



HEALTH AND SOCIAL CARE

Executive summary

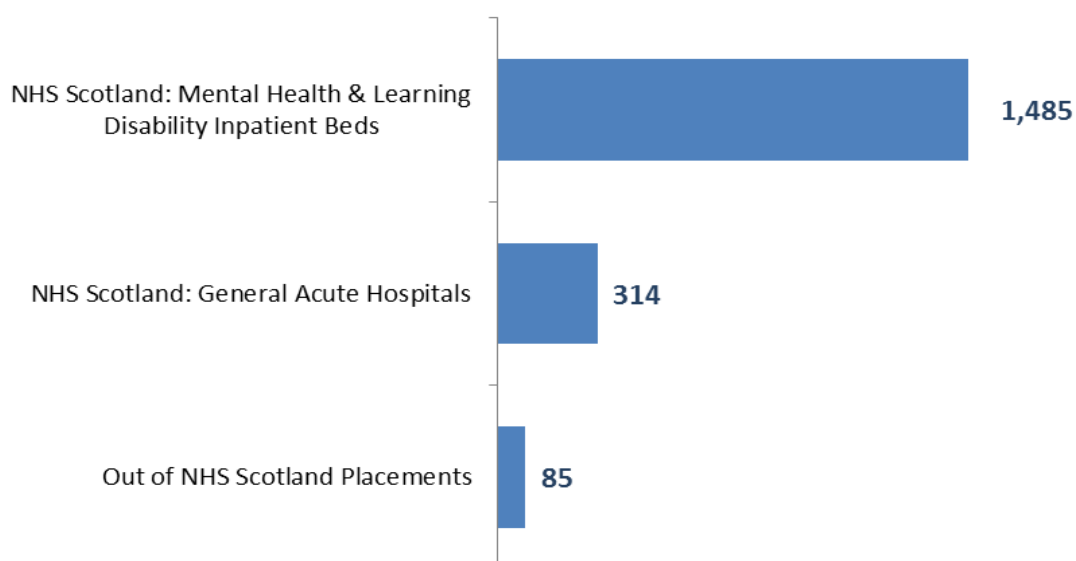
This report presents the results from the Hospital Based Complex Clinical Care (HBCCC) & Long Stay Census, which was carried out by the Scottish Government and NHS Boards at midnight, 30 March 2017. The data was collected as part of the Inpatient Census. Data is presented for all HBCCC and Long Stay 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).

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. By definition, patients in receipt of HBCCC cannot be a Delayed Discharge.

A patient is defined as being a Long Stay patient if they have been in hospital for at least 6 months (regardless if they are in receipt of HBCCC) and do not have a ready for discharge date as at the census date.

The definition and scope of the Census changed in 2017 following the first Census in 2016. 2017 analysis is therefore not directly comparable to previously published HBCCC analysis from 2016.

At the March 2017 Census there were **1,884 Long stay or Hospital Based Complex Clinical Care patients:**



Key Points

Some key points from this report include:

- There were **1,884** Hospital Based Complex Clinical Care or Long Stay patients at the March 2017 Census.
- The patients in the census were **mostly from older age groups**. Only **23 (1%)** patients returning full data were aged under 18, while **886 (47%)** were aged 65+.
- Most patients in the census **were White Scottish (83%)**.

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

- **1,087** patients were receiving Hospital Based Complex Clinical Care
- **857 (79%)** patients receiving HBCCC were occupying a Mental Health, Learning Disability or Addiction Inpatient Bed in an NHS Scotland facility at the Census date, **191 (18%)** patients were in a General Acute / Community Hospital NHS Scotland facility, while **39 (4%)** patients were treated out with NHS Scotland.
- **57%** of HBCCC patients **were male**, 43% were female.
- **389 (36%)** had a **consultant who specialised in Psychiatry Of Old Age**.
- **257** HBCCC patients (24%) **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 **797** Long Stay patients who were not in receipt of HBCCC.
- **628 (79%)** Long Stay patients were occupying a Mental Health, Learning Disability or Addiction Inpatient Bed in an NHS Scotland facility at the Census date, **123 (15%)** patients were in a General Acute / Community Hospital NHS Scotland facility, while **46 (6%)** patients were treated out with NHS Scotland.
- **59%** of Long Stay patients **were male**, 41% were female.
- **269 (34%)** had a **consultant who specialised in General Psychiatry**.
- **168** Long Stay patients (21%) **had been in hospital for at least 5 years**.

Inpatient Census, 2017

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 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 midnight, 30 March 2017.

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. Further information about HBCCC is available from the following link:
[http://www.sehd.scot.nhs.uk/dl/DL\(2015\)11.pdf](http://www.sehd.scot.nhs.uk/dl/DL(2015)11.pdf)

The definition and scope of the census changed in 2017 following the first HBCCC Census in 2016. 2017 analysis is therefore not directly comparable to previously published HBCCC analysis from 2016.

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. Analysis from this report also contributes to the National Indicator: Improving Support for People with Care Needs.

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 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 2017 Census is similar in nature to the 2016 Census;

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, therefore, information is used from Part 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 only the second 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). The 2017 census has therefore changed scope slightly since 2016.

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 12 September 2017.

