

HEALTH AND SOCIAL CARE

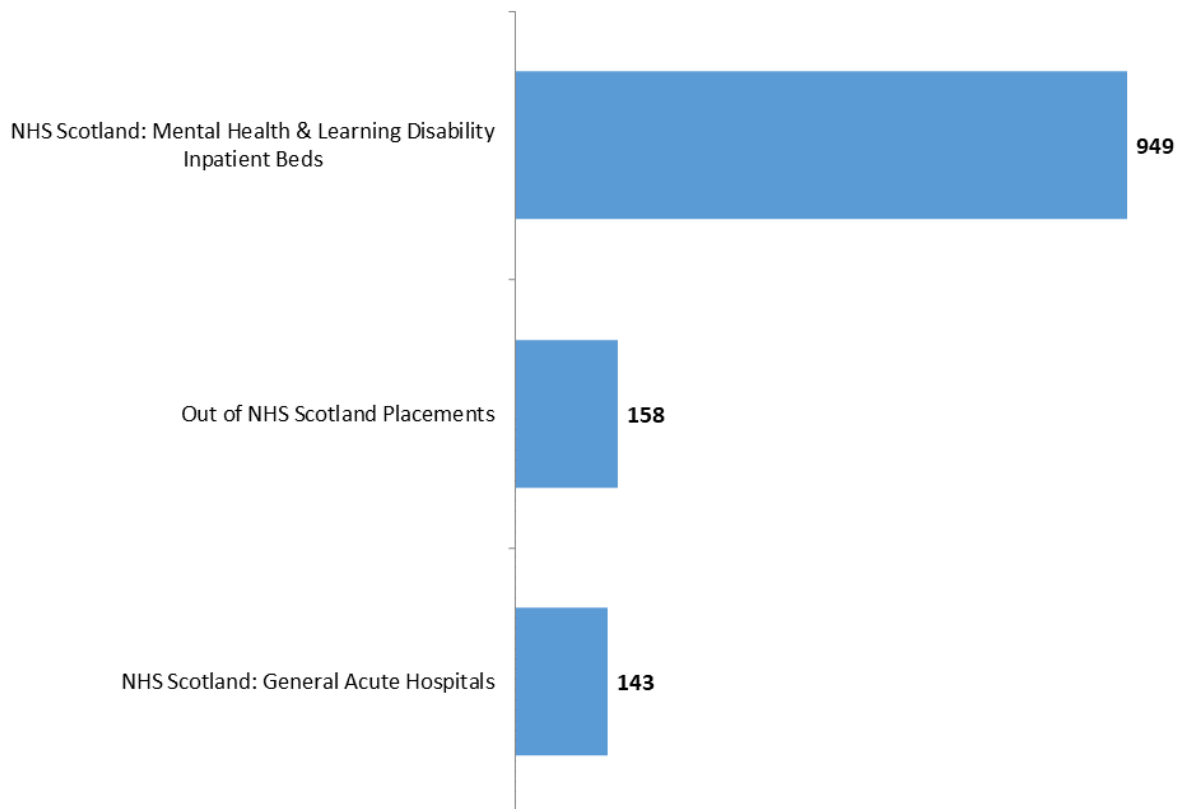
Inpatient Census, 2022

Hospital Based Complex Clinical Care & Long Stay

Executive summary

This report presents the results from the Hospital Based Complex Clinical Care (HBCCC) & Long Stay (LS) Census, which was carried out by the Scottish Government and NHS Boards as at 23:59, 11 April 2022. 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 2022 Census are treated in Mental Health or Learning Disability Inpatient Beds
Hospital Based Complex Clinical Care & Long Stay, NHS Scotland, April 2022 Census



Key Points

- There were 1,250 Hospital Based Complex Clinical Care or Long Stay patients at the 2022 Census.
- The patients in the Census were mostly from older age groups. Only 33 (3%) patients returning full data were aged under 18, while 515 (41%) were aged 65+.
- Most patients in the Census identified as White Scottish (66%).

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

- 575 patients were receiving Hospital Based Complex Clinical Care.
- 409 (71%) patients receiving HBCCC were occupying a Mental Health, Learning Disability or Addiction Inpatient Bed in an NHS Scotland facility at the Census date, 80 (14%) patients were in a General Acute / Community Hospital NHS Scotland facility, while 86 (15%) patients were treated outwith NHS Scotland.
- 54% of HBCCC patients were male, 46% were female.
- 230 (40%) had a consultant who specialised in Psychiatry of Old Age.
- 147 HBCCC patients (26%) 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 675 Long Stay patients who were not in receipt of HBCCC.
- 540 (80%) Long Stay patients were occupying a Mental Health, Learning Disability or Addiction Inpatient Bed in an NHS Scotland facility at the Census date, 63 (9%) patients were in a General Acute / Community Hospital NHS Scotland facility, while 72 (11%) patients were treated out with NHS Scotland.
- 66% of Long Stay patients were male, 34% were female.
- 232 (34%) had a consultant who specialised in General Psychiatry.
- 174 Long Stay patients (26%) had been in hospital for at least 5 years.

Inpatient Census, 2022

Hospital Based Complex Clinical Care and Long Stay

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 1st of 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, 12 April 2022.

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:

[Hospital Based Complex Clinical Care guidance](#)

The definition and scope of the Census changed in 2017 following the first HBCCC Census in 2016. Analysis in the 2022 Census is therefore not directly comparable to previously published HBCCC analysis in 2016. Data published between 2017 and 2022 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 2022 Census is similar in nature to the 2016, 2017, 2018 and 2019 Censuses;

The Census was conducted in 3 parts and covered:

- Part 1: every patient occupying a psychiatric, addiction or learning disability inpatient bed in an NHS Scotland facility on the Census date.
- Part 2: every mental health, addiction or learning disability patient whose care is funded by NHS Scotland, but is being treated in a facility that is outwith NHS Scotland (e.g. in a Local Authority care home, in a private hospital, in a NHS England facility), on the Census date.
- Part 3: 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.

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 1st 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 gave feedback to say that they would also 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 2022 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 alongside Part 3.

[Health and social care analysis statistics - gov.scot \(www.gov.scot\)](http://www.gov.scot)

Accompanying data

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

[Health and social care analysis statistics - gov.scot \(www.gov.scot\)](https://www.gov.scot/health-social-care-analysis-statistics)

Staff in NHS Boards can request access to more detailed analysis, which will provide the ability to drill down to hospital and ward level for the users' own health board. Access is granted by a nominated NHS Board authoriser. For more details please contact mhic@gov.scot.

Future plans for the census

A repeat of the Census is intended to be carried out at the end of March 2023 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 1,250 Hospital Based Complex Clinical Care (HBCCC) or Long Stay (LS) patients at the 2022 Census. Of these, 575 (46%) were receiving HBCCC and 675 (54%) were LS. LS is defined here as patients in hospital for at least 6 months with no delayed discharge date but not in receipt of HBCCC.

Of the 1,250 HBCCC or LS patients, 949 (76%) were occupying a Mental Health, Learning Disability or Addiction Inpatient Bed in an NHS Scotland facility, 143 patients (11%) were in a General Acute / Community Hospital NHS Scotland facility, while 158 patients (13%) were treated outwith but funded by NHS Scotland (e.g. Private hospitals or NHS facilities elsewhere in the UK). Table 1 provides a more detailed breakdown and comparisons to 2019 data. There are also a very small number of patients treated within NHS Scotland but funded externally.

