

**An Official Statistics Publication For Scotland** 

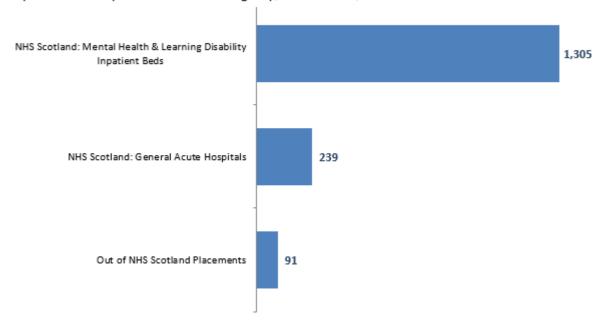
#### **HEALTH AND SOCIAL CARE**

#### **Executive summary**

This report presents the results from the Hospital Based Complex Clinical Care (HBCCC) & Long Stay Census, which was carried out by the Scottish Government and NHS Boards as at 23:59, 28 March 2019. The data was collected as part of the Inpatient Census. Data is presented for all HBCCC and Long Stay patients from all three parts of the Census. This includes patients within NHS Scotland facilities (e.g. acute general hospitals, community hospitals, psychiatric hospitals) as well as those patients funded by NHS Scotland but treated in non-NHS Scotland facilities (e.g. NHS England hospitals).

Figure 1: The large majority of HBCCC or LS patients in the 2019 Census are treated in Mental Health or Learning Disability Inpatient Beds

Hospital Based Complex Clinical Care & Long Stay, NHS Scotland, March 2019 Census



#### **Key Points**

Some key points from this report include:

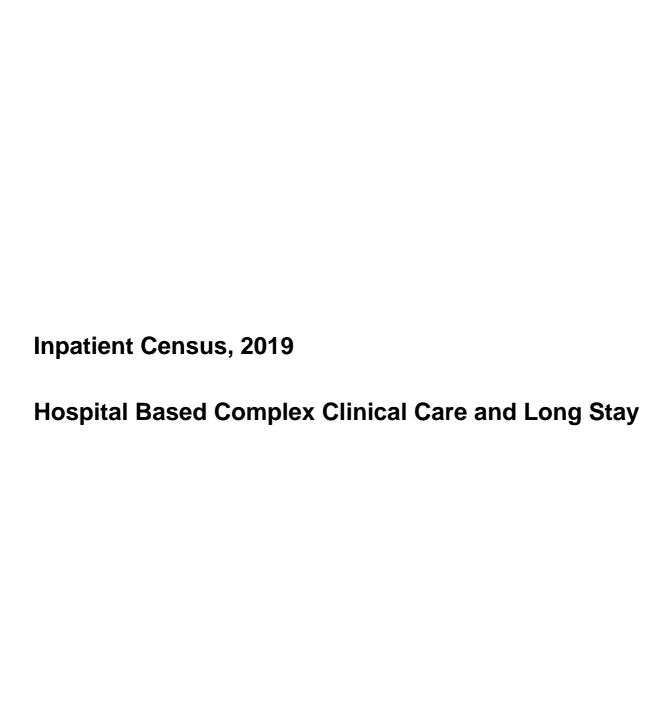
- There were 1,635 Hospital Based Complex Clinical Care or Long Stay patients at the 2019 Census.
- The patients in the Census were mostly from older age groups. Only 29 (2%) patients returning full data were aged under 18, while 723 (44%) were aged 65+.
- Most patients in the Census identified as White Scottish (75%).

# **Key findings: Patients in receipt of Hospital Based Complex Clinical Care (HBCCC)**

- **889** patients were receiving Hospital Based Complex Clinical Care.
- 684 (77%) patients receiving HBCCC were occupying a Mental Health,
   Learning Disability or Addiction
   Inpatient Bed in an NHS Scotland
   facility at the Census date, 164 (18%)
   patients were in a General Acute /
   Community Hospital NHS Scotland
   facility, while 41 (5%) patients were
   treated out with NHS Scotland.
- 55% of HBCCC patients were male,
   44% were female. 1% were unknown or not recorded.
- 383 (43%) had a consultant who specialised in Psychiatry of Old Age.
- 240 HBCCC patients (27%) had been in hospital less than 6 months at the Census date.

