



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 29 MAY 2018

REPORT ON: UNSCHEDULED CARE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC31-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to provide assurance to the PAC that a comprehensive analysis of unscheduled care performance has been provided to relevant professionals and groups in order to support improvements.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Notes the content of this report and the analysis of unscheduled care (section 5 of this report and appendix 1).
- 2.2 Requests the Unscheduled Care Board to consider the findings of the analysis with a view to informing operational decision making and improvement actions.
- 2.3 Instructs the Chief Finance Officer to present a follow up paper to the PAC, containing an action plan which describes how the data will be used by practitioners and the Unscheduled Care Board to make continuous improvements, timescales for improvement actions and the anticipated impact of these actions.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND INFORMATION

- 4.1 Unscheduled hospital care is one of the biggest demands on the Partnership resources. Many hospital admissions are avoidable and often people either remain in hospital after they are assessed as fit to return home or they are readmitted to hospital shortly after they were discharged. In 2016-17, 28% of Dundee's health and care budget was spent on hospital stays which was the third highest in Scotland.
- 4.2 Rates of unscheduled admissions, bed days and readmissions within 28 days varies considerably across local community planning partnerships (LCPPs), with a general correlation between high usage of unscheduled care and deprivation. At Quarter 3, 2017/18 Dundee had the:
 - 10th highest rate of emergency admissions for the 18+ population, however had the 2nd lowest in its family group;
 - 7th highest rate of emergency bed days for the 18+ population, and was 5th highest in its family group;
 - highest rate of emergency readmissions within 28 days and was also highest in its family group.

- 4.3 These indicators are monitored in the Quarterly Performance Report and are included in the Q4 report (PAC30-2018 on this agenda) and the Annual Performance Report (Report number DIJB29-2017) presented to the Integration Joint Board Meeting held on 29 August 2017.
- 4.4 The PAC held on 12 September 2017 requested that an in-depth analysis of unscheduled care data relating to hospital readmissions be completed to assist senior managers and the Unscheduled Care Board to fully understand the reasons for high unscheduled care usage and use the data to inform improvements in services and outcomes for people. The Unscheduled Care Board consists of senior operational managers who work collaboratively to make decisions and guide improvements in unscheduled care. The Unscheduled Care Board has experienced difficulties in resourcing this and the analysis in appendix 1 has been produced as an interim report until necessary resources are identified.
- 4.5 The data used for this report is taken from the SMR01 national dataset and trend data shows annual rolling totals for each financial quarter since 2014/15 Quarter 4 (April 14 to March 15) up to 2017/18 Quarter 3 (January 17 to December 17). This allows the reader to observe trends in the data and to identify which quarters the data climbs or falls. For national comparisons against all 31 partnerships, the indicators only show financial year 2016/17 as this is the latest period that is published at Information Services Division (ISD) for unscheduled care activity (2017/18 activity will be published in September 2018). This report has also included the under 18 age groups as the admission and readmission rates for this age group has increased sharply in the last two years and these patients may contribute to an increasing admission rate for all adults in the near future.

5.0 WHAT THE DATA IS TELLING US

- 5.1 As at 2016/17, the 28 day readmission rate for people for all ages across Scotland was highest in Dundee. In Respiratory Medicine, this equated to 1 in 4 Dundee residents being readmitted which was the highest in Scotland.
- 5.2 As at 2016/17, 28 day readmissions as a rate of the population for all ages were similar to the Scottish readmission rate.
- 5.3 In 2017, Gastroenterology and General Surgery (excluding Vascular) and Respiratory Medicine appeared to have had an excessive number of 28 day readmissions for people of all ages living in Dundee when compared to the same specialties in all of Scotland. Geriatric Medicine performed similar to Scotland, whilst Accident and Emergency and General Medicine performed better than Scotland.
- 5.4 In 2016/17 the emergency admission rate was similar to the Scottish rate for the 18+ and 75+ age groups. In General Medicine and Geriatric Medicine admission rates were lower than the Scottish rate but admission rates were higher than the Scottish rate in Accident and Emergency and Respiratory Medicine.
- 5.5 In 2016/17 potentially preventable admissions (PPAs), as a rate of the population, was above the Scottish rate and the admission reason with the highest number of PPAs was Chronic Obstructive Pulmonary Disease (COPD), with over 600 admissions that could have been prevented. Influenza and pneumonia was the third main reason for PPAs with over 300 admissions that could have been prevented. Approximately 200 PPAs were due to diabetes complications. Diabetes PPAs as a rate of the population in Dundee, and also as a rate of the diabetes prevalence population, is higher than Scotland.
- 5.6 The average length of stay across all age groups decreased between 2015/16 Quarter 4 and 2017/18 Quarter 3. Average length of stay in Respiratory Medicine has always been about a day less than the Scottish average and has decreased from 7.5 days in 2014/15 Quarter 4 to 6.7 days in 2017/18 Quarter 3. The very low average length of stay in this specialty could be contributing to the high readmission rate.
- 5.7 As at 2016/17, the emergency bed day rate (per 100,000 population) in the Dundee 18+ age group was above the Scottish rate; there has been a decrease of 13% in the 75+ age group, the rate for the 18-74 age group has remained steady and the rate for the under 18 age group has been continually increasing in Dundee since 2015/16.

- 5.8 Monthly occupied bed days for Dundee emergency inpatients aged 18+ treated at Ninewells Hospital have remained lower than pre-March 2016 levels. For Dundee non-elective inpatients aged 18+ treated at Royal Victoria Hospital, there was a statistically significant decrease in monthly occupied bed days between May 17 and December 17.
- 5.9 Dundee emergency bed days in 2017/18 were below the trajectory set in February 2017 (-2.7%). A new trajectory was set in February 2018 (-3.4%) to reflect the improved position; Dundee emergency bed days have so far been below this new trajectory.
- 5.10 The number of accident and emergency (A&E) episodes where the patient was admitted from a care home has increased by 54 episodes from 265 episodes in 2015/16 to 319 episodes in 2016/17. The number of A&E episodes that resulted in an admission has also increased by 54 from 112 in 2015/16 to 166 in 2016/17. The reason for the majority of A&E episodes for care home residents were trauma / injury. In both 2015/16 and 2016/17, trauma / injury accounted for 64% of all A&E episodes for care home residents.

6.0 OPERATIONAL PRIORITY AREAS

6.1 Models of Support, Pathways of Care

- 6.1.1 A range of stakeholders across NHS Tayside and the three Partnerships are involved in a Delphi process which will give a better understanding of pathways. This involves a survey which is completed by health and social care professionals to gather information regarding critical processes in a pathway. This will be used to improve outcomes for people and system efficiencies.
- 6.1.2 Frail people who are acutely unwell may need at times to be in hospital. They are supported there by a highly effective Acute Frailty team. This includes in reach into a number of other in patient areas. Where people do need to go to hospital this is only for the length of time they need to be in hospital and they will be able to step down as quickly as possible using a range of supports and resources such as an Assessment at Home service and an Intermediate Care unit. This ensures that assessment is undertaken at home or in a homelike setting rather than an acute hospital. This is supported by a multidisciplinary Discharge Hub
- 6.1.3 A domiciliary care provider has been commissioned to carry out a test of change which enables social care assessment to be completed in the person's own home with intensive round the clock social care support tailored to meet the person's changing needs on a daily basis. This has supported us to address National Indicators 19 and 22, by ensuring people are discharged more efficiently from a hospital setting, and has improved patient outcomes with a 26% reduction in care home placement. This test has contributed to the reduction in bed days lost for standard delays over 17/18.
- 6.1.4 We recognise that one group with particularly complex needs are those who live in care homes and we are in the process of developing an integrated Care Home team. This builds on the work that has taken place over the past few years to support care homes.
- 6.1.5 A primary care improvement plan to implement the new GP contract is in development. There are six priority areas – urgent care, mental health, musculoskeletal, community treatment centres, immunisation, pharmacy.
- 6.1.6 Further development of discharge planning arrangements for adults with mental ill-health, physical disability, acquired brain injury, learning disabilities and autism is also being progressed. Following a review of the hosted acute liaison service for people with learning disabilities, a further nursing post is in the process of being recruited to. This will ensure smoother transitions to and from acute care, strengthen interfaces between community / acute services and provide support and awareness raising activity within the acute sector.
- 6.1.7 There is an understanding of the '6 essential actions for unscheduled care' and the Unscheduled Care Board is focussing on developing 7 day services to reduce variation in weekend and out of hours working and also in providing care closer to home.

- 6.1.8 There is now a Mental Health Officer post established within the Integrated Discharge Hub which supports improved decision making around the use of Adults with Incapacity and Section 13Z(A) of the Social Work (Scotland) Act. This has significantly reduced the episodes of Code 9 delays, as well as the bed days lost for each individual patient.

6.2 Person Centred Care and Support

- 6.2.1 Data has identified that respiratory, gastro and general surgery are priority areas for the Unscheduled Care Board. To date initiatives have worked well for older people but need to be rolled out to younger age groups.
- 6.2.2 The COPD team continues to work closely with the population of Dundee and those that provide support to manage this condition across the spectrum of self management, primary and secondary care. A variety of initiatives support this including the COPD discharge service which provides support to patients following necessary hospital admission to prevent readmission. Also the use of health care support workers help individuals to self manage. This is all being further supported by the Managed Care Network which will include pathway development.
- 6.2.3 A sub-group of the Unscheduled Care Board has been convened to improve how anticipatory care information can be shared with the appropriate professionals and is available when required.

6.3 Building Capacity

- 6.3.1 Work has commenced to train a range of people (including homecare workers and district nurses) to identify when people are deteriorating (including delirium).
- 6.3.2 An asset based approach is being used in Dundee to support people to be healthier and independent for longer in their own community. This involves working in partnership to co-design services with the statutory, third and independent sectors and with individuals, families and communities. Key to the success of these models is the ability to work in localities, to identify people at an early stage of their journey where things do go wrong and provide comprehensive assessment, early intervention and anticipatory care. This is done through our Enhanced Community Support and Post Diagnostic Support teams. Where people do start to deteriorate, a range of services will be provided to allow them to maximise their recovery and independence in their own home. This includes a Dundee Enhanced Community Support Acute service.

6.4 Early Intervention / Prevention

- 6.4.1 A Power of Attorney Campaign has been implemented in partnership with Angus and Perth and Kinross Health and Social Care Partnerships, and this will take place annually. The campaign was supported by additional local awareness raising events in Dundee to help to promote Power of Attorney, reduce the need for guardianship and enable people to be discharged from hospital when they are well. Initial data gathering indicates an increase in Power of Attorneys and this will continue to be monitored over coming years.
- 6.4.2 A number of priority areas have been agreed to reduce hospital admissions due to a fall and these are detailed in report number PAC32-2018 on this agenda. These include a focus on a preventative approach which will support active ageing, health improvement and self management to reduce the risk of falls.
- 6.4.3 A partnership approach to supporting people experiencing distress is being taken to develop a range of supports. These include; a safe place (accommodation with the right support at right time), agreed pathway for timeous access to support, out of hours support and peer support.
- 6.4.4 The service has increased the availability of high intensity, psychological interventions within Community Mental Health Teams (CMHT) whilst also decreasing the need for high intensity psychological interventions by enabling more mental health staff to provide appropriate low intensity psychology interventions and support at earlier stages of the patient journey.
- 6.4.5 There has been a development around the creation and sharing of a palliative scorecard which allows an assessment of need to be identified and shared across both health and social care teams.

6.5 Localities and Engaging with Communities

- 6.5.1 Building on the potential strengths of developing communities within the locality concept, we are looking at developing Care and Treatment Centres that will be based for communities to access within their own areas for a range of treatments. This will build on our successful model developed by the district nursing service for the treatment of leg ulcers and expanding on the number and type of treatments that will be available.
- 6.5.2 The service plans to increase overall capacity within the Psychological Therapy service to:
- Increase the availability of a range of specialist psychological therapies
 - Support the skill development of the wider workforce within Mental Health Services (cross sector) to ensure the best use of resources.
- 6.5.3 Plans are underway to enhance community mental health services. This will include quicker access to the right kind of support 24/7 through the development of stronger pathways between acute / community and primary services. The flexible use of available social care resources across a number of providers in the city has in recent years led to quicker response times, including where people are at risk of unnecessary hospital admission or where they require support on discharge.

7.0 RISK ASSESSMENT

Risk 1 Description	The risk of not reducing the usage of unscheduled care could affect; outcomes for individuals and their carers, spend associated with admissions, bed days and readmissions if the Partnership's performance does not improve.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none">- An in depth analysis of unscheduled care data is included in this paper.- The Unscheduled Care Board is prioritising improvements in this area.- Senior Operational Managers will continue to be consulted with in order that findings can be used to make improvements.
Residual Risk	Likelihood 3 x Impact 3 = Risk Scoring 9
Planned Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9
Approval recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

8.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

9.0 CONSULTATIONS

The Chief Officer, Head of Service - Health and Community Care and the Clerk were consulted in the preparation of this report.

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DATE: 8 May 2018

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Appendix 1



Unscheduled Care Report for Dundee H&SCP

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Introduction

This report has been prepared by the Local Intelligence Support Team (LIST) on behalf of Dundee Health & Social Care Partnership in order to better understand unscheduled care activity.

This report aims to show how Dundee H&SCP compares to Scotland and other partnerships within NHS Tayside for the following measures: emergency admissions, potentially preventable admissions, average length of stay for emergency admissions and emergency occupied bed days. Variances in unscheduled care activity will be illustrated across different age groups and acute specialties that are devolved to the partnerships in NHS Tayside.

Data Sources

The data used for this report is taken from the SMR01 national dataset and trend data shows annual rolling totals for each financial quarter since 2014/15Q4 (April 14 to March 15) up to 2017/18Q3 (January 17 to December 17). This allows the reader to observe trends in the data and to identify which quarters the data climbs or falls. For national comparisons against all 31 partnerships, the indicators only show financial year 2016/17 as this is the latest period that is published at ISD for unscheduled care activity (2017/18 activity will be published in September 2018).

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Main Points

Acute readmissions within 28 days

- As at 2016/17, 28 day readmission rates for all age groups across the 32 partnerships was highest in Dundee, 4th highest in P&K and 12th highest in Angus
 - 18+ age groups: rates in Dundee have been increasing although they have remained steady between 12.7% and 12.5% over the last 12 months.
 - 75+ age groups: rates in Dundee have been decreasing since 2017/18Q1.
 - 18-74 age groups: rates in Dundee have been increasing although they have remained steady between 11.8% and 12% over the last 12 months.
 - Under 18 age groups: Dundee has seen a 40% increase from 10% in 2016/17Q2 to 14% in 2017/18Q3.
- If 28 day readmissions as a rate of the population for all ages are observed then Dundee has a similar rate to Scotland in 2016/17, and Angus and P&K are below the Scottish rate (Angus was the 7th lowest in Scotland)
- In 2017, Gastroenterology, General Surgery excluding Vascular and Respiratory Medicine appeared to have had a high number of 28 day readmissions for people of all ages living in Dundee when compared to the same specialties in all of Scotland. Almost 300 readmissions could have been avoided if Dundee had a similar readmission rate to Scotland for these specialties.
 - Other acute specialties that are delegated to Dundee H&SCP appeared to have performed well against Scotland; Geriatric Medicine performed similar to Scotland, whilst A&E and General Medicine performed better than Scotland.
- In 2016/17, 28 day readmission rates for Respiratory Medicine equated to 1 in 4 people living in Dundee being readmitted which was the highest in Scotland, whilst the next highest performing partnership (Angus) equated to less than 1 in 5 people being readmitted.

Acute emergency admissions in non-psychiatric hospitals

- A contributing factor to a relatively high readmission rate compared to the rest of Scotland can be partly due to relatively low emergency admission rates i.e. if Dundee has a higher threshold for admitting emergency inpatients compared to the rest of Scotland then it is plausible the readmission rates will be higher in Dundee i.e. only people with complex needs are admitted to hospital.
 - 18+ age groups: In 2016/17, Dundee emergency admission rates performed similar to the Scottish rate. Angus and P&K had amongst the lowest emergency admission rates in Scotland in 2016/17.
 - 75+ age groups: Dundee has seen a decrease in emergency admission rates since 2017/18Q1 (approx 37,000 admissions per 100,000 population).
 - 18-74 age groups: Dundee has seen an increase in emergency admission rates since 2017/18Q1.

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- Under 18 age groups: All Tayside partnerships are above the Scottish rate and all have seen a continual increase since 2014/15Q1, with Dundee having the highest rates.
- Both General Medicine and Geriatric Medicine have lower emergency admission rates for residents of all ages living in Dundee compared to the Scottish rate for these specialties. A&E and Respiratory Medicine are higher for Dundee than the Scottish admission rate for these specialties. Dundee has seen a decreasing admission rate in Respiratory Medicine since 2016/17Q3 but it has seen a large increase in A&E admission rates since 2017/18 Q1.
- Dundee admissions in 2017/18 were below the trajectory set in February 2017 (+4.5%). A new trajectory was set in February 18 (+2.3%) to reflect the improved position; Dundee admissions have so far been below this trajectory.

Potentially Preventable Admissions (PPAs)

- PPAs in Dundee, as a rate of the population, are above the Scottish rate indicating that there are improvements that can be made in these areas.
- COPD is the main reason for PPAs in Dundee with over 600 admissions that could have been prevented. Influenza and pneumonia was the third main reason for PPAs with over 300 admissions that could have been prevented. Approximately 200 PPAs were due to diabetes complications.
- COPD PPAs as a rate of the population in Dundee is higher than Scotland and it saw a large increase in 2015/16Q3. As a rate of the COPD prevalence population, Dundee has had a lower COPD admission rate than Scotland between 2015/16Q4 and 2017/18Q3.
- Diabetes PPAs as a rate of the population in Dundee is higher than Scotland and also, as a rate of diabetes prevalence population, it is higher than Scotland. P&K has seen a large fall in diabetes admission rates since 2016/17Q3.

Average length of stay for emergency inpatients (ALOS) in non-psychiatric hospitals

- As at 2016/17, Dundee had an average length of stay of 8.2 days for emergency inpatients aged 18+ compared to Scotland of 7.8 days.
 - 18+ age groups: ALOS in Dundee has been decreasing since 2015/16Q2 from 8.7 days to 7.7 days in 2017/18Q3.
 - 75+ age groups: ALOS in Dundee has been decreasing since 2015/16Q4 from 13 days to 12 days in 2017/18Q3.
 - 18-74 age groups: ALOS in Dundee has been decreasing since 2015/16Q3 from 5.8 days to 5.2 days in 2017/18Q3.
 - Under 18 age groups: ALOS in Dundee has historically been less than Scotland and has remained steady at around 1.3 days since 2014/15Q1.
- ALOS in Respiratory Medicine has always been more than a day less than the Scottish average since 2015/16Q4 and it has been continually decreasing in Dundee since this

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period, from 7.5 days in 2014/15Q4 to 6.7 days in 2017/18Q3. The very low ALOS in this specialty could be contributing to the high readmission rate.

Acute emergency occupied bed days (EBDs) in non-psychiatric hospitals

- As at 2016/17, EBD rates in Dundee for 18+ age groups was above the Scottish rate; 96,600 per 100,000 population compared to 90,000 per 100,000 population.
 - 18+ age groups: EBD rates have been decreasing since 2016/17Q1 from 100,000 per 100,000 population to 92,000 per 100,000 population in 2017/18Q3. This is a decrease of 8%.
 - 75+ age groups: EBD rates have been decreasing since 2015/16Q2 from 548,000 per 100,000 population to 479,000 per 100,000 population in 2017/18Q3. This is a decrease of 13%.
 - 18-74 age groups: EBD rates have remained steady in Dundee since 2015/16Q4 between 48,000 and 50,000 per 100,000 population.
 - Under 18 age groups: EBD rates have been continually increasing in Dundee since 2015/16Q3 from 11,200 per 100,000 population to 14,700 per 100,000 population in 2017/18Q3. This is an increase of 30%.
- Monthly occupied bed days for Dundee emergency inpatients aged 18+ treated at Ninewells Hospital decreased between March 16 and August 16 and have remained lower than pre-March 16 levels since. For Dundee emergency inpatients aged 18+ treated at Royal Victoria Hospital, there has been a statistically significant decrease in monthly occupied bed days between May 17 and December 17.
- Dundee emergency bed days in 2017/18 have been below the trajectory set in February 2017 (-2.7%). A new trajectory was set in February 18 (-3.4%) to reflect the improved position; Dundee emergency bed days have so far been below this new trajectory.

Care Home Residents

- As at March 2017 most care home residents came from Coldside (18%) with only 6% from the North East
- Approximately 36% of care home residents came from the most deprived areas in Dundee whilst only 18% of care home residents came from the least deprived areas
- The largest care home is Lochleven with 100 beds and over three quarters of the placements are taken up by people from Dundee. The smallest care home is Ferry House with 16 beds.
- The number of A&E episodes for care home residents in Dundee has increased by 54 episodes from 265 episodes in 2015/16 to 319 episodes in 2016/17
- The number of A&E episodes that resulted in an admission for care home residents in Dundee has also increased by 54 from 112 in 2015/16 to 166 in 2016/17. Those discharged from A&E has remained the same.

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- The majority of A&E episodes for care home residents are for Trauma/Injury/Poisoning. In both 2015/16 and 2016/17 these made up 64% of all A&E episodes.

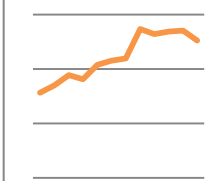
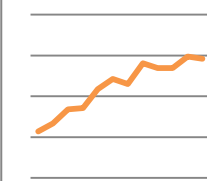
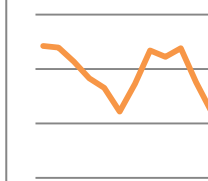
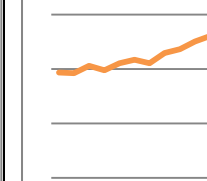
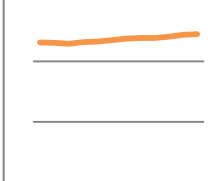
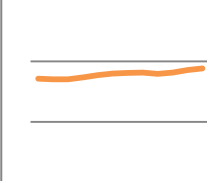
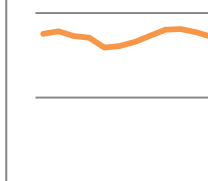
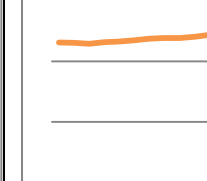
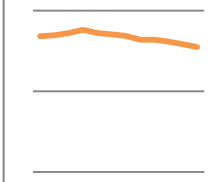
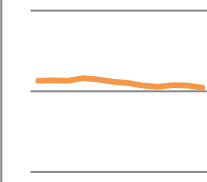
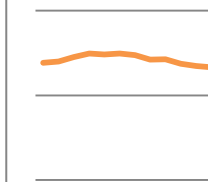
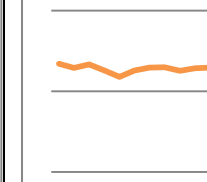
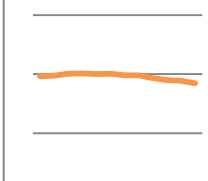

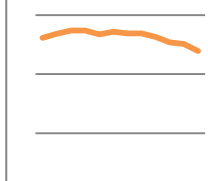
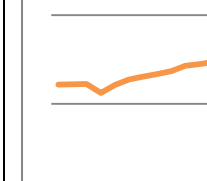
A&E Attendance Rates

- For all A&E attendances in 2016/17, Dundee had the 4th lowest rates per 1,000 population for people of all ages against 31 partnerships.
- For major injury A&E attendances in 2016/17, all 3 partnerships in Tayside had amongst the lowest rates per 1,000 population for people of all ages.