<http://www.gov.scot/Publications/2017/09/9675>

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:

<http://www.gov.scot/Topics/Statistics/Browse/Health>

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 swstat@gov.scot.

Future plans for the census

A repeat of the census is intended to be carried out at the end of March 2018, 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 1,884 Hospital Based Complex Clinical Care (HBCCC) or Long Stay (LS) patients at the March 2017 Census. Of these, 1,087 (58%) were receiving HBCCC and 797 (42%) were LS. LS is defined here as patients in hospital for at least 6 months but not in receipt of HBCCC.

Of the 1,884 HBCCC or LS patients, 1,485 (79%) were occupying a Mental Health, Learning Disability or Addiction Inpatient Bed in an NHS Scotland Facility, 314 patients (17%) were in a General Acute / Community Hospital NHS Scotland facility, while 85 patients (5%) were treated outwith NHS Scotland (e.g. Private hospitals or NHS facilities elsewhere in the UK). See table 1 for more detailed breakdown.

Table 1: Number of HBCCC and LS patients by Census part, 2017

Inpatient Census, 2017	All Patients	HBCCC Patients	LS Patients
Part 1: Mental Health Bed Census	1,485	857	628
Part 2: Out of Scotland NHS Placements	85	39	46
Part 3: HBCCC & LS (general acute)	314	191	123
All HBCCC / LS patients in Inpatient Census	1,884	1,087	797

The totals presented in Table 1 include 17 patients in NHS Fife for whom further patient level information is not available. The remainder of this publication will deal with the **1,867 patients** for whom patient level information is available. Of the **1,867 patients, 57% (1,070) were in receipt of HBCCC** and **43% (797) were Long Stay (LS) patients** (who were not in receipt of HBCCC).

Age and Gender

Figure 1 shows the age and gender breakdown of patients receiving HBCCC at the March 2017 Census. Some key points include:

- Of the 1,070 patients, 605 (57%) were male, while 464 (43%) were female. Data was missing/unknown for 1 patient. Males represented 49% of the general Scottish population in 2016, suggesting males are over represented in HBCCC.
- Patients were mostly from the older age groups, 589 (55%) patients were aged 65 or over, while a further 289 (27%) were aged 40 – 64. There were 180 (17%) patients aged 18 – 39 and 11 (1%) patients under 18 receiving HBCCC at March 2017 Census.
- Gender differences described are strongly influenced by age. For patients aged under 40, 71% are male. Of those aged 40 – 64 years, 67% are male. This trend reverses for the 65 or over group where only 47% are male. This change will partly reflect the differing life expectancy of males (77.1 years, 2015) and females (81.2, 2015).

Figure 1: Number of patients receiving HBCCC, by age and gender, 2017

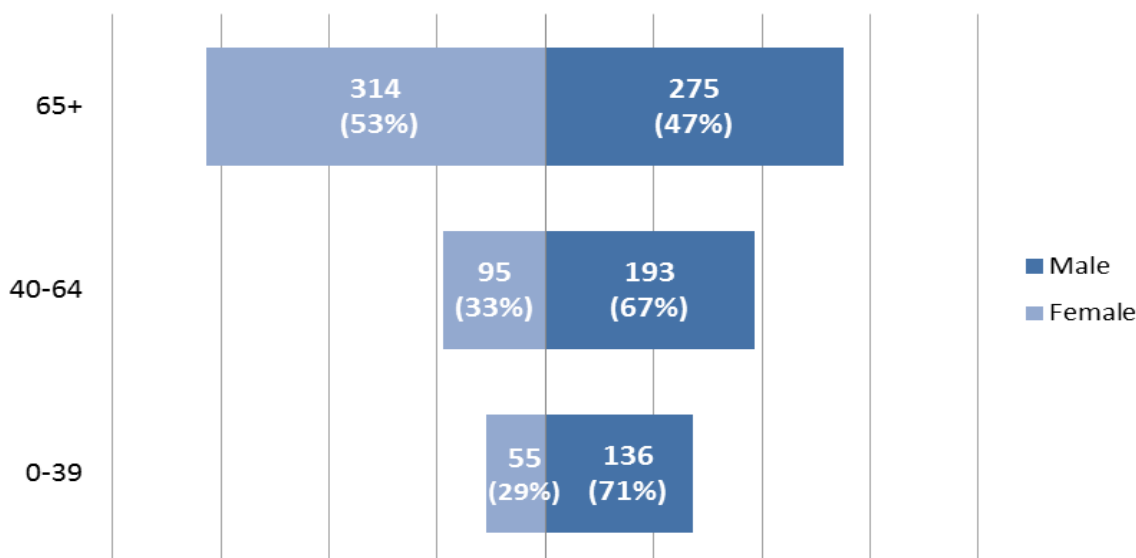
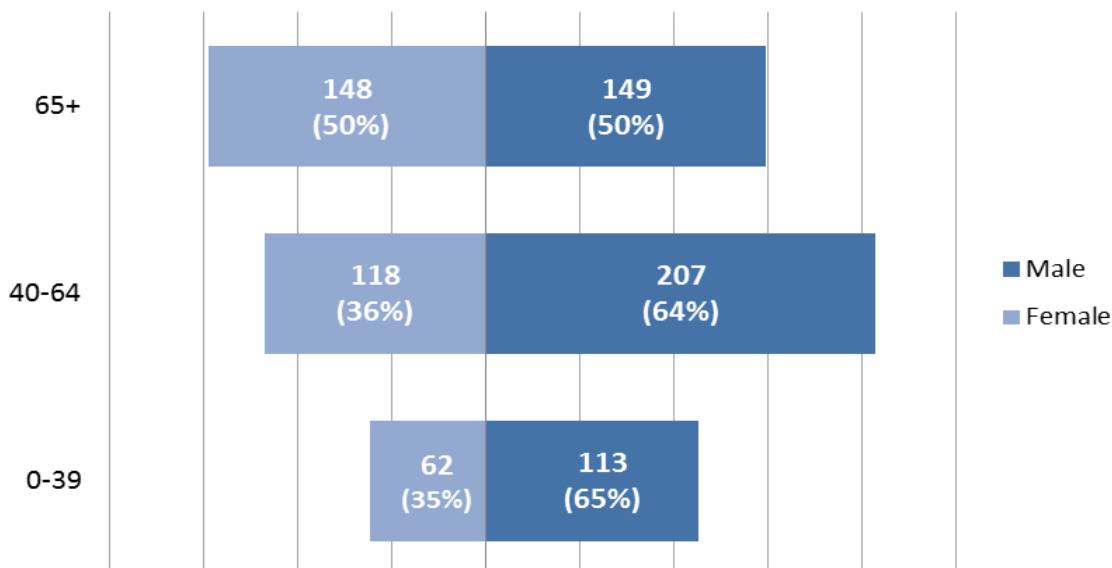


