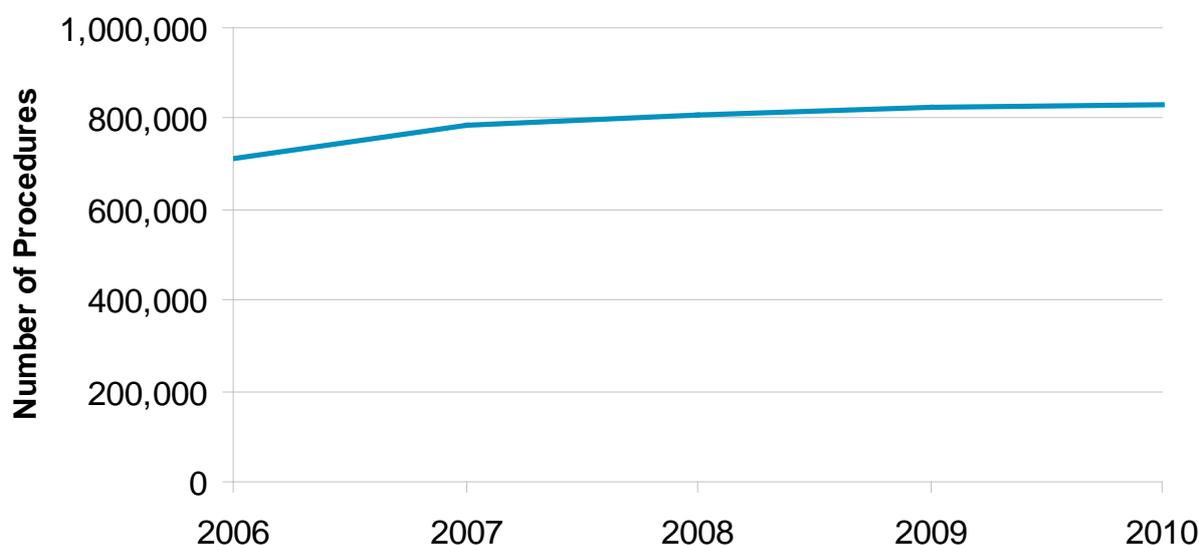
From the 1st April 2008, it was no longer mandatory to record interventions/procedures (such as imaging, injections, infusions, x-rays etc) unless the patient is specifically admitted for this purpose. For further details please refer to the [Clinical Coding Guidelines \(March 08 No.22\)](#).

- A total of 969,500 procedures were recorded as being carried out on inpatients and day cases in NHS Scotland in the year ending March 2010, a slight decrease of 0.8% from 977,000 in 2009.

By excluding the codes which are no longer mandatory to record, as a result of the change in clinical coding practice (see above), it is possible to compare the number of inpatient and day case procedures undertaken on a like-for-like basis. Doing this shows that the number of procedures performed in 2010 was around 829,000 compared with 809,000 in 2008 and 827,000 in 2009.

Chart 5- Trend in number of procedures undertaken (excluding those affected by the change in clinical coding)

NHS Scotland, financial years ending 31 March 2006 to 2010



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

3.8 Same-day surgery (new)

It should be noted that nationally collected information about procedures performed in an outpatient setting is a relatively new development and known to be incomplete. ISD Scotland is working with NHS Boards to develop full compliance nationally.