Figure 1: Summary Table of Unscheduled Care Performance in Dundee H&SCP between 2014/15Q4 and 2017/18Q3 (**Caution:** each graph may have a different scale so direct comparisons are not recommended. These are to reflect trends only).

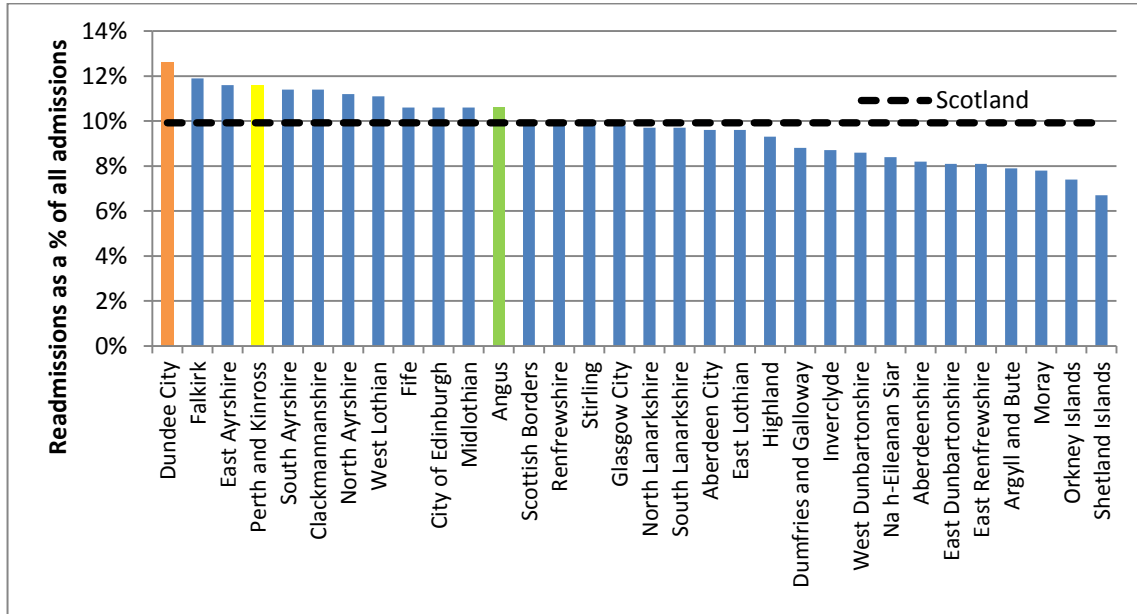
	Age 18+	Age 18-74	Age 75+	Age under 18
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Local Intelligence Support Team (LIST), ISD Scotland

28 day readmission				
Admissions				
Average Length of Stay				
Occupied Bed Days				

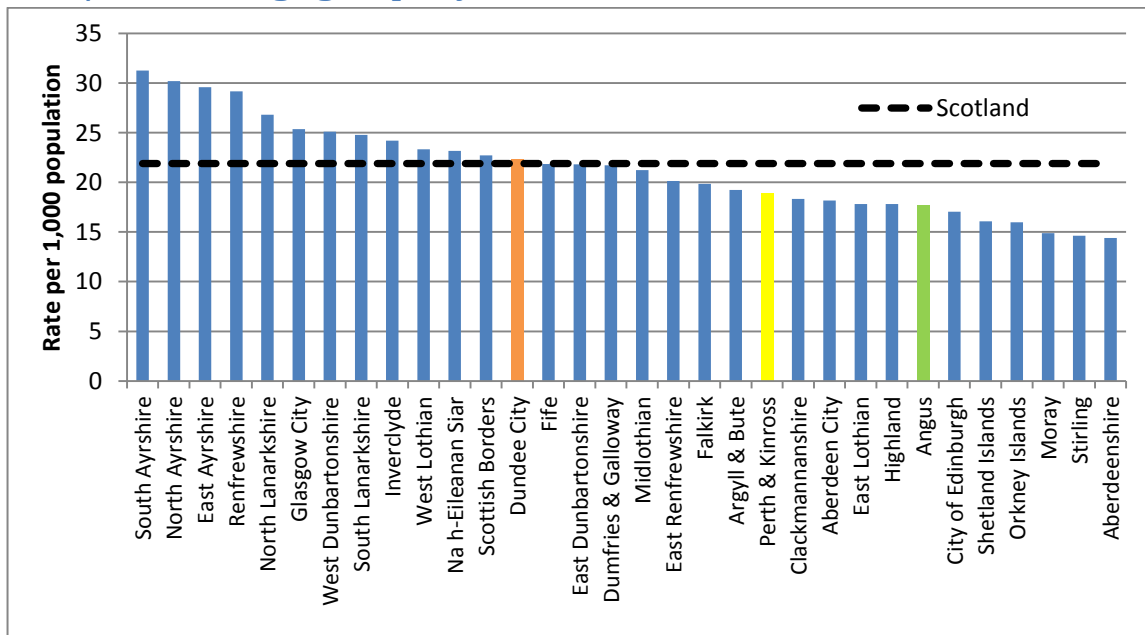
Acute Readmissions within 28 Days

Chart 1a: Readmissions within 28 days as a percentage of all admissions as at 2016/17 for all age groups by H&SCP



Source: ISD Discovery

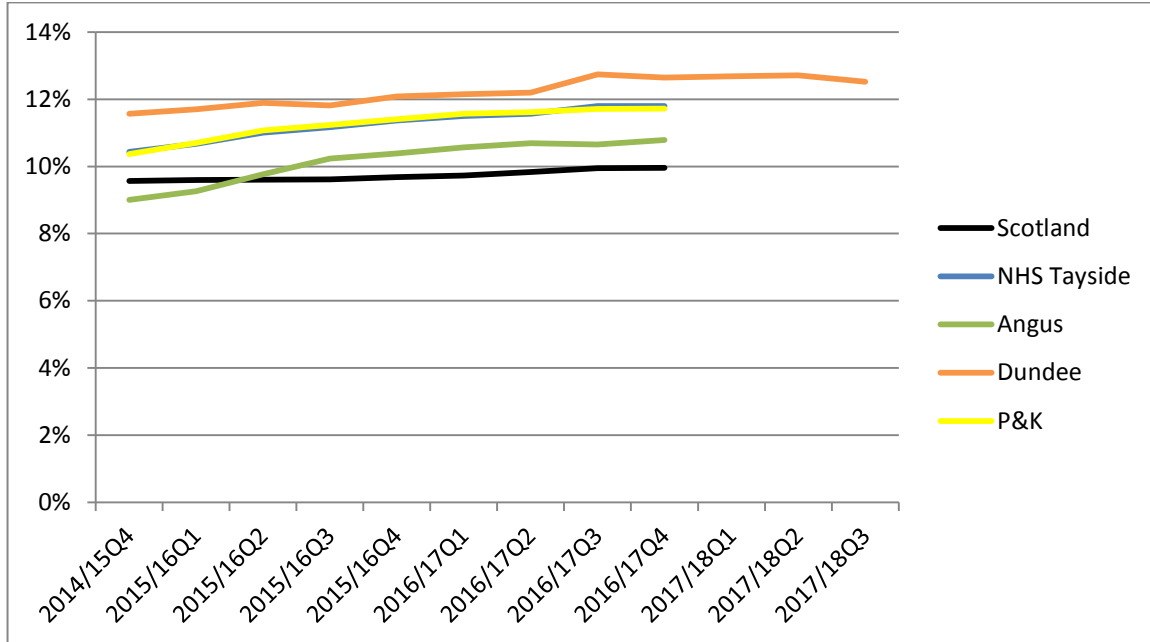
Chart 2: Readmissions within 28 days as a rate per 1,000 population as at 2016/17 for all age groups by H&SCP



Source: ISD Discovery and NRS population records

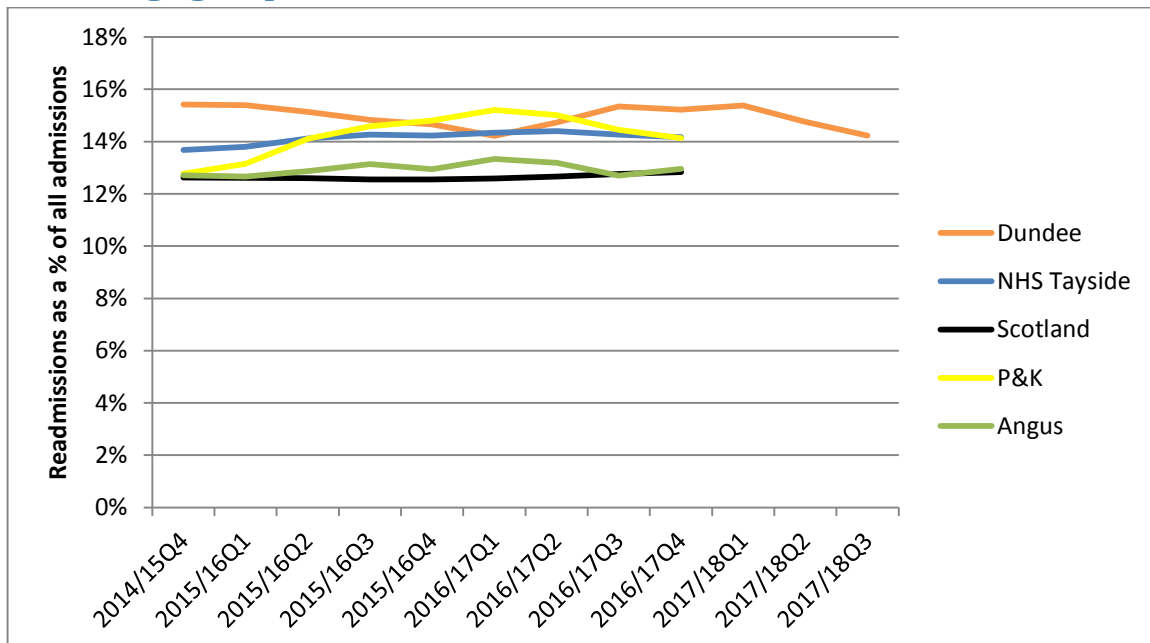
Local Intelligence Support Team (LIST), ISD Scotland

Chart 3a: Readmissions within 28 days as a percentage of all admissions for 18+ age groups



Source: SMR01 Dataset (ISD)

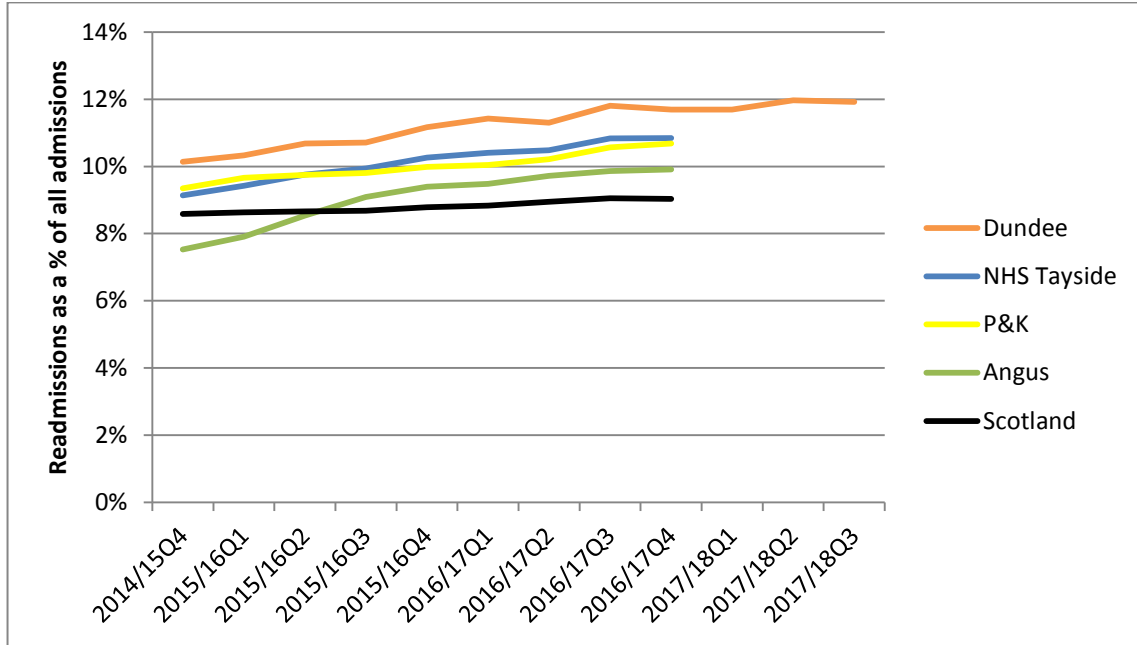
Chart 3b: Readmissions within 28 days as a percentage of all admissions for 75+ age groups



Source: SMR01 Dataset (ISD)

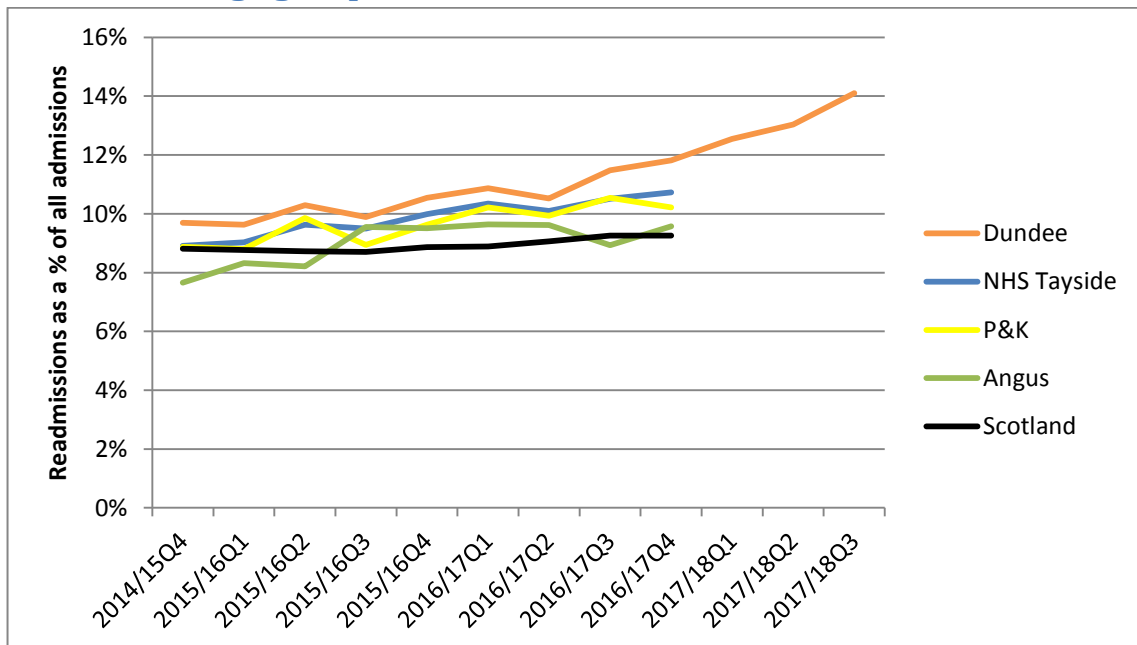
Local Intelligence Support Team (LIST), ISD Scotland

Chart 3c: Readmissions within 28 days as a percentage of all admissions for 18-74 age groups



Source: SMR01 Dataset (ISD)

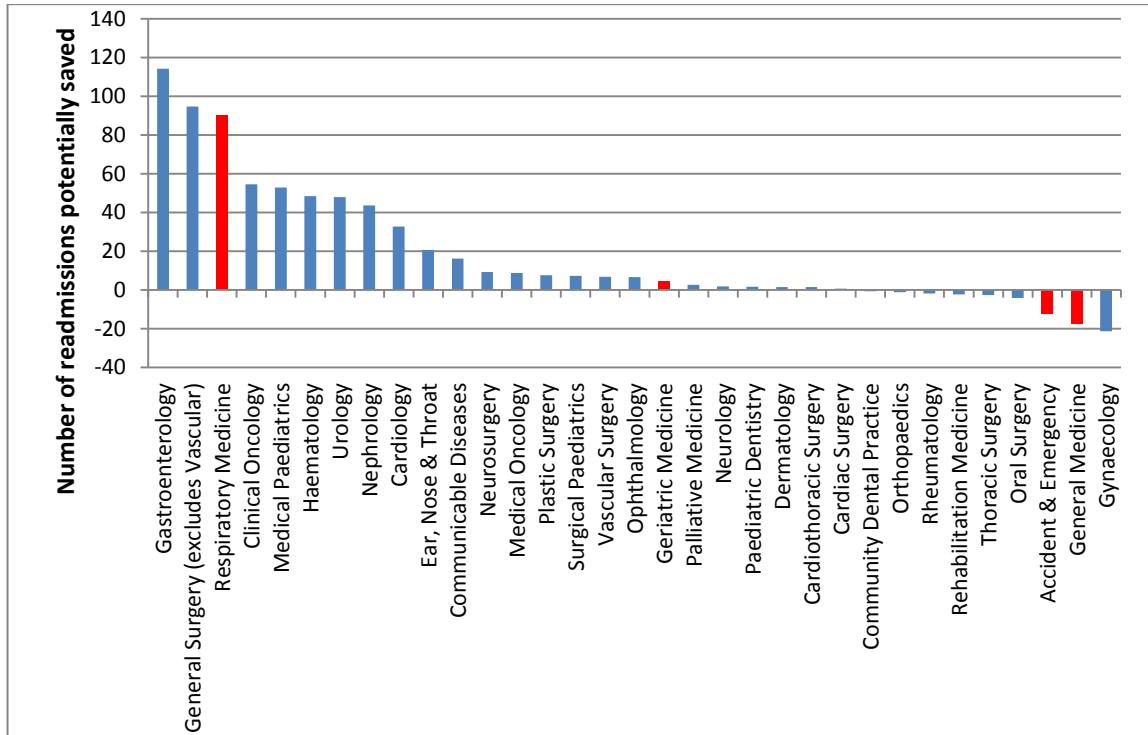
Chart 3d: Readmissions within 28 days as a percentage of all admissions for under 18 age groups



Source: SMR01 Dataset (ISD)

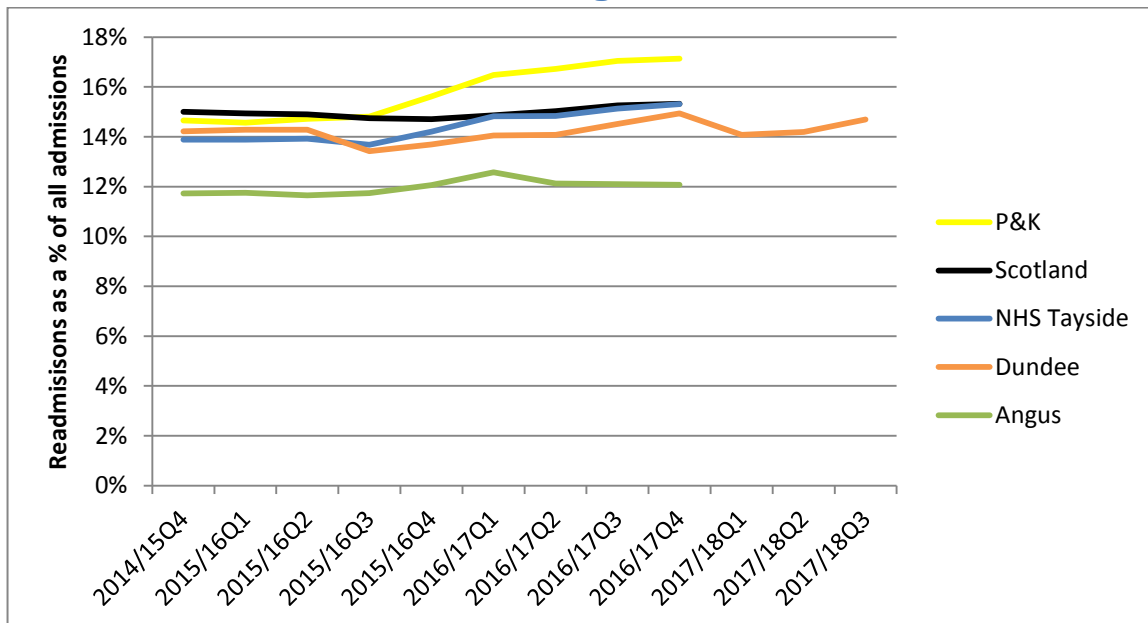
Local Intelligence Support Team (LIST), ISD Scotland

Chart 4: Number of readmissions within 28 days by specialty (from 1st admission), that could have been avoided if Dundee H&SCP performed similar to Scotland in 2016/17



Source: SMR01 dataset (ISD)

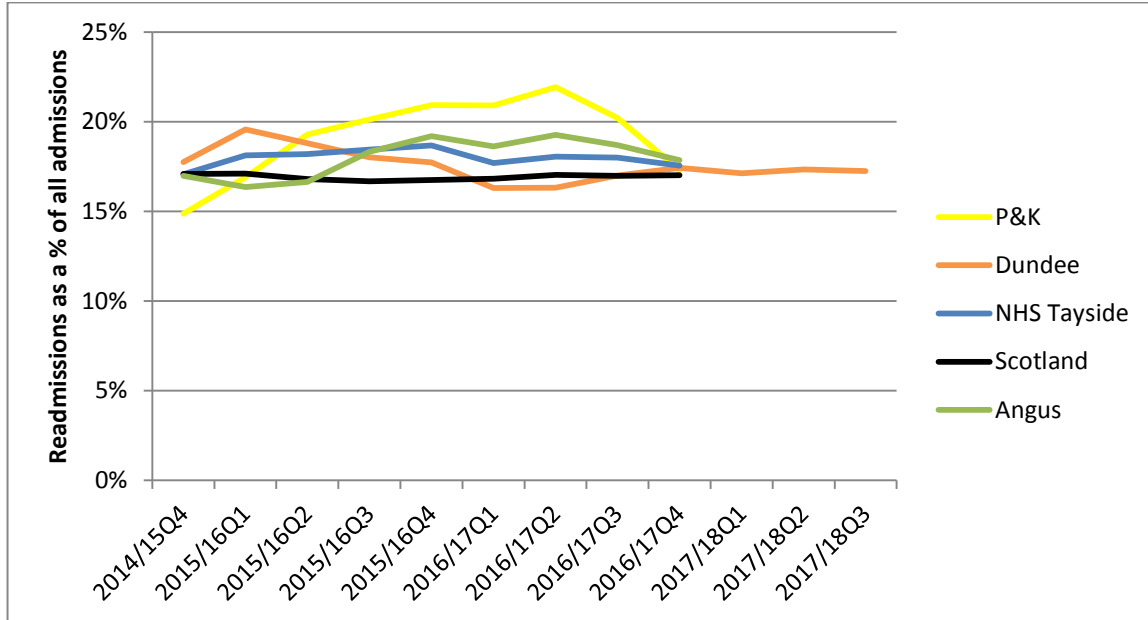
Chart 5a: Number of readmissions within 28 days as a percentage of all admissions in General Medicine; all ages



Source: SMR01 dataset (ISD)