## Key findings: Long Stay patients (who are not in receipt of HBCCC)

- There were 746 Long Stay patients who were not in receipt of HBCCC.
- 621 (83%) Long Stay patients were occupying a Mental Health, Learning Disability or Addiction Inpatient Bed in an NHS Scotland facility at the Census date, 75 (10%) patients were in a General Acute / Community Hospital NHS Scotland facility, while 50 (7%) patients were treated out with NHS Scotland.
- **64%** of Long Stay patients were male, 36% were female.
- 287 (38%) had a consultant who specialised in General Psychiatry.
- 131 Long Stay patients (18%) had been in hospital for at least 5 years.



### Acknowledgements

We are extremely grateful to all those who assisted with the Inpatient Census, in particular, colleagues from the health boards, hospitals and care homes who provided information.

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#### Introduction

Hospital Based Complex Clinical Care (HBCCC) was introduced in Scotland on the 1<sup>st</sup> June 2015 following a review of NHS Continuing Care. This report represents an overview of the results of the Hospital Based Complex Clinical Care Census carried out by the Scottish Government and NHS Boards as at 23:59, 28 March 2019.

A patient is defined as receiving HBCCC if they cannot have their care needs met in any setting other than hospital and require long-term complex clinical care. This includes patients within NHS Scotland facilities (e.g. acute general hospitals, community hospitals, psychiatric hospitals) as well as those patients funded by NHS Scotland but treated in non-NHS Scotland facilities (e.g. Private Facilities or NHS facilities elsewhere in the UK). By definition, patients in receipt of HBCCC cannot be a Delayed Discharge, which occurs when a hospital patient who is clinically ready for discharge from inpatient hospital care continues to occupy a hospital bed beyond the date they are ready for discharge. Further information about HBCCC is available from the following link: <a href="http://www.sehd.scot.nhs.uk/dl/DL(2015)11.pdf">http://www.sehd.scot.nhs.uk/dl/DL(2015)11.pdf</a>

The definition and scope of the Census changed in 2017 following the first HBCCC Census in 2016. 2019 analysis is therefore not directly comparable to previously published HBCCC analysis in 2016. Data published between 2017 and 2019 can be compared more readily.

Following feedback from users of this report, additional analysis has been presented for long stay patients who are not in receipt of HBCCC. A patient is defined as being a Long Stay patient if they have been in hospital for at least 6 months (and are not in receipt of HBCCC and do not have a ready for discharge date) as at the Census date.

The purpose of the Census is to firstly monitor the implementation of HBCCC and secondly, to enhance the Scottish Government and NHS Scotland's' understanding of HBCCC. This analytical evidence will inform policy development and service planning, both nationally and locally.

To enable further research and statistical analysis, extracts of the Census datasets may be made available for approved researchers.

#### Scope of census

Following on from the first Mental Health & Learning Disability Inpatient Bed Census held in October 2014, a review of the scope, frequency and questions were undertaken by the Scottish Government in collaboration with NHS Boards. This led to a number of differences between the 2014 and 2016 Censuses. Most notably, a third part to the Census was introduced in 2016 in order to reduce duplication for NHS Boards. The 2019 Census is similar in nature to the 2016, 2017 and 2018 Censuses;

Part 1: Mental Health and Learning Disability Inpatient Bed Census

Part 2: Mental Health, Addiction and Learning Disability Patients: Out of NHS Scotland Placements Census

# Part 3: Hospital Based Complex Clinical Care and Long Stay Census (for patients who are not occupying Mental Health, Addiction and Learning Disability Inpatient Beds)

Collectively, the three parts to the Census make up the Inpatient Census. This report is entirely focused on patients in receipt of Hospital Based Complex Clinical Care and Long Stay patients, therefore, information is presented from Parts 1, 2 and 3 of the Census about all patients who meet the HBCCC definition. It also includes patients who have been in hospital for at least 6 months, irrespective of HBCCC status.

It should be noted that HBCCC was introduced in Scotland on the 1<sup>st</sup> June 2015 and as this is the fourth year for which HBCCC information has been collected, the data collection systems and quality assurance processes in place are still being developed. Between 2016 and 2017 there was further work undertaken with NHS Boards to improve the guidance and therefore consistency in data collection between NHS Boards. Following the 2016 report, users also fed back that they would like analysis to be presented for Long Stay patients (those who have been in hospital for at least 6 months but do not have a delayed discharge date). This change was implemented for the 2017 report and continues in the 2019 report.