Annual Data

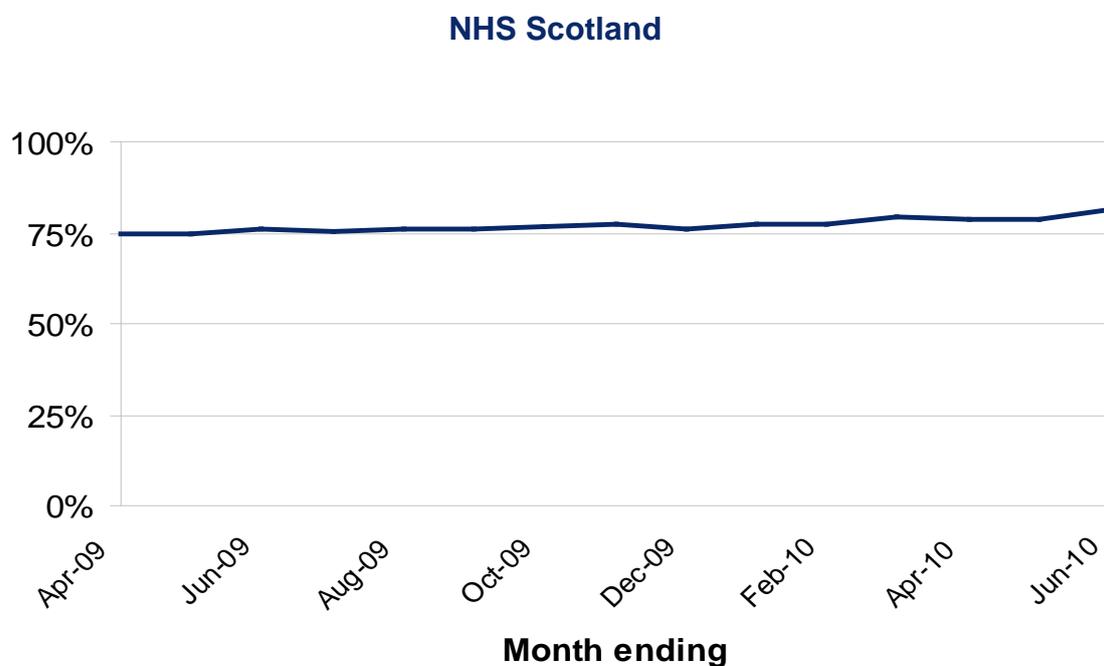
- 94.6% of cataract operations were performed in a day case or outpatient setting in the year ending 31 March 2010, compared to 89.1% in 2005.
- 78.6% of BADS surgical procedures in the specialty of orthopaedics were performed in a day case or outpatient setting in 2010, an increase of 3.9 percentage points when compared to 2005.

Monthly Data

The Scottish Government has developed a HEAT target related improving efficiencies in same-day surgery. For the purpose of this target, inpatients with a length of stay of zero are counted alongside day cases and outpatients.

- In the month of June 2010, 81% of all elective BADS procedures were carried out as day cases or outpatients, showing an increase from 75% in the month of April 2009.

Chart 6. Percentage of British Association of Day Surgery (BADS) surgical procedures performed in a day case or outpatient setting



April to June 2010 data is provisional
Source: ISD SMR00 and SMR01

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

3.9 Nurse and AHP Activity (revised)

Nurse and AHP outpatient information is still considered to be in development. Due to issues relating to data completeness, caution should be shown when making comparisons between available years.

- 854,000 outpatients were seen at nurse led clinics for acute specialties in the year ending March 2010. Of these, 141,000 were new attendances.
- 5,316,000 outpatients were seen at an allied health professional or other technical department in the year ending March 2010. Of these, 1,741,000 were new attendances. The most frequent service utilised by outpatients is Radiography services with 2.3 million attendances in total, of which 1,097,000 were new attendances (representing 44% of all AHP attendances and 63% of new AHP attendances respectively).

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

4.0 Beds Statistics (revised)

Information on NHS Beds will be published for both quarterly and annual time periods from March 2011. It is not possible to directly compare quarterly data with annual data due to the fact that the information specifically relates to averages within different time periods.

- The average number of available staffed beds in acute specialties has decreased to 17,099 in the year ending March 2010, compared with 17,383 in 2009.
- The occupancy rate of acute beds has been fairly constant over the last ten years at between 80-82%.
- The average number of inpatient discharge (episodes) treated per bed i.e. throughput; has increased from 45.6 in the year ending March 2001 to 54.4 in 2010.

Further information on average available beds, mean stay, occupancy and throughput is available under the ISD website sub topic [Beds](#).

