Revision to published data as at 27 February 2020: Patients treated in 2013/14 were erroneously assigned to a deprivation quintile using the 2016 version of the Scottish Index of Multiple Deprivation (SIMD). This has now been changed to the 2012 version of SIMD. The affected output has been highlighted in red and changes the previously quoted figure: people living in the most deprived areas are three, not three and a half, times more likely to experience inpatient care.
This is a National Statistics Publication

National Statistics status means that the official statistics meet the highest standards of trustworthiness, quality and public value. They are identified by the quality mark shown above.

The UK Statistics Authority has designated these statistics as National Statistics signifying compliance with the Code of Practice for Statistics.

Once statistics have been designated as National Statistics, it is a statutory requirement that the Code of Practice shall continue to be observed.

The statistics last underwent a full assessment by the Office for Statistics Regulation (OSR) against the Code of Practice in early 2017. The OSR is the regulatory arm of the UK Statistics Authority.

Find out more about the Code of Practice at: https://www.statisticsauthority.gov.uk/osr/code-of-practice/

Find out more about National Statistics at: https://www.statisticsauthority.gov.uk/national-statistician/types-of-official-statistics/
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Introduction

This publication by the Information Services Division (ISD) presents information on patients who have been cared for as inpatients or day cases in learning disability specialty beds in Scottish hospitals. It also includes records from certain care homes contracted by NHS Boards to provide this care. This report includes information up to 31 March 2019 for all NHS Boards of treatment.

Proposed changes to the Learning Disability Inpatient publication

ISD is committed to producing information that best meets the needs of our customers. We would like to seek your views on our proposal to make changes to the format of our publication.

We are considering a number of changes to the publication including:

- Releasing more interactive visual content.
- Releasing open data. This will be in an aggregated format rather than individual records to avoid disclosure of patient details.
- Releasing summary data without commentary as soon as possible after data are complete and then releasing a more in-depth report including commentary at a later date.
- Releasing some tables once every three years (rather than annually).
- Removing content which customers no longer find useful.

We welcome any comments on these proposals or other suggestions for improvements. If you wish to be involved in the process of improving and developing this publication, please email nss.isdmentalhealth@nhs.net by 31 May 2020.

Information sources

Information on learning disability inpatients is recorded in the dataset Scottish Morbidity Record 04 (SMR04).

It should also be noted that an increasing amount of care for learning disability takes place in the community, for example through specialist community teams and general practice. This is an area we hope to understand more fully following the inception of the Community Health Activity Dataset (CHAD).

For further background on SMR04, please see Appendix 1.
Data completeness

The report includes information up to 31 March 2019, captured at the end of July 2019 for all NHS Boards where treatment occurred. The data are deemed to be 99% complete.

A data quality assurance project was carried out to review accuracy and data completeness of SMR04 for the recording of selected administrative and clinical data items in line with national standards. Findings of this review suggested that, although some training needs were identified, the data held in SMR04 was fit for purpose.

For further information on national data completeness and data quality, please see Managing Data Quality on our website.

Using this report

This report uses the term ‘hospitals’ to cover all settings where care is given rather than specify hospital or care home. Similarly, as the vast majority of records (over 98%) are inpatients the report will refer to inpatient care rather than differentiate between inpatients and daycases.

Further reading and related information sources

Outpatient and community care are key services in the management of learning disability and related issues. Although this report does not include data on these services, more details are provided in the Links to related information sources and publications section.

Information on the population prevalence of common mental health problems, and indicators of mental wellbeing, can be found on the Scottish Public Health Observatory’s Mental Health web pages.

Additionally, the Scottish Learning Disabilities Observatory provides information about the health and health care of people with learning disabilities and people with autism in Scotland.
Main Points

- Discharges from the Learning Disability specialty fell sharply from around 4,700 in 1997/98 to around 1,700 in 2005/06. The decrease continues gradually with 2018/19 having the lowest number of discharges (819) over the 22 years for which there is data. This reflects changes in service delivery, moving away from long term hospital care towards more community based care.