The underlying data has undergone extensive validation by NHS Boards and Scottish Government Statisticians and is therefore being published as Official Statistics. All figures are provisional and may be subject to change in future publications.

The report for the first two parts of the Inpatient Census (Mental Health & Learning Disability Inpatient Bed Census, Out of NHS Scotland Placements Census) was published on 08 October 2019.

https://www.gov.scot/publications/inpatient-census-2019-part-1-mental-health-learning-disability-inpatient-bed-census-part-2-out-scotland-nhs-placements/

#### **Accompanying data**

An accompanying spreadsheet containing the data behind this report, as well as some summary information at NHS Board level will also be made available at the following link:

https://www2.gov.scot/Topics/Statistics/Browse/Health/Data/MHBC

Staff in NHS Boards will also be able to request access to more detailed analysis, which will be accessed through a secure online website. This will provide more graphical representations of the data, as well as drilling down to hospital and ward level for users' health boards. Access is granted by a nominated NHS Board authoriser, for more details please contact <a href="mailto:swstat@gov.scot">swstat@gov.scot</a>. It is our intention that this information will be available in the near future.

#### Future plans for the census

A repeat of the Census is intended to be carried out at the end of March 2020, and any methodological changes will be informed by this year's Census.

#### 1. Hospital Based Complex Clinical Care and Long Stay Patients

#### **Number of HBCCC and Long Stay patients in Census**

Overall, there were 1,635 Hospital Based Complex Clinical Care (HBCCC) or Long Stay (LS) patients at the 2019 Census. Of these, 889 (54%) were receiving HBCCC and 746 (46%) were LS. LS is defined here as patients in hospital for at least 6 months but not in receipt of HBCCC.

Of the 1,635 HBCCC or LS patients, 1,305 (80%) were occupying a Mental Health, Learning Disability or Addiction Inpatient Bed in an NHS Scotland Facility, 239 patients (15%) were in a General Acute / Community Hospital NHS Scotland facility, while 91 patients (6%) were treated outwith but funded by NHS Scotland (e.g. Private hospitals or NHS facilities elsewhere in the UK). See table 1 for a more detailed breakdown and comparisons to 2018 data. There are also a very small number of patients treated within NHS Scotland but funded externally.

Table 1: Number of HBCCC and LS patients by Census part, 2018 - 2019

Inpatient Census	All Patients		HBCCC Patients		LS Patients	
	2018	2019	2018	2019	2018	2019
Part 1: Mental Health Bed Census	1,315	1,305	672	684	643	621
Part 2: Out of Scotland NHS Placements	166	91	42	41	124	50
Part 3: HBCCC & LS (general acute)	292	239	223	164	69	75
All HBCCC patients in Inpatient Census	1,773	1,635	937	889	836	746

#### **Age and Gender**

Figure 2 shows the age and gender breakdown of patients receiving HBCCC at the 2019 Census. Some key points include:

- Of the 889 HBCCC patients, 487 (55%) were male, while 394 (44%) were female. Data was missing/unknown for 8 patients (1%). Males represented 49% of the general Scottish population in 2018 based on National Record of Scotland (NRS) Mid-Year estimates, suggesting males are over represented in HBCCC.
- Patients were mostly from the older age groups, 522 (59%) patients were aged 65 or over, a fall from 64% compared to 2018. A further 225 (25%) were aged 40 64 at the time of the 2019 Census. There were 130 (15%) patients aged 18 39 and 12 (1%) patients under 18 receiving HBCCC at 2019 Census.
- Gender differences described are influenced by age. At the 2019 Census for patients aged under 40, 61% were male. This is identical to the 2018 Census. Of those aged 40 64 years in 2019, 68% are male. At 65 or over this trend reverses with females making up 52% of this age group. This change will partly reflect the differing life expectancy of males (77.0 years, 2017) and females (81.1, 2017).