Please note: the figures given in this publication for HBCCC patients differ from those given in the Mental Health Inpatient Census parts 1 & 2. This is because in Parts 1 & 2, they refer only to HBCCC patients with mental health diagnoses, whereas in Part 3 they refer to all HBCCC patients.

Table 1: Number of HBCCC and LS patients by Census part, 2019 – 2022

Inpatient Census	All Patients		HBCCC Patients		LS Patients	
	2019	2022	2019	2022	2019	2022
Part 1: Mental Health Bed Census	1,305	949	684	409	621	540
Part 2: Out of Scotland NHS Placements	91	158	41	86	50	72
Part 3: HBCCC & LS (General Acute)	239	143	164	80	75	63
All HBCCC patients in Inpatient Census	1,635	1,250	889	575	746	675

Age and Gender

Figure 2 shows the age and gender breakdown of patients receiving HBCCC at the 2022 Census. Some key points include:

- Of the 575 HBCCC patients, 308 (54%) were male, while 267 (46%) were female. Males represented 49% of the general Scottish population in 2021 based on National Record of Scotland (NRS) Mid-Year estimates, suggesting males are over represented in HBCCC.
- Patients were mostly from the older age group, 350 (61%) patients were aged 65 or over, a rise from 59% in the 2019 Census. A further 118 (21%) patients were aged 40 – 64 and 78 (14%) patients were aged 18 – 39. There were 29 (5%) patients under 18 years of age receiving HBCCC at 2022 Census, four percentage points higher than 2019.

- The gender differences described are influenced by age. At the 2022 Census, of the patients aged under 40, 51% were male. This is 10 percentage points less than at the 2019 census. However, the large majority of patients aged under 18 years were female. Of those aged 40 – 64, 64% were male and at 65 or over the gender split becomes more even with 51% males and 49% females.

Figure 2: Males make up the majority of HBCCC patients with female patients becoming more prevalent with age. However, the large majority of under-18 patients were female (exact data suppressed due to small numbers).

Hospital Based Complex Clinical Care & Long Stay, NHS Scotland, April 2022 Census

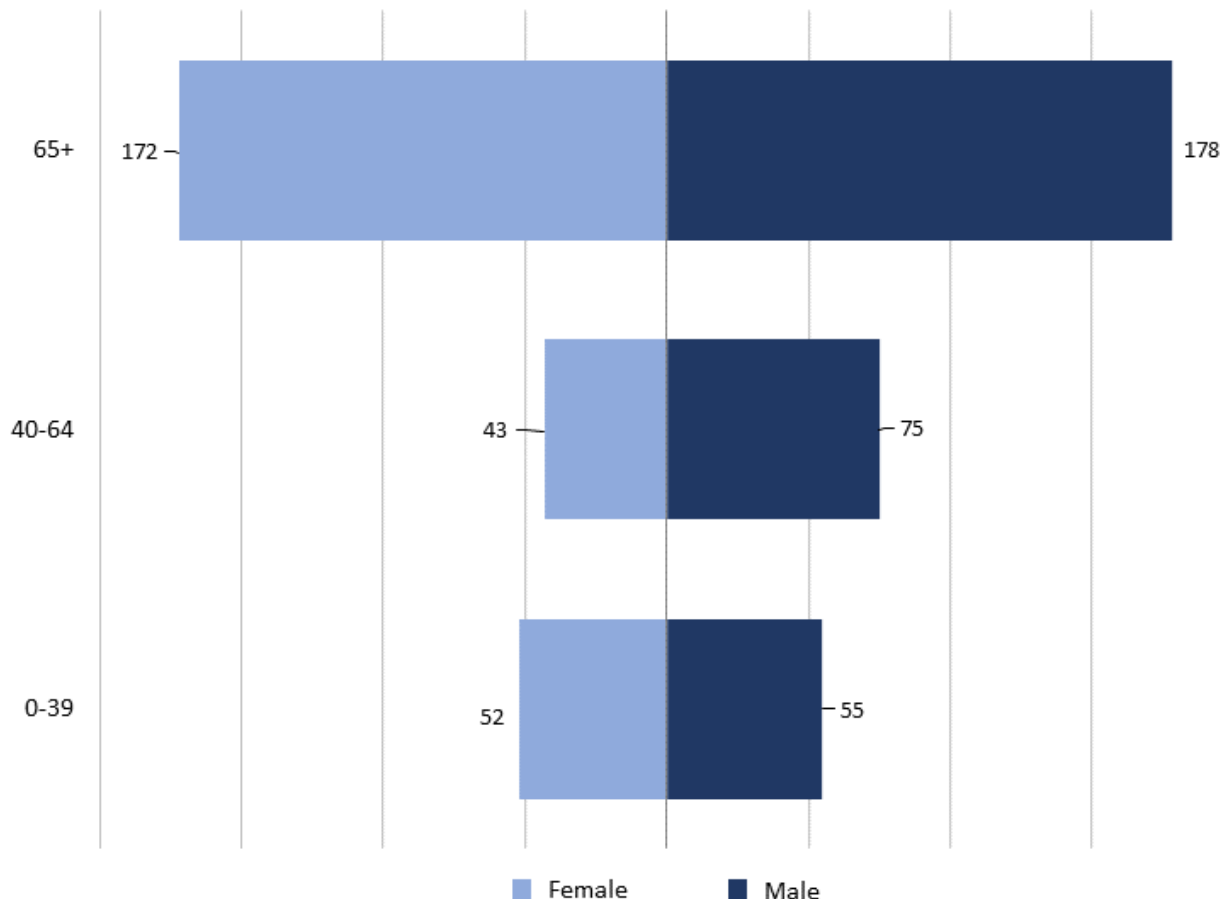
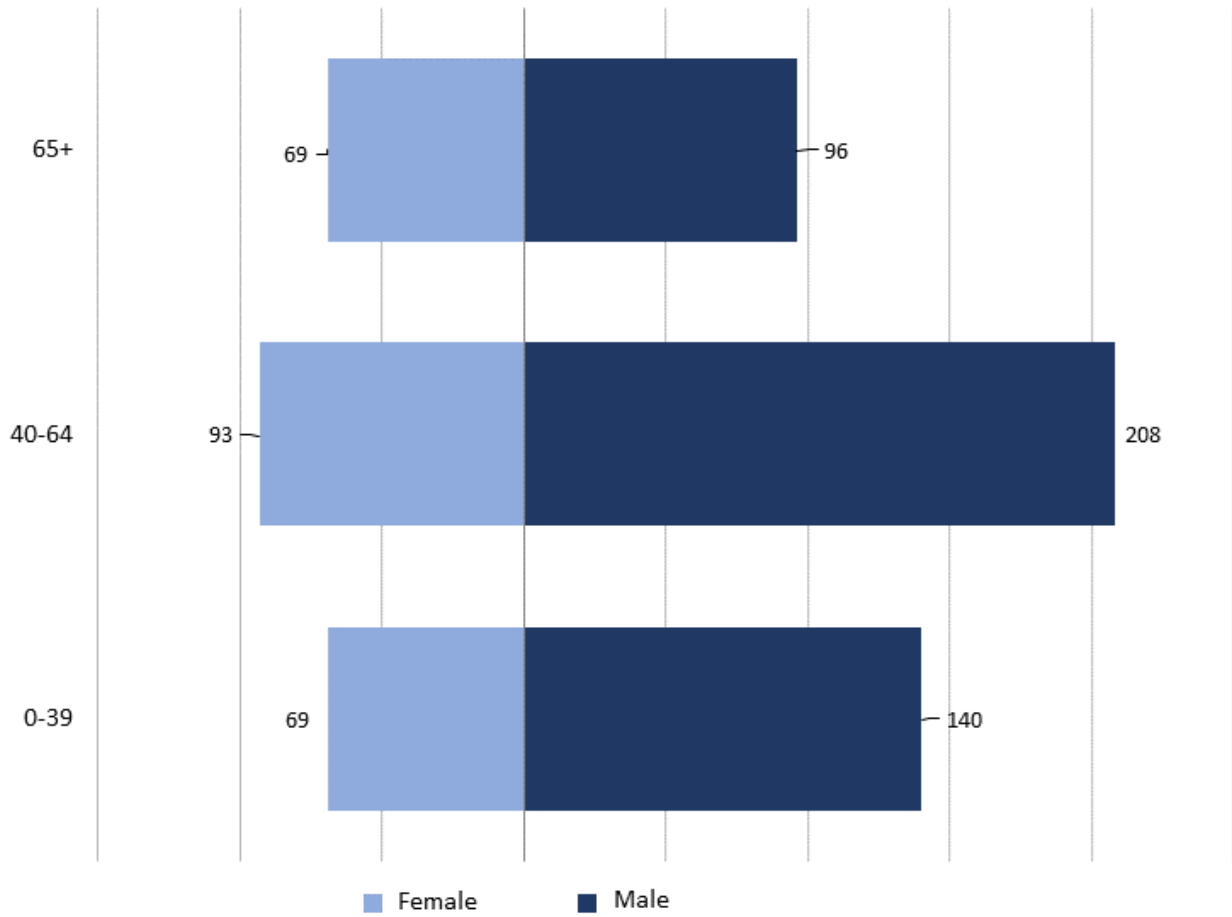