- Respite care, rather than treatment, was the main reason that people with learning disabilities were admitted to psychiatric hospitals between 2013/14 and 2018/19.

- 71.8% of the discharges from the Learning Disability specialty between 2013/14 and 2018/19 were in the under 25 age group; the number of discharges then tails off sharply as age increases.

- In the period 2013/14-2018/19, people with a learning disability who lived in the most deprived areas were three times more likely to experience an episode of inpatient care in the Learning Disability specialty compared to those living in the least deprived areas.

- 56% of patients treated in the Learning Disability specialty between 2013/14 and 2018/19 were male.
Results and Commentary

This publication provides information on learning disability care in Scotland; of special importance is the sharp decline in the number of discharges from the learning disability specialty over time and the recording of respite/holiday care as being the main admission reason in learning disability episodes.

In addition to the findings presented in this publication, additional data and analysis are available in the following Excel spreadsheet: Learning Disability Inpatient Activity Data Tables

The source of funding and organisational delivery of learning disability care differs among NHS Boards. Care will generally be provided by a mixture of:

- The NHS Board
- The council (Local authority)
- Not-for-profit or third sector organisations.

Only the NHS care is likely to be recorded in the SMR04 dataset and therefore available for analysis in this report. Different organisational and funding structures result in some marked variation in the data available from this source for each NHS Board.

Diagnosis and admission reason

Discharges from the Learning Disability specialty in the period 2013/14 – 2018/19 had various diagnoses recorded, although the vast majority (almost 70%) had a main diagnosis of ICD10 codes F70-79: ‘intellectual disability’. This intellectual disability can range from ‘mild’ to ‘profound’ in severity.

Two percent of learning disability discharges were recorded with a main diagnosis of ICD10 codes F20-F29 ‘schizophrenia, schizotypal and delusional disorders’. A further 2% had a main diagnosis of F80-F89 ‘disorders of psychological development’. This category includes various conditions such as autism. This reflects that learning disability can be associated with manifestation of psychiatric symptoms, and that learning disability can co-exist with some specific developmental disorders.

However, it should be emphasised that respite/holiday care, rather than treatment, was the main admission reason behind most Learning Disability episodes in this six-year period (64.9%). Importantly, as seen in Table 1 below, the largest proportion of the respite/holiday care episodes was for age groups under 25.
Table 1: Number of discharges from the Learning Disability specialty\(^1\), by admission reason and age group\(^2\), 2013/14-2018/19

<table>
<thead>
<tr>
<th>Admission reason</th>
<th>&lt; 15</th>
<th>15 - 24</th>
<th>25 - 34</th>
<th>35 - 44</th>
<th>45 - 54</th>
<th>55 - 64</th>
<th>65+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respite/holiday care</td>
<td>2,943</td>
<td>1,125</td>
<td>62</td>
<td>53</td>
<td>17</td>
<td>-</td>
<td>-</td>
<td>4,200</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>18</td>
<td>75</td>
<td>95</td>
<td>58</td>
<td>78</td>
<td>52</td>
<td>21</td>
<td>397</td>
</tr>
<tr>
<td>Other type of psychiatric admission</td>
<td>14</td>
<td>28</td>
<td>28</td>
<td>30</td>
<td>27</td>
<td>19</td>
<td>5</td>
<td>151</td>
</tr>
<tr>
<td>All other admission reasons</td>
<td>6</td>
<td>66</td>
<td>96</td>
<td>75</td>
<td>76</td>
<td>52</td>
<td>13</td>
<td>384</td>
</tr>
<tr>
<td>Not recorded</td>
<td>-</td>
<td>369</td>
<td>440</td>
<td>161</td>
<td>175</td>
<td>170</td>
<td>22</td>
<td>1,337</td>
</tr>
<tr>
<td>Total</td>
<td>2,981</td>
<td>1,663</td>
<td>721</td>
<td>377</td>
<td>373</td>
<td>293</td>
<td>61</td>
<td>6,469</td>
</tr>
</tbody>
</table>

Source: SMR04.
1. Includes patients from outwith Scotland treated in Scottish hospitals.
2. Relates to the patient’s age on discharge.

