

Locality Profile

Annandale and Eskdale Locality

April 2024

Table of Contents	
Summary Table (1)	3
Summary Table (2)	4
Notes for this profile	5
Demographics.....	6
Population.....	6
Deprivation.....	8
Services	11
Housing.....	13
General Health.....	15
Life Expectancy	15
Deaths, aged 15-44	16
Long-Term Physical Health Conditions and Multimorbidity.....	18
Cancer	19
Hospitalisations by condition.....	21
Anxiety, Depression, and Psychosis prescriptions.....	21
Lifestyle and Risk Factors.....	23
Alcohol-related Hospital Admissions.....	23
Alcohol-Specific Deaths	24
Drug-related Hospital Admissions.....	25
Bowel Screening Uptake.....	27
Hospital and Community Care	29
Emergency Admissions	30
Unscheduled Acute Bed Days	31
A&E Attendances.....	32
Emergency Readmissions (28 days)	33
Delayed Discharge Bed Days	34
Emergency admissions from a fall	34
Potentially Preventable Admissions (PPAs).....	35
Hospital Care (Mental Health Speciality)	36
Psychiatric patient hospitalisations	36
Unscheduled Mental Health Specialty Bed Days.....	37
Footnotes.....	38
Appendices	39
Appendix 1: Indicator Definitions	39
Appendix 2: Date of Indicator Data Extractions	43
Appendix 3: Conditions included as Potentially Preventable Admissions (PPAs).....	45

Summary Table (1)

Indicators	Data Type	Time Period	Annandale and Eskdale Locality	Nithsdale Locality	Stewartry Locality	Wigtownshire Locality	Dumfries and Galloway HSCP	Scotland
Demographics								
Total population	count	2021	37,899	58,678	23,931	28,282	148,790	5,479,900
Gender ratio male to female	ratio	2021	1:1.05	1:1.06	1:1.07	1:1.04	1:1.06	1:1.05
Population over 65	%	2021	27.4	23.9	30.3	27.9	26.6	19.6
Population in least deprived SIMD quintile	%	2020	6.4	17	3	0	8.8	20
Population in most deprived SIMD quintile	%	2020	3.1	14.9	0	10.6	8.7	20
Housing								
Total number of households	count	2022	19,063	29,248	12,535	15,075	75,921	2,699,102
Households with single occupant tax discount	%	2022	36.8	38.7	34.9	38	37.4	38.5
Households in Council Tax Band A-C	%	2022	61.6	60.9	52.6	67.2	61	58.9
Households in Council Tax Band F-H	%	2022	10.9	10.7	15.9	7.4	11	13.7
General Health								
Male average life expectancy in years	mean	2017 - 2021*	79.7	77.4	78.9	77.1	77.4	76.5
Female average life expectancy in years	mean	2017 - 2021*	82.4	81.3	81.9	80.6	81.1	80.7
Deaths aged 15-44 per 100,000	rate	2019 - 2021	130	129	145	155.8	136.9	117.1
Population with long-term condition	%	2022/23	26.5	27.9	28.3	27.9	27.6	21.7
Cancer registrations per 100,000	rate	2019 - 2021	607.6	634.7	591.9	653.9	623.3	630.3
Anxiety, depression & psychosis prescriptions	%	2021/22	20.1	21.7	19.7	22.4	21.1	20.1

*At HSCP and Scotland level, the time period is a 3-year aggregate (2020 - 2022)

Summary Table (2)