Figure 2 shows the age and gender breakdown of LS patients at the March 2017 Census. Some key points include:

- Of the 797 patients, 469 (59%) were male, while 328 (41%) were female. Males represented 49% of the general Scottish population in 2016, suggesting males are over represented.
- Patients were mostly from the older age groups, with 325 (41%) aged 40 – 64 years a further 297 (37%) aged 65 or over. There were 163 (20%) LS patients aged 18 – 39 and 12 (2%) LS patients under 18 at March 2017 Census.
- Gender differences described are influenced by age. For patients aged under 40, 65% are male, while a similar proportion of patients aged 40 – 64 years, 64%, are male. The split for the 65 or over group is 50%. This change will partly reflect the differing life expectancy of males (77.1 years, 2015) and females (81.2, 2015).

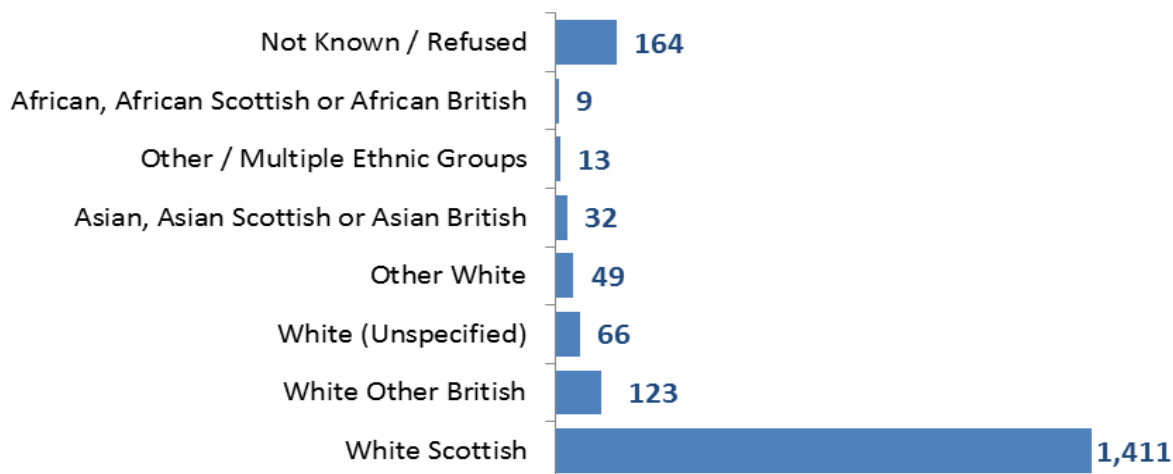
Figure 2: Number of LS patients, by age and gender, 2017



Ethnicity

The majority of HBCCC or LS patients at the 2017 Census date, for whom ethnicity was known, were of White Scottish ethnicity, 1,411 (83%). A further 238 (14%) patients were of another White ethnicity. Information was not known or refused for 164 patients. See figure 3 for further details.