Discharges over time

In the past, a significant proportion of people with learning disabilities spent long periods in long-stay hospitals run by the NHS. These were gradually reduced in size and closed throughout the 1990s and early 2000s. Government policy introduced in 2000 explicitly stated that all NHS long-stay hospitals would be closed. As a result of this there was a higher level of discharges during this period. This is seen in Figure 1.
Figure 1: Trend in discharges, continuous inpatient stays and patients\(^1\) discharged from the Learning Disability specialty in Scotland\(^2\), 1997/98-2018/19

![Graph showing trend in discharges, CISs, and patients](Image)

Source: SMR04.

1. Patients are counted once in each financial year they appear in. Patients are assigned to financial years based on date of discharge.
2. The data include people from outwith Scotland who have been treated in Scottish hospitals, including those treated in the state hospital.

The graph shows that:

- Discharges and continuous inpatient stays (CISs) in the Learning Disability specialty fell sharply between 1997/98 and 2005/06. Both measures continue to decrease, although more gradually.

- There were similar numbers of CISs and discharges, indicating that most stays consist of only one episode.

- The latest financial year, 2018/19, has the lowest number of each measure over the 22 years for which we have data.

- The number of patients was in general much lower than the number of CISs suggesting that individuals experience multiple episodes of admission.

- The number of patients recorded has also decreased over the time period (from nearly 900 in 1997/98 to just over 200 in 2018/19).

Table 2 shows numbers of discharges, CISs and patients, alongside average length of stay (see Glossary), by NHS Board of treatment, for the six-year period 2013/14-2018/19. NHS Board of treatment is presented in order to show the differences in NHS service provision across Scotland.
### Table 2: Discharges, CISs, patients and average length of stay in the Learning Disability specialty, by NHS Board of treatment\(^1, 2\), 2013/14-2018/19

<table>
<thead>
<tr>
<th>NHS Board of treatment</th>
<th>Number of discharges</th>
<th>Number of CISs</th>
<th>Average length of CIS (days)(^3)</th>
<th>Number of patients(^4)</th>
<th>% of all learning disability discharges in Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>158</td>
<td>156</td>
<td>134</td>
<td>96</td>
<td>2.4%</td>
</tr>
<tr>
<td>Borders</td>
<td>24</td>
<td>22</td>
<td>35</td>
<td>14</td>
<td>0.4%</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway(^5)</td>
<td>4,206</td>
<td>4,138</td>
<td>3</td>
<td>111</td>
<td>65.0%</td>
</tr>
<tr>
<td>Fife</td>
<td>273</td>
<td>183</td>
<td>554</td>
<td>104</td>
<td>4.2%</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>143</td>
<td>131</td>
<td>590</td>
<td>82</td>
<td>2.2%</td>
</tr>
<tr>
<td>Grampian</td>
<td>160</td>
<td>135</td>
<td>188</td>
<td>90</td>
<td>2.5%</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>217</td>
<td>139</td>
<td>593</td>
<td>129</td>
<td>3.4%</td>
</tr>
<tr>
<td>Highland</td>
<td>65</td>
<td>57</td>
<td>206</td>
<td>42</td>
<td>1.0%</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>202</td>
<td>157</td>
<td>141</td>
<td>89</td>
<td>3.1%</td>
</tr>
<tr>
<td>Lothian</td>
<td>761</td>
<td>636</td>
<td>562</td>
<td>163</td>
<td>11.8%</td>
</tr>
<tr>
<td>Tayside</td>
<td>260</td>
<td>214</td>
<td>244</td>
<td>155</td>
<td>4.0%</td>
</tr>
<tr>
<td><strong>Scotland</strong></td>
<td><strong>6,469</strong></td>
<td><strong>5,968</strong></td>
<td><strong>128</strong></td>
<td><strong>1,062</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Source: SMR04.