Figure 3 (below) shows the age and gender breakdown of LS patients at the 2022 Census. Some key points include:

- Of the 675 LS patients, 444 (66%) were male, while 231 (34%) were female. Males represented 49% of the general Scottish population in 2021 based on NRS Mid-Year estimates, suggesting males are over represented.
- Patients were mostly from the 40 – 64 years age groups with 301 (45%) patients, the same proportion as the 2019 Census. There was a further 165 (24%) patients aged 65 or over. There were 209 (31%) LS patients aged under 40 at the 2022 Census.

- The gender differences described are influenced by age. For patients aged under 40, 67% are male, while a similar proportion of patients aged 40 – 64 years, 69%, are male. The proportion for the 65 or over age group is 58% male.

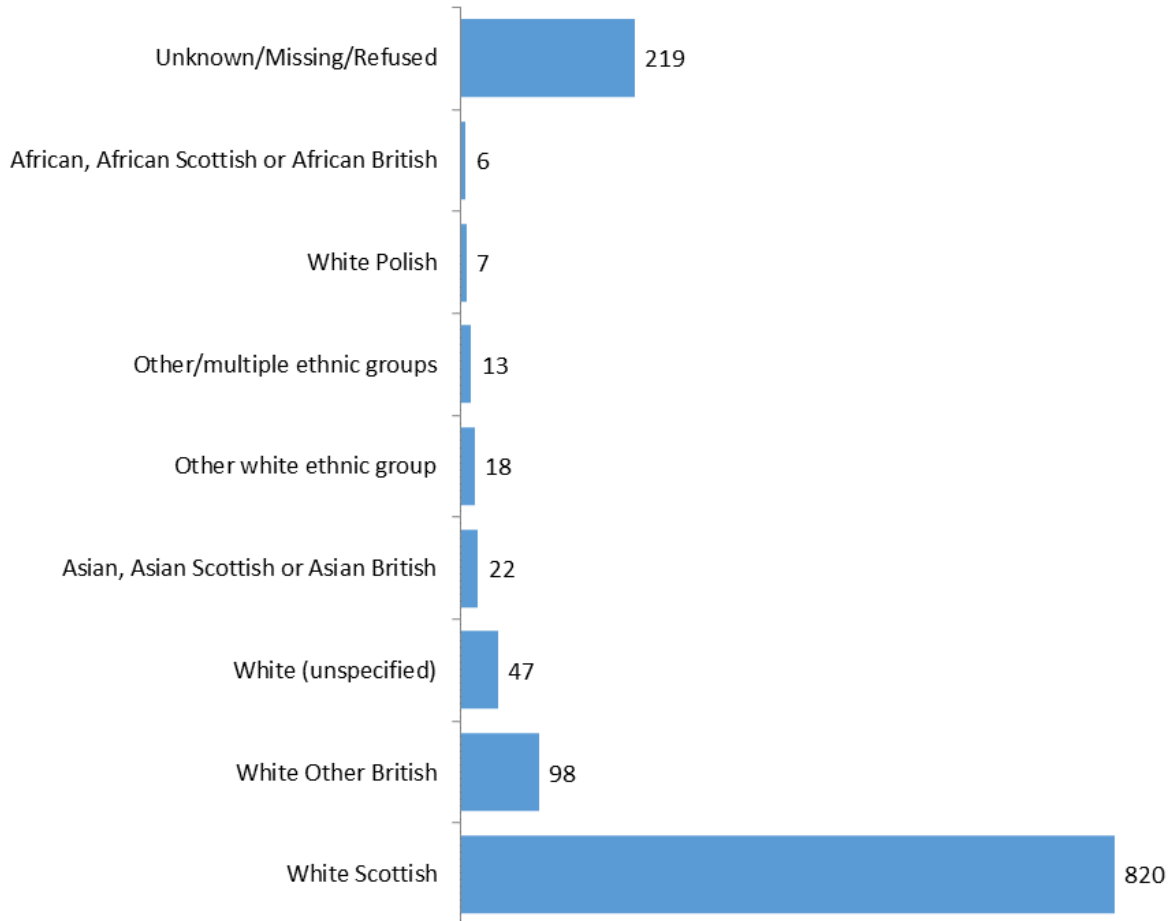
Figure 3: Males make up the majority of LS patients
Hospital Based Complex Clinical Care & Long Stay, NHS Scotland, April 2022 Census



Ethnicity

The majority of HBCCC or LS patients at the 2022 Census, described themselves as being of White Scottish ethnicity, 820 (66%). A further 170 (14%) patients were of another White ethnicity. Information was not known or refused for 219 (18%) 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, April 2022 Census