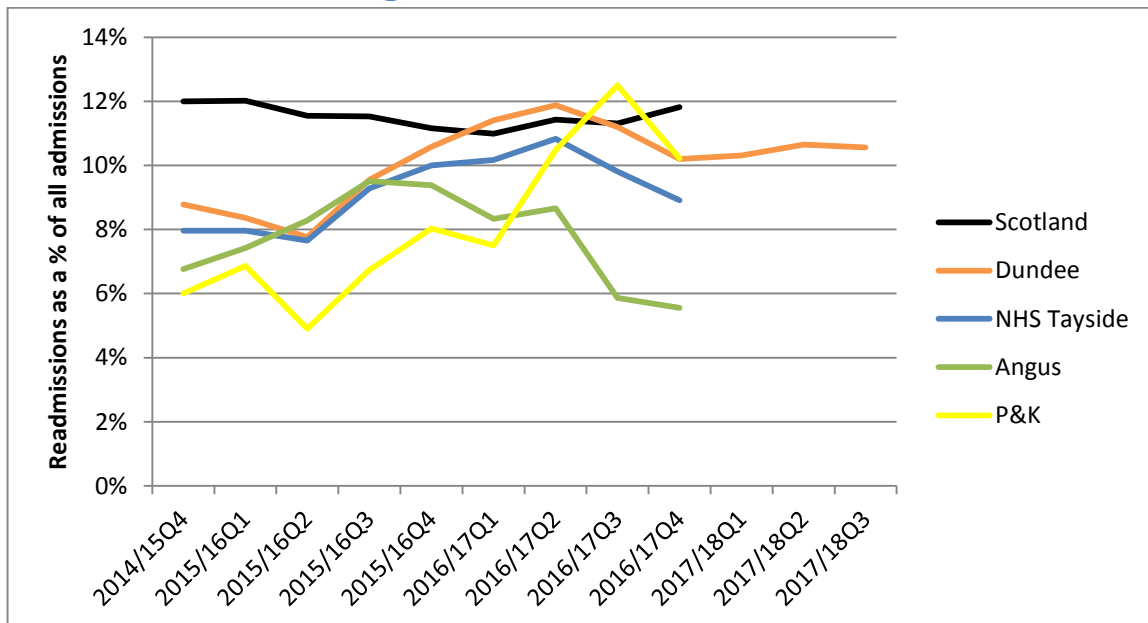
Local Intelligence Support Team (LIST), ISD Scotland

Chart 5b: Number of readmissions within 28 days as a percentage of all admissions in Geriatric Medicine; all ages



Source: SMR01 dataset (ISD)

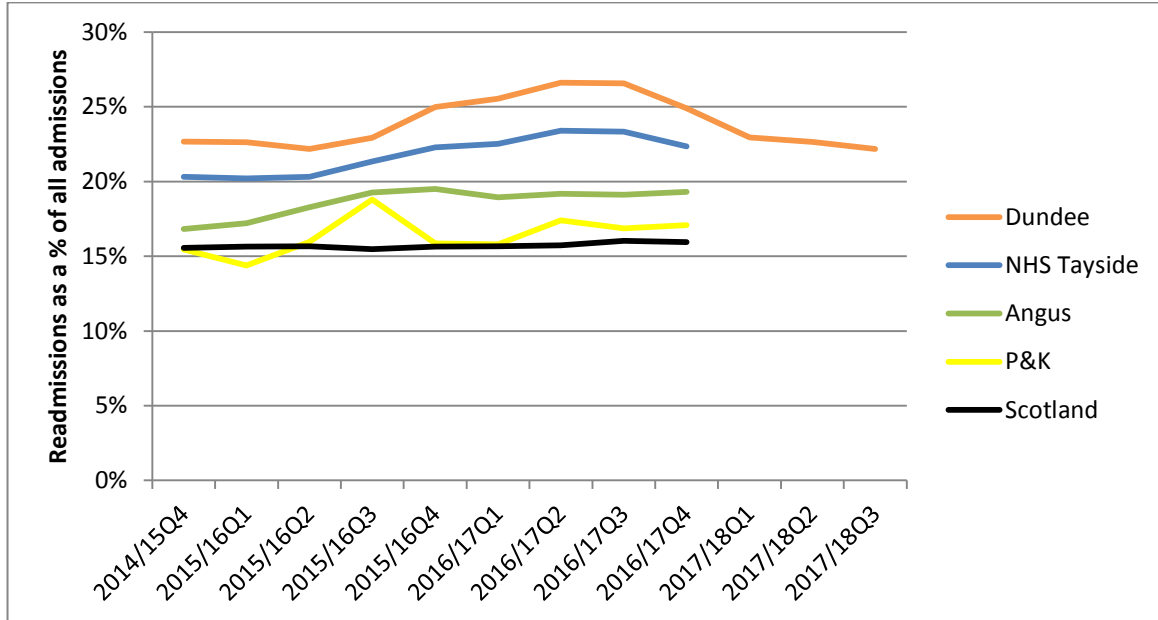
Chart 5c: Number of readmissions within 28 days as a percentage of all admissions in A&E; all ages



Source: SMR01 dataset (ISD)

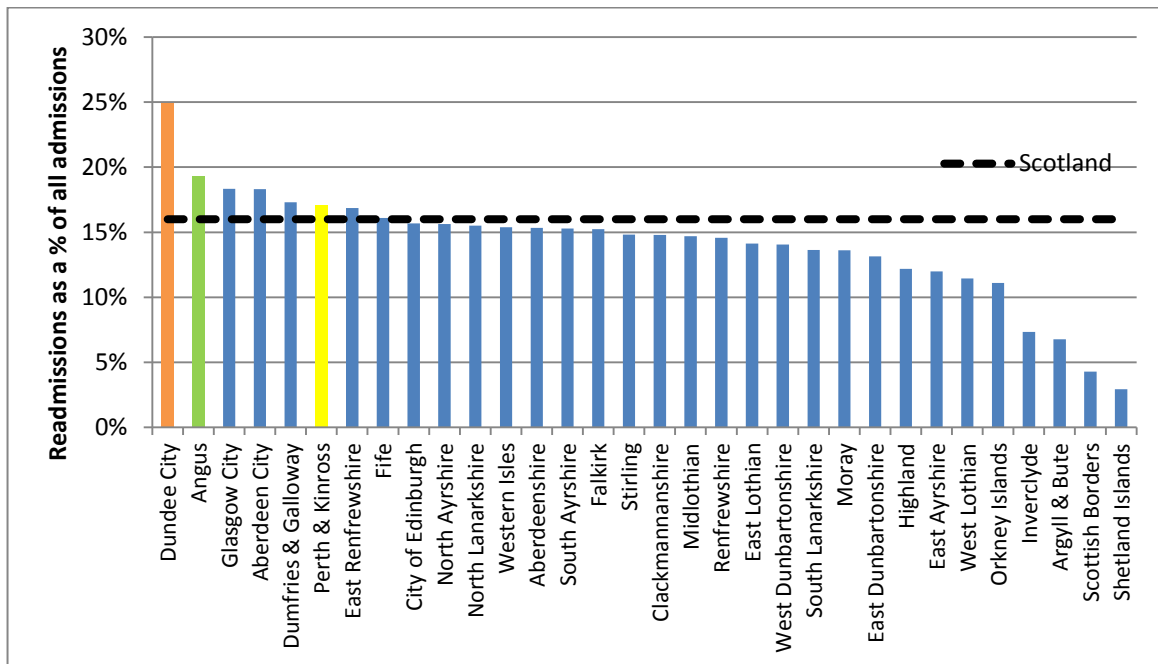
Local Intelligence Support Team (LIST), ISD Scotland

Chart 5d: Number of readmissions within 28 days as a percentage of all admissions in Respiratory Medicine; all ages



Source: SMR01 dataset (ISD)

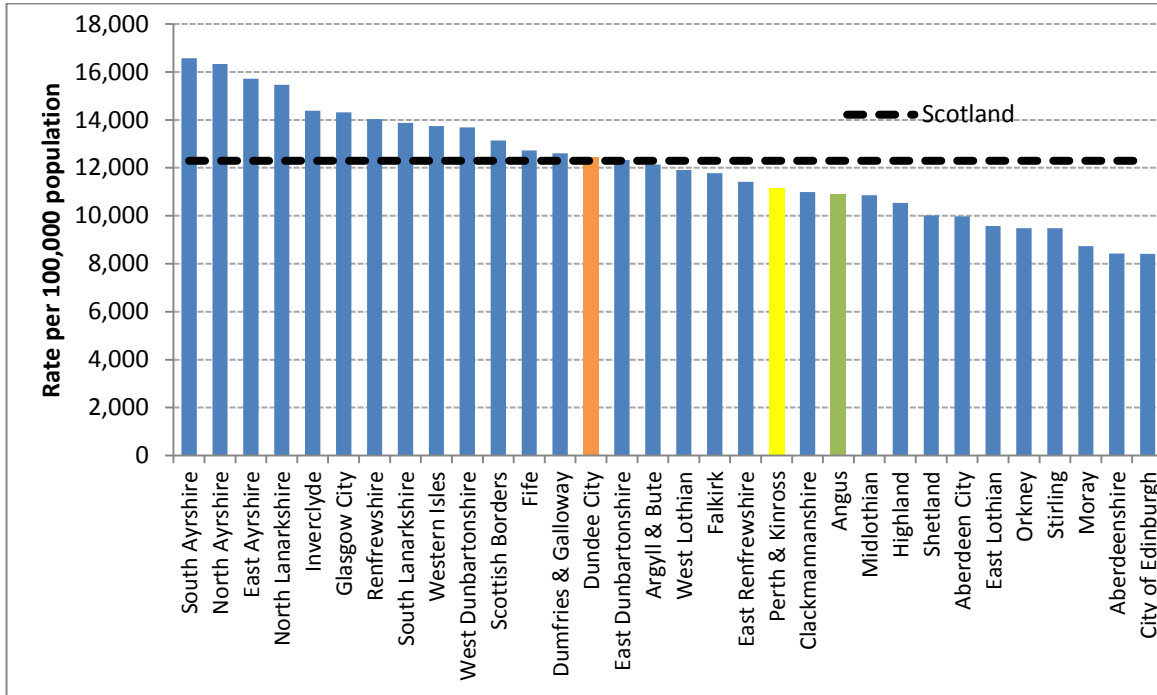
Chart 6: Emergency readmissions within 28 days as a percentage of all admissions within Respiratory Medicine for all ages in 2016/17 by H&SCP



Source: SMR01 dataset (ISD)

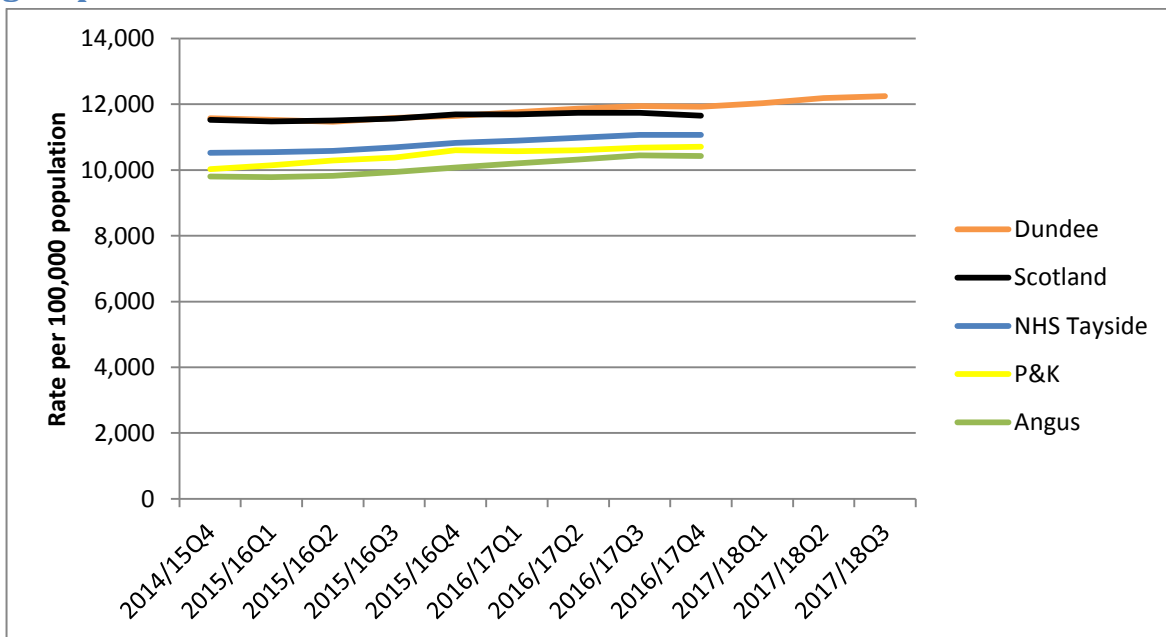
Acute Emergency Admissions in Non-Psychiatric Hospitals

Chart 7: Emergency admission rate per 100,000 population as at 2016/17 for ages 18+ by H&SCP



Source: SMR01 Dataset (ISD) and NRS population records

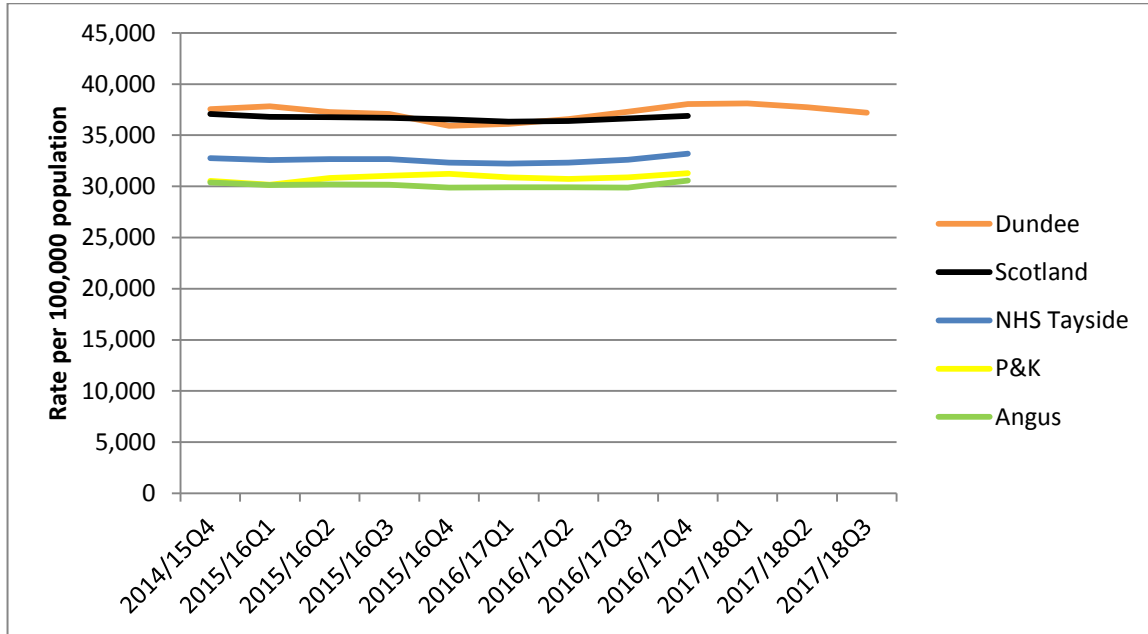
Chart 8a: Emergency admission rate per 100,000 population for 18+ age groups



Local Intelligence Support Team (LIST), ISD Scotland

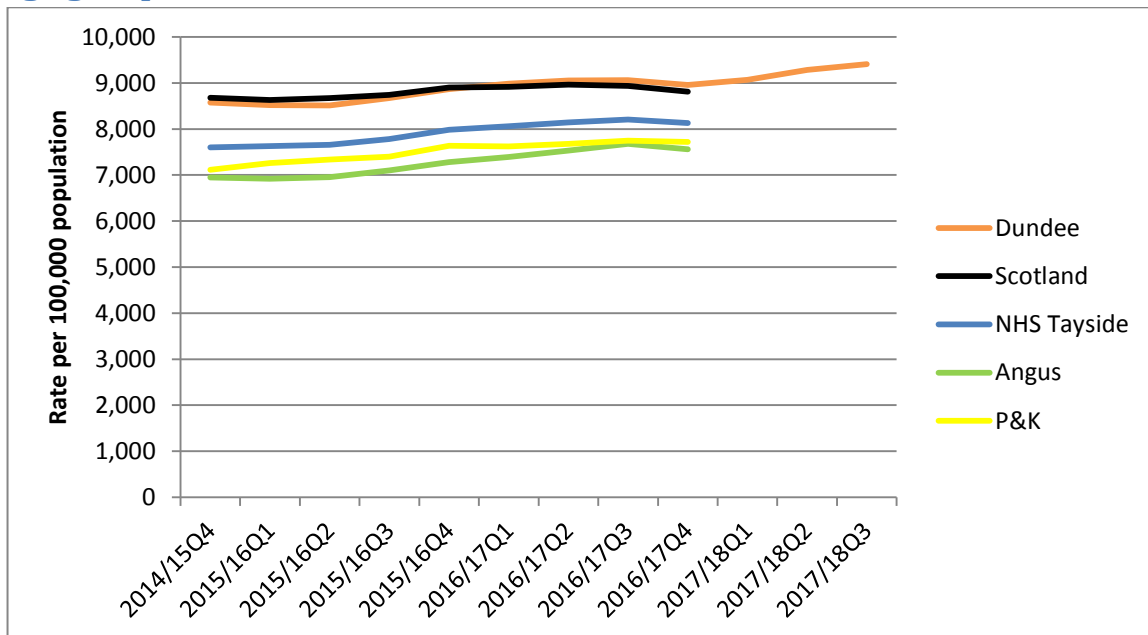
Source: SMR01 Dataset (ISD) and NRS population records

Chart 8b: Emergency admission rate per 100,000 population for 75+ age groups



Source: SMR01 Dataset (ISD) and NRS population records

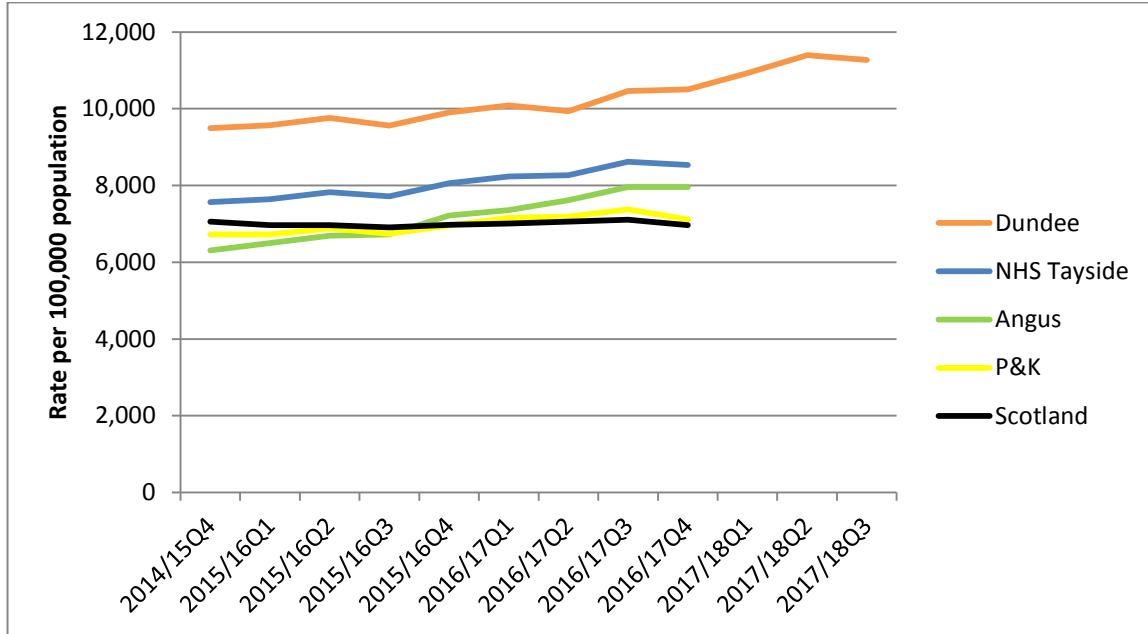
Chart 8c: Emergency admission rate per 100,000 population for 18-74 age groups



Source: SMR01 Dataset (ISD) and NRS population records

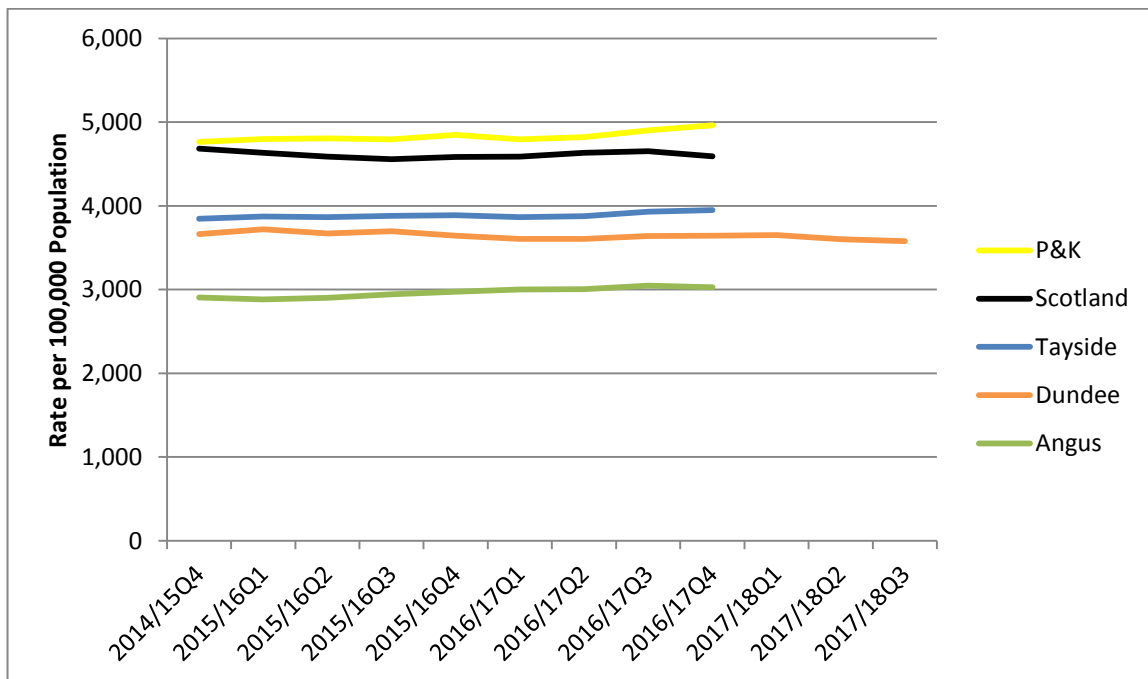
Local Intelligence Support Team (LIST), ISD Scotland

Chart 8d: Emergency admission rate per 100,000 population for under 18 age groups



Source: SMR01 Dataset (ISD) and NRS population records

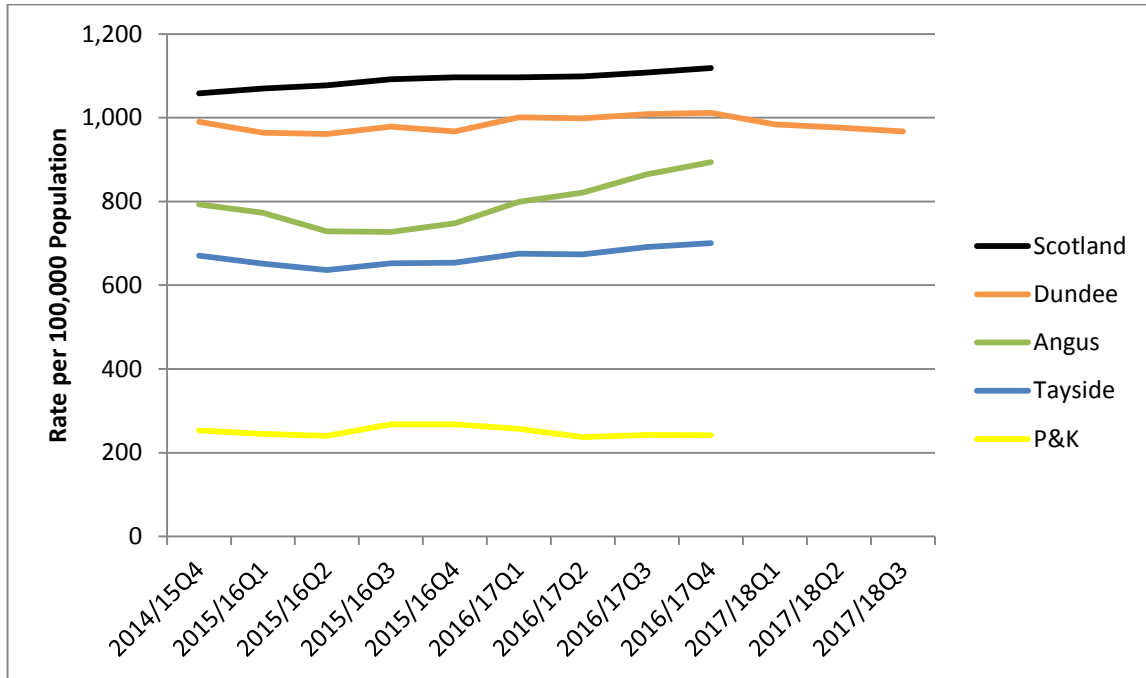
Chart 9a: Emergency admission rate per 100,000 population for all ages in General Medicine