1. The data include people from outwith Scotland who have been treated in Scottish hospitals, including those treated in the state hospital.
2. All Orkney and Shetland learning disability patients are treated by a mainland board as they have no specialist learning disability beds within their board area.
3. SMR04 episodes are combined into a continuous inpatient stay to help examine patterns of hospital usage. Therefore, one continuous stay in hospital involving a change of specialty, consultant, significant facility or hospital will contain more than one SMR04 episode. As a result, information used to assign a stay to the Learning Disability specialty has to be taken from a single episode within the stay. In this report, the health board of treatment and the specialty are taken from the last episode in the stay, and then the total length of stay is calculated by adding together the lengths of the episodes composing the stay, irrespective of whether the other episodes in the stay also occurred in the Learning Disability specialty. This is a new methodology for calculating number and length of stays, and therefore, the stay figures presented here should not be compared to the 2017 publication. For the latter publication, only the lengths of the Learning Disability episodes were considered when calculating the length of the stay.
4. Regardless of how many times they have been discharged during the 6-year period under consideration here, patients are counted only once at the Scotland level. However, if they have been treated in multiple Health Boards, then they will be counted more than once. As such, the individual Health Board numbers do not sum up to the Scotland total.
5. Dumfries & Galloway record a large proportion of the discharges at Acorn House which is a facility that offers short-stay respite breaks for children & young people with learning disabilities. While this service is offered across Scotland Dumfries & Galloway are the only NHS Board that record this activity on SMR04.
Note that average length of stay can only be calculated for those patients who have been discharged, not those who are still resident at the end of the time period being examined (who may have been inpatients for a long time).

Variation between NHS Boards is almost certainly due to different service delivery models leading to variations in episodes that are recorded in SMR04. Variations in length of stay probably reflect different principle uses of the NHS facilities, and in particular the balance of provision between NHS, local authorities and the third sector for shorter (e.g. respite) and longer (e.g. continuing care) episodes. In Orkney and Shetland, people requiring hospital admission for issues related to learning disability may be admitted to general medical specialties (and therefore are not shown in this analysis), or be transferred to a mainland Board.

Length of Stay

A small number of care settings provide either very short stays (likely to be respite) or very long stays (likely to be NHS continuing care). NHS Dumfries & Galloway has one location that provides the vast majority of short stays, whilst NHS Grampian has a location with very few stays and average length of stay over 1,300 days (roughly 3.5 years). Further interpretation of Length of Stay data requires a fuller understanding of local care provision.

Age group

A breakdown of numbers of patients discharged from the Learning Disability specialty by age group is shown in Figure 2 below.

Figure 2: Discharges and patients\(^1\)\(^2\) in the Learning Disability specialty, by age group\(^3\), 2013/14-2018/19
The chart shows a different pattern for discharge numbers in comparison to individual patient numbers:

- The age group with the largest number of discharges (2,981) is the under-15s, whereas the 25-34 year age group has the largest number of patients (225).
- Patients in the under-15 age group have, on average, far more discharges per patient than any other age group (54 discharges per patient, compared to 8 per patient in the 15-24 year age group and just 1 per patient in the 65 and over age group).

The rest of this section will consider patients rather than discharges.

**Gender**

Of all patients treated in the Learning Disability specialty in the period 2013/14 to 2018/19, 596 (56.1%) were male.

**Figure 3: Patients\(^1\)\(^2\) treated in the Learning Disability specialty, by gender and age group\(^3\), 2013/14-2018/19**
Figure 3 shows that there were more male than female patients in each age group. The 15-24 and 55-64 age groups had the largest difference between the genders (59% male), whereas in the 35-44 and 65+ age groups there were virtually no differences between the genders.

**Deprivation**

The relationship between deprivation and the number of learning disability patients discharged from the Learning Disability specialty was investigated using the Scottish Index of Multiple Deprivation (SIMD). Figure 4 below shows the standardised rate by SIMD quintile. Patients were allocated to a quintile based on the postcode of residence recorded on their last discharge in the period 2013/14-2018/19. For a small number of patients the postcode was either missing or could not be associated with a SIMD quintile; these patients were excluded from this analysis.