Figure 2: Males make up the majority of HBCCC patients with female patients becoming more prevalent with age

Hospital Based Complex Clinical Care & Long Stay, NHS Scotland, March 2019 Census



<sup>\*</sup> Chart excludes those with unknown or refused gender

Figure 3 shows the age and gender breakdown of LS patients at the 2019 Census. Some key points include:

- Of the 746 patients, 474 (64%) were male, while 271 (36%) were female. Data was missing/unknown for 1 patient. Males represented 49% of the general Scottish population in 2018 based on NRS Mid-Year estimates, suggesting males are over represented.
- Patients were mostly from the older age groups, with 332 (45%) aged 40 64 years and a further 201 (27%) aged 65 or over. There were 196 (26%) LS patients aged 18 39 and 17 (2%) LS patients under 18 at 2019 Census.
- Gender differences described are influenced by age. For patients aged under 40, 66% are male, while an identical proportion of patients aged 40 64 years, 66%, are male. The proportion for the 65 or over group is 56% male. This change will partly reflect the differing life expectancy of males (77.0 years, 2017) and females (81.1, 2017).

Figure 3: Males make up the majority of LS patients
Hospital Based Complex Clinical Care & Long Stay, NHS Scotland, March 2019 Census



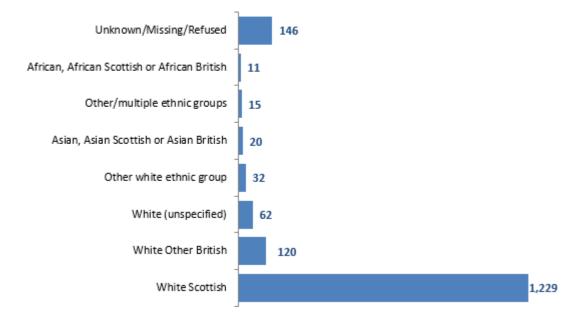
<sup>\*</sup> Chart excludes those with unknown or refused gender

#### **Ethnicity**

The majority of HBCCC or LS patients at the 2019 Census, described themselves as being of White Scottish ethnicity, 1,229 (75%). A further 214 (13%) patients were of another White ethnicity. Information was not known or refused for 146 patients. See figure 4 for further details.

Figure 4: HBCCC or LS patients are overwhelmingly of White Scottish ethnicity where reported

Hospital Based Complex Clinical Care & Long Stay, NHS Scotland, March 2019 Census

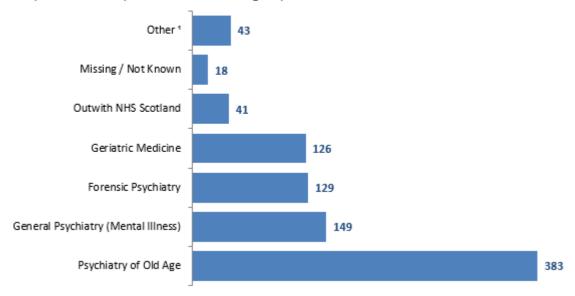


#### **Consultant Specialty**

As part of the Census, NHS Boards were asked to record the medical specialty of the consultants responsible for overseeing the treatment of each patient in the Census.

Of the 889 patients receiving HBCCC at the 2019 Census, 383 (43%) had a consultant who specialised in Psychiatry of Old Age, a fall from the 2018 figure of 47% but still higher than the 2017 figure of 36%. In 2019, 149 (17%) had a consultant specialising in General Psychiatry and 129 (15%) in Forensic Psychiatry. See figure 5 for further details.

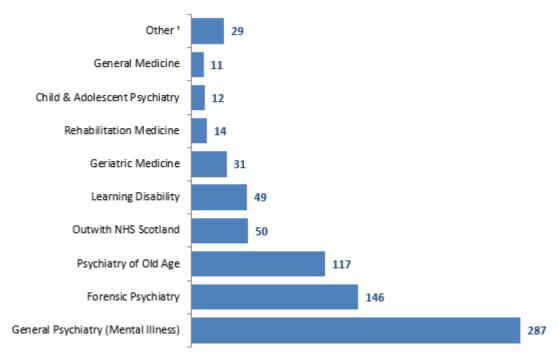
Figure 5: The large majority of HBCCC patients are treated in Psychiatric specialties Hospital Based Complex Clinical Care & Long Stay, NHS Scotland, March 2019 Census



<sup>&</sup>lt;sup>1</sup> Other includes a range of specialties with smaller numbers that have been aggregated to protect patient confidentiality

Of the 746 LS patients at the Census, 287 (38%) had a consultant who specialised in General Psychiatry, 146 (20%) had a consultant specialising in Forensic Psychiatry and 117 (16%) in Psychiatry of Old Age. See figure 6 for further details.