Source: SMR01 Dataset (ISD) and NRS population records

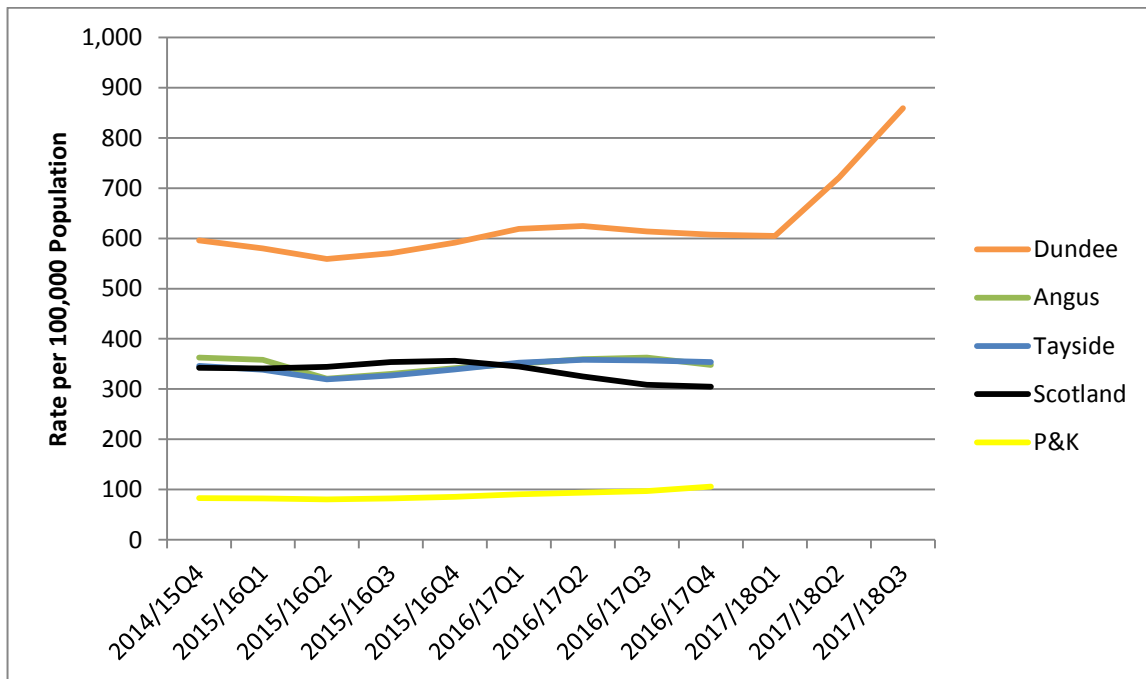
Local Intelligence Support Team (LIST), ISD Scotland

Chart 9b: Emergency admission rate per 100,000 population for all ages in Geriatric Medicine



Source: SMR01 Dataset (ISD) and NRS population records

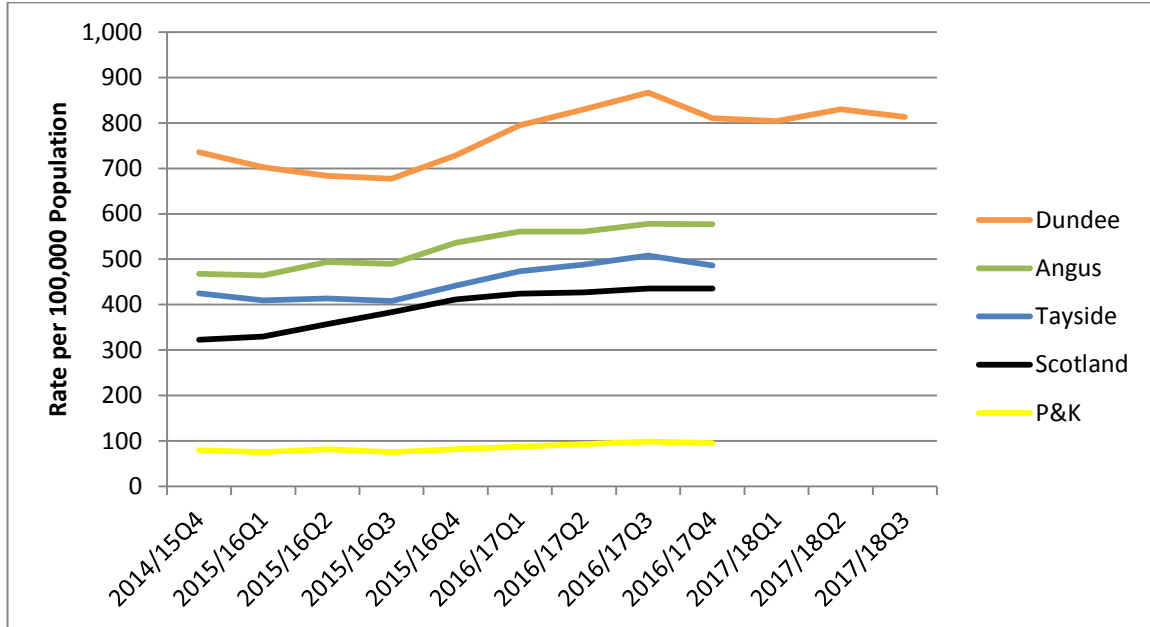
Chart 9c: Emergency admission rate per 100,000 population for all ages in A&E



Source: SMR01 Dataset (ISD) and NRS population records

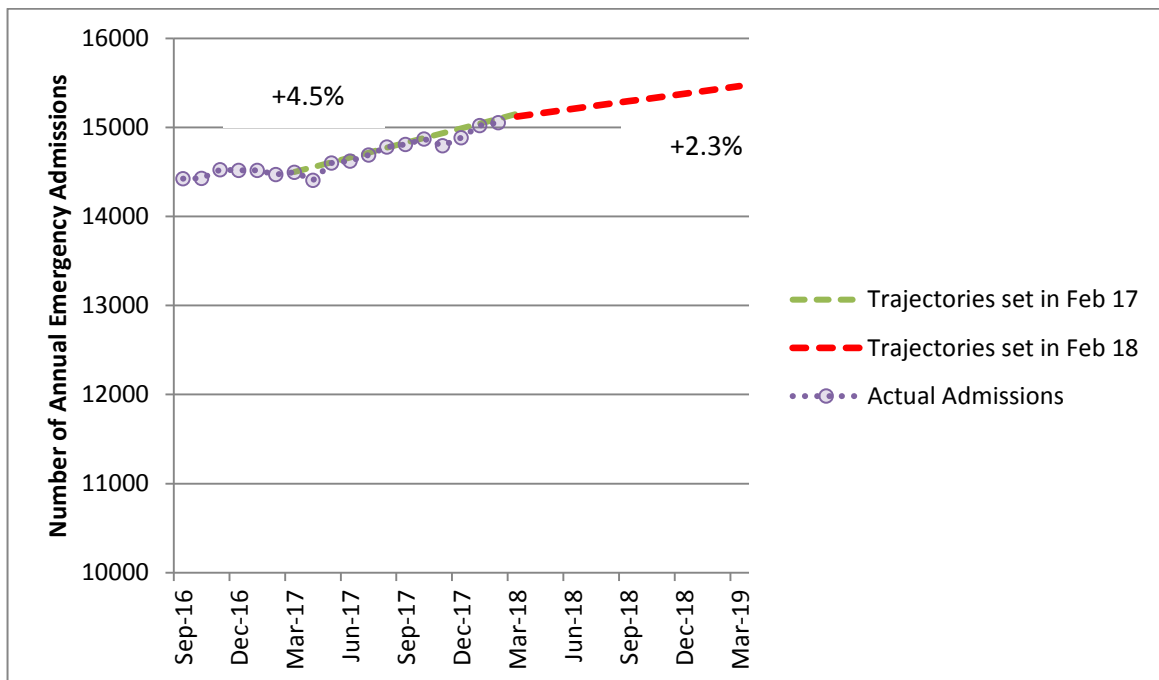
Local Intelligence Support Team (LIST), ISD Scotland

Chart 9d: Emergency admission rate per 100,000 population for all ages in Respiratory Medicine



Source: SMR01 Dataset (ISD) and NRS population records

Chart 10: Annual Emergency Admissions for 18+ Vs Trajectories for Dundee H&SCP

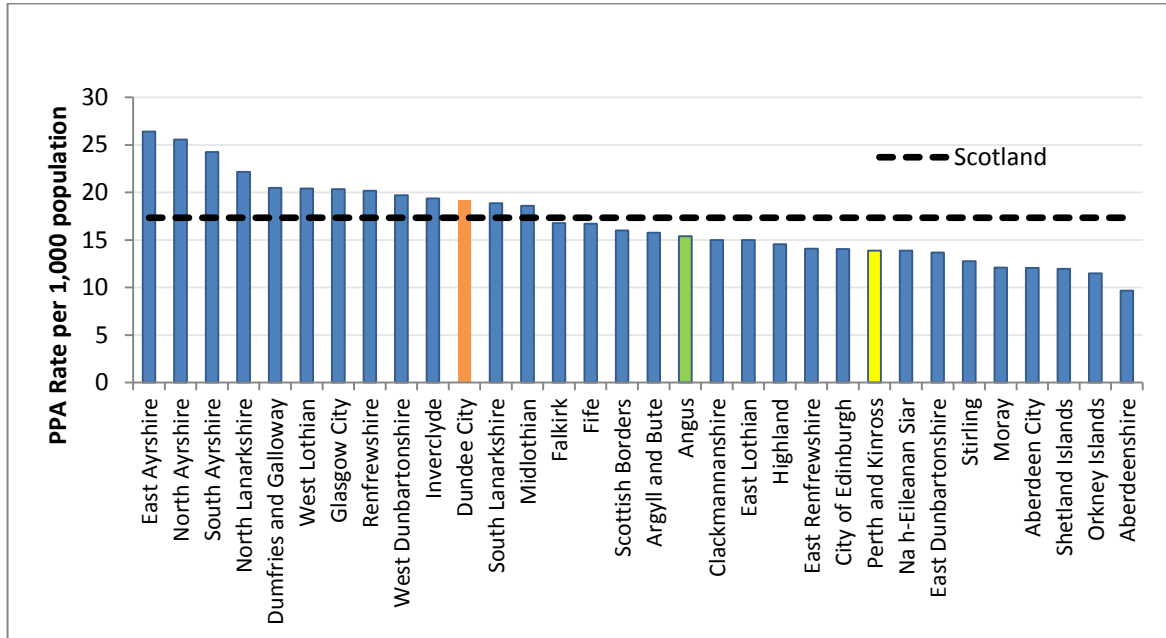


Source: SMR01 dataset (ISD) and Dundee MSG returns

Note: The y-axis does not start at 0 in order to show the actual values against the trajectories more clearly.

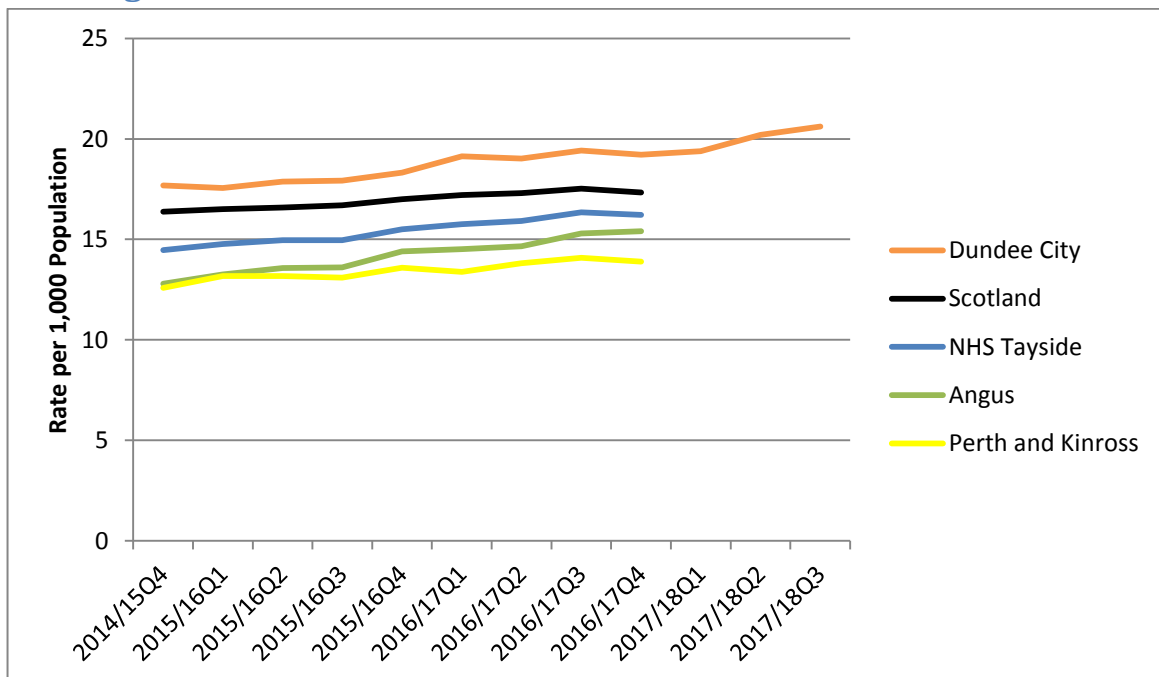
Potentially Preventable Admissions

Chart 11: Potentially preventable admission rate per 1,000 population in 2016/17 for all ages by H&SCP



Source: Discovery (ISD)

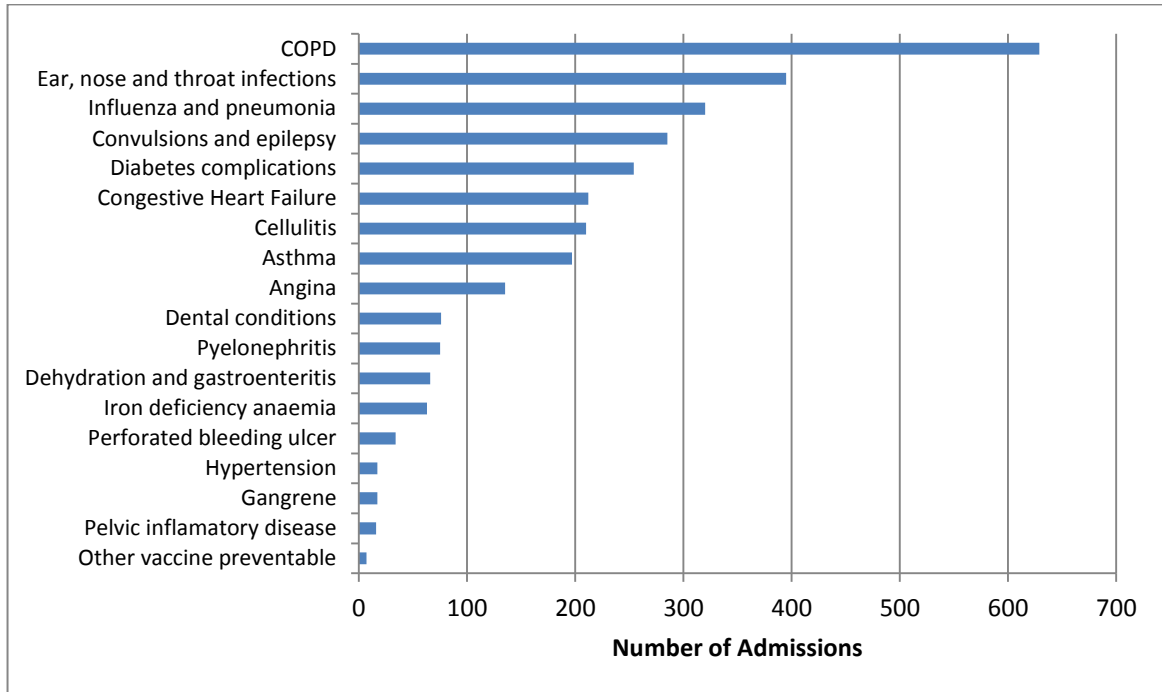
Chart 12: Potentially preventable admission rate per 1,000 population for all ages



Source: SMR01 Dataset (ISD) and NRS population records

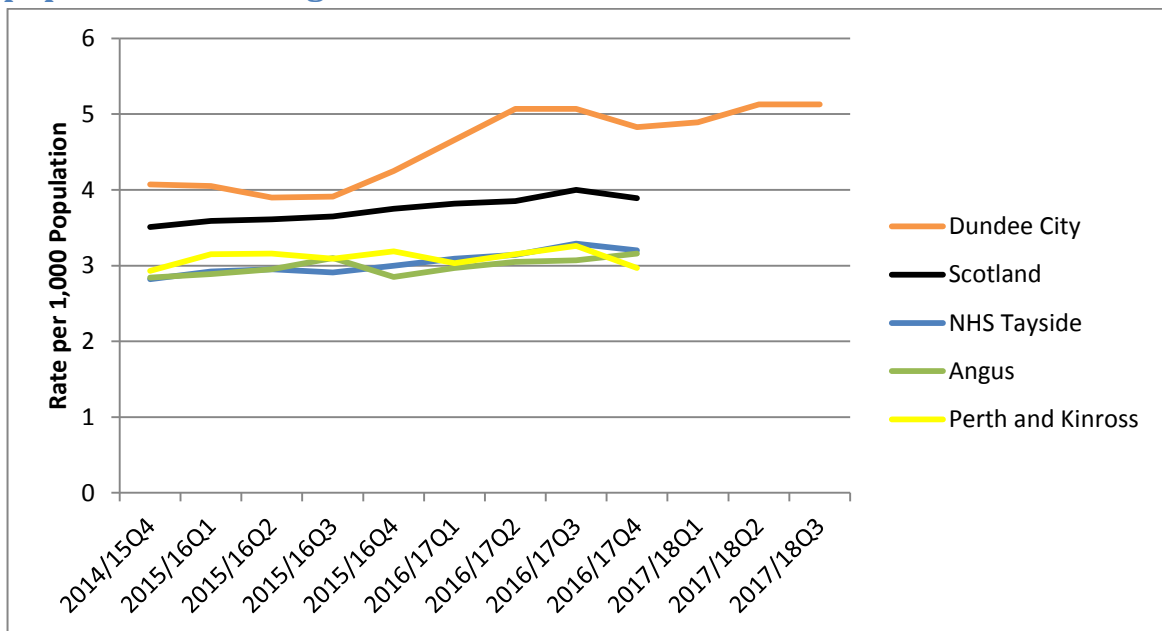
Local Intelligence Support Team (LIST), ISD Scotland

Chart 13: Potentially preventable admissions in Dundee for all ages during 2017 by diagnoses



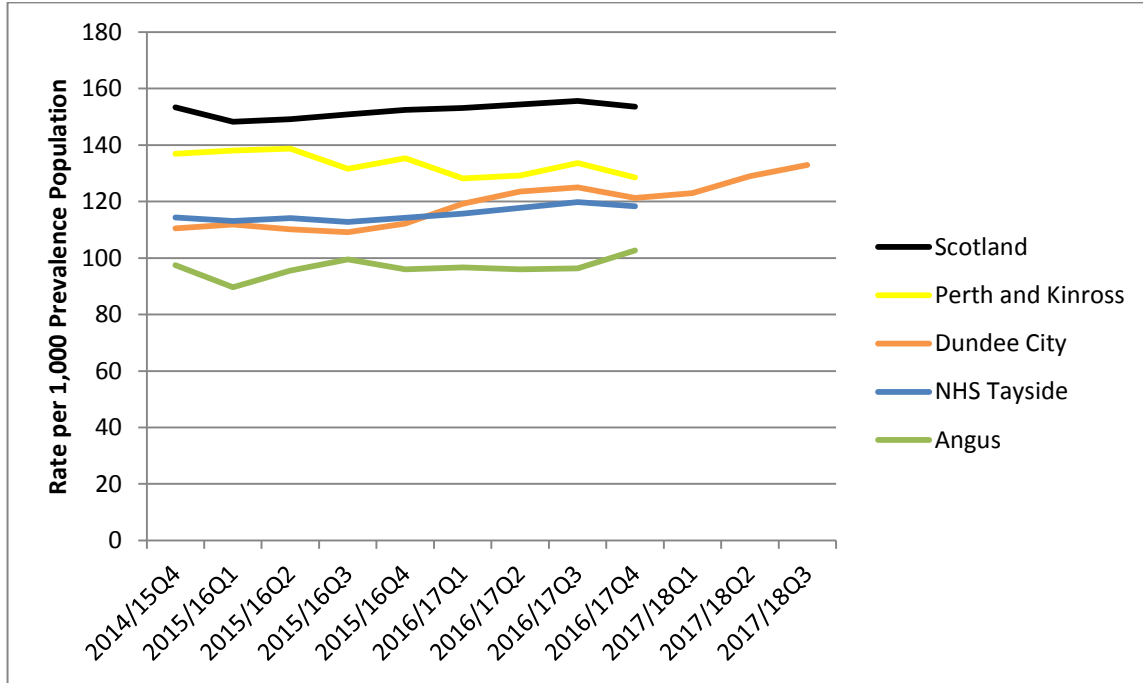
Source: Discovery (ISD)

Chart 14a: Potentially preventable COPD admission rates per 1,000 population for all ages



Source: SMR01 Dataset (ISD) and NRS population records

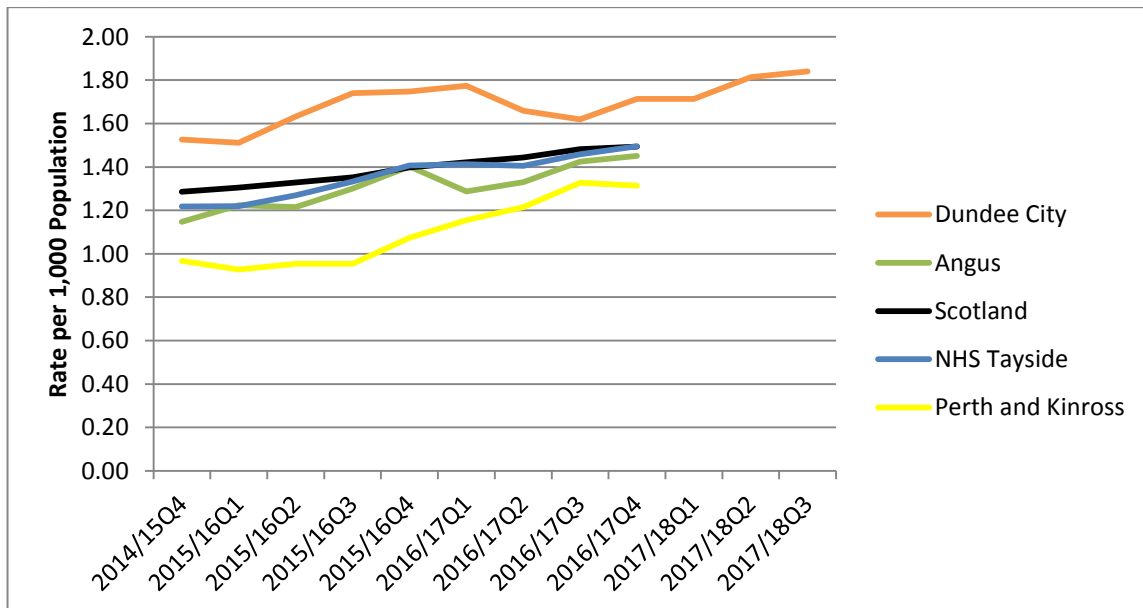
Chart 14b: Potentially preventable COPD admission rates per 1,000 COPD prevalence population for all ages