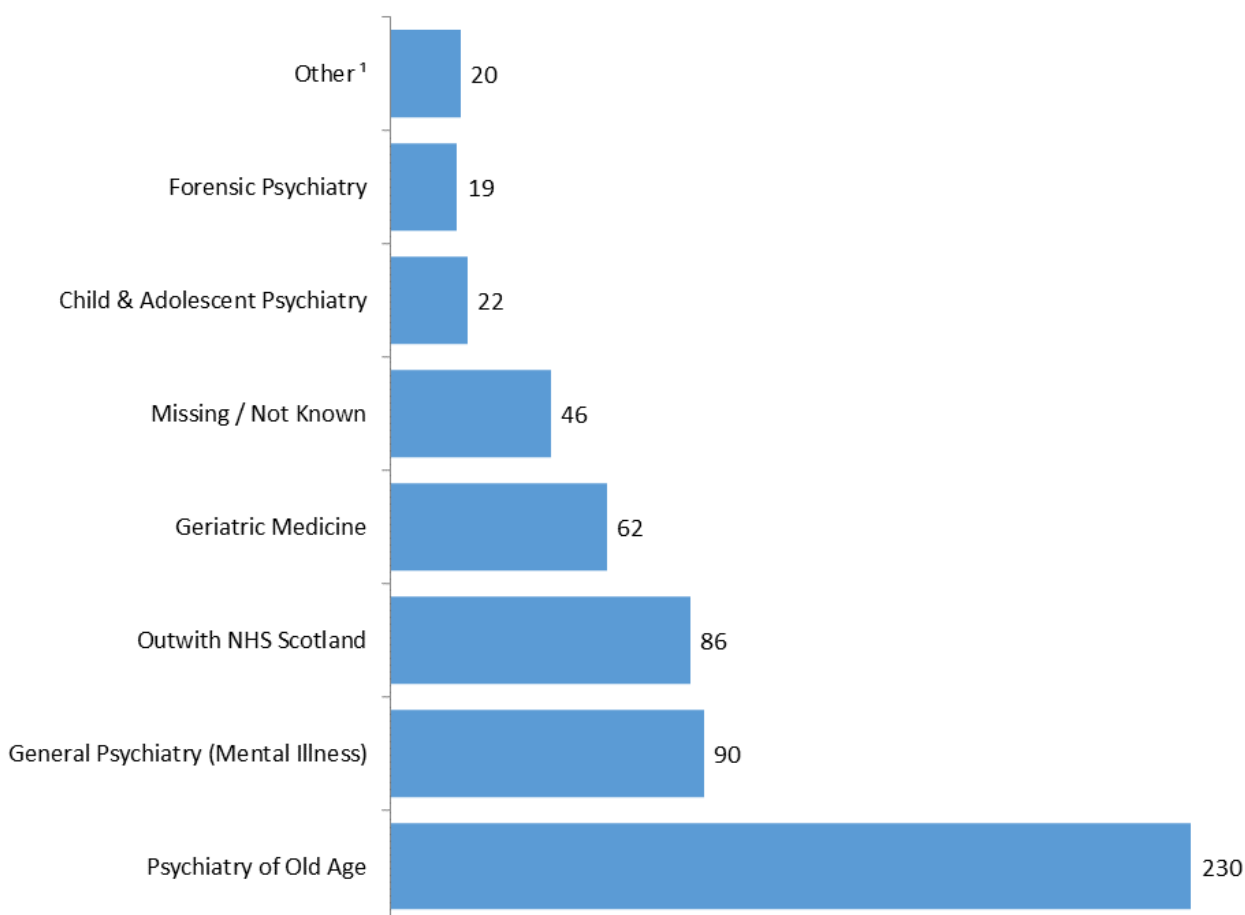


Consultant Specialty

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 575 patients receiving HBCCC at the 2022 Census, 230 (40%) had a consultant who specialised in Psychiatry of Old Age, showing a continuing fall from 43% in 2019 and 47% in 2018, but remaining higher than the 2017 figure of 36%. In 2022, 90 patients (16%) had a consultant specialising in General Psychiatry and 62 (11%) in Geriatric Medicine. See figure 5 for further details.

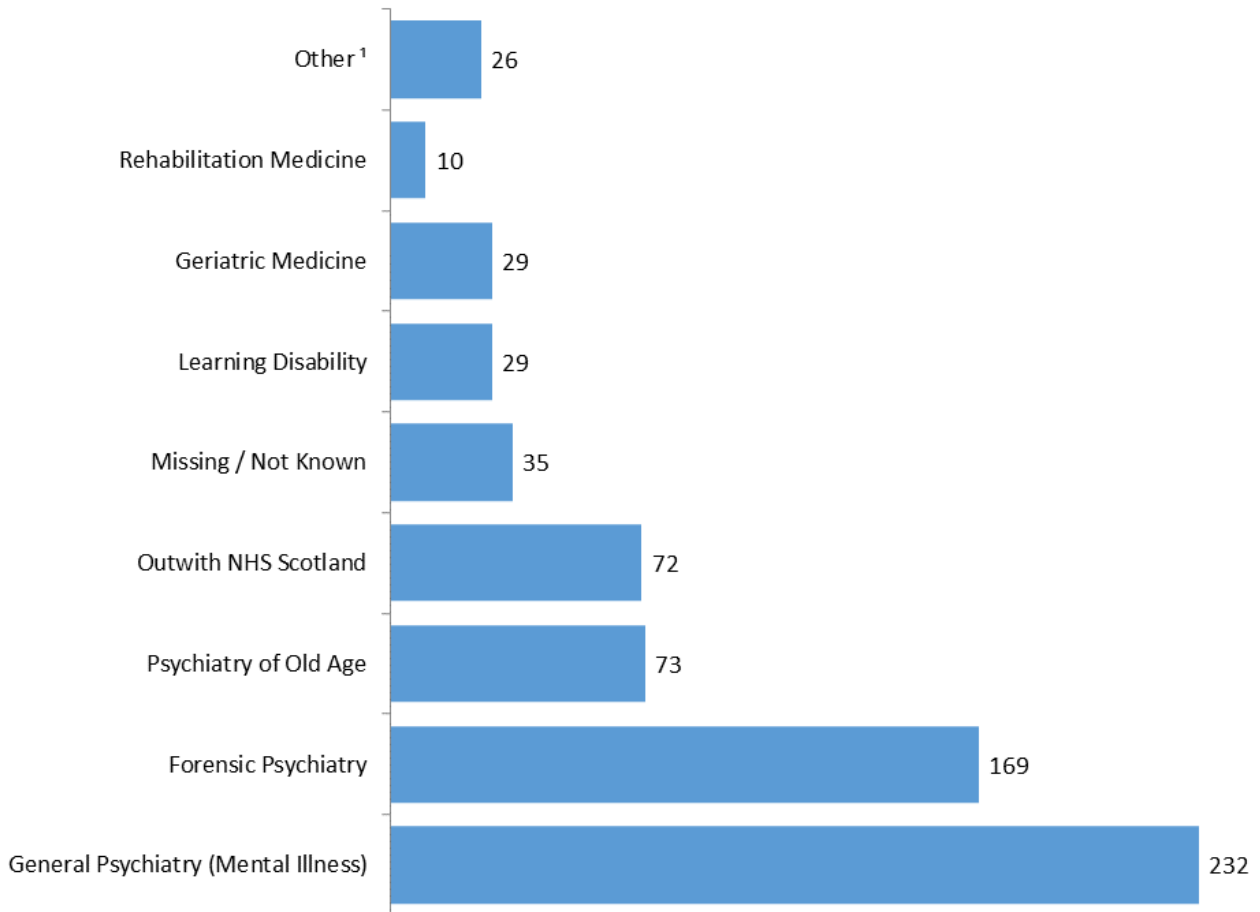
Figure 5: The largest group of HBCCC patients are treated in Psychiatric specialties
Hospital Based Complex Clinical Care & Long Stay, NHS Scotland, April 2022 Census



¹ Other includes a range of specialties with smaller numbers that have been aggregated to protect patient confidentiality

Of the 675 LS patients at the Census, 232 (34%) had a consultant who specialised in General Psychiatry, 169 (25%) had a consultant specialising in Forensic Psychiatry and 73 (11%) in Psychiatry of Old Age. See figure 6 for further details.