Figure 3: Number of HBCCC or LS patients by ethnicity, 2017

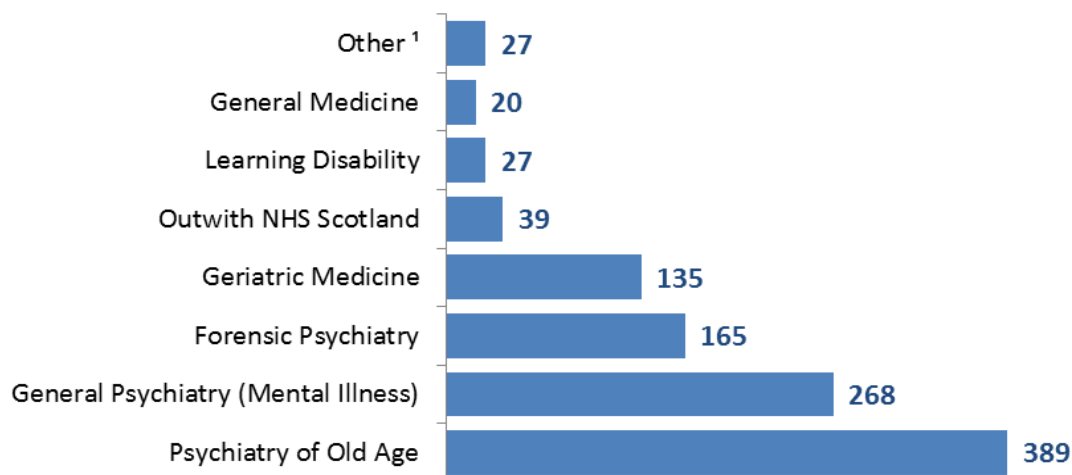


Consultant Specialty

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 1,070 patients receiving HBCCC at the census, 389 (36%) had a consultant who specialised in Psychiatry Of Old Age, 268 (25%) had a consultant specialising in General Psychiatry and 165 (15%) in Forensic Psychiatry. See figure 4 for further details.

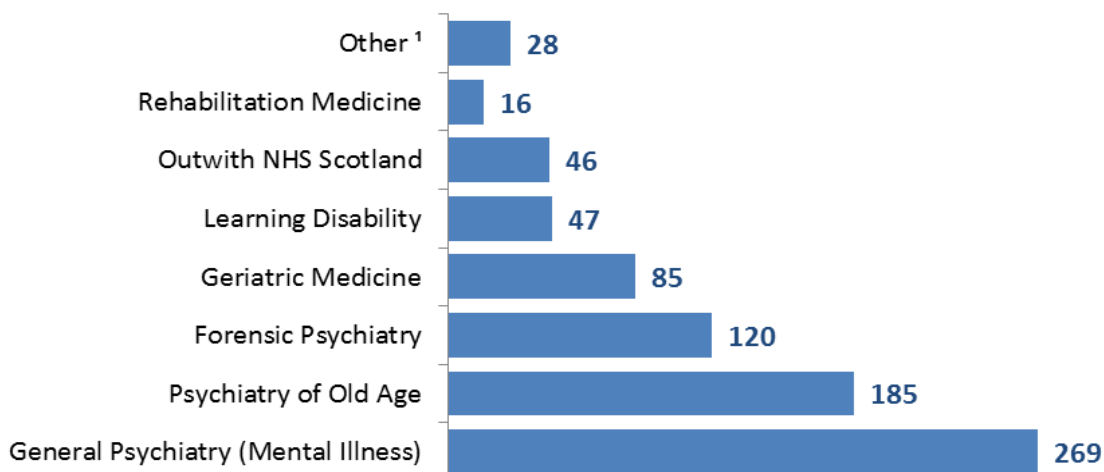
Figure 4: Number of patients receiving HBCCC by consultant specialty, 2017



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

Of the 797 LS patients at the Census, 269 (34%) had a consultant who specialised in General Psychiatry, 185 (23%) had a consultant specialising in Psychiatry of Old Age and 120 (15%) in Forensic Psychiatry. See figure 5 for further details.

Figure 5: Number of LS patients, by consultant specialty, 2017



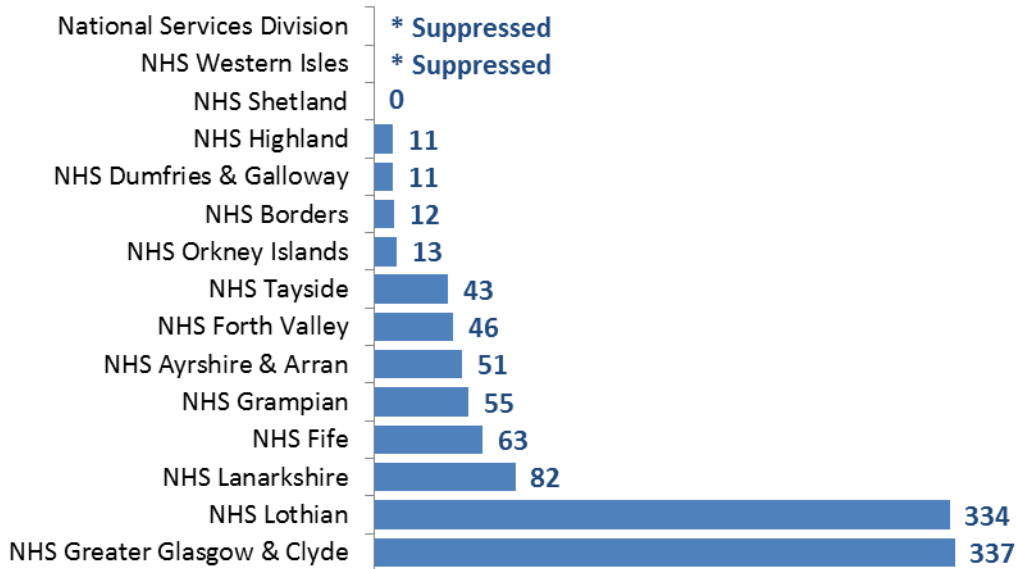
¹ Other includes a range of specialties with smaller numbers that have been aggregated to protect patient confidentiality

* Data missing for 1 patient

NHS Board Breakdown

NHS Greater Glasgow & Clyde were responsible for funding the treatment of 337 HBCCC patients (31%), followed by NHS Lothian with 334 (31%). NHS Shetland had no patient in receipt of HBCCC. See figure 6 for further details.