Source: SMR01 Dataset (ISD) and COPD QOF publications (ISD)

Note: 2015/16 COPD QOF prevalence rates were used for quarters in 2016/17 and 2017/18 – 2016/17 TQA registers were not considered reliable for the purposes of this measure

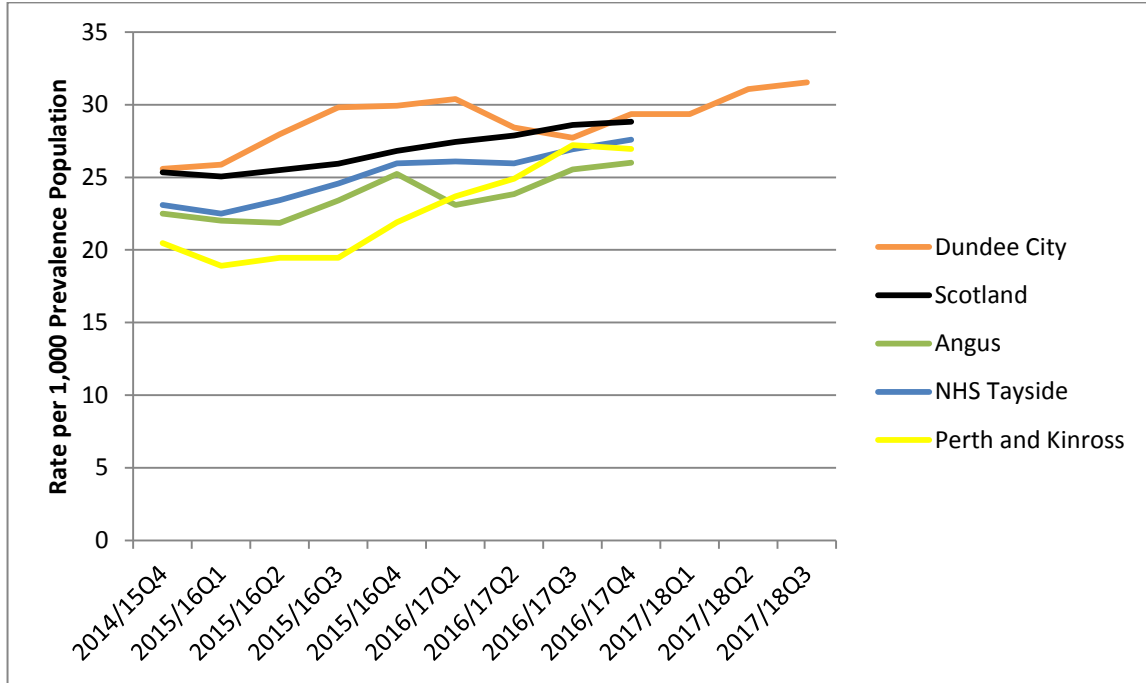
Chart 15a: Potentially preventable diabetes admission rates per 1,000 population for all ages



Source: SMR01 Dataset (ISD) and NRS population records

Local Intelligence Support Team (LIST), ISD Scotland

Chart 15b: Potentially preventable diabetes admission rates per 1,000 diabetes prevalence population for all ages

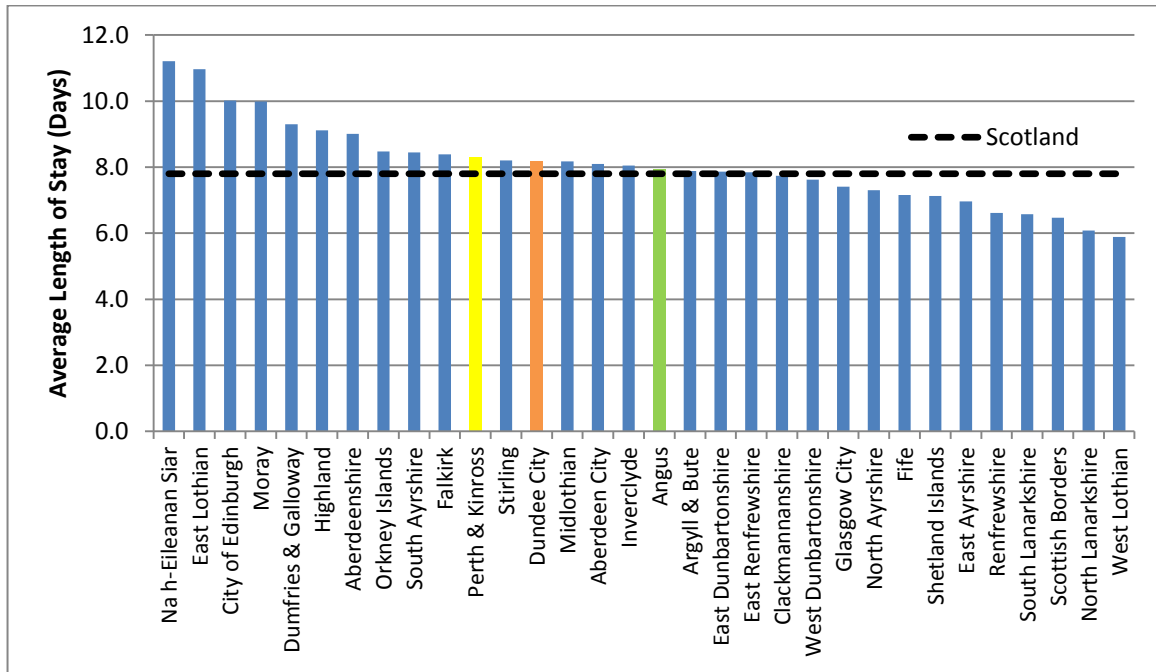


Source: SMR01 Dataset (ISD) and Diabetes QOF publications (ISD)

Note: 2015/16 Diabetes QOF prevalence rates were used for quarters in 2016/17 and 2017/18 – 2016/17 TQA registers were not considered reliable for the purposes of this measure

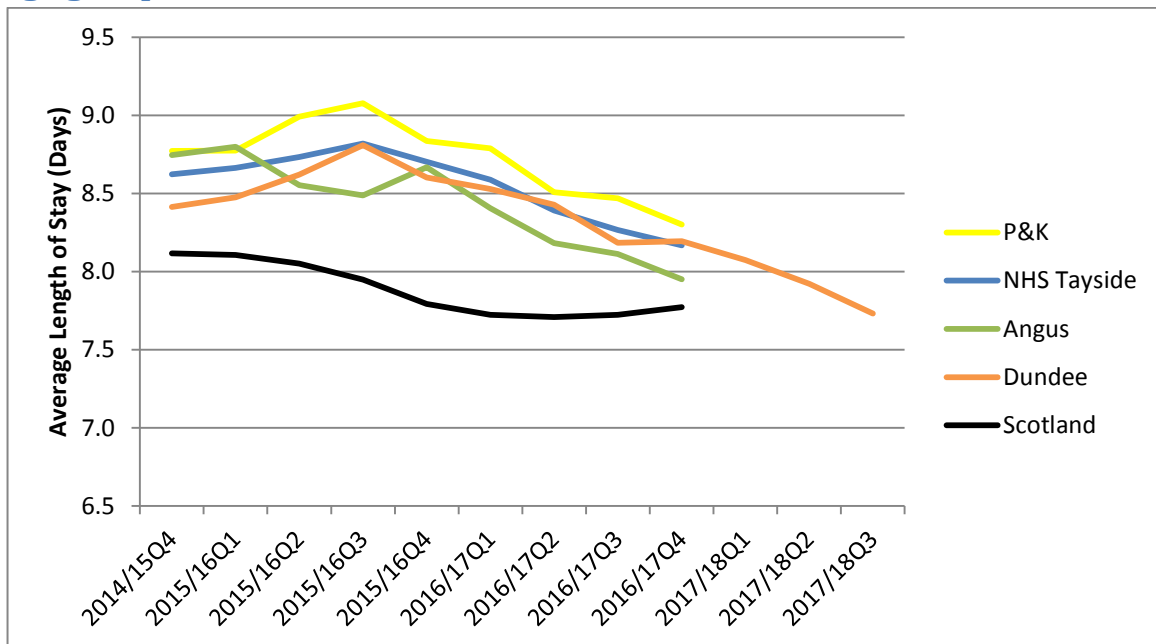
Average Length of Stay in Non-Psychiatric Hospitals

Chart 16: Emergency admission average length of stay as at 2016/17 for ages 18+ by H&SCP



Source: SMR01 dataset (ISD)

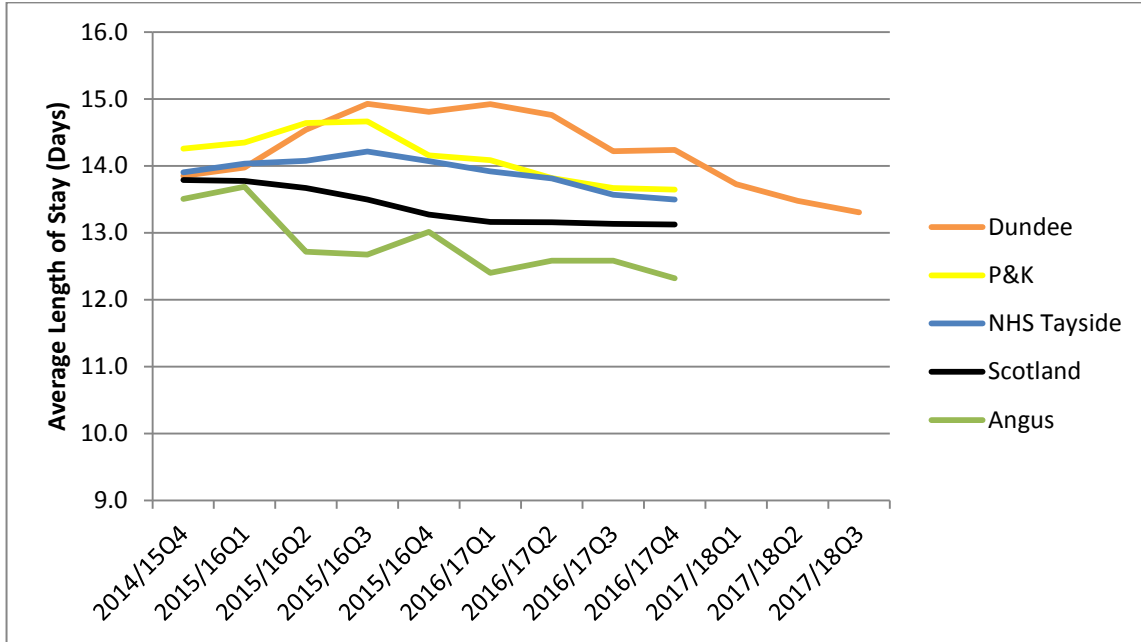
Chart 17a: Emergency admission average length of stay (days) for 18+ age groups



Source: SMR01 dataset (ISD)

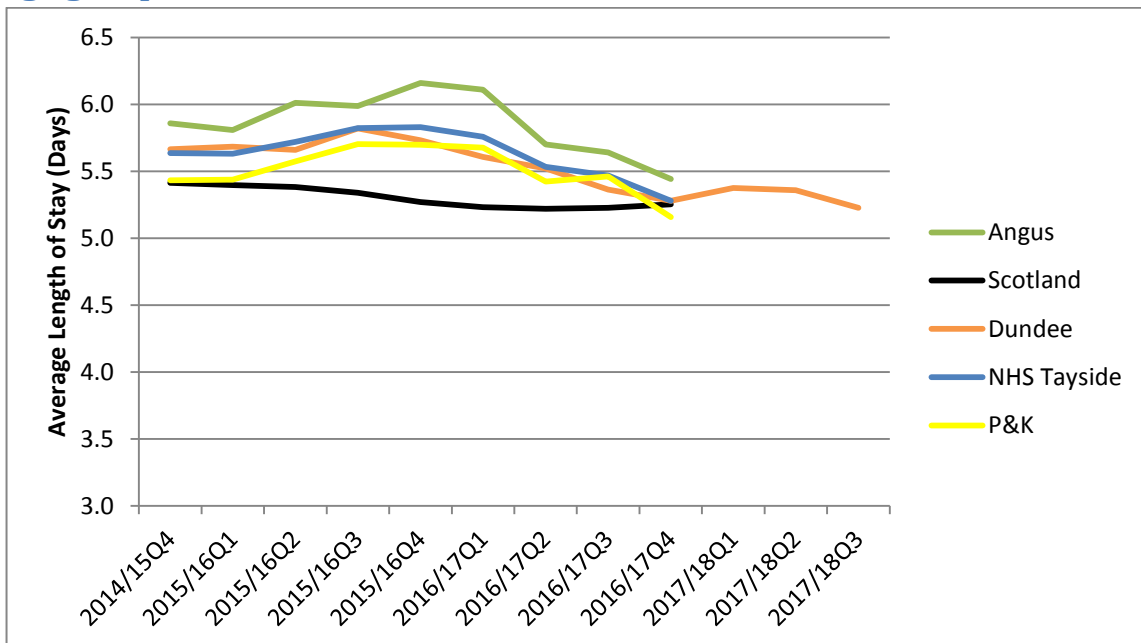
Local Intelligence Support Team (LIST), ISD Scotland

Chart 17b: Emergency admission average length of stay (days) for 75+ age groups



Source: SMR01 dataset (ISD)

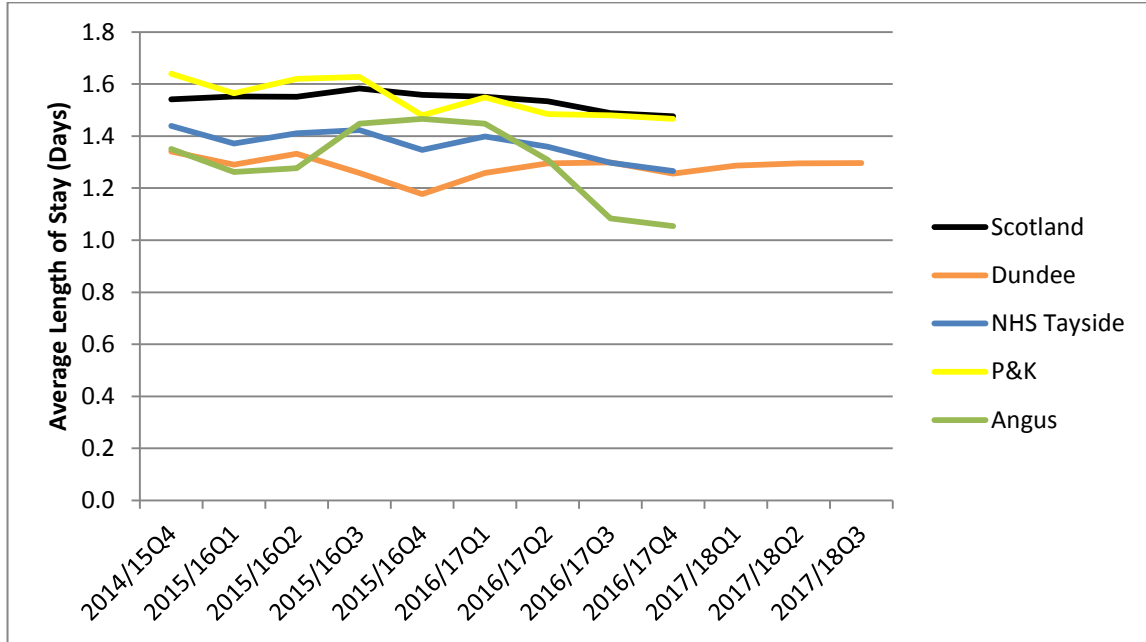
Chart 17c: Emergency admission average length of stay (days) for 18-74 age groups



Source: SMR01 dataset (ISD)

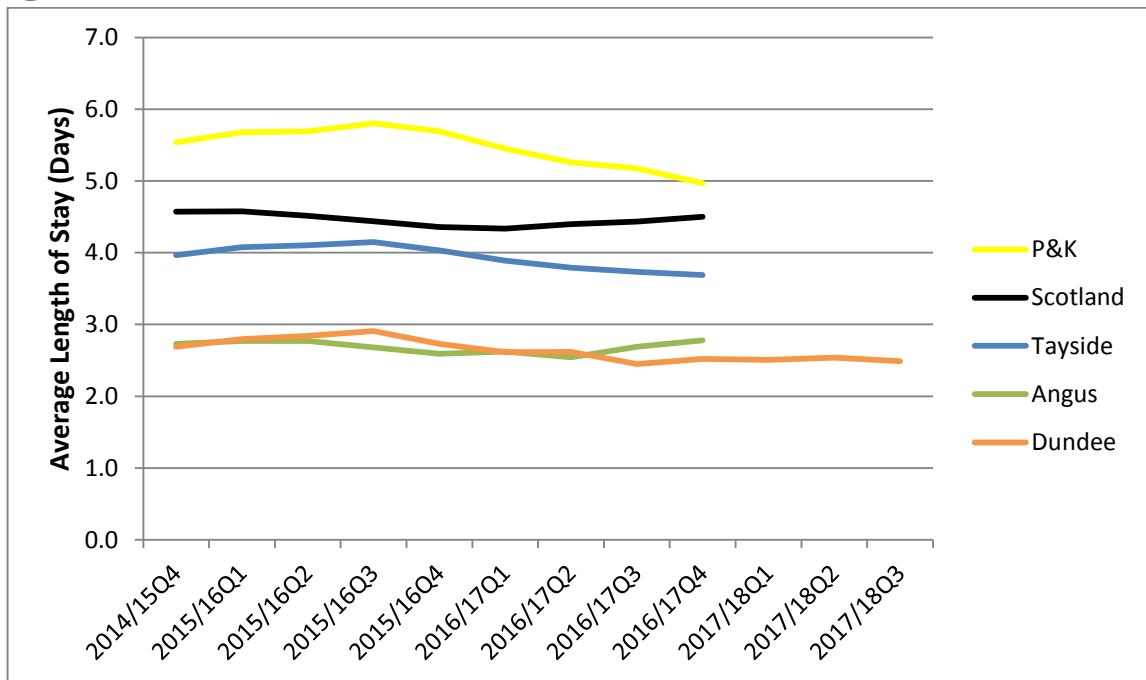
Local Intelligence Support Team (LIST), ISD Scotland

Chart 17d: Emergency admission average length of stay (days) for under 18 age groups



Source: SMR01 dataset (ISD)

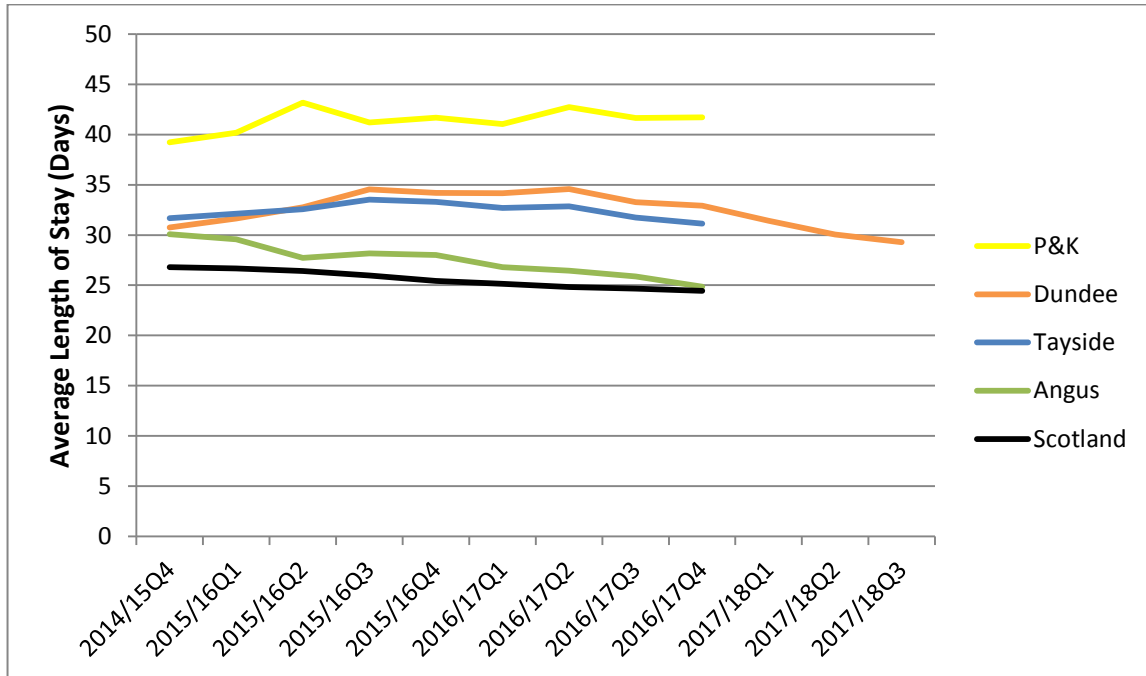
Chart 18a: Emergency admission average length of stay (days) for all ages in General Medicine



Source: SMR01 dataset (ISD)

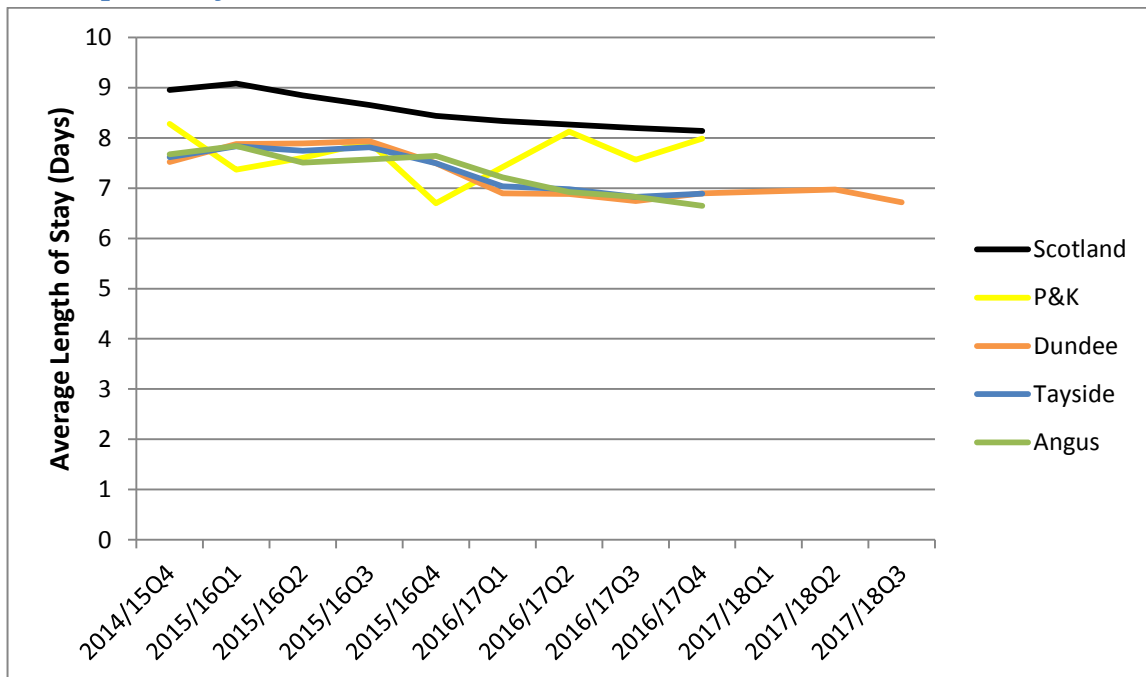
Local Intelligence Support Team (LIST), ISD Scotland