Indicators	Data Type	Time Period	Annandale and Eskdale Locality	Nithsdale Locality	Stewartry Locality	Wigtownshire Locality	Dumfries and Galloway HSCP	Scotland
Lifestyle & Risk Factors								
Alcohol-related hospital admissions per 100,000	rate	2021/22	335.3	604.1	326.9	334.7	442.5	611.1
Alcohol-specific mortality per 100,000	rate	2017 - 2021	10.6	13.5	12.2	18.2	13.4	21.1
Drug-related hospital admissions per 100,000	rate	2019/20 - 2021/22	196.5	318.1	198.9	132.4	236.1	228.4
Bowel screening uptake	%	2019 - 2021	70.1	68.1	71.3	66.6	68.9	65.6
Hospital & Community Care								
Emergency admissions per 100,000	rate	2022/23	11,103	12,349	10,827	10,028	11,346	10,367
Unscheduled bed days per 100,000	rate	2022/23	103,193	104,005	105,152	90,821	101,477	77,178
A&E attendances per 100,000	rate	2022/23	21,159	29,689	20,747	49,130	29,774	26,382
Delayed discharges (65+) per 100,000	rate	2022/23	85,224	97,135	68,665	19,313	73,262	50,362
Potentially Preventable Admissions per 100,000	rate	2022/23	1,995	2,394	1,914	1,704	2,084	1,638
Hospital Care (Mental Health)								
Psychiatric patient hospitalisations per 100,000	rate	2019/20 - 2021/22	207.5	304.3	263.1	264	265.7	230.7
Unscheduled bed days per 100,000	rate	2022/23	24,222	35,632	17,734	20,342	26,941	18,735

Notes for this profile

- All years shown are calendar years unless otherwise specified.
- Upper and lower 95% confidence intervals are shown throughout this document where available. In charts, these are displayed as shaded areas either side of trend lines, or as black error bars in bar charts. Confidence intervals show the range of possible values and a certainty that the true value falls within them.
- Definitions for the indicators shown are available in Appendix 1.
- Any zero figures for some indicators will indicate either suppression of small data or a complete lack of data available for this locality

Demographics

Summary

For the most recent time period available, Annandale and Eskdale Locality had:

- A total population of **37,899** people, where **48.8%** were male, and **27.4%** were aged over 65.
- **6.4%** of people lived in the least deprived SIMD quintile, and **3.1%** lived in the most deprived quintile.

Population

In 2021, the total population of Annandale and Eskdale locality was 37,899. The graph below shows the population distribution of the locality. Overall, **48.8%** of the population are male, and **51.2%** are female.

Figure 1: Population by age and sex.