Figure 6: Number of patients receiving HBCCC by Funding NHS Board, 2017



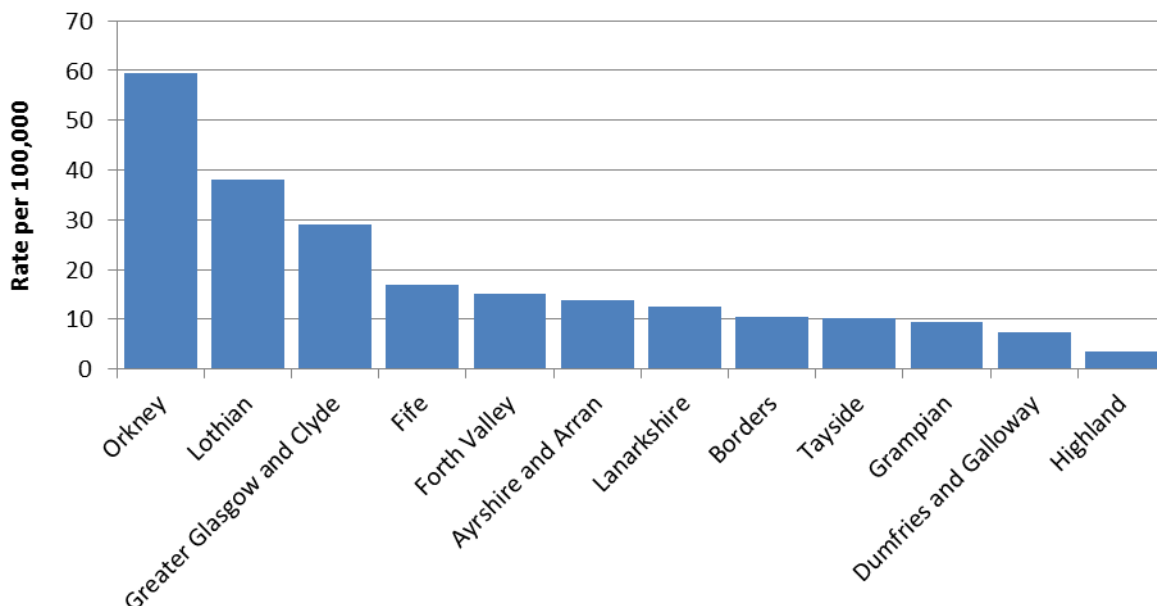
* Numbers have been suppressed to protect patient confidentiality

** National Services Division is funded by the territorial NHS Boards, and provides funding for a small number of patients in cases where they may require more specialized, long-term or cost-intensive treatment

*** 3 patients had unknown funding or no fixed abode

NHS Orkney had the highest rate of HBCCC patients at 59.5 per 100,000 population, though this will be influenced by the fact NHS Orkney has the lowest population of all the Health Boards. NHS Lothian (38.0) and NHS Greater Glasgow & Clyde (29.0) had the next highest rates. See figure 7 for further details.

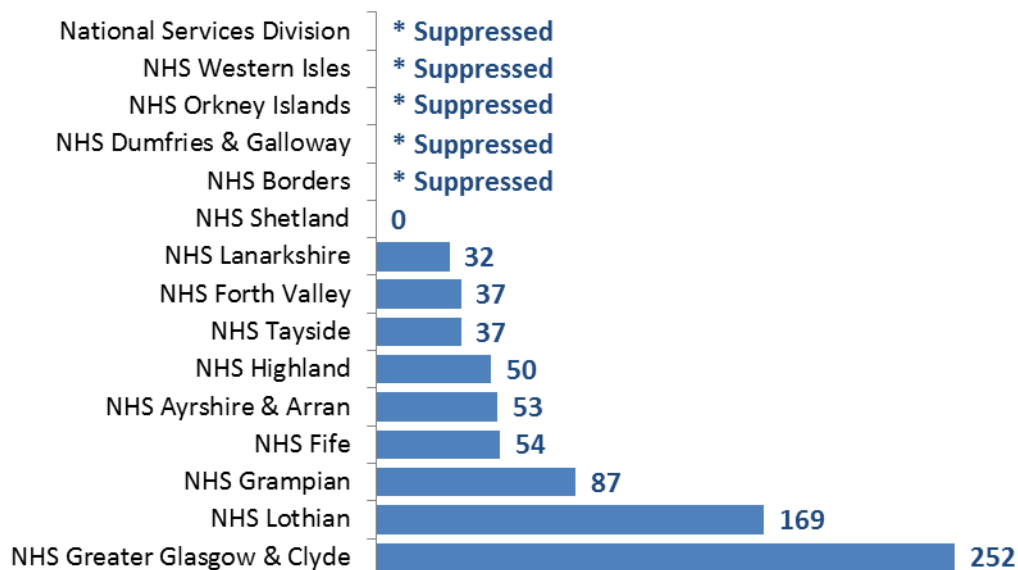
Figure 7: Rate of HBCCC patients per 100,000 population, by Funding NHS Board, 2017



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

NHS Greater Glasgow & Clyde were responsible for funding the treatment of 252 LS patients (32%). NHS Lothian had the next highest number with 169 (21%). See figure 8 for further details.