Chart 18b: Emergency admission average length of stay (days) for all ages in Geriatric Medicine



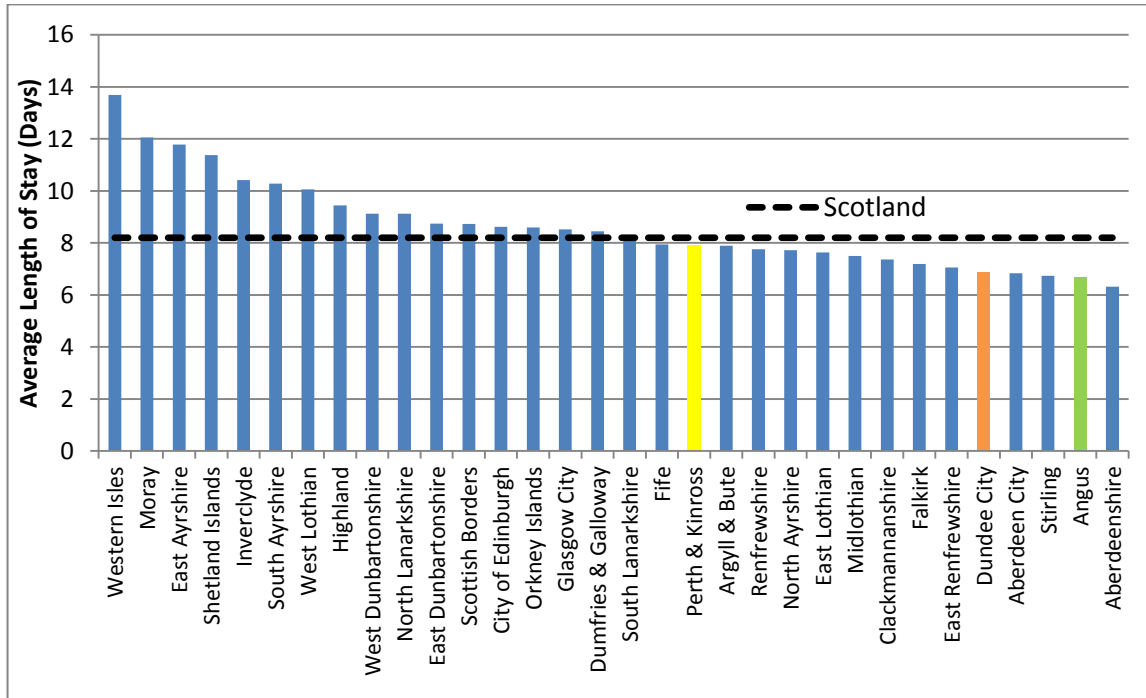
Source: SMR01 dataset (ISD)

Chart 18c: Emergency admission average length of stay (days) for all ages in Respiratory Medicine



Source: SMR01 dataset (ISD)

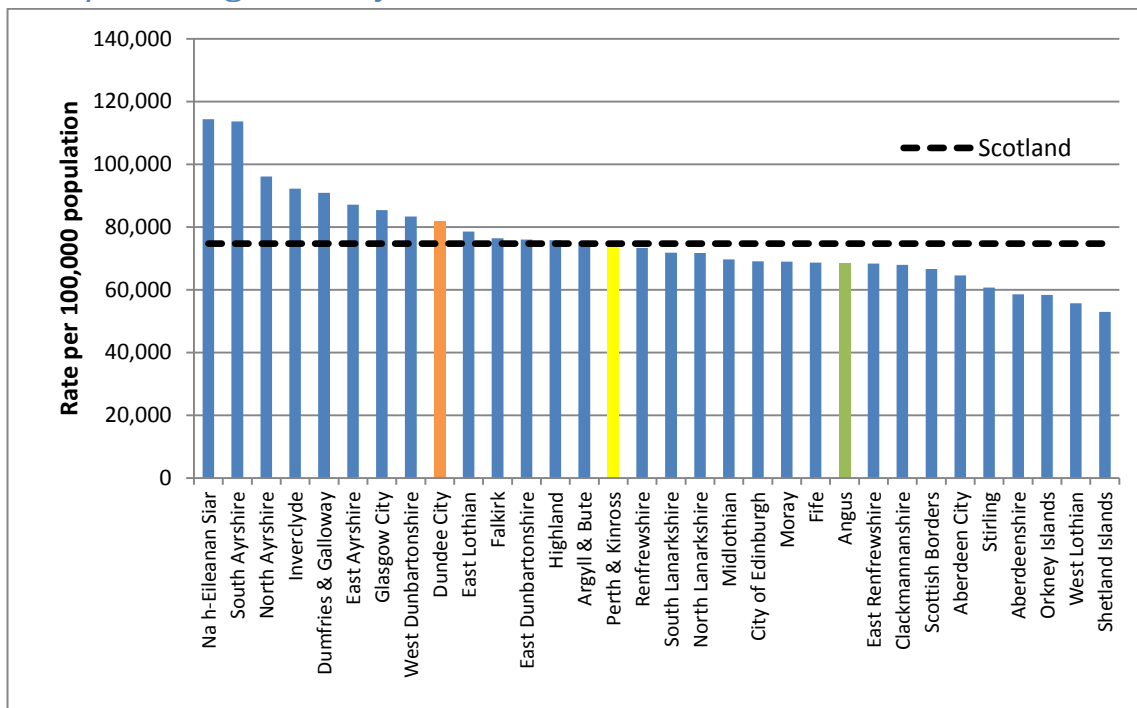
Chart 19: Emergency admission average length of stay (days) for all ages in Respiratory Medicine in 2016/17



Source: SMR01 dataset (ISD)

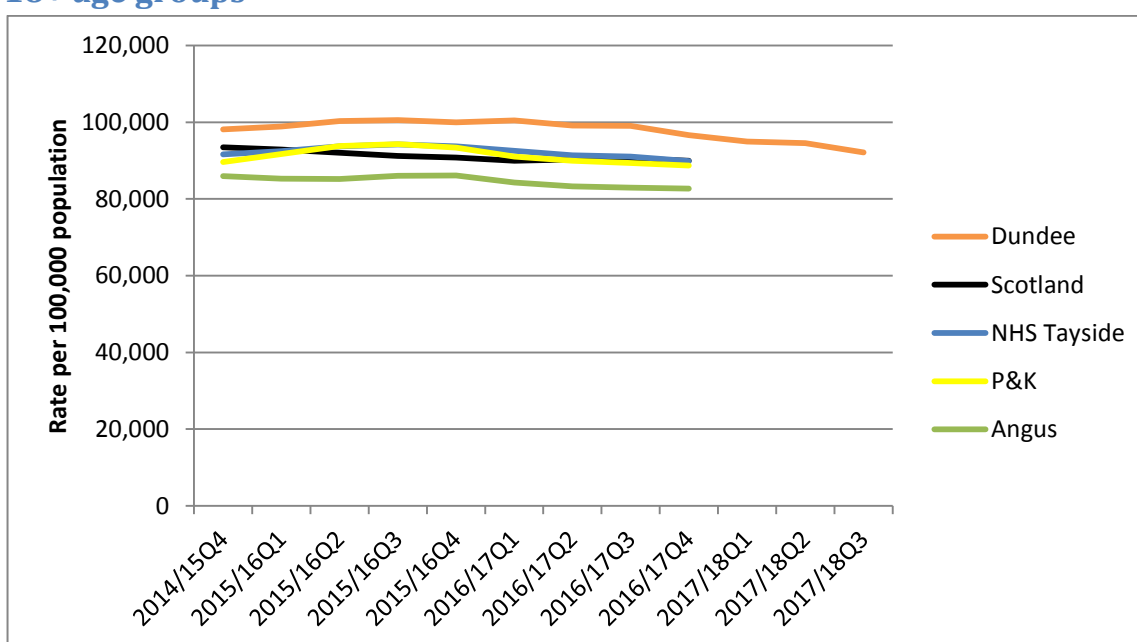
Emergency Occupied Bed Days in Non-Psychiatric Hospitals

Chart 20: Emergency occupied bed day rate per 100,000 population as at 2016/17 for ages 18+ by H&SCP



Source: SMR01 Dataset (ISD) and NRS Population Records

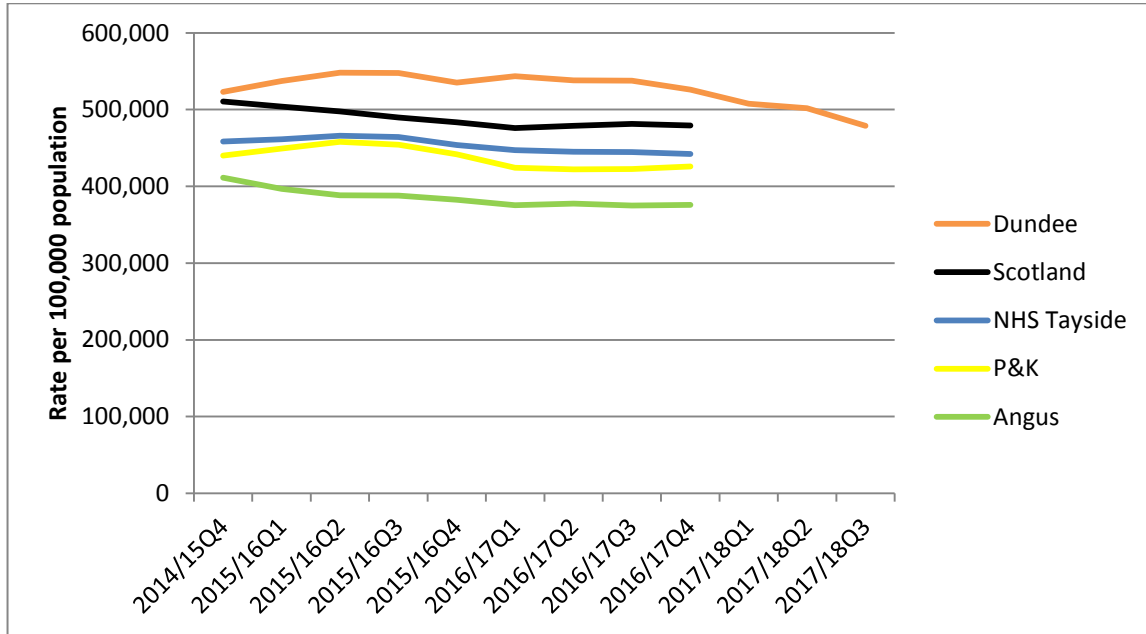
Chart 21a: Emergency occupied bed day rate per 100,000 population for 18+ age groups



Local Intelligence Support Team (LIST), ISD Scotland

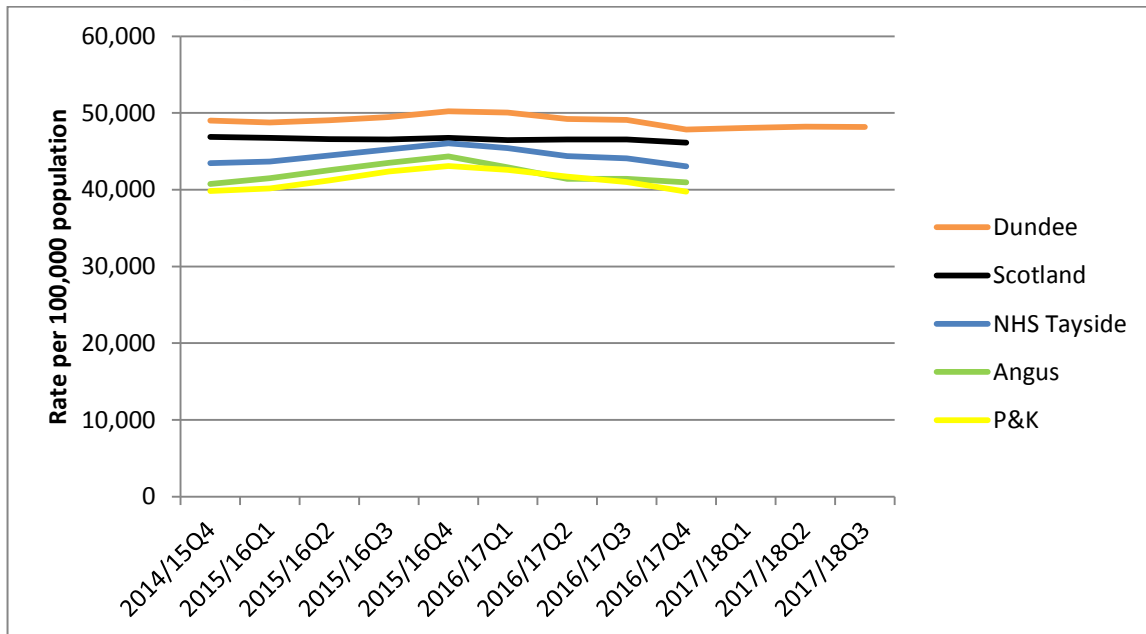
Source: SMR01 Dataset (ISD) and NRS Population Records

Chart 21b: Emergency occupied bed day rate per 100,000 population for 75+ age groups



Source: SMR01 Dataset (ISD) and NRS Population Records

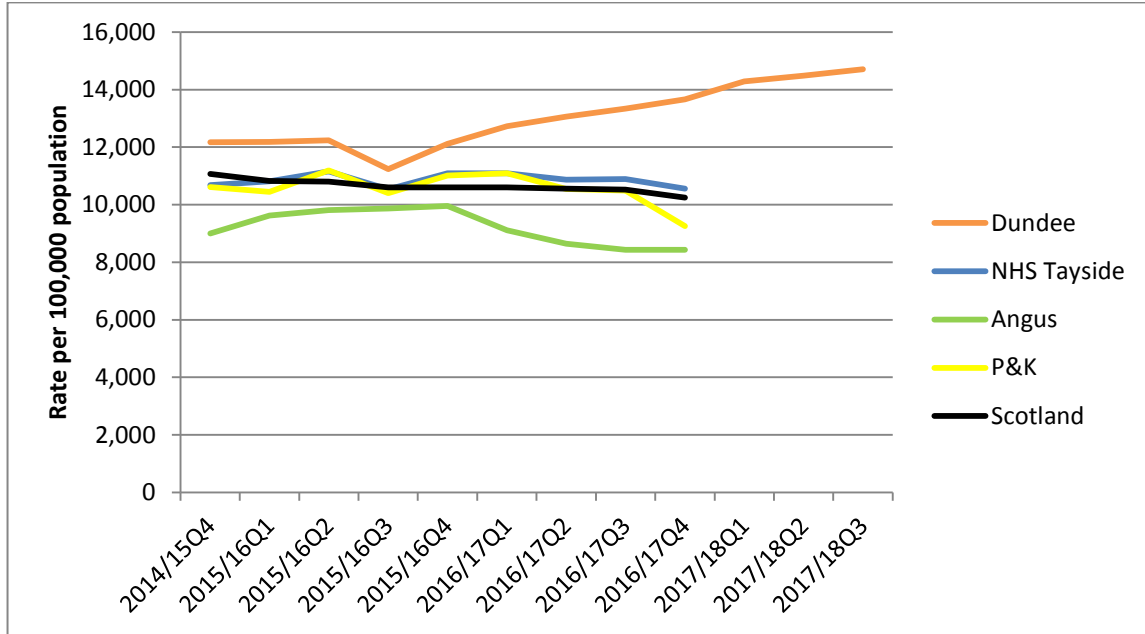
Chart 21c: Emergency occupied bed day rate per 100,000 population for 18-74 age groups



Source: SMR01 Dataset (ISD) and NRS Population Records

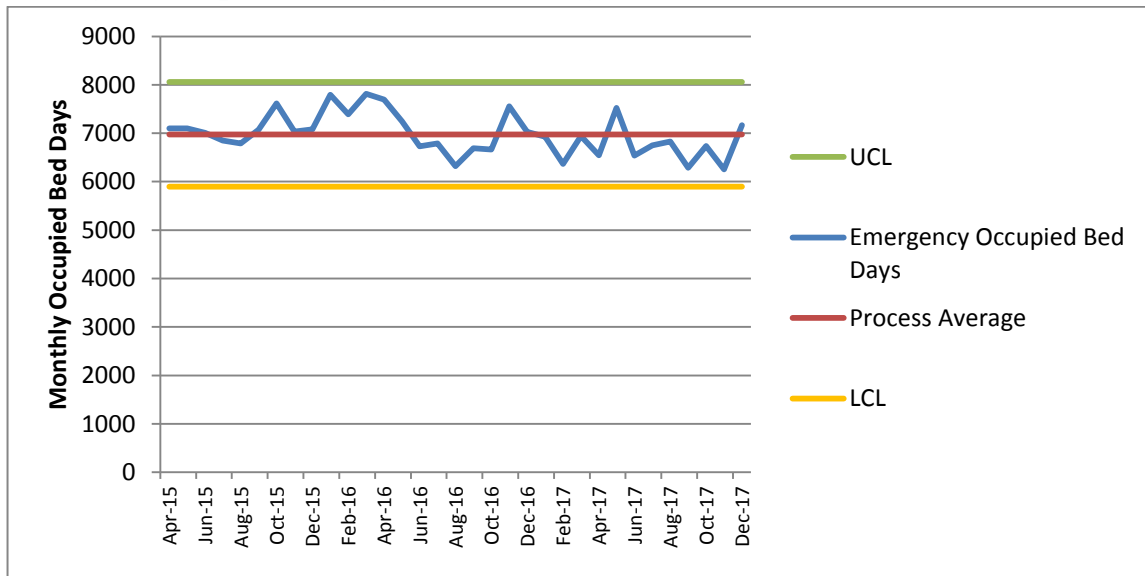
Local Intelligence Support Team (LIST), ISD Scotland

Chart 21d: Emergency occupied bed day rate per 100,000 population for under 18 age groups



Source: SMR01 Dataset (ISD) and NRS Population Records

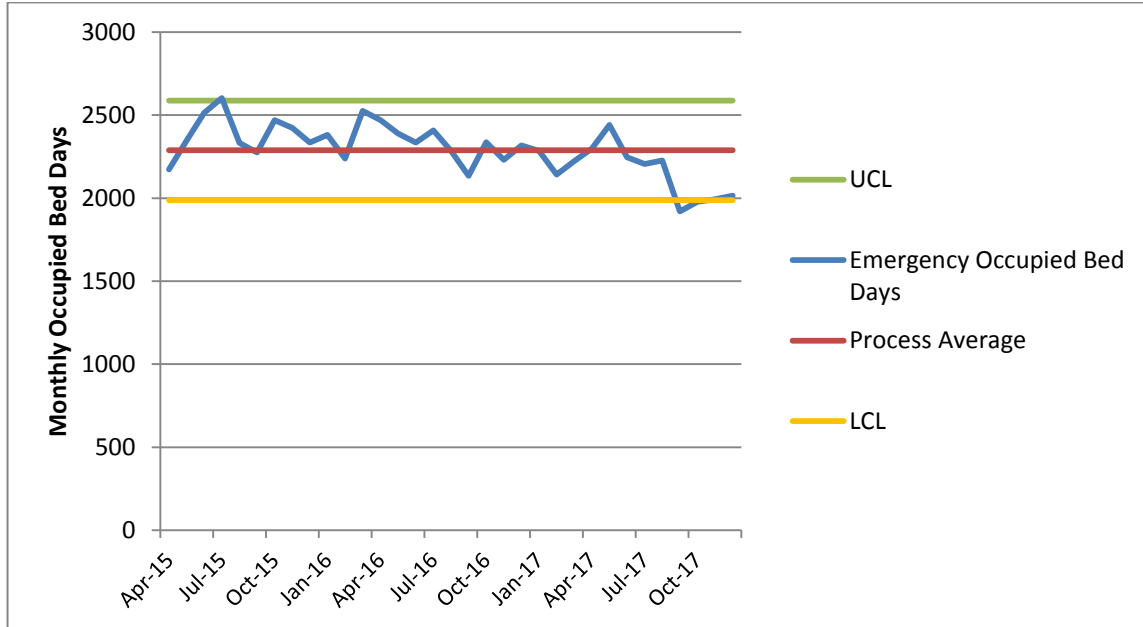
Chart 22a: Monthly occupied bed days at Ninewells Hospital for emergency inpatients aged 18+ living in Dundee



Source: SMR01 dataset (ISD)

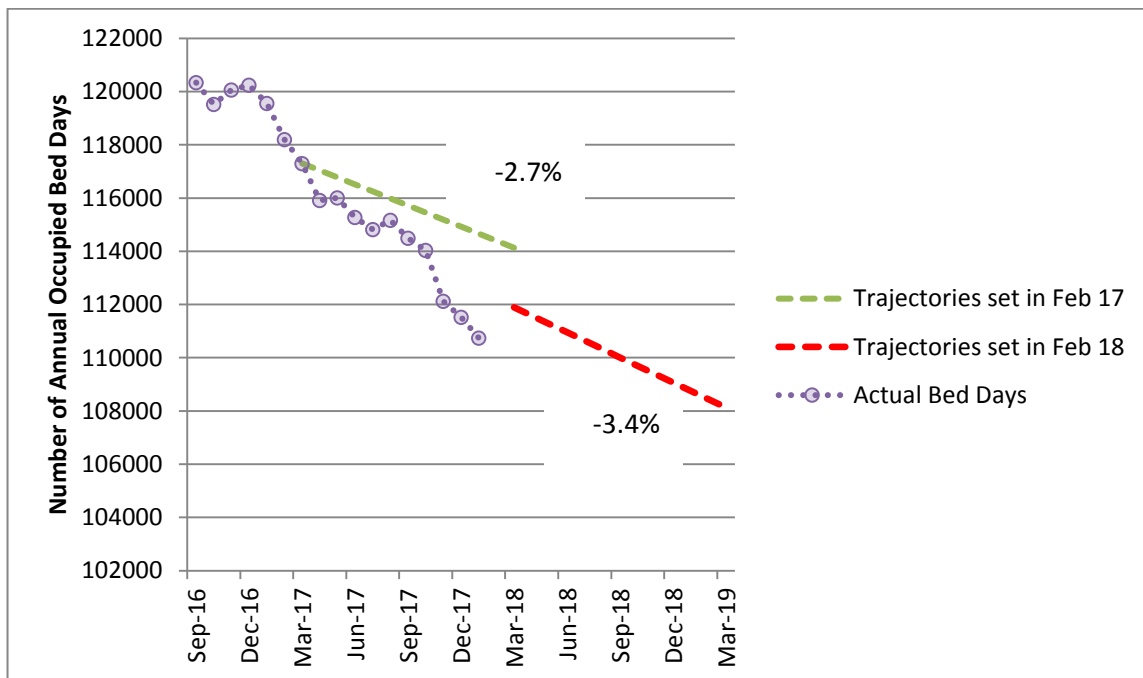
Local Intelligence Support Team (LIST), ISD Scotland

Chart 22b: Monthly occupied bed days at Royal Victoria Hospital for non-elective inpatients aged 18+ living in Dundee



Source: SMR01 dataset (ISD)

Chart 23: Annual emergency occupied bed days for 18+ Vs trajectories set for Dundee H&SCP

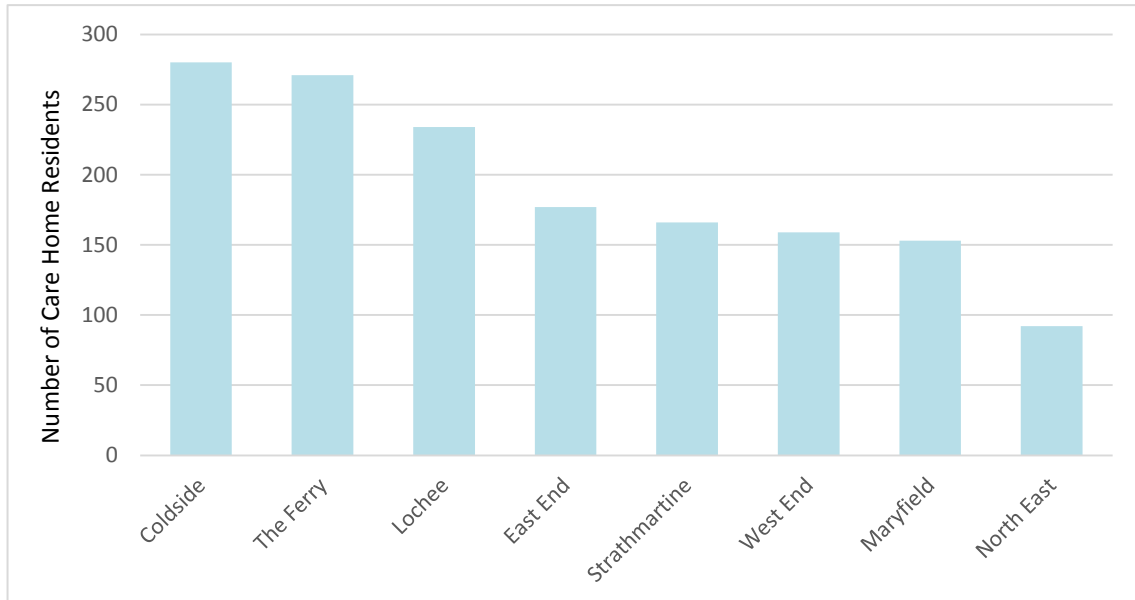


Source: SMR01 dataset (ISD) and Dundee MSG returns

Note: The y-axis does not start at 0 in order to show the actual values against the trajectories more clearly.