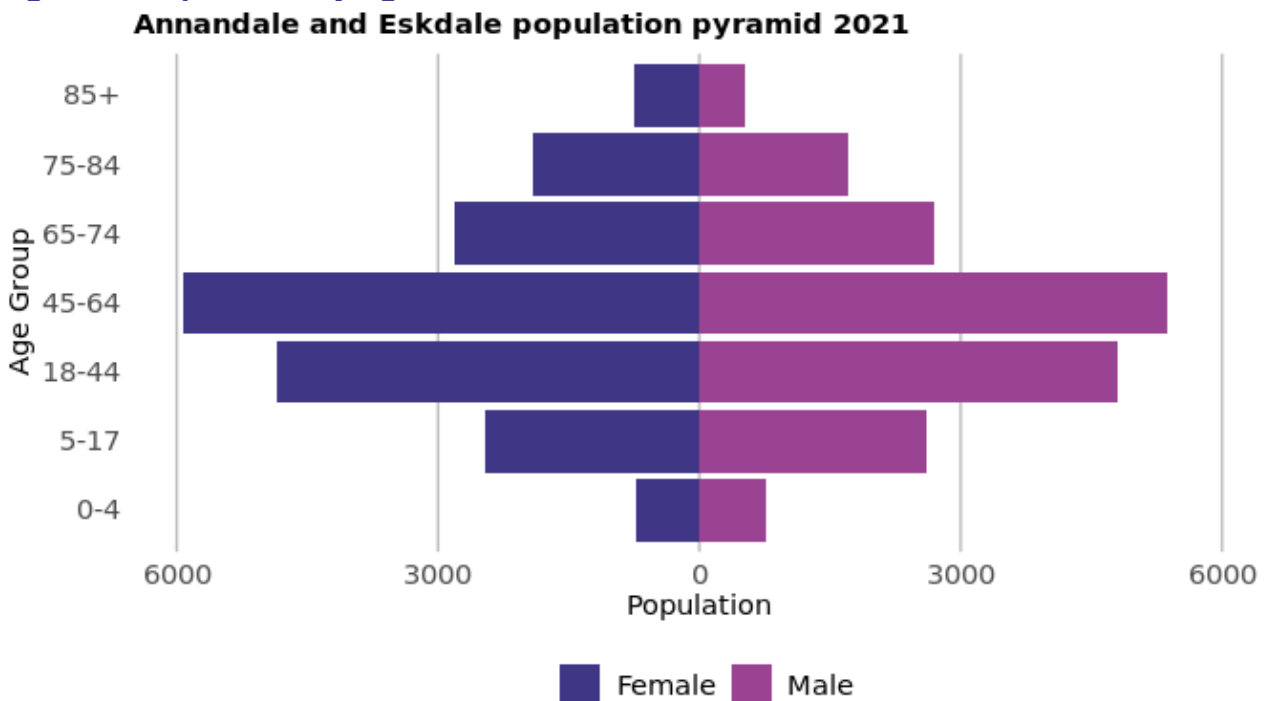
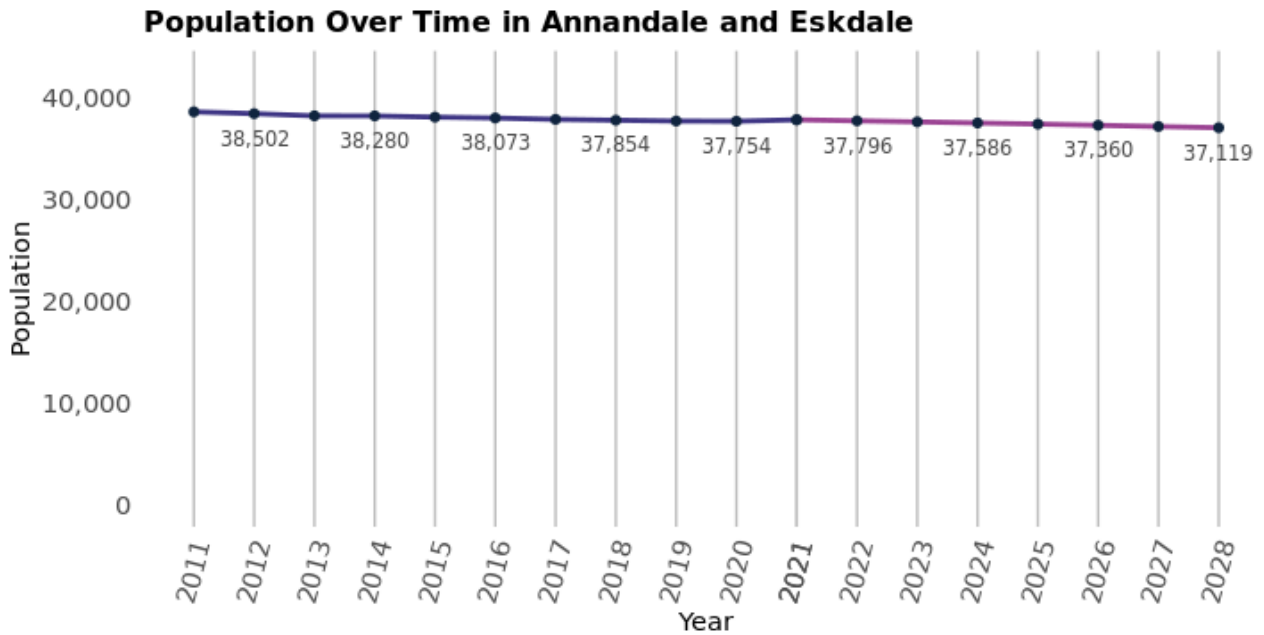


Figure 2 shows the historical population of Annandale and Eskdale, along with the NRS population projections. The population has been falling in general, however it has risen since last year. The population in Annandale and Eskdale is estimated to decrease by 1.4% from 2021 to 2026. *Please see the footnotes for more information on how the population projections were calculated¹.*