Figure 8: Number of LS patients by Funding NHS Board, 2017

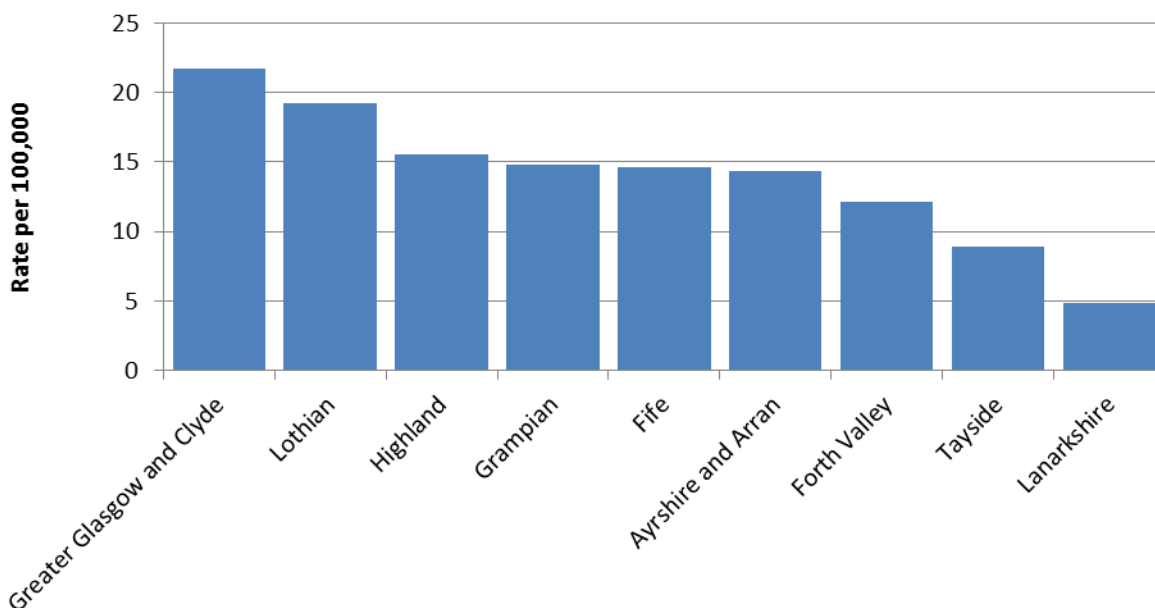


* Numbers have been suppressed to protect patient confidentiality

** National Services Division is funded by the territorial NHS Boards, and provides funding for a small number of patients in cases where they may require more specialized, long-term or cost-intensive treatment

NHS Greater Glasgow & Clyde had the highest rate of LS patients at 21.7, while NHS Lothian (19.2) had the next highest rate. See figure 9 for further details.

Figure 9: Rate of LS patients per 100,000 population, by Funding NHS Board, 2017



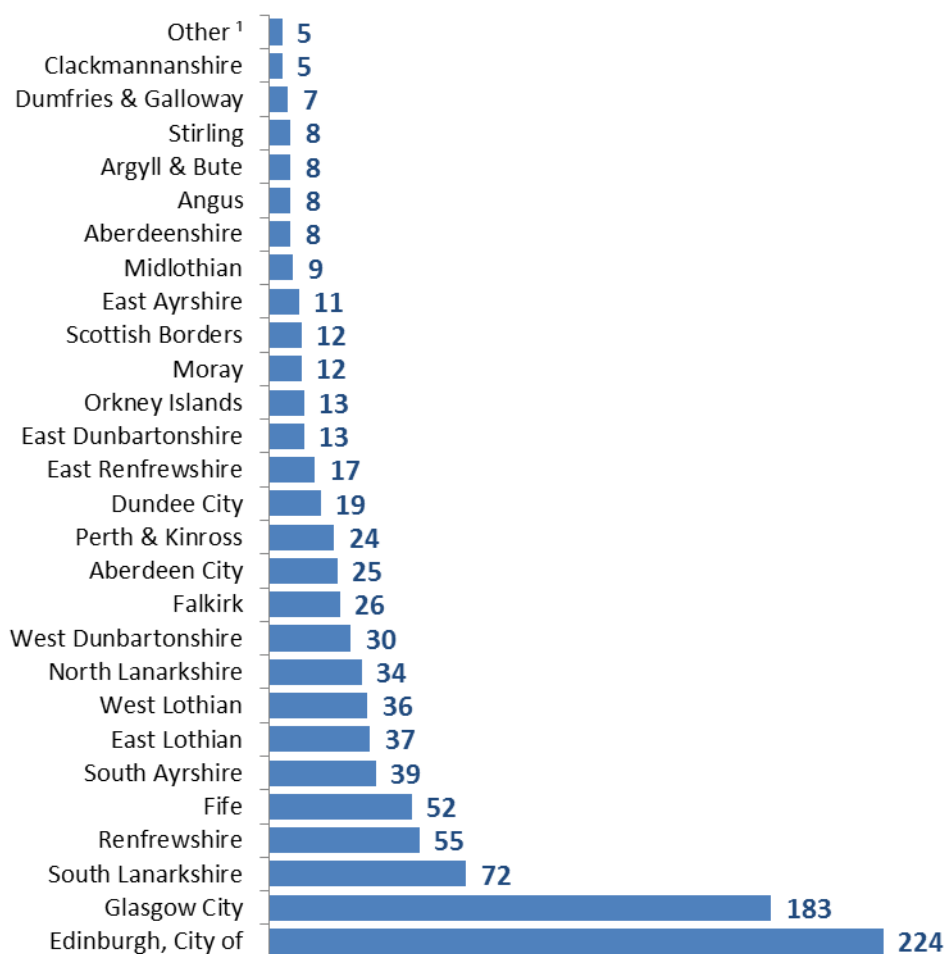
* Excludes Health Boards who have been suppressed to protect patient confidentiality