Figure 6: The large majority of LS patients are treated in Psychiatric specialties Hospital Based Complex Clinical Care & Long Stay, NHS Scotland, March 2019 Census

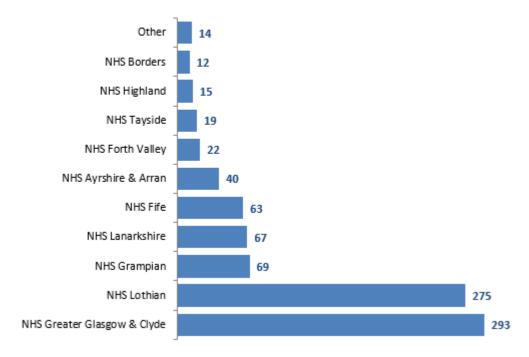


<sup>&</sup>lt;sup>1</sup> Other includes a range of specialties with smaller numbers that have been aggregated to protect patient confidentiality as well as patients with a missing or unknown specialty

#### **NHS Board Breakdown**

NHS Greater Glasgow & Clyde were responsible for funding the treatment of 293 HBCCC patients (33%), followed by NHS Lothian with 275 (31%). NHS Greater Glasgow & Clyde's proportion has risen from 30% at the last Census. NHS Lothian had the highest number in the 2018 Census and their proportion in 2019 dropped by 9%. NHS Shetland funded no HBCCC patients. A very small number of patients are included in this analysis that are treated in Scotland but funded from outside of NHS Scotland. See figure 7 for further details.

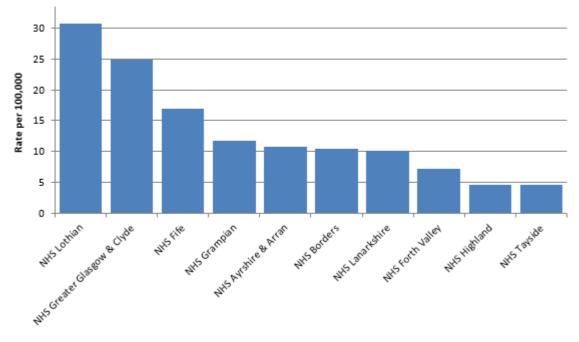
Figure 7: NHS Greater Glasgow & Clyde fund the largest number of HBCCC patients Hospital Based Complex Clinical Care & Long Stay, NHS Scotland, March 2019 Census



<sup>\*</sup> Other includes NHS Boards with small numbers that have been combined to protect patient confidentiality \*\* A very small number of patients are included in this analysis that are treated in Scotland but funded from outside of NHS Scotland

NHS Lothian had the highest rate of HBCCC patients at 30.6 per 100,000 population. This is a fall from their figure of 42.4 patients per 100,000 population at the 2018 Census. NHS Greater Glasgow & Clyde (24.9) and NHS Fife (16.9) had the next highest rates. See figure 8 for further details.

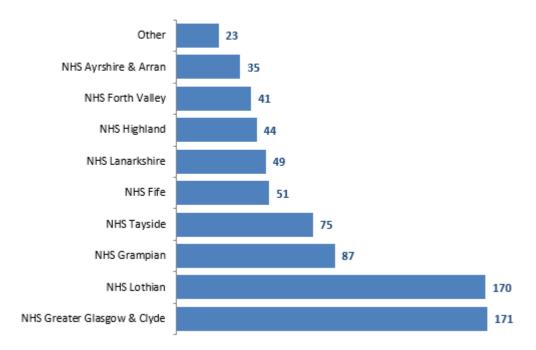
Figure 8: NHS Lothian fund the highest rate of HBCCC patients per 100,000 population Hospital Based Complex Clinical Care & Long Stay, NHS Scotland, March 2019 Census



<sup>\*</sup> Excludes Health Boards who have been suppressed to protect patient confidentiality

NHS Greater Glasgow & Clyde were responsible for funding the treatment of 171 LS patients (23%). The proportion of LS patients funded by NHS Greater Glasgow & Clyde remained the same compared to the 2018 Census. NHS Lothian had the next highest number with 170 (23%). See figure 9 for further details.