Figure 6: The largest group of LS patients are treated in Psychiatric specialties
Hospital Based Complex Clinical Care & Long Stay, NHS Scotland, April 2022 Census

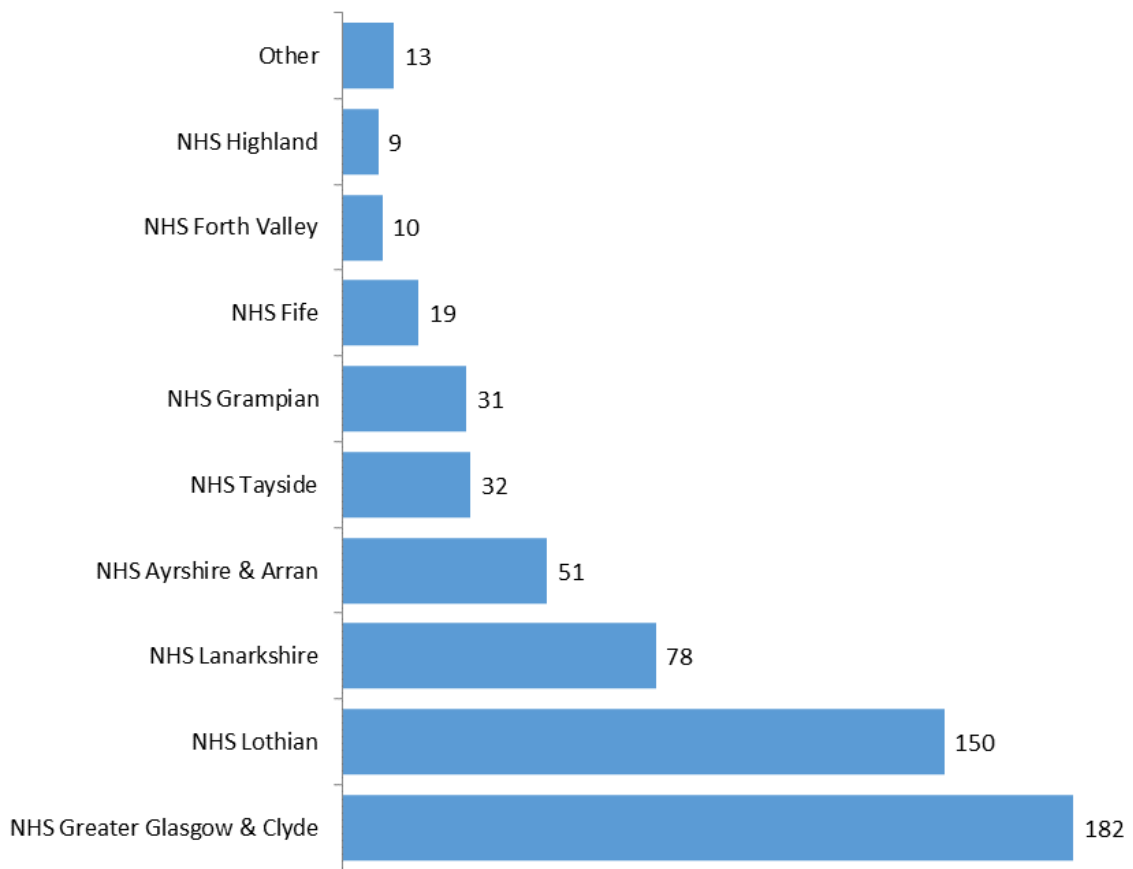


¹ Other includes a range of specialties with smaller numbers that have been aggregated to protect patient confidentiality as well as patients with a missing or unknown specialty

NHS Board Breakdown

NHS Greater Glasgow & Clyde were responsible for funding the treatment of 182 HBCCC patients (32%), followed by NHS Lothian with 150 HBCCC patients (26%). NHS Greater Glasgow & Clyde's proportion has decreased by one percentage point from the 2019 Census, while NHS Lothian has decreased by five percentage points. 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, April 2022 Census

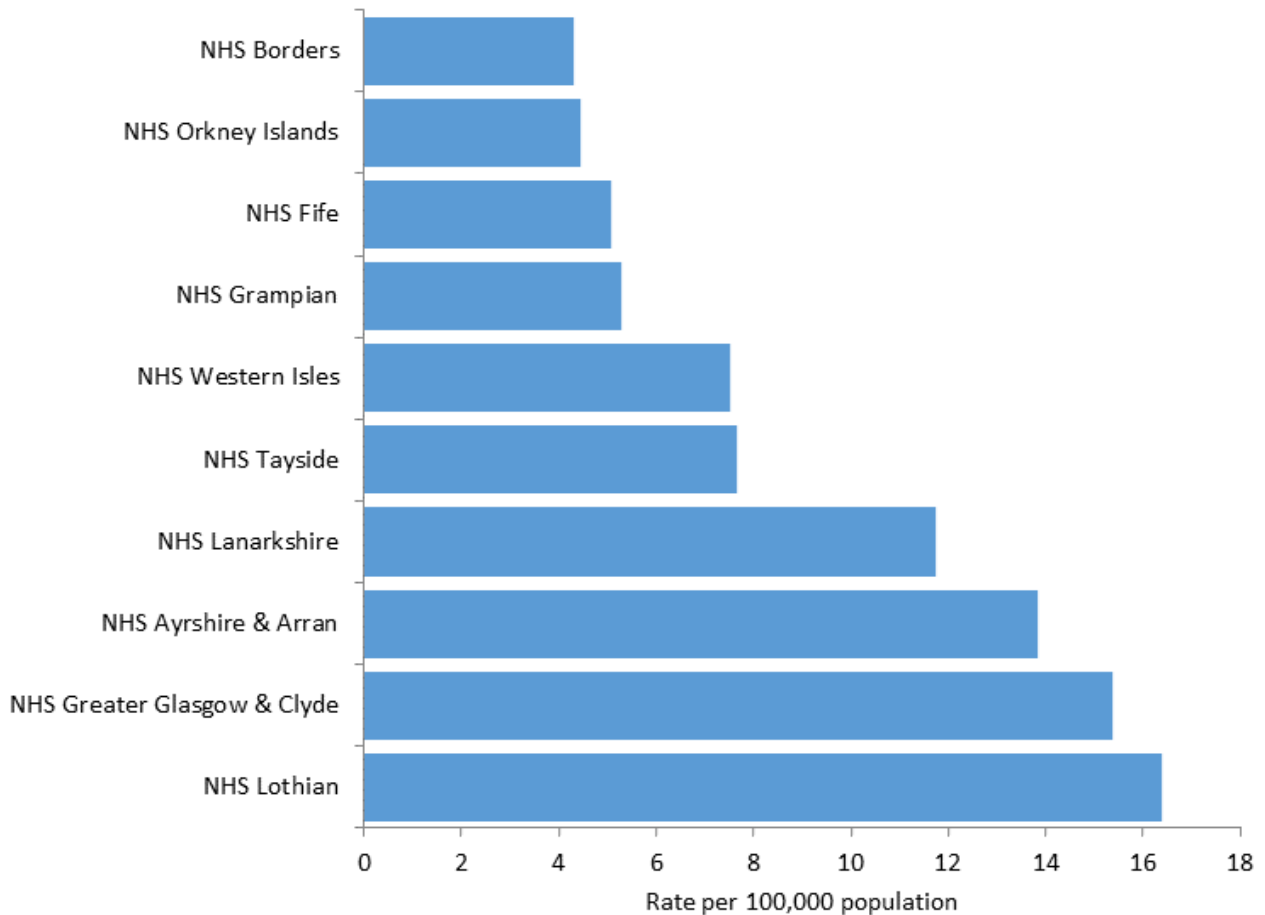


* Other includes NHS Boards with small numbers that have been combined to protect patient confidentiality

** A very small number of patients are included in this analysis that are treated in Scotland but funded from outwith NHS Scotland

NHS Lothian had the highest rate of HBCCC patients at 16.4 per 100,000 population. This is a fall from the 30.6 patients per 100,000 population funded by NHS Lothian at the 2019 Census. NHS Greater Glasgow & Clyde and NHS Ayrshire & Arran had the next highest rates at 15.4 per 100,000 and 13.8 per 100,000 respectively. See figure 8 for further details.