Local Authority Breakdown

Figure 10 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 between 1-4 patients in receipt of HBCCC, the local authority has been grouped with another local authority with similar small numbers. This is to protect patient confidentiality. Edinburgh City had more

HBCCC patients than any other Local Authority at the 2017 Census with 224 patients (21%). Glasgow City had the next highest number with 183 (17%).

Figure 10: Number of patients receiving HBCCC by LA of home post code, 2017

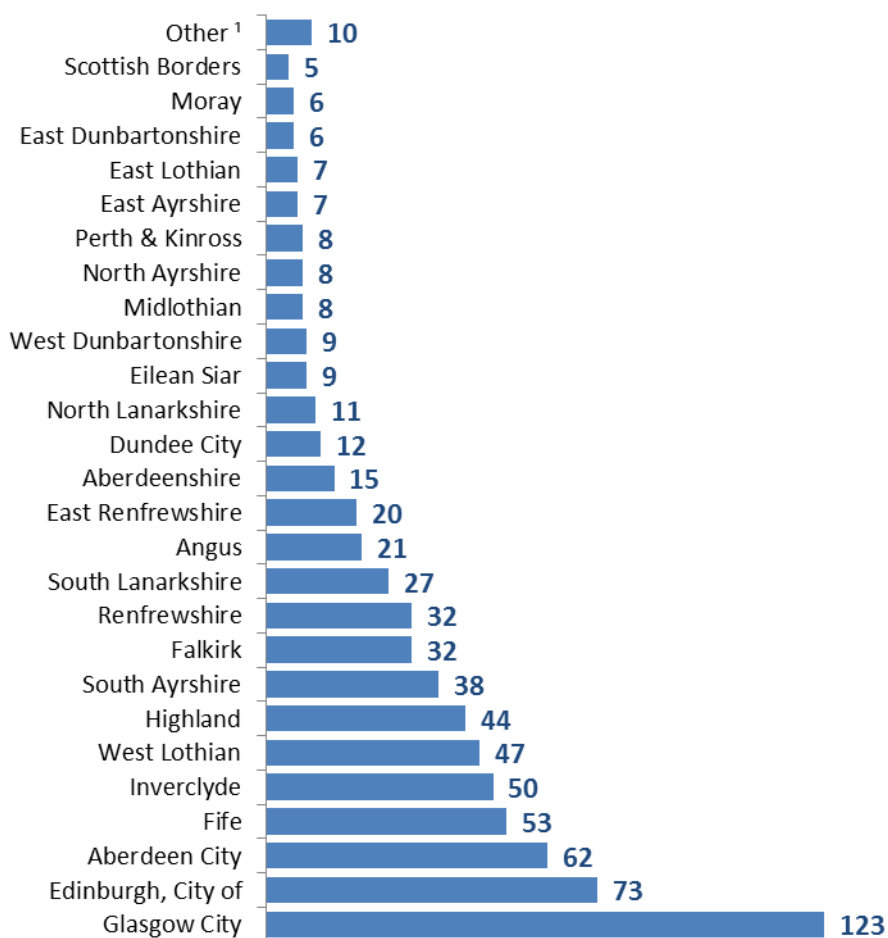


¹ Other includes Local Authorities with smaller numbers that have been aggregated to protect patient confidentiality

* Data unknown for 78 patients

Figure 11 provides analysis of LS patients by local authority of residence (based on the patient's home postcode). As previously, where a local authority has between 1-4 LS patients, the local authority has been grouped with another local authority with similar small numbers. This is to protect patient confidentiality. Glasgow City had more LS patients than any other Local Authority at the 2017 Census with 123 patients (15%). Edinburgh City had the next highest number with 73 (9%).

Figure 11: Number of LS patients by LA of home post code, 2017



¹ Other includes Local Authorities with smaller numbers that have been aggregated to protect patient confidentiality

* Data unknown for 54 patients

Length of Stay in Hospital

NHS Boards were asked to record how long patients had been in hospital at the March 2017 Census date. The average (median) time in hospital for HBCCC patients was 575 days (approximately 1 year and 6 months). For LS patients, the average (median) time in hospital was 574 days (approximately 1 year and 6 months). The spread of length of stay for patients can be seen in Table 2.