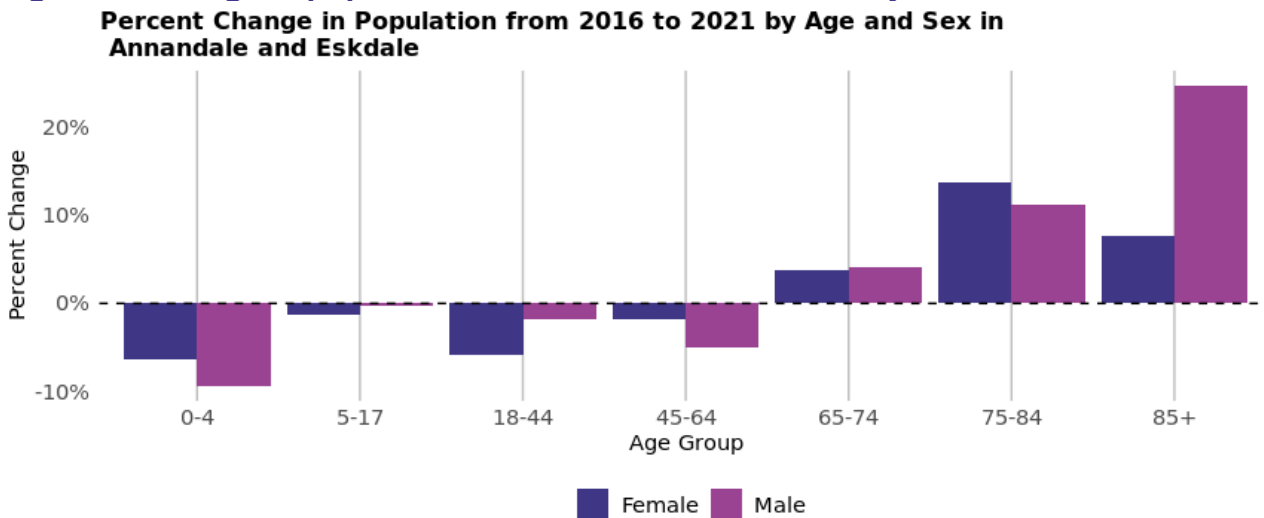
Figure 2: Population time trend and projection.



Source: National Records Scotland

Figure 3 shows how the population structure has changed between 2016 and 2021.

Figure 3: Change in population structure over the last five years.



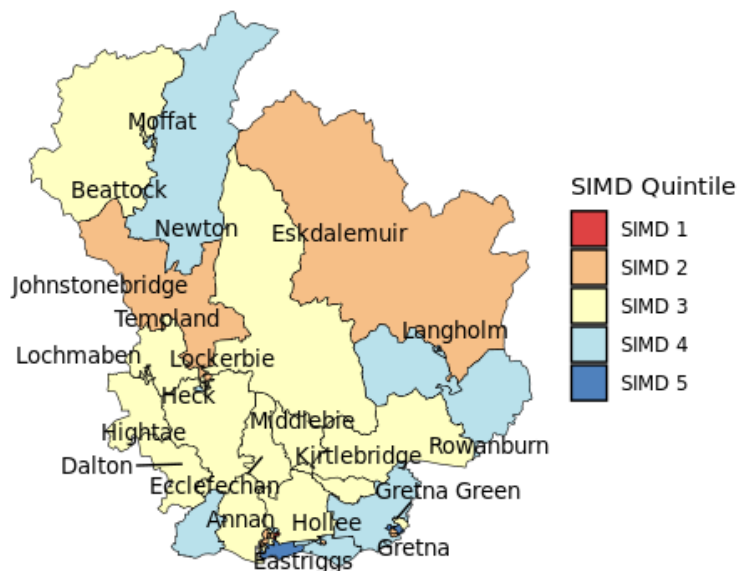
Source: National Records Scotland

Deprivation

The following section explores the deprivation structure of Annandale and Eskdale through the Scottish Index of Multiple Deprivation (SIMD). The SIMD ranks all datazones in Scotland by a number of factors; Access, Crime, Education, Employment, Health, Housing and Income. Based on these ranks, each datazone is then given an overall deprivation rank, which is used to split datazones into Deprivation Quintiles (Quintile 1 being the most deprived, and Quintile 5 the least). The most recent SIMD ranking was carried out in 2020. This section mainly focuses on the SIMD 2020 classifications, however the 2016 classifications are used to assess how deprivation has changed in Annandale and Eskdale when compared to the rest of Scotland.

Of the 2021 population in Annandale and Eskdale, **3.1%** live in the most deprived Quintile (SIMD 1), and **6.4%** live in the least deprived Quintile (SIMD 5).