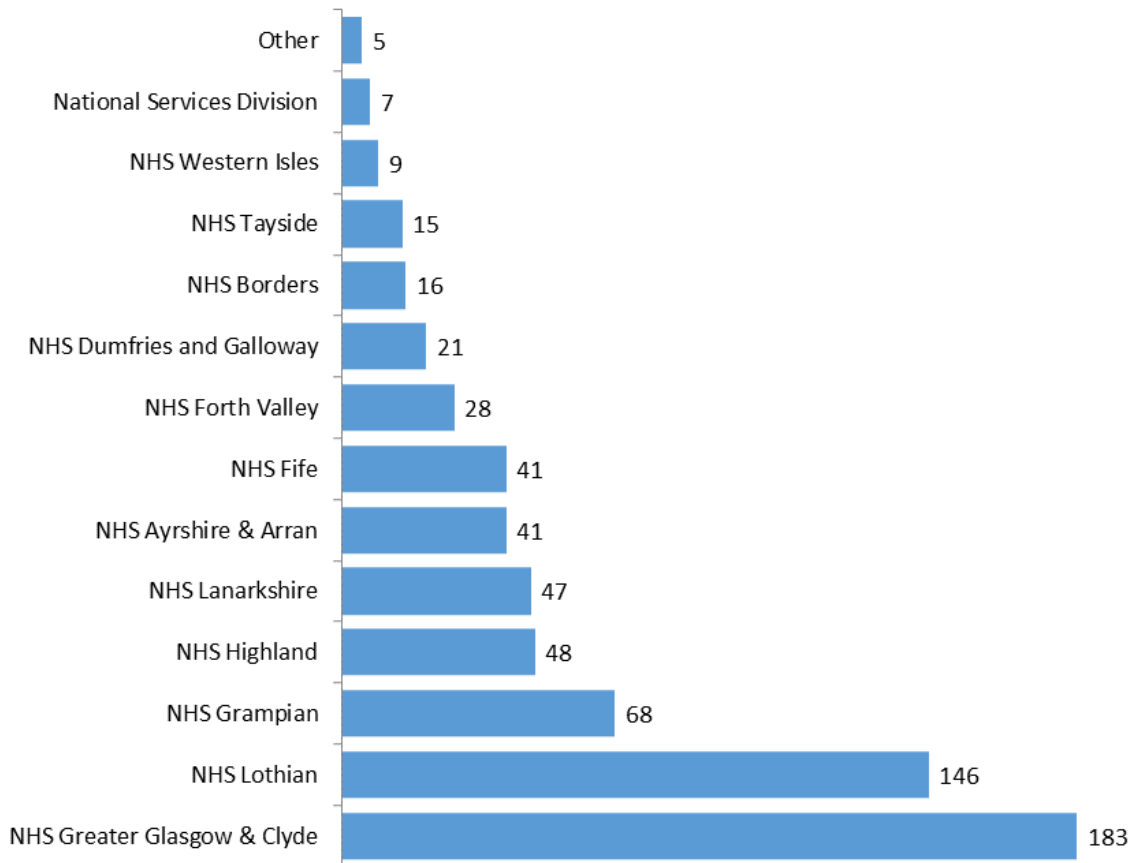
Figure 8: NHS Lothian fund the highest rate of HBCCC patients per 100,000 population Hospital Based Complex Clinical Care & Long Stay, NHS Scotland, April 2022 Census



* Excludes Health Boards that have been suppressed to protect patient confidentiality

NHS Greater Glasgow & Clyde were responsible for funding the treatment of 183 LS patients (27%). The proportion of LS patients funded by NHS Greater Glasgow & Clyde is four percentage points higher than in 2019. NHS Lothian funded the next highest number of LS patients with 146 (22%). See figure 9 for further details.

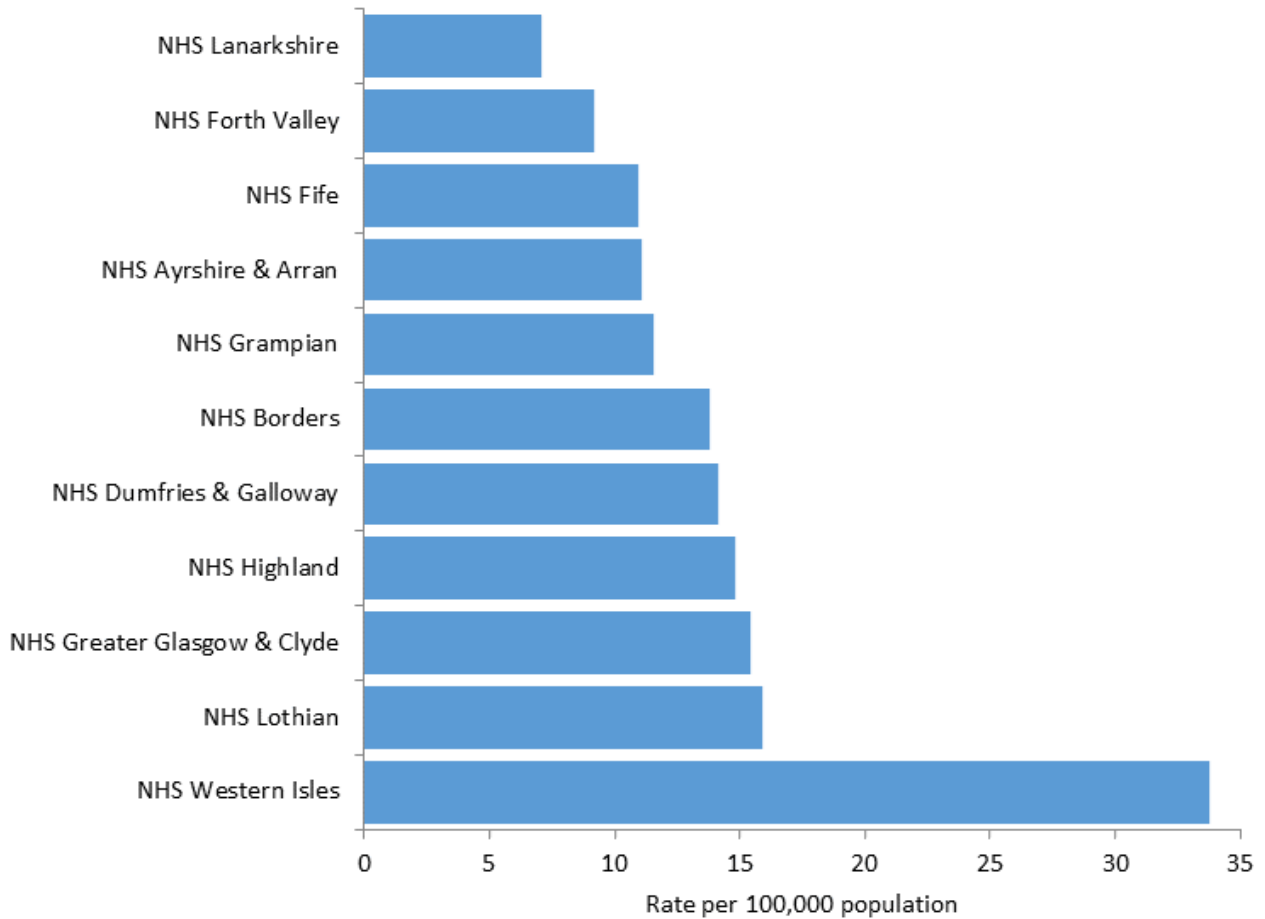
Figure 9: NHS Greater Glasgow & Clyde fund the largest number of LS patients
Hospital Based Complex Clinical Care & Long Stay, NHS Scotland, April 2022 Census