**Figure 4: European age-sex standardised rate\(^1\) of patients\(^2\) discharged from the Learning Disability specialty in Scottish hospitals\(^3\), by deprivation quintiles\(^4,5\), 2013/14-2018/19**

Source: SMR04.

1. Age-sex standardised rate (per 100,000 population) based on the European Standard Population 2013.
2. Patients are counted only once in the 6-year period under consideration here, regardless of whether they have had multiple discharges.
3. Includes Scotland residents only.
4. The population is divided into fifths according to the Scottish Index of Multiple Deprivation (SIMD). SIMD 2012 is used for financial year 2013/14 and SIMD 2016 is used for financial years 2014/15-2018/19.
5. Postcode matching is used to determine the deprivation quintile; specifically, the postcode used to attribute a deprivation quintile is the last postcode that the patient is recorded under. As this is not possible for a few incorrect or invalid postcodes, the numbers here will be slightly lower than the Scotland total in other tables.

As can be seen from Figure 4, there is an association between deprivation and the rate of learning disability inpatients. Specifically, the rate in quintile 1 is more than three times higher than the rate in quintile 5. There does not appear to be a significant difference in rates of patients among the three most deprived quintiles, however there is a substantial drop between quintiles 3 and 4, and then again between quintiles 4 and 5. To compare this pattern with the pattern observed for patients treated for a mental health condition in psychiatric specialties, see the Deprivation page in the Mental Health Inpatient Activity Data Explorer. Numbers and rates of learning disability patients by deprivation quintile for the period 2013/14 to 2018/19 are available in the data tables accompanying this publication.
Links to related information sources and publications

Scottish Commission for Learning Disability

The Scottish Commission for Learning Disability aims to be a knowledge hub – offering support, information and new ideas about learning disability in Scotland.

The commission does this by:

- **Engaging** with a wide range of stakeholders including the people who commission and provide services for people with learning disabilities, those who act as advocates or are working in research, as well as people with learning disabilities and carers.
- **Sharing innovation and good practice** – so that those providing services and interventions can learn from each other.
- Building an **evidence** base, sharing how policy is being implemented and building an understanding of what really works.

Scottish Learning Disabilities Observatory

The Scottish Learning Disabilities Observatory is funded by the Scottish Government. It was set up to provide better information about the health and health care of people with learning disabilities and people with autism in Scotland. The Observatory aims to:

- Produce high quality evidence to support learning disability policy and practice.
- Work with partners to help to build more sustainable approaches to increasing the visibility of people with learning disabilities in data.

The Observatory plays a key role in supporting the delivery of ‘the keys to life’, the national learning disability strategy for Scotland. The team is based in the Institute of Health and Wellbeing at the University of Glasgow. The Scottish Learning Disabilities Observatory website presents information from the observatory’s work programme including searchable data about the population of people with learning disabilities and people known to have autism from Scotland's Census 2011.
Glossary

Age-sex standardised rate  European age-sex standardised rate or EASR, usually expressed per 100,000 population. Standardising for age and sex allows comparisons between different populations and over time where population structures change. In this report, all rates are directly standardised to the European Standard Population (ESP) 2013.

Average length of stay  Average length of a continuous inpatient stay in hospital for a specified group of patients.

Continuous inpatient stay (CIS or ‘stay’)  An unbroken period of time that a patient spends as an inpatient. A patient may change consultant, significant facility, specialty and/or hospital during a continuous inpatient stay.

Crude rate (per 100,000 population)  The annual number of events relative to the size of the population, expressed per 100,000 population. The crude rate takes no account of differences between populations with regard to age and gender composition.

Discharge  A hospital discharge marks the end of an episode of care. Discharges include deaths, transfers to other specialties/significant facilities and hospitals, and discharges home or to other regular place of residence.