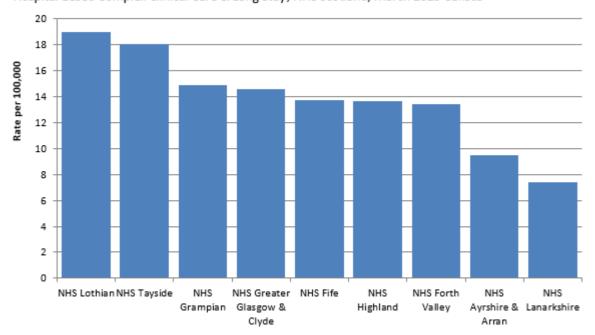
Figure 9: NHS Greater Glasgow & Clyde fund the largest number of LS patients Hospital Based Complex Clinical Care & Long Stay, NHS Scotland, March 2019 Census



<sup>\*</sup> Other includes NHS Boards with small numbers that have been combined to protect patient confidentiality

NHS Lothian is among the higher rates of LS patients at 18.9 per 100,000 population. NHS Tayside (18.0) is also among the higher rates. See figure 10 for further details.

Figure 10: NHS Lothian fund the highest rate of LS patients per 100,000 population Hospital Based Complex Clinical Care & Long Stay, NHS Scotland, March 2019 Census



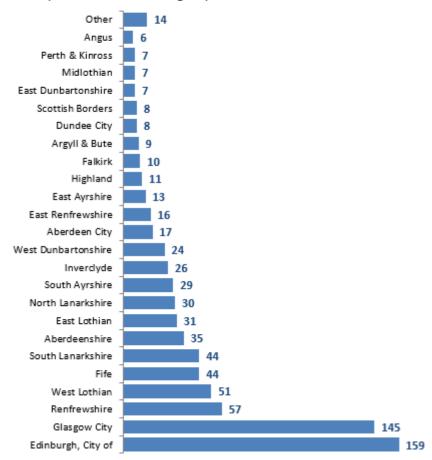
<sup>\*</sup> Excludes Health Boards who have been suppressed to protect patient confidentiality

#### **Local Authority Breakdown**

Figure 11 provides analysis of patients in receipt of HBCCC by Local Authority of residence (based on the patient's home postcode). Where a Local Authority has <5 patients in receipt of HBCCC the figure has been suppressed to protect patient confidentiality. The City of Edinburgh had more HBCCC patients than any other Local Authority at the 2019 Census with 159 patients (18%). Glasgow City had the next highest number with 145 (16%). The City of Edinburgh's proportion of resident patients fell from 29% in 2018 to 18% in 2019.

Figure 11: The City of Edinburgh has the largest number of HBCCC patients by home postcode





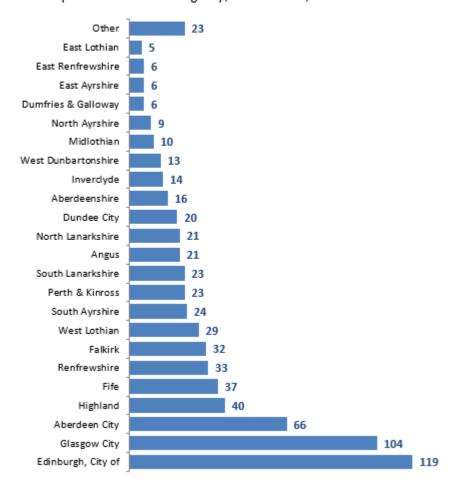
<sup>\*</sup> Data unknown for 81 patients

<sup>\*\*</sup>Other includes Local Authorities with small numbers that have been combined to protect patient confidentiality

Figure 12 provides analysis of LS patients by Local Authority of residence (based on the patient's home postcode). As previously mentioned, where a Local Authority has <5 LS patients the figure has been suppressed to protect patient confidentiality. The City of Edinburgh had more LS patients than any other Local Authority at the 2019 Census with 119 patients (16%). Glasgow City had the next highest number with 104 (14%). Glasgow City had the highest number in the 2018 Census and their 2019 figure has fallen by 15.

Figure 12: The City of Edinburgh has the largest number of LS patients by home postcode

Hospital Based Complex Clinical Care & Long Stay, NHS Scotland, March 2019 Census



<sup>\*</sup> Data unknown for 46 patients

<sup>\*\*</sup>Other includes Local Authorities with small numbers that have been combined to protect patient confidentiality

#### **Length of Stay in Hospital**

NHS Boards were asked to record how long patients had been in hospital at the 2019 Census date. The average (median) time in hospital for HBCCC patients was 516 days (approximately 1 year and 5 months). For LS patients, the average (median) time in hospital was 548 days (approximately 1 year and 6 months). Both the HBCCC and LS median stays are shorter than reported in the 2018 Census. The spread of length of stay for patients can be seen in Table 2.