* Other includes NHS Boards with small numbers that have been combined to protect patient confidentiality

NHS Western Isles had the highest funding rate for LS patients at 33.8 per 100,000 population in the 2022 Census. NHS Lothian funded the next highest rate of LS patients at 15.9 per 100,000 population. See figure 10 for further details.

Figure 10: NHS Western Isles fund the highest rate of LS patients per 100,000 population Hospital Based Complex Clinical Care & Long Stay, NHS Scotland, April 2022 Census

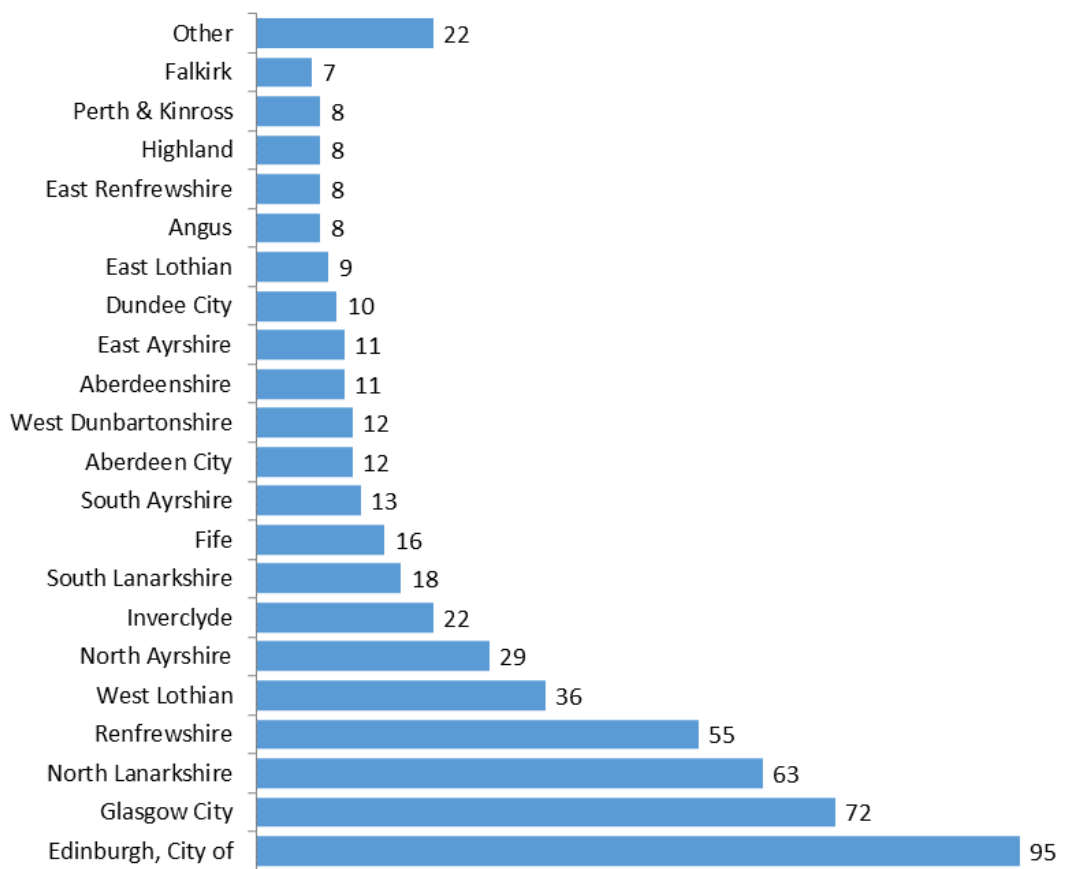


* Excludes Health Boards that have been suppressed to protect patient confidentiality

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 less than five 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 2022 Census with 95 patients (17%). Glasgow City had the next highest number with 72 (13%). The City of Edinburgh's proportion of patients fell slightly from 18% in 2019 and down again from 29% in 2018.

Figure 11: The City of Edinburgh has the largest number of HBCCC patients by home postcode
Hospital Based Complex Clinical Care & Long Stay, NHS Scotland, April 2022 Census

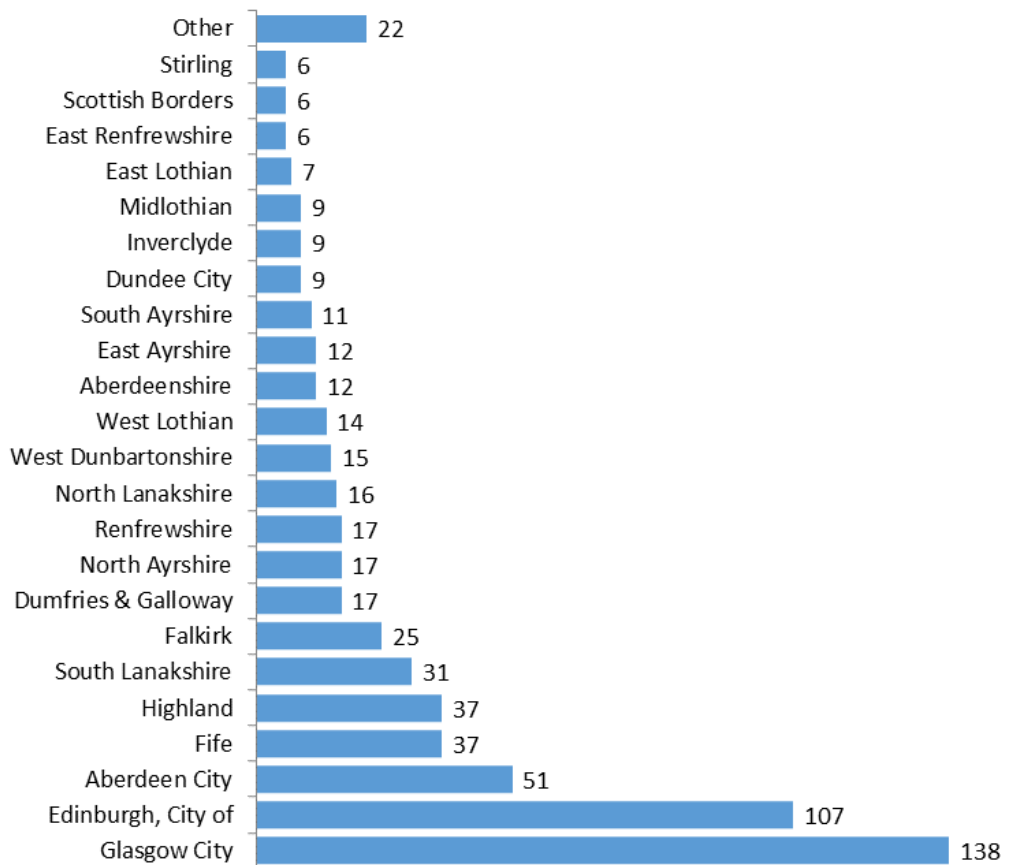


* Data unknown for 30 patients

**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 less than five LS patients the figure has been suppressed to protect patient confidentiality. Glasgow City had more LS patients than any other Local Authority at the 2022 Census with 138 (20%), a six percentage point increase from the 2019 Census. The City of Edinburgh had the next highest with 107 patients (16%), the same proportion as in the 2019 Census