Episode  An episode of care is initiated by a referral (including re-referral) or admission, and is ended by a discharge (where a discharge is defined as above).

Financial year  Financial years start on 1 April and end on 31 March. For example, financial year 2018/2019 covers the period 1 April 2018 – 31 March 2019.

ICD10  The International Classification of Diseases and Related Health Problems, Tenth Revision (World Health Organization)

Learning Disability (LD)  Refers to treatment specialty ‘G5 - Learning Disability’. A specialty is a division of medicine or dentistry covering a specific area of clinical activity.

Patient  In this report, a patient is defined as an individual discharged from hospital (including as a transfer out) at least once during the financial year. Regardless of how many times they have been discharged during the financial year, patients are counted only once in each financial year at the Scotland level. However, if they have been treated in multiple areas, they may be counted more than once.

Quintile  Refers in this report to a fifth of the Scottish population, defined by the SIMD (see below) so that the five groups of data zones range from the most deprived to the least deprived.

Scottish Index of Multiple Deprivation (SIMD)  The SIMD uses a wide range of information for small areas (data zones) to identify concentrations of multiple deprivation across Scotland. See also quintile above.

SMR04  Scottish Morbidity Record 04 – an episode-based patient record relating to all inpatients and day cases admitted to and discharged from NHS mental health (psychiatric) specialties in
Scotland. For further details see Appendix 1.
## List of Tables

<table>
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<th>Name</th>
<th>Time period</th>
<th>File &amp; size</th>
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<td>Table 1</td>
<td>Learning disability inpatients in Scottish hospitals: numbers, crude and age-sex standardised rates per 100,000 population for discharges, CISs and patients, 1997/98 to 2018/19</td>
<td>1997/98 to 2018/19</td>
<td>Learning Disability Inpatient Activity Data Tables [87kb]</td>
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<tr>
<td>Table 2</td>
<td>Discharges, CISs, average length of stay and patients in the Learning Disability specialty, by NHS Board of treatment, 2013/14-2018/19</td>
<td>2013/14 to 2018/19</td>
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<td>Table 3</td>
<td>Learning disability inpatients in Scottish hospitals, by NHS Board of treatment and financial year, 1997/98 to 2018/19</td>
<td>1997/98 to 2018/19</td>
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<td>Table 4</td>
<td>Learning disability inpatients in Scottish hospitals, by age group, 2013/14-2018/19</td>
<td>2013/14 to 2018/19</td>
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<tr>
<td>Table 5</td>
<td>Learning disability inpatients in Scottish hospitals, by age group and gender, 2013/14-2018/19</td>
<td>2013/14 to 2018/19</td>
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<td>Table 6</td>
<td>Learning disability inpatients in Scottish hospitals, individuals discharged (patients) by SIMD quintile, 2013/14-2018/19</td>
<td>2013/14 to 2018/19</td>
<td></td>
</tr>
</tbody>
</table>
Contact

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Further Information

Data from this publication is available to download from the [NHS Scotland Open Data platform](#).

Information on the population prevalence of common mental health problems, and indicators of mental wellbeing, can be found on the [Scottish Public Health Observatory’s Mental Health web pages](#).

Information on hospital inpatient care of people with mental health problems in Scotland can be found in the [Mental Health Inpatient Activity](#) release by ISD. This data release aims to answer the following questions:

- How has mental health inpatient activity changed over time?
- What are the characteristics of the patients using mental health services?
- Are there patients being treated outwith their home area?

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

Rate this publication

To help us improve our service, please provide feedback on this publication by contacting us on the email addresses above.
Appendices

Appendix 1 – Background information

SMR04

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

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

The SMR04 record allows patients to be allocated to the following specialties: General Psychiatry; Child Psychiatry; Adolescent Psychiatry; Child and Adolescent Psychiatry; Forensic Psychiatry; Psychiatry of Old Age; and Learning Disability. In this report, Child Psychiatry and Adolescent Psychiatry are considered together.