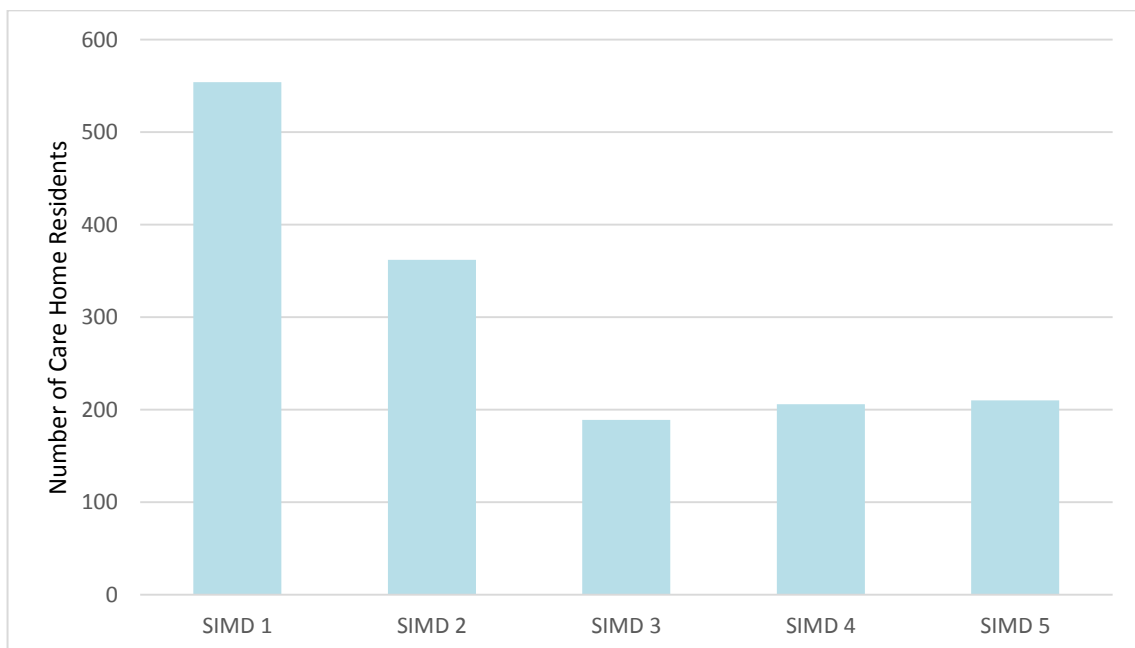
Care Home Residents

Chart 24a: Location of community address before admission to care home in Dundee as at March 2017



Source: Residential Care Home Database (K2/EVR) 2016/17

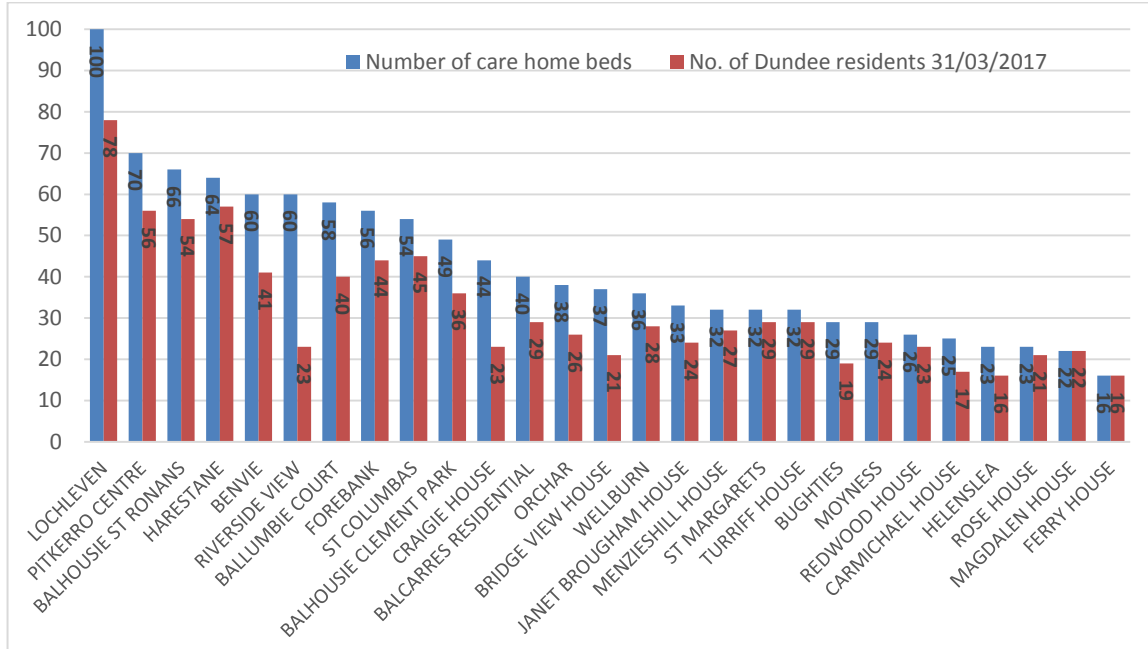
Chart 24b: H&SCP SIMD quintile of care home residents' previous address before admission to a care home in Dundee as at March 2017



Source: Residential Care Home Database (K2/EVR) 2016/17

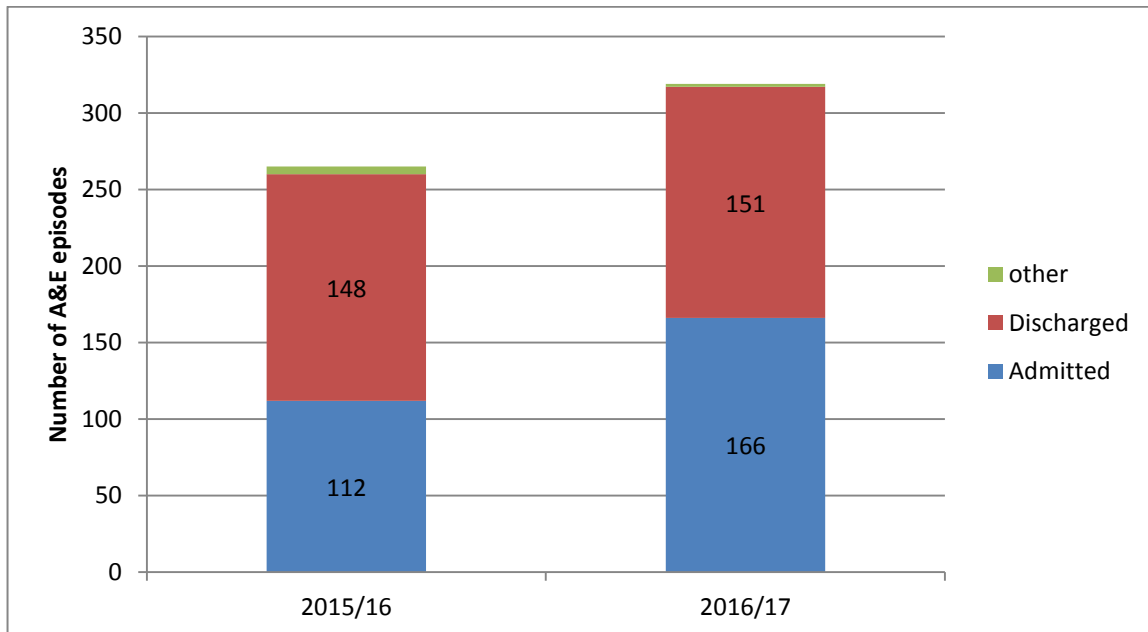
Local Intelligence Support Team (LIST), ISD Scotland

Chart 24c: Number of available care home beds and people from Dundee who live in a Dundee care home as at March 2017



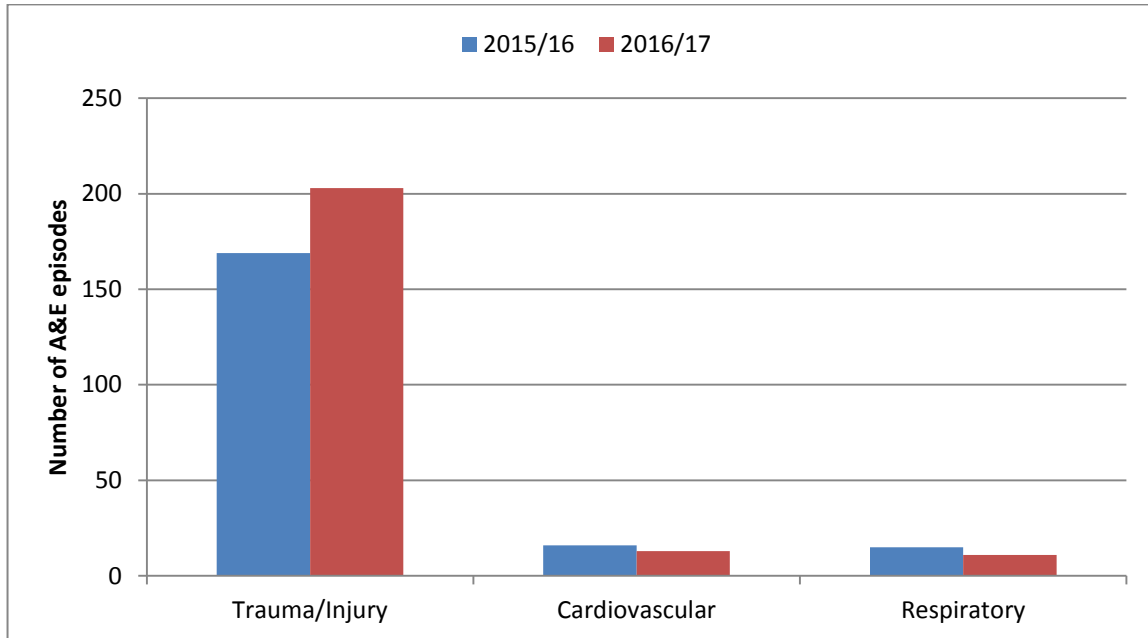
Source: Residential Care Home Database (K2/EVR) 2016/17

Chart 24d: Number of A&E episodes from care homes in Dundee that resulted in admission, discharge or other



Source: ISD social care datamart

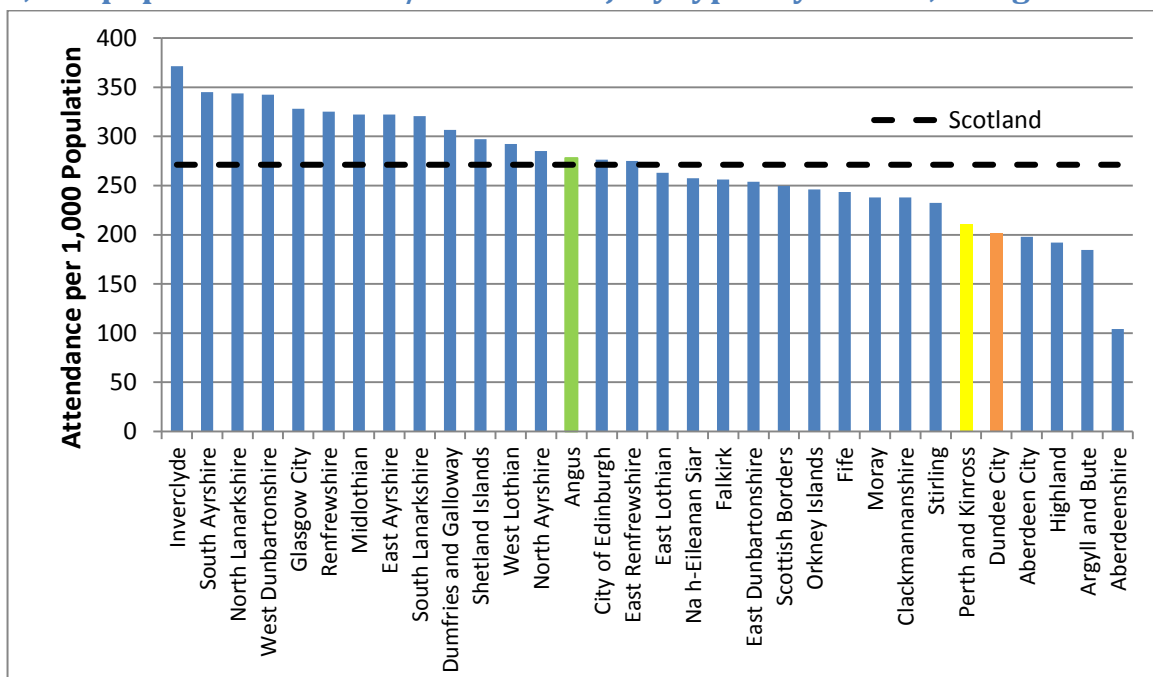
Chart 24e: Number of A&E episodes from care homes in Dundee by diagnosis



Source: ISD social care datamart

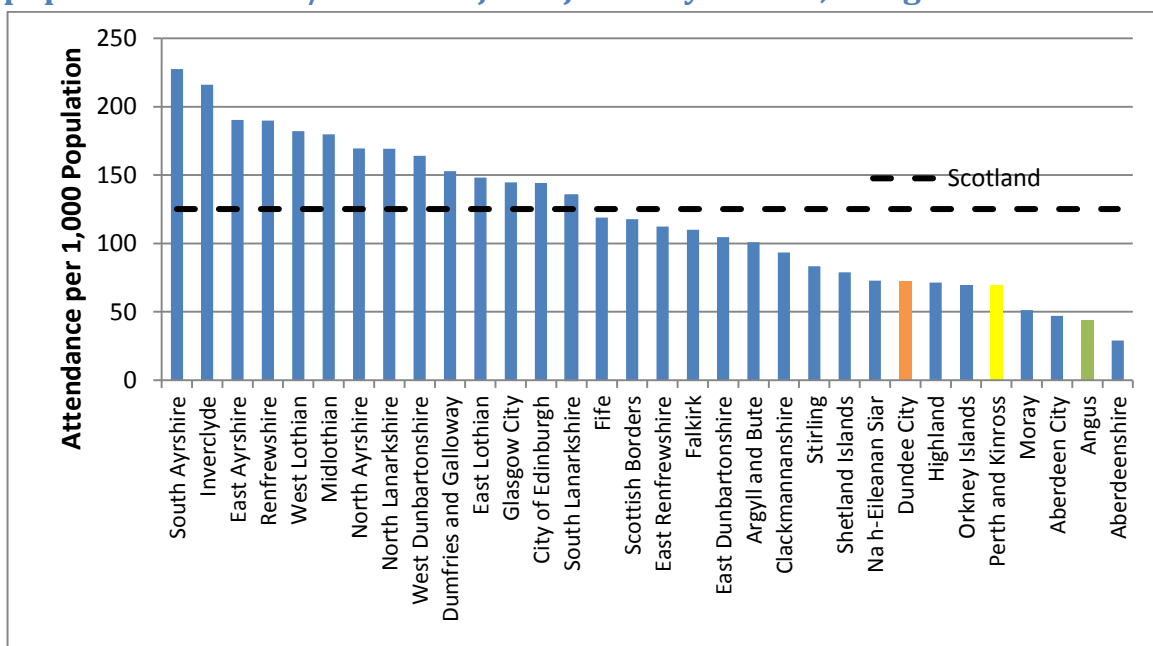
A&E Attendances

Chart 25a: A&E new and unplanned return attendances as a rate per 1,000 population in 2016/17 for all injury types by H&SCP; all ages



Source: Discovery (ISD)

Chart 25b: A&E new and unplanned return attendances as rate per 1,000 population in 2016/17 for major injuries by H&SCP; all ages



Source: Discovery (ISD)

Appendix A - Criteria for Potentially Preventable Admissions

Condition Description	Diagnostic & Procedural Descriptives	ICD10 Codes	OPCS4 Codes
Ear, nose and throat infections	Principal Diagnosis	H66, J028, J029, J038, J039, J06, J321	
Dental conditions	Principal Diagnosis	K02, K03, K04, K05, K06, K08	
Convulsions and epilepsy	Principal Diagnosis	G40, G41, R56, O15	
Gangrene	All Diagnosis (1-6)	R02	
Nutritional deficiencies	Principal Diagnosis	E40, E41, E43, E550, E643, M833	
Dehydration and gastroenteritis	Principal Diagnosis	E86, K522, K528, K529	
Pyelonephritis	Principal Diagnosis	N10, N11, N12	
Perforated bleeding ulcer	Principal Diagnosis	K250, K251, K252, K254, K255, K256, K260, K261, K262, K264, K265, K266, K270, K271, K272, K274, K275, K276, K280, K281, K282, K284, K285, K286	
Cellulitis	Principal Diagnosis with Main Operation	L03, L04, L080, L088, L089, L980	Exclude episodes with following main ops S06, S57, S68, S70, W90, X11
Pelvic inflammatory disease	Principal Diagnosis	N70, N73	
Influenza and pneumonia	All Diagnosis (1-6)	J10, J11, J13, J181	
Other vaccine preventable	All Diagnosis (1-6)	A35, A36, A370, A379, A80, B05, B06, B161, B169, B26	
Iron deficiency anaemia	Principal Diagnosis	D501, D508, D509	
Asthma	Principal Diagnosis	J45, J46	
Diabetes complications	All Diagnosis (1-6)	E100, E101, E102, E103, E104, E105, E106, E107, E108, E110, E111, E112, E113, E114, E115, E116, E117, E118, E120, E121, E122, E123, E124, E125, E126, E127, E128, E130, E131, E132, E133, E134, E135, E136, E137, E138, E140, E141, E142, E143, E144, E145, E146, E147, E148	
Hypertension	Principal Diagnosis with Main Operation exclusions	I10, I119	Exclude episodes with following main ops K01 - K50, K56, K60-K61
Angina	Principal Diagnosis with Main Operation exclusions	I20	Exclude episodes with main ops K40, K45, K49, K60, K65, K66
COPD	Principal Diagnosis with Secondary Diagnosis exclusions	J20, J41, J42, J43, J44, J47	Only include J20 if diag2 has one of J41 - J44, J47
Congestive heart failure	Principal Diagnosis with Main Operation exclusions	I110, I50, J81	Exclude episodes with following main ops K01 - K50, K56, K60-K61

Appendix B - Data for trend charts 3 to 24

Chart 3a: Readmissions within 28 days as a percentage of all admissions for people aged 18+

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	9.6%	9.6%	9.6%	9.6%	9.7%	9.7%	9.8%	9.9%	10.0%			
NHS	10.4											
Tayside	%	10.7%	11.0%	11.2%	11.4%	11.5%	11.6%	11.8%	11.8%			
Angus	9.0%	9.3%	9.8%	10.2%	10.4%	10.6%	10.7%	10.7%	10.8%			
Dundee	11.6											
	%	11.7%	11.9%	11.8%	12.1%	12.2%	12.2%	12.7%	12.6%	12.7%	12.7%	12.5%
P&K	10.4											
	%	10.7%	11.1%	11.2%	11.4%	11.6%	11.6%	11.7%	11.7%			

Chart 3b: Readmissions within 28 days as a percentage of all admissions for people aged 75+

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	12.6											
	%	12.6%	12.6%	12.6%	12.5%	12.6%	12.7%	12.8%	12.8%			
NHS	13.7											
Tayside	%	13.8%	14.1%	14.3%	14.2%	14.3%	14.4%	14.3%	14.2%			
Angus	12.7											
	%	12.7%	12.9%	13.1%	12.9%	13.3%	13.2%	12.7%	13.0%			
Dundee	15.4											
	%	15.4%	15.1%	14.8%	14.7%	14.2%	14.7%	15.3%	15.2%	15.4%	14.8%	14.2%
P&K	12.8											
	%	13.2%	14.1%	14.6%	14.8%	15.2%	15.0%	14.5%	14.1%			

Local Intelligence Support Team (LIST), ISD Scotland

Chart 3c: Readmissions within 28 days as a percentage of all admissions for people aged 18-74

	14/15Q4	15/16Q1	15/16Q2	15/16Q3	15/16Q4	16/17Q1	16/17Q2	16/17Q3	16/17Q4	17/18Q1	17/18Q2	17/18Q3
Scotland	8.6%	8.6%	8.7%	8.7%	8.8%	8.8%	8.9%	9.1%	9.0%			
NHS												
Tayside	9.1%	9.4%	9.8%	9.9%	10.3%	10.4%	10.5%	10.8%	10.8%			
Angus	7.5%	7.9%	8.5%	9.1%	9.4%	9.5%	9.7%	9.9%	9.9%			
Dundee	10.1%	10.3%	10.7%	10.7%	11.2%	11.4%	11.3%	11.8%	11.7%	11.7%	12.0%	11.9%
P&K	9.3%	9.7%	9.8%	9.8%	10.0%	10.0%	10.2%	10.6%	10.7%			

Chart 3d: Readmissions within 28 days as a percentage of all admissions for people aged under 18

	14/15Q4	15/16Q1	15/16Q2	15/16Q3	15/16Q4	16/17Q1	16/17Q2	16/17Q3	16/17Q4	17/18Q1	17/18Q2	17/18Q3
Scotland	8.8%	8.8%	8.7%	8.7%	8.9%	8.9%	9.1%	9.3%	9.3%			
NHS												
Tayside	8.9%	9.0%	9.6%	9.5%	10.0%	10.3%	10.1%	10.5%	10.7%			
Angus	7.7%	8.3%	8.2%	9.6%	9.5%	9.6%	9.6%	8.9%	9.6%			
Dundee	9.7%	9.6%	10.3%	9.9%	10.5%	10.9%	10.5%	11.5%	11.8%	12.5%	13.0%	14.1%
P&K	8.9%	8.8%	9.9%	8.9%	9.6%	10.2%	9.9%	10.5%	10.2%			