Figure 12: Glasgow City has the largest number of LS patients by home postcode
Hospital Based Complex Clinical Care & Long Stay, NHS Scotland, April 2022 Census



* Data unknown for 44 patients

**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 2022 Census date. The average (median) time in hospital for HBCCC patients was 498 days (approximately 1 year and 4 months). For LS patients, the average (median) time in hospital was 658 days (approximately 1 year and 9 months). HBCCC median stays are shorter than reported at 2019 Census while LS median stays are longer. The number of patients by year and length of stay can be seen in Table 2.

Table 2: Length of Stay, HBCCC and LS patients, 2019 – 2022

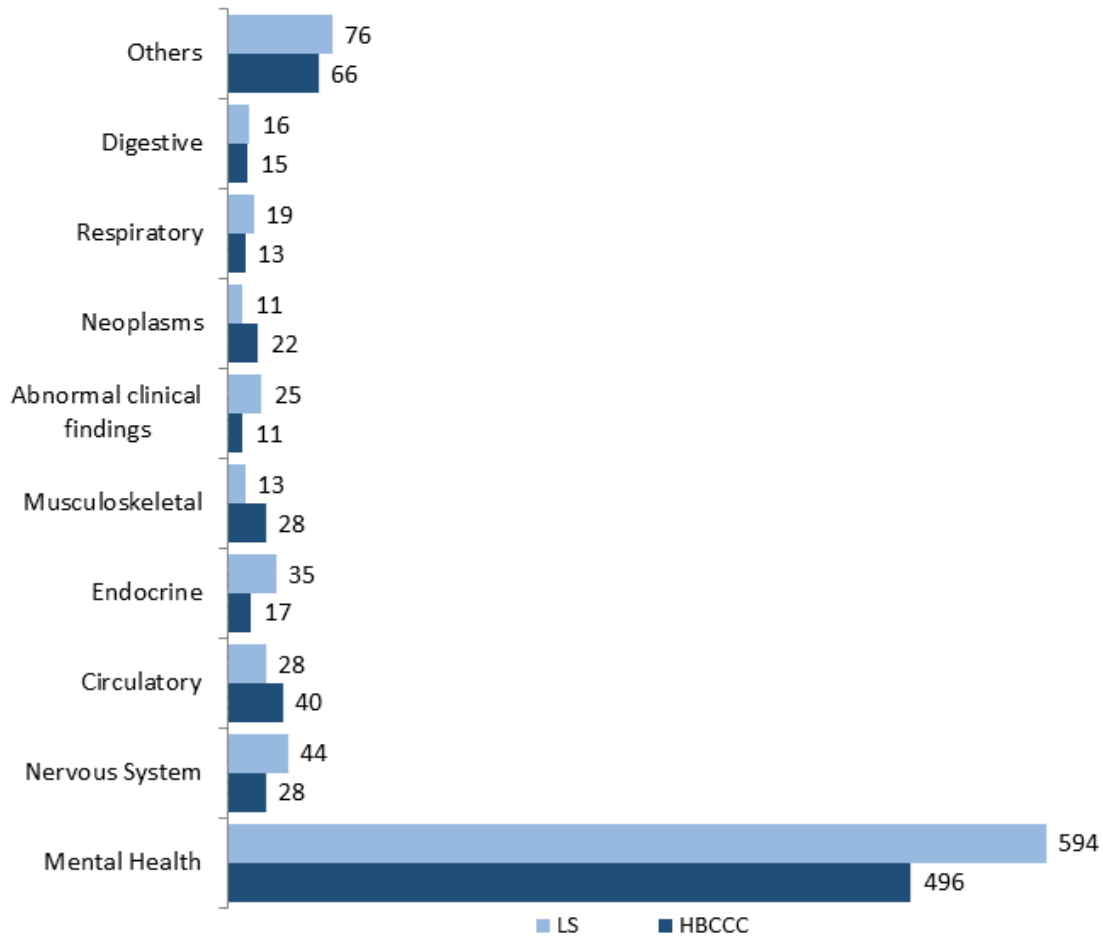
Length of Stay	HBCCC Patients		LS Patients	
	2019	2022	2019	2022
Less than 6 months	240	147	0	0
At least 6 months, less than 1 year	129	95	251	210
At least 1 year, less than 3 years	256	138	288	206
At least 3 year, less than 5 years	111	100	76	85
5 years or more	152	95	131	174
Median	516	498	548	658

* 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 seven conditions for HBCCC and LS patients at the 2022 Census. The most prevalent was Mental Health with 496 (67%) HBCCC and 594 (69%) LS patients. Mental Health was also the most common condition in 2019.

Figure 13: Mental Health conditions are the most common diagnoses among HBCCC and LS patients
Hospital Based Complex Clinical Care & Long Stay, NHS Scotland, April 2022 Census



* Patients can have more than one condition

2. Methodology & further information

Time period and scope

The sixth Inpatient Census was carried out by the Scottish Government and NHS Boards as at 23:59, 11 April 2022. This is the fourth time the Census has collected information on HBCCC patients.

The Census was conducted in 3 parts and covered:

- Part 1: every patient occupying a psychiatric, addiction or learning disability inpatient bed in an NHS Scotland facility on the Census date.
- Part 2: 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.
- Part 3: 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.

The Census guidance notes are not available in an accessible form just now but we will publish them soon.

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. Although most health boards had some missing data, for 143 of their patients (47%) NHS Tayside could only provide minimal data, including admission dates, age and diagnoses.

Patients treated outwith 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 are 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 in general acute 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 3rd 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 Data Privacy Impact Assessment which can be obtained on request from MHIC@gov.scot

Health & Social Care Analysis Division undertook 2nd stage validation checks.

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

Data confidentiality

A Data Protection Impact Assessment was undertaken prior to the Census which outlines how patient confidentiality is maintained. The Data Protection Impact Assessment can be obtained on request from MHIC@gov.scot

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 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: [Statistical disclosure control - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/statistical-disclosure-control)

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.

Academic researchers must initially apply to the 'Statistics Public Benefit and Privacy Panel' or the 'Public Benefit and Privacy Panel for Health and Social Care'¹ to gain access to the Inpatient Census data. If the 'Statistics Public Benefit and Privacy Panel' or 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 MHIC@gov.scot 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.

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

Correspondence and enquiries

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e-mail: statistics.enquiries@gov.scot

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 statistics.enquiries@gov.scot for further information.

Complaints and suggestions

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Details of forthcoming publications can be found at
[Official statistics: forthcoming publications - gov.scot \(www.gov.scot\)](http://www.gov.scot/scotstat/official-statistics-forthcoming-publications)

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