Glossary

Acute Hospital Care/Activity	includes services such as: consultation with specialist clinicians; emergency treatment; routine, complex and life saving surgery; specialist diagnostic procedures; close observation and short-term care of patients. 'Acute' hospital care excludes obstetric, psychiatric and long stay care services.
Average available staffed beds	the average daily number of beds, which are staffed and are available for the reception of inpatients (borrowed and temporary beds are included).
Average length of stay	mean stay per episode (in days) experienced by inpatients within a specialty/significant facility etc over any period of time.
Day case	this is when a patient makes a planned attendance to a specialty for clinical care, and requires the use of a bed or trolley in lieu of a bed.
Discharge	a discharge marks the end of an episode of care. Discharges include deaths and transfers to other specialties/significant facilities and hospitals.
Elective Admission	this is when the patient has already been given a date to come to hospital for some kind of procedure.
Emergency Admission	occurs when, for clinical reasons, a patient is admitted at the earliest possible time after seeing a doctor.
Episode	an SMR01 episode is generated when a patient is discharged from hospital but also when a patient is transferred between hospitals, significant facilities, specialties or to the care of a different consultant.
Incidence	this looks for the first occurrence of a diagnosis within a given time period. The time period used for published data is a 10 year incidence look back. For example, a patient is admitted in 2004 and again in 2005 for the same diagnosis. For the purpose of counting incidence, only the hospital episode in 2004 is counted. The 2005 episode would not be counted because the previous episode occurred within 10 years.
Inpatient	this is when a patient occupies an available staffed bed in a hospital and either; remains overnight whatever the original intention or is expected to remain overnight but is discharged earlier.
Non-routine admission	are those inpatients discharged following an emergency, unplanned admission (Includes emergency transfers).

Occupancy (%)	the percentage of available staffed beds that were occupied by inpatients during the period.
Occupied Bed	an occupied bed is an available staffed bed, which is either being used to accommodate an inpatient or reserved for a patient on pass.
Outpatient	is a patient who attends (outpatient attendance) a consultant or other medical clinic or has an arranged meeting with a consultant or a senior member of his team outwith a clinic session. Outpatients are categorised as new outpatients or follow-up (return) outpatients.
Routine Admission	occurs when a patient is admitted as planned (Includes planned transfers).
Specialty	A specialty is defined as a division of medicine or dentistry covering a specific area of clinical activity.
Spell	a spell/care package is the healthcare provided usually in connection with a single condition. It may comprise several SMR episodes and cover one or more types of care, e.g. inpatient care, outpatient care, day patient care.

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

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Further Information

Further information on Acute Hospital Activity can be found under the [Hospital-Care](#) topic on the ISD website.

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

Appendix

A1 – Background Information

People attending hospitals can be seen in various hospital settings.

Outpatient, day case and inpatient admissions - This can involve a patient attending hospital, and either being admitted or being seen as an outpatient. Outpatient clinics are generally consultant led, however clinics led by nurse and other health professionals are a growing feature in a changing NHSScotland. For those patients requiring specialist treatment, such as a clinical procedure (operation) needed to diagnose a health problem, or a surgical operation carried out as part of the treatment provided, their care is likely to involve either an extended outpatient clinic appointment (for relative minor procedures), a day case admission where they require a longer period of recovery, or an inpatient admission where they require to stay in hospital.

Outpatient, inpatient and day case activity data are collected across NHSScotland and are based on nationally available information routinely drawn from hospital administrative systems across the country. The principal data sources are the SMR00 (outpatients), SMR01 (acute inpatients and day cases) and ISD(S)1 (aggregate hospital activity) returns. SMR00 and SMR01 are considered to be 99% and 96% complete for the quarter ending September 2010. SMR00 and SMR01 are considered to be 99% complete for the year ending March 2010. Further information on SMR data completeness can be found under [ISD Hospital Records Data Monitoring](#).

Quarterly figures up to and including September 2010 are likely to be less complete than annual data and, as a result, imputation may have been used to account for shortfalls in the quarterly data. NHS Borders A&E activity for the quarter ending September 2010 was notably low due to incomplete data returns.

Accident and Emergency - Another major part of the work of many acute hospitals involves the treatment of patients who have a health problem that requires urgent attention. Many of these patients will be treated within an Accident and Emergency (A&E) department and will not require a hospital admission. Typically a patient will be admitted as an emergency inpatient if their condition is considered by a doctor to be serious enough to warrant urgent hospital care and treatment.

In the past most reported patient activity has been attributed in national information systems to consultants and general practitioners, reflecting perhaps a more traditional view of the doctor as leader of the clinical team. This, however, has had the effect of obscuring or overlooking in nationally presented statistics the clinical contribution, in both hospitals and in the community, of nursing staff, allied health professionals and other healthcare professionals. In recent years, there has been a greater emphasis given towards enhancing the role of these professionals but the information systems required to account for many of these changes have not been available nationally.

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

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description

A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

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

Standard Pre-Release Access:

Scottish Government Health Department

NHS Board Chief Executives

NHS Board Communication leads

Extended Pre-Release Access

Scottish Government Health Department (Analytical Services Division)

This extended Pre-Release Access 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).