Local Intelligence Support Team (LIST), ISD Scotland

Chart 5a: Readmissions within 28 days as a percentage of all admissions in General Medicine; all ages

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	15.0 %	14.9%	14.9%	14.7%	14.7%	14.9%	15.0%	15.3%	15.3%			
NHS Tayside	13.9 %	13.9%	13.9%	13.7%	14.2%	14.8%	14.8%	15.1%	15.3%			
Angus	11.7 %	11.7%	11.7%	11.7%	12.1%	12.6%	12.1%	12.1%	12.1%			
Dundee	14.2 %	14.3%	14.3%	13.4%	13.7%	14.1%	14.1%	14.5%	14.9%	14.1%	14.2%	14.7%
P&K	14.7 %	14.6%	14.7%	14.8%	15.6%	16.5%	16.7%	17.0%	17.1%			

Chart 5b: Readmissions within 28 days as a percentage of all admissions in Geriatric Medicine; all ages

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	17.1 %	17.1%	16.8%	16.7%	16.8%	16.8%	17.0%	17.0%	17.0%			
NHS Tayside	17.1 %	18.1%	18.2%	18.4%	18.7%	17.7%	18.0%	18.0%	17.6%			
Angus	17.0 %	16.3%	16.6%	18.3%	19.2%	18.6%	19.3%	18.7%	17.9%			
Dundee	17.7 %	19.6%	18.8%	18.0%	17.7%	16.3%	16.3%	17.0%	17.4%	17.1%	17.3%	17.3%
P&K	14.9 %	16.9%	19.3%	20.1%	20.9%	20.9%	21.9%	20.2%	17.3%			

Local Intelligence Support Team (LIST), ISD Scotland

Chart 5c: Readmissions within 28 days as a percentage of all admissions in A&E; all ages

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	12.0 %	12.0%	11.6%	11.5%	11.2%	11.0%	11.4%	11.3%	11.8%			
NHS Tayside	8.0%	8.0%	7.7%	9.3%	10.0%	10.2%	10.8%	9.8%	8.9%			
Angus	6.8%	7.4%	8.3%	9.5%	9.4%	8.3%	8.7%	5.9%	5.6%			
Dundee	8.8%	8.4%	7.8%	9.6%	10.6%	11.4%	11.9%	11.2%	10.2%	10.3%	10.7%	10.6%
P&K	6.0%	6.9%	4.9%	6.7%	8.0%	7.5%	10.5%	12.5%	10.2%			

Chart 5d: Readmissions within 28 days as a percentage of all admissions in Respiratory Medicine; all ages

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	15.6 %	15.6%	15.7%	15.5%	15.7%	15.7%	15.7%	16.0%	15.9%			
NHS Tayside	20.3 %	20.2%	20.3%	21.3%	22.3%	22.5%	23.4%	23.3%	22.3%			
Angus	16.8 %	17.2%	18.3%	19.3%	19.5%	18.9%	19.2%	19.1%	19.3%			
Dundee	22.7 %	22.6%	22.2%	22.9%	25.0%	25.5%	26.6%	26.6%	24.9%	22.9%	22.6%	22.2%
P&K	15.4 %	14.4%	16.0%	18.8%	15.9%	15.8%	17.4%	16.9%	17.1%			

Local Intelligence Support Team (LIST), ISD Scotland

Chart 8a: Emergency admission rate per 100,000 population for 18+ age group

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	11,527	11,472	11,502	11,562	11,689	11,690	11,736	11,740	11,652			
NHS Tayside	10,518	10,539	10,581	10,688	10,827	10,892	10,975	11,066	11,067			
Angus	9,803	9,782	9,821	9,942	10,071	10,196	10,316	10,442	10,424			
Dundee	11,569	11,525	11,464	11,583	11,641	11,755	11,867	11,945	11,928	12,031	12,186	12,248
P&K	10,022	10,145	10,291	10,376	10,603	10,573	10,599	10,676	10,709			

Chart 8b: Emergency admission rate per 100,000 population for 75+ age group

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	37,064	36,792	36,751	36,699	36,550	36,327	36,402	36,653	36,881			
NHS Tayside	32,743	32,565	32,664	32,679	32,307	32,232	32,313	32,587	33,184			
Angus	30,377	30,116	30,184	30,150	29,893	29,904	29,904	29,887	30,559			
Dundee	37,551	37,829	37,275	37,082	35,917	36,114	36,581	37,299	38,040	38,096	37,718	37,210
P&K	30,539	30,155	30,807	31,029	31,211	30,894	30,727	30,869	31,293			

Local Intelligence Support Team (LIST), ISD Scotland

Chart 8c: Emergency admission rate per 100,000 population for 18-74 age group

	14/15Q4	15/16Q1	15/16Q2	15/16Q3	15/16Q4	16/17Q1	16/17Q2	16/17Q3	16/17Q4	17/18Q1	17/18Q2	17/18Q3
Scotland	8,677	8,633	8,671	8,744	8,901	8,918	8,961	8,936	8,813			
NHS												
Tayside	7,599	7,625	7,659	7,779	7,985	8,057	8,140	8,207	8,129			
Angus	6,946	6,921	6,956	7,098	7,281	7,394	7,531	7,677	7,561			
Dundee	8,571	8,518	8,513	8,668	8,866	8,985	9,057	9,062	8,959	9,067	9,283	9,410
P&K	7,111	7,260	7,334	7,399	7,633	7,623	7,677	7,745	7,721			

Chart 8d: Emergency admission rate per 100,000 population for under 18 age group

	14/15Q4	15/16Q1	15/16Q2	15/16Q3	15/16Q4	16/17Q1	16/17Q2	16/17Q3	16/17Q4	17/18Q1	17/18Q2	17/18Q3
Scotland	7,058	6,966	6,969	6,908	6,978	7,006	7,058	7,111	6,970			
NHS												
Tayside	7,567	7,645	7,824	7,716	8,055	8,236	8,271	8,617	8,537			
Angus	6,309	6,500	6,688	6,728	7,216	7,361	7,620	7,960	7,960			
Dundee	9,495	9,568	9,761	9,560	9,903	10,086	9,941	10,464	10,502	10,928	11,396	11,272
P&K	6,727	6,721	6,880	6,742	6,962	7,161	7,193	7,375	7,118			

Local Intelligence Support Team (LIST), ISD Scotland

Chart 9a: Emergency admission rate per 100,000 population for all ages in General Medicine

	14/15Q4	15/16Q1	15/16Q2	15/16Q3	15/16Q4	16/17Q1	16/17Q2	16/17Q3	16/17Q4	17/18Q1	17/18Q2	17/18Q3
Scotland	4,681	4,634	4,589	4,557	4,585	4,589	4,635	4,654	4,591			
NHS												
Tayside	3,846	3,873	3,864	3,880	3,889	3,867	3,878	3,931	3,949			
Angus	2,905	2,883	2,901	2,943	2,973	2,999	3,007	3,047	3,028			
Dundee	3,663	3,719	3,670	3,696	3,644	3,607	3,604	3,638	3,642	3,650	3,601	3,578
P&K	4,764	4,797	4,806	4,793	4,847	4,793	4,821	4,903	4,963			

Chart 9b: Emergency admission rate per 100,000 population for all ages in Geriatric Medicine

	14/15Q4	15/16Q1	15/16Q2	15/16Q3	15/16Q4	16/17Q1	16/17Q2	16/17Q3	16/17Q4	17/18Q1	17/18Q2	17/18Q3
Scotland	1,058	1,070	1,077	1,092	1,097	1,096	1,099	1,108	1,119			
NHS												
Tayside	670	651	636	652	654	675	674	691	700			
Angus	793	773	729	728	748	799	821	865	894			
Dundee	991	964	961	979	968	1,001	999	1,009	1,012	984	977	968
P&K	253	245	240	268	268	257	237	242	241			

Local Intelligence Support Team (LIST), ISD Scotland

Chart 9c: Emergency admission rate per 100,000 population for all ages in A&E

	14/15Q4	15/16Q1	15/16Q2	15/16Q3	15/16Q4	16/17Q1	16/17Q2	16/17Q3	16/17Q4	17/18Q1	17/18Q2	17/18Q3
Scotland	342	341	344	354	356	345	325	308	305			
NHS												
Tayside	346	339	320	327	339	353	359	357	353			
Angus	363	358	320	330	342	350	360	363	348			
Dundee	596	580	559	570	592	619	624	614	607	605	721	859
P&K	83	82	81	82	85	91	94	97	106			

Chart 9d: Emergency admission rate per 100,000 population for all ages in Respiratory Medicine

	14/15Q4	15/16Q1	15/16Q2	15/16Q3	15/16Q4	16/17Q1	16/17Q2	16/17Q3	16/17Q4	17/18Q1	17/18Q2	17/18Q3
Scotland	322	330	357	384	412	424	427	436	436			
NHS												
Tayside	425	410	414	408	442	473	488	508	486			
Angus	468	464	494	490	536	561	561	578	577			
Dundee	736	702	683	677	729	795	830	866	810	804	830	813
P&K	80	76	82	76	82	87	93	99	95			

Local Intelligence Support Team (LIST), ISD Scotland

Chart 10: Annual emergency admissions for 18+ Vs Trajectories set by Dundee H&SCP

	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Trajectories set in Feb17 (+4.5%)	14,500	14,554	14,609	14,663	14,718	14,772	14,827	14,881	14,935	14,990	15,044	15,099
Admissions	14,497	14,407	14,600	14,622	14,692	14,779	14,811	14,871	14,795	14,886	15,021	

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Trajectories set in Feb18 (+2.3% from March 18)	15,122	15,151	15,179	15,208	15,236	15,265	15,293	15,322	15,350	15,379	15,407	15,436
Admissions												

	Mar-19
Trajectories set in Feb18 (+2.3%)	15,464
Admissions	

Local Intelligence Support Team (LIST), ISD Scotland

Chart 12: Potentially preventable admission rate per 1,000 population for all ages

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	16.4	16.5	16.6	16.7	17.0	17.2	17.3	17.5	17.3			
NHS												
Tayside	14.5	14.8	15.0	15.0	15.5	15.8	15.9	16.3	16.2			
Angus	12.8	13.3	13.6	13.6	14.4	14.5	14.7	15.3	15.4			
Dundee	17.7	17.6	17.9	17.9	18.3	19.1	19.0	19.4	19.2	19.4	20.2	20.6
P&K	12.6	13.2	13.2	13.1	13.6	13.4	13.8	14.1	13.9			

Chart 14a: Potentially preventable COPD admission rate per 1,000 population for all ages

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	3.5	3.6	3.6	3.7	3.8	3.8	3.9	4.0	3.9			
NHS												
Tayside	2.8	2.9	3.0	2.9	3.0	3.1	3.1	3.3	3.2			
Angus	2.8	2.9	3.0	3.1	2.9	3.0	3.1	3.1	3.2			
Dundee	4.1	4.1	3.9	3.9	4.3	4.7	5.1	5.1	4.8	4.9	5.1	5.1
P&K	2.9	3.2	3.2	3.1	3.2	3.0	3.2	3.3	3.0			

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Chart 14b: Potentially preventable COPD admission rate per 1,000 COPD prevalence population for all ages

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	153.4	148.2	149.2	150.9	152.4	153.1	154.3	155.6	153.5			
NHS												
Tayside	114.4	113.1	114.2	112.8	114.3	115.7	117.8	119.7	118.3			
Angus	97.4	89.6	95.6	99.5	95.9	96.6	95.9	96.3	102.6			
Dundee	110.5	111.8	110.1	109.1	112.2	119.2	123.6	125.0	121.3	123.0	129.0	132.9
P&K	136.9	138.1	138.8	131.6	135.4	128.2	129.2	133.7	128.5			

Note: 2015/16 COPD QOF prevalence rates were used for 2016/17 and 2017/18 – 2016/17 TQA registers were not considered reliable for the purposes of this measure

Chart 15a: Potentially preventable diabetes admission rate per 1,000 population for all ages

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	1.29	1.31	1.33	1.35	1.40	1.42	1.44	1.48	1.49			
NHS												
Tayside	1.22	1.22	1.27	1.33	1.41	1.41	1.41	1.46	1.49			
Angus	1.15	1.22	1.21	1.30	1.40	1.29	1.33	1.42	1.45			
Dundee	1.53	1.51	1.63	1.74	1.75	1.77	1.66	1.62	1.71	1.71	1.81	1.84
P&K	0.97	0.93	0.95	0.95	1.07	1.15	1.21	1.33	1.31			

Local Intelligence Support Team (LIST), ISD Scotland

Chart 15b: Potentially preventable diabetes admission rate per 1,000 diabetes prevalence population for all ages

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	25.3	25.1	25.5	25.9	26.8	27.4	27.9	28.6	28.8			
NHS												
Tayside	23.1	22.5	23.4	24.6	26.0	26.1	26.0	26.9	27.6			
Angus	22.5	22.0	21.9	23.4	25.2	23.1	23.9	25.5	26.0			
Dundee	25.6	25.9	28.0	29.8	29.9	30.4	28.4	27.7	29.3	29.3	31.1	31.5
P&K	20.5	18.9	19.5	19.5	21.9	23.7	24.9	27.2	26.9			

Note: 2015/16 diabetes QOF prevalence rates were used for 2016/17 and 2017/18 – 2016/17 TQA registers were not considered reliable for the purposes of this measure

Chart 17a: Emergency admission average length of stay (days) for 18+ age groups

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	8.1	8.1	8.1	7.9	7.8	7.7	7.7	7.7	7.8			
NHS												
Tayside	8.6	8.7	8.7	8.8	8.7	8.6	8.4	8.3	8.2			
Angus	8.7	8.8	8.6	8.5	8.7	8.4	8.2	8.1	8.0			
Dundee	8.4	8.5	8.6	8.8	8.6	8.5	8.4	8.2	8.2	8.1	7.9	7.7
P&K	8.8	8.8	9.0	9.1	8.8	8.8	8.5	8.5	8.3			

Local Intelligence Support Team (LIST), ISD Scotland

Chart 17b: Emergency admission average length of stay (days) for 75+ age groups

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	13.8	13.8	13.7	13.5	13.3	13.2	13.2	13.1	13.1			
NHS												
Tayside	13.9	14.0	14.1	14.2	14.1	13.9	13.8	13.6	13.5			
Angus	13.5	13.7	12.7	12.7	13.0	12.4	12.6	12.6	12.3			
Dundee	13.9	14.0	14.5	14.9	14.8	14.9	14.8	14.2	14.2	13.7	13.5	13.3
P&K	14.3	14.4	14.6	14.7	14.2	14.1	13.8	13.7	13.6			

Chart 17c: Emergency admission average length of stay (days) for 18-74 age groups

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	5.4	5.4	5.4	5.3	5.3	5.2	5.2	5.2	5.3			
NHS												
Tayside	5.6	5.6	5.7	5.8	5.8	5.8	5.5	5.5	5.3			
Angus	5.9	5.8	6.0	6.0	6.2	6.1	5.7	5.6	5.4			
Dundee	5.7	5.7	5.7	5.8	5.7	5.6	5.5	5.4	5.3	5.4	5.4	5.2
P&K	5.4	5.4	5.6	5.7	5.7	5.7	5.4	5.5	5.2			

Local Intelligence Support Team (LIST), ISD Scotland

Chart 17d: Emergency admission average length of stay (days) for under 18 age groups

	14/15Q4	15/16Q1	15/16Q2	15/16Q3	15/16Q4	16/17Q1	16/17Q2	16/17Q3	16/17Q4	17/18Q1	17/18Q2	17/18Q3
Scotland	1.5	1.6	1.6	1.6	1.6	1.6	1.5	1.5	1.5			
NHS												
Tayside	1.4	1.4	1.4	1.4	1.3	1.4	1.4	1.3	1.3			
Angus	1.4	1.3	1.3	1.4	1.5	1.4	1.3	1.1	1.1			
Dundee	1.3	1.3	1.3	1.3	1.2	1.3	1.3	1.3	1.3	1.3	1.3	1.3
P&K	1.6	1.6	1.6	1.6	1.5	1.5	1.5	1.5	1.5			

Chart 18a: Emergency admission average length of stay (days) for all ages in General Medicine

	14/15Q4	15/16Q1	15/16Q2	15/16Q3	15/16Q4	16/17Q1	16/17Q2	16/17Q3	16/17Q4	17/18Q1	17/18Q2	17/18Q3
Scotland	4.6	4.6	4.5	4.4	4.4	4.3	4.4	4.4	4.5			
NHS												
Tayside	4.0	4.1	4.1	4.1	4.0	3.9	3.8	3.7	3.7			
Angus	2.7	2.8	2.8	2.7	2.6	2.6	2.5	2.7	2.8			
Dundee	2.7	2.8	2.8	2.9	2.7	2.6	2.6	2.4	2.5	2.5	2.5	2.5
P&K	5.5	5.7	5.7	5.8	5.7	5.4	5.3	5.2	5.0			

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Chart 18b: Emergency admission average length of stay (days) for all ages in Geriatric Medicine

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	26.8	26.7	26.4	26.0	25.4	25.1	24.8	24.7	24.4			
NHS												
Tayside	31.7	32.1	32.6	33.5	33.3	32.7	32.8	31.7	31.1			
Angus	30.1	29.6	27.7	28.2	28.0	26.8	26.4	25.9	24.9			
Dundee	30.7	31.6	32.7	34.5	34.2	34.2	34.6	33.3	32.9	31.4	30.1	29.3
P&K	39.2	40.2	43.2	41.2	41.7	41.0	42.7	41.6	41.7			

Chart 18c: Emergency admission average length of stay (days) for all ages in Respiratory Medicine

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	9.0	9.1	8.8	8.7	8.4	8.3	8.3	8.2	8.1			
NHS												
Tayside	7.6	7.8	7.7	7.8	7.5	7.0	7.0	6.8	6.9			
Angus	7.7	7.8	7.5	7.6	7.6	7.2	6.9	6.8	6.6			
Dundee	7.5	7.9	7.9	7.9	7.5	6.9	6.9	6.7	6.9	6.9	7.0	6.7
P&K	8.3	7.4	7.6	7.9	6.7	7.4	8.1	7.6	8.0			

Chart 21a: Emergency occupied bed day rate per 100,000 population for 18+ age groups

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	93,433	92,846	92,065	91,205	90,756	89,923	90,307	90,524	89,959			
NHS Tayside	91,630	92,491	93,698	94,211	93,688	92,507	91,393	91,041	89,859			
Angus	85,936	85,298	85,203	86,001	86,072	84,278	83,257	82,941	82,659			
Dundee	98,084	98,887	100,257	100,569	99,980	100,424	99,153	99,004	96,629	94,976	94,537	92,129
P&K	89,597	91,703	93,759	94,253	93,333	91,001	89,970	89,390	88,696			

Chart 21b: Emergency occupied bed day rate per 100,000 population for 75+ age groups

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	510,592	503,930	497,674	489,687	483,368	476,184	479,087	481,462	479,298			
NHS Tayside	458,412	461,464	465,952	464,167	453,795	447,090	445,272	444,559	442,315			
Angus	411,306	396,537	388,315	388,110	382,632	375,274	377,468	375,087	375,835			
Dundee	523,279	537,355	548,209	547,646	535,138	543,536	538,225	537,814	525,862	507,858	501,789	478,772

Local Intelligence Support Team (LIST), ISD Scotland

P&K	440,289	449,247	458,235	454,256	441,896	424,434	422,368	422,677	425,920			
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Chart 21c: Emergency occupied bed day rate per 100,000 population for 18-74 age groups

	14/15Q4	15/16Q1	15/16Q2	15/16Q3	15/16Q4	16/17Q1	16/17Q2	16/17Q3	16/17Q4	17/18Q1	17/18Q2	17/18Q3
Scotland	46,873	46,757	46,590	46,529	46,738	46,457	46,558	46,532	46,147			
NHS Tayside	43,443	43,677	44,450	45,267	46,047	45,403	44,382	44,079	43,037			
Angus	40,749	41,501	42,550	43,488	44,341	42,907	41,429	41,407	40,978			
Dundee	49,008	48,763	49,049	49,460	50,234	50,044	49,232	49,113	47,827	48,033	48,234	48,169
P&K	39,835	40,165	41,222	42,360	43,090	42,601	41,721	41,011	39,746			

Chart 21d: Emergency occupied bed day rate per 100,000 population for under 18 age groups

	14/15Q4	15/16Q1	15/16Q2	15/16Q3	15/16Q4	16/17Q1	16/17Q2	16/17Q3	16/17Q4	17/18Q1	17/18Q2	17/18Q3
Scotland	11,074	10,821	10,800	10,596	10,606	10,596	10,555	10,526	10,250			
NHS Tayside	10,684	10,809	11,153	10,536	11,086	11,090	10,874	10,889	10,552			
Angus	8,995	9,620	9,808	9,862	9,951	9,109	8,641	8,428	8,437			

Local Intelligence Support Team (LIST), ISD Scotland

Dundee	12,170	12,184	12,232	11,235	12,109	12,728	13,064	13,341	13,663	14,288	14,479	14,703
P&K	10,611	10,443	11,190	10,404	11,009	11,085	10,541	10,487	9,251			

Chart 22a: Monthly occupied bed days at Ninewells Hospital for emergency inpatients aged 18+ living in Dundee

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Bed Days	7,133	7,211	7,215	6,958	6,885	7,165	7,683	7,126	7,262	7,884	7,597	8,045
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Bed Days	7,882	7,418	6,904	6,953	6,431	6,884	6,815	7,741	7,246	7,202	6,366	7,387
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17			
Bed Days	6,815	7,694	6,618	6,905	7,046	6,465	6,852	6,271	7,337			

Chart 22b: Monthly occupied bed days at Royal Victoria Hospital for non-elective inpatients aged 18+ living in Dundee

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Bed Days	2,172	2,346	2,514	2,602	2,332	2,275	2,469	2,423	2,335	2,380	2,239	2,525
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Bed Days	2,470	2,389	2,335	2,407	2,284	2,134	2,336	2,231	2,317	2,284	2,141	2,223

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	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Bed Days	2,298	2,440	2,246	2,206	2,227	1,921	1,977	1,993	2,014

Chart 23: Annual emergency occupied bed days for 18+ Vs Trajectories set by Dundee H&SCP

	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Trajectories set in Feb17 (- 2.7%)	117,304	117,040	116,775	116,511	116,247	115,982	115,718	115,454	115,189	114,925	114,661	114,396
Bed Days	117,300	115,915	116,005	115,275	114,819	115,170	114,490	114,036	112,126	111,517	110,743	

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Trajectories set in Feb18 (- 3.4% from March 18)	111,893	111,579	111,266	110,952	110,638	110,325	110,011	109,697	109,384	109,070	108,756	108,443
Bed Days												

	Mar-19
Trajectories set in Feb18(- 3.4%)	108,129

Local Intelligence Support Team (LIST), ISD Scotland

Bed Days	
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Chart 24a: Number of A&E episodes from care homes in Dundee that resulted in admission, discharge or other

	2015/16	2016/17
Admitted	112 (42%)	166 (52%)
Discharged	148 (56%)	151 (47%)
Other	5 (2%)	2 (1%)
Total	265	319

Chart 24b: Number of A&E episodes from care homes in Dundee by discharge

	2015/16	2016/17
Trauma/Injury/Poisoning	169 (64%)	203 (64%)
Cardiovascular	16(6%)	13 (4%)
Respiratory	15 (6%)	11 (3%)
Other	65 (24%)	92 (29%)
Total	265	319