Table 2: Length of Stay, HBCCC and LS patients, 2018 - 2019

Length of Stay	HBCCC Patients		LS Patients	
	2018	2019	2018	2019
Less than 6 months	269	240	0	0
At least 6 months, less than 1 year	119	129	238	251
At least 1 year, less than 3 years	265	256	308	288
At least 3 year, less than 5 years	119	111	104	76
5 years or more	161	152	182	131
Median	539	516	649	548

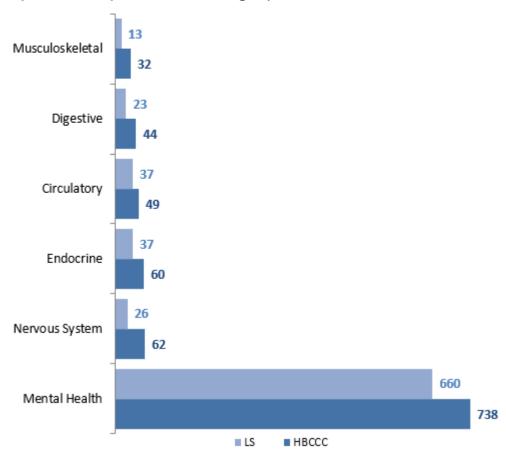
<sup>\*</sup> Admission date unknown for 1 patient in 2019

#### **Health Conditions**

NHS Boards were asked to return information on any health conditions a patient had been diagnosed with. Figure 13 shows the top six conditions for HBCCC and LS patients at the 2019 Census. The most prevalent was Mental Health with 738 (83%) HBCCC and 660 (88%) LS patients. Mental Health was also the most prominent condition in 2018.

Figure 13: Mental Health conditions are the most common diagnoses among HBCCC and LS patients

Hospital Based Complex Clinical Care & Long Stay, NHS Scotland, March 2019 Census



<sup>\*</sup> Patients can have more than one condition

#### 2. Methodology & further information

#### Time period and scope

The fifth Inpatient Census was carried out by the Scottish Government and NHS Boards as at 23:59, 28 March 2019. This is the fourth time the Census has collected information on HBCCC patients.

The Census was conducted in 3 parts and covered:

- every patient occupying a psychiatric, addiction or learning disability inpatient bed in an NHS Scotland facility on the Census date (as at 23:59, 28 March 2019) (Part 1).
- every mental health, addiction or learning disability patient whose care is funded by NHS Scotland, but is being treated in a facility that is out with NHS Scotland (e.g. in a Local Authority care home, in a private hospital, in a NHS England facility), on the Census date (as at 23:59, 28 March 2019) (Part 2).
- every patient who was in receipt of Hospital Based Complex Clinical Care (HBCCC) or Long Stay in general acute or community hospital inpatient beds on the Census date (as at 23:59, 28 March 2019) (Part 3).

The Census guidance notes are available here: <a href="https://www2.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/InpatientCensus2019/Guidance19">https://www2.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/InpatientCensus2019/Guidance19</a>

This report contains analysis about patients in receipt of Hospital Based Complex Clinical Care or are Long Stay from Parts 1, 2 and 3 of the Census. Patients who were treated in the State Hospital are excluded from this report.

#### **Data completeness**

#### NHS Scotland facilities (Part 1)

All NHS Scotland territorial boards which have psychiatric, addiction or learning disability inpatient beds provided a return.

The State Hospital (Special NHS Board) provided a return but for the purposes of this report, The State Hospital has been excluded from analysis.

Data completeness for individual Census questions varied. Where there was missing data, this has been footnoted against the corresponding table or displayed in the chart.

#### Patients treated out with NHS Scotland (Part 2)

All NHS Scotland territorial boards which have mental health, addiction or learning disability patients whose care is funded by NHS Scotland, but is being treated in a facility that is out with NHS Scotland provided a return.

Data completeness for individual Census questions varied. Where there was missing data, this has been footnoted against the corresponding table or displayed in the chart.