Further details on the SMR04 scheme and fields available for analysis are included in the ISD Data dictionary.
## Appendix 2 – Publication Metadata

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<th>Metadata Indicator</th>
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<td>Learning disability hospital inpatient (and day case) information within Scotland, drawn from hospital administrative systems. The data source is SMR04 (mental health) returns for admissions to and discharges from NHS hospitals in Scotland.</td>
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<td>Mental Health</td>
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</tr>
<tr>
<td><strong>Data source(s)</strong></td>
<td>Scottish Morbidity Record 04 (SMR04); National Records of Scotland mid-year population estimates (with recent years rebased following the 2011 Census); European Standard Population (ESP) 2013.</td>
</tr>
<tr>
<td><strong>Date that data are acquired</strong></td>
<td>25 July 2019</td>
</tr>
<tr>
<td><strong>Release date</strong></td>
<td>03 December 2019</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Annual</td>
</tr>
<tr>
<td><strong>Timeframe of data and timeliness</strong></td>
<td>Learning Disability data up to 31 March 2019. Publication postponed due to the reformatting of Mental Health data within ISD.</td>
</tr>
<tr>
<td><strong>Continuity of data</strong></td>
<td>Report includes figures and tables showing time trends from financial year 1997/98 to 2018/19.</td>
</tr>
<tr>
<td><strong>Revisions statement</strong></td>
<td>As with other SMR data collections, SMR04 is dynamic and each new publication includes revised data for previous years. In addition, planned revisions are a feature of this publication’s release.</td>
</tr>
<tr>
<td><strong>Revisions relevant to this publication</strong></td>
<td>The SMR04 dataset is dynamic and subject to change. Improvements in completeness of records over time often results in differences to previously published information. An example of this is the number of Learning Disability discharges in financial year 2015/16:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1,153</td>
</tr>
</tbody>
</table>

**Revision to published data as at 27 February 2020:** Patients treated in 2013/14 were erroneously assigned to a deprivation quintile using the 2016 version of the Scottish Index of Multiple Deprivation (SIMD). This has now been changed to the 2012 version of SIMD. The affected output has been highlighted in red and changes the previously quoted figure: people living in the most deprived areas are three, not three and a half, times more likely to experience inpatient care.

**Concepts and definitions** | See SMR04 records and Glossary. |
**Relevance and key uses of the statistics** | See Appendix 4. |
**Accuracy** | The figures in this report are compared to previously published data and expected trends. |
**Completeness** | See spreadsheet with SMR completeness estimates published on ISD website. |
**Comparability** | See Links to other information sources. |
**Accessibility** | It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines. |
| **Coherence and clarity** | The report includes a hyperlinked contents page, a glossary, and links to the supporting Excel spreadsheets. These files, and a publication summary, are all available on ISD’s website under Mental health – publications. |
| **Value type and unit of measurement** | Numbers, percentages, crude rates and European age-sex standardised rates (EASRs) per 100,000 population. |
| **Disclosure** | The [ISD Statistical Disclosure Protocol](#) is followed. |
| **Official Statistics designation** | National Statistics |
| **UK Statistics Authority Assessment** | Assessed by the UK Statistics Authority. |
| **Last published** | 14 March 2017 |
| **Next published** | Late 2020 |
| **Date of first publication** | Web publication from 2003 |
| **Help email** | nss.isdmentalhealth@nhs.net and see contact details listed above. |
| **Date form completed** | 15/11/2019 |
Appendix 3 – Early access details

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.

This Pre-Release Access is for the sole purpose of enabling appropriate bodies the ability to gain an understanding of the statistics prior to open release.

Shown below are details of those receiving Standard Pre-Release Access and those receiving Extended Pre-Release Access.

- Scottish Government Health Department
- NHS Board Chief Executives
- NHS Board Communication Leads
Appendix 4 – ISD and Official Statistics

About ISD
Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics
Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of ‘Official Statistics’. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD’s statistical publications are currently classified as one of the following:

- National Statistics (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.