Table 2: Length of Stay, HBCCC and LS patients, 2017

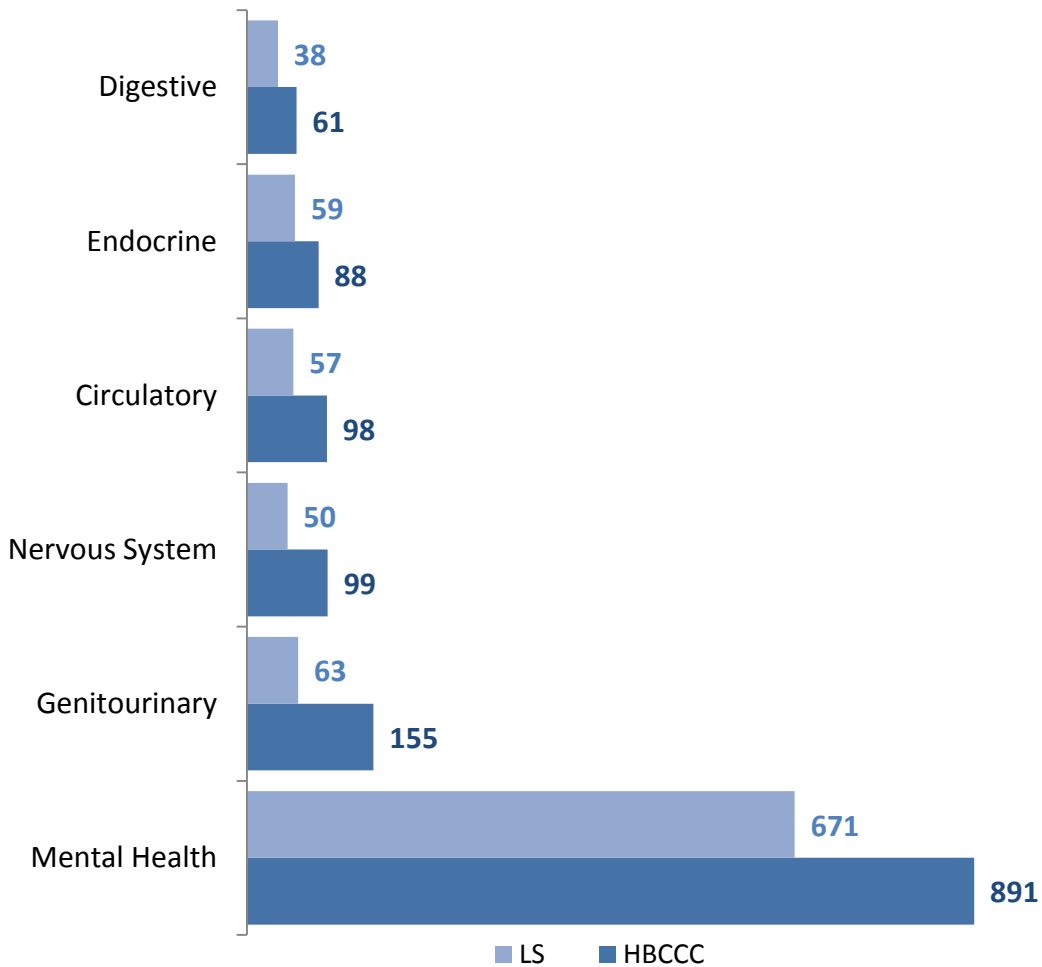
Length of Stay	HBCCC Patients	LS Patients
Less than 6 months	257	0
At least 6 months, less than 1 year	143	257
At least 1 year, less than 3 years	314	269
At least 3 year, less than 5 years	132	100
5 years or more	223	168
Median	575	574

* Admission date unknown for 4 patients

Health Conditions

NHS Boards were asked to return information on any health conditions a patient had been diagnosed with. Figure 12 shows the top six conditions for HBCCC and LS patients at the 2017 March Census. The most prevalent was Mental Health with 891 (83%) HBCCC and 671 (84%) LS patients.

Figure 12: Health Conditions diagnoses, HBCCC and LS patients, 2017



* Patients can have more than one condition

2. Methodology & further information

Time period and scope

The third Inpatient Census was carried out by the Scottish Government and NHS Boards as at midnight, 30 March 2017. This is the second 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 (midnight at the end of 30 March 2017) (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 (midnight at the end of 30 March 2017) (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 (midnight at the end of 30 March 2017) (Part 3).

The census guidance notes are available here:

<http://www.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/Census2017>

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 12 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 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 Privacy Impact Assessment which is available here:

<http://www.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/Census2017>.

Health & Social Care Analysis Division undertook 2nd 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: <http://www.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/Census2017>.

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:

<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 2017.

Academic researchers must initially apply to the 'Public Benefit and Privacy Panel for Health and Social Care'¹ 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, SWStat@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/>

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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 swstat@scotland.gsi.gov.uk 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 statistics.enquiries@scotland.gsi.gov.uk.

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