## Hospital Based Complex Clinical Care or long stay in general acute or community hospital beds (Part 3)

All territorial NHS Boards which have HBCCC or LS patients in general acute beds, community hospitals or who are funded by NHS Scotland but are treated outwith NHS Scotland hospitals provided a return.

#### Data collection

The Scottish Government's ScotXed Unit provide data collection and validation support for a number of statistical returns across Education, Health, Social Care, Social Work, Transport, Housing, Communities, Finance, Justice, Environment and some 3<sup>rd</sup> Sector. The ScotXed Unit provided secure data collection software (procXed.net) and first stage data validation checks. Further information about the data collection software can be found in the Privacy Impact Assessment which is available here: <a href="https://www2.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/InpatientCensus2019/dpia">https://www2.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/InpatientCensus2019/dpia</a>

Health & Social Care Analysis Division undertook 2<sup>nd</sup> stage validation checks.

The data collection, analysis and report has been overseen and produced by statisticians. All statistics branches in the Scottish Government are part of the Government Statistical Service (GSS) which comprises the statistics divisions of all major departments in the UK, Scotland and Wales plus the Office for National Statistics, which has a coordinating role.

#### **Data confidentiality**

A Privacy Impact Assessment was undertaken prior to the census which outlines how patient confidentiality is maintained. The Privacy Impact Assessment is available here: <a href="https://www2.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/InpatientCensus2019/dpia">https://www2.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/InpatientCensus2019/dpia</a>

In addition, statistical disclosure control has been applied to the analysis. **Statistical Disclosure Control** (SDC) covers a range of ways of changing data which are used to control the risk of an intruder finding out confidential information about a person or unit (such as a household or business). This publication has used the following methods where there are under 5 or 10 patients in a particular category:

- Suppression of possibly disclosive cells (e.g. where the value is small) which
  means that the value for that cell in the table is not given and secondary
  suppression of cells which means at least one other value in the row or column is
  also not given to ensure that disclosive cells cannot be deduced through
  subtraction:
- **Table redesign and recoding**, where cells are grouped together to protect small value cells.

Further information about Statistical Disclosure Control is available here: http://www.gov.scot/Topics/Statistics/About/Methodology/Glossary

#### Access to the data for further research

To enable further research and statistical analysis, extracts of the Inpatient Census data may be made available for approved researchers from late 2019.

Academic researchers must initially apply to the 'Public Benefit and Privacy Panel for Health and Social Care<sup>1</sup>' to gain access to the Inpatient Census data. If the 'Public Benefit and Privacy Panel for Health and Social Care' approve an application then a copy of the original application form and a copy of the approval letter should be emailed to the following address, <a href="mailto:SWStat@gov.scot">SWStat@gov.scot</a>, for approval by the Scottish Government (Health & Social Care Analysis Division and the Principal Medical Officer for Mental Health).

NHS Boards will have a version of the Inpatient Census dataset which contains information about patients for whom they are responsible for providing treatment for, or are responsible for funding. NHS boards will have their own arrangements in place for researchers to access health data. All Boards have a Caldicott Guardian who is responsible for assuring confidentiality and enabling appropriate data sharing, and a director responsible for research and development.

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<sup>1</sup> http://www.informationgovernance.scot.nhs.uk/

#### Correspondence and enquiries

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Health and Social Care Analysis (HSCA) is one of a number of Analytical Services Divisions in the Scottish Government. HSCA's main objective is to continue to build the statistical, economic and research evidence base for Health and Care in Scotland, and to provide analytical support, briefing and advice to support policy development and service planning.

For general enquiries about Scottish Government statistics please contact: Office of the Chief Statistician, Telephone: 0131 244 0442,

e-mail: statistics.enquiries@scotland.gsi.gov.uk

#### How to access background or source data

The data collected for this statistical bulletin may be made available on request, subject to consideration of legal and ethical factors. Please contact <a href="mailto:swstat@scotland.gsi.gov.uk">swstat@scotland.gsi.gov.uk</a> for further information.

#### **Complaints and suggestions**

If you are not satisfied with our service or have any comments or suggestions, please write to the Chief Statistician, 3WR, St Andrew's House, Edinburgh, EH1 3DG, Telephone: (0131) 244 0302, e-mail <a href="mailto:statistics.enquiries@scotland.gsi.gov.uk">statistics.enquiries@scotland.gsi.gov.uk</a>.

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ISBN 978-1-83960-298-6 (web only)

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