Figure 4: Map of Data Zones within Annandale and Eskdale coloured by SIMD quintiles.



Source: Scottish Government, Public Health Scotland

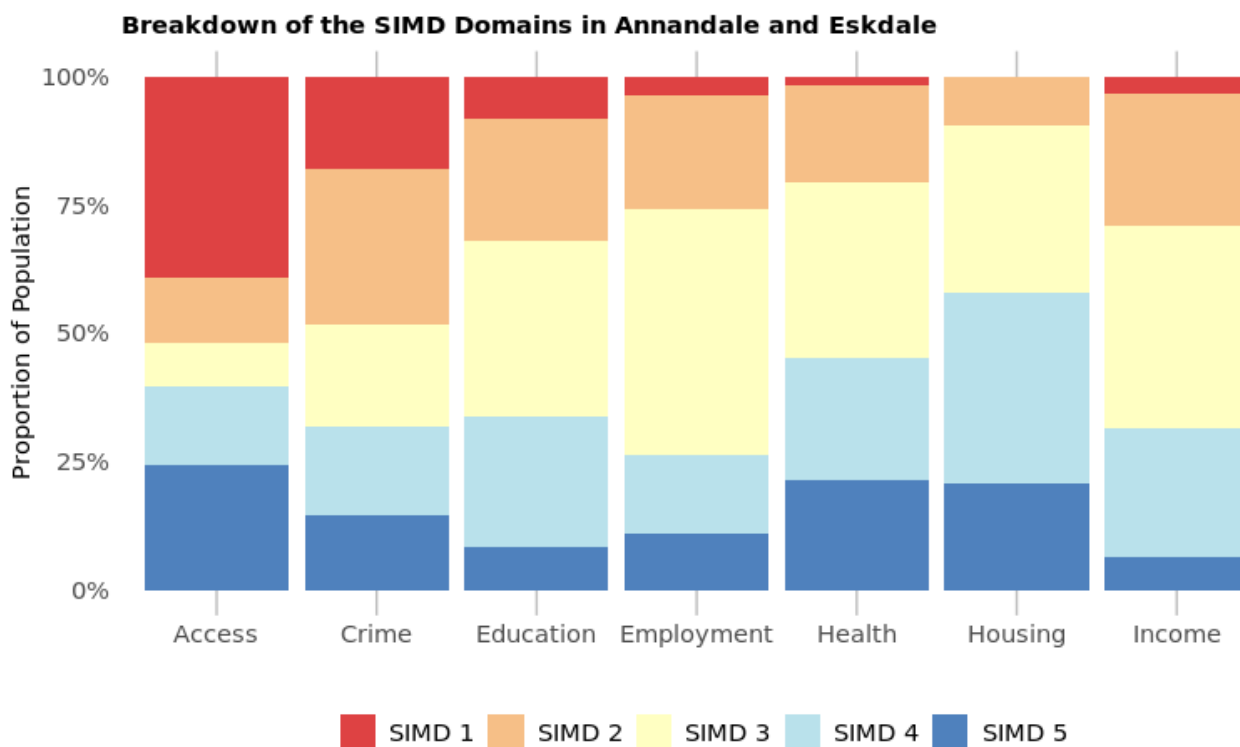
Table 1 details the percentage of the locality’s 2016 population living in the 2016 SIMD Quintiles, the percentage of the 2021 population living in the 2020 SIMD Quintiles, and their difference for comparison. Figure 5 then breaks down SIMD by domain in Annandale and Eskdale.

Table 1: Percentage of the Annandale and Eskdale population living in the 2016 and 2020 SIMD Datazone Quintiles in 2016 and 2021 respectively.

Quintile	Percent of 2016 Population (SIMD 2016 Ranking)	Percent of 2021 Population (SIMD 2020 Ranking)	Difference
SIMD 1	3.7%	3.1%	-0.6%
SIMD 2	23.4%	22.3%	-1.1%
SIMD 3	34.6%	44.6%	10.0%
SIMD 4	30.4%	23.5%	-6.8%
SIMD 5	7.9%	6.4%	-1.4%

Source: Scottish Government, Public Health Scotland, National Records Scotland.

Figure 5: Proportion of the population that reside in each 2020 SIMD quintile by domain in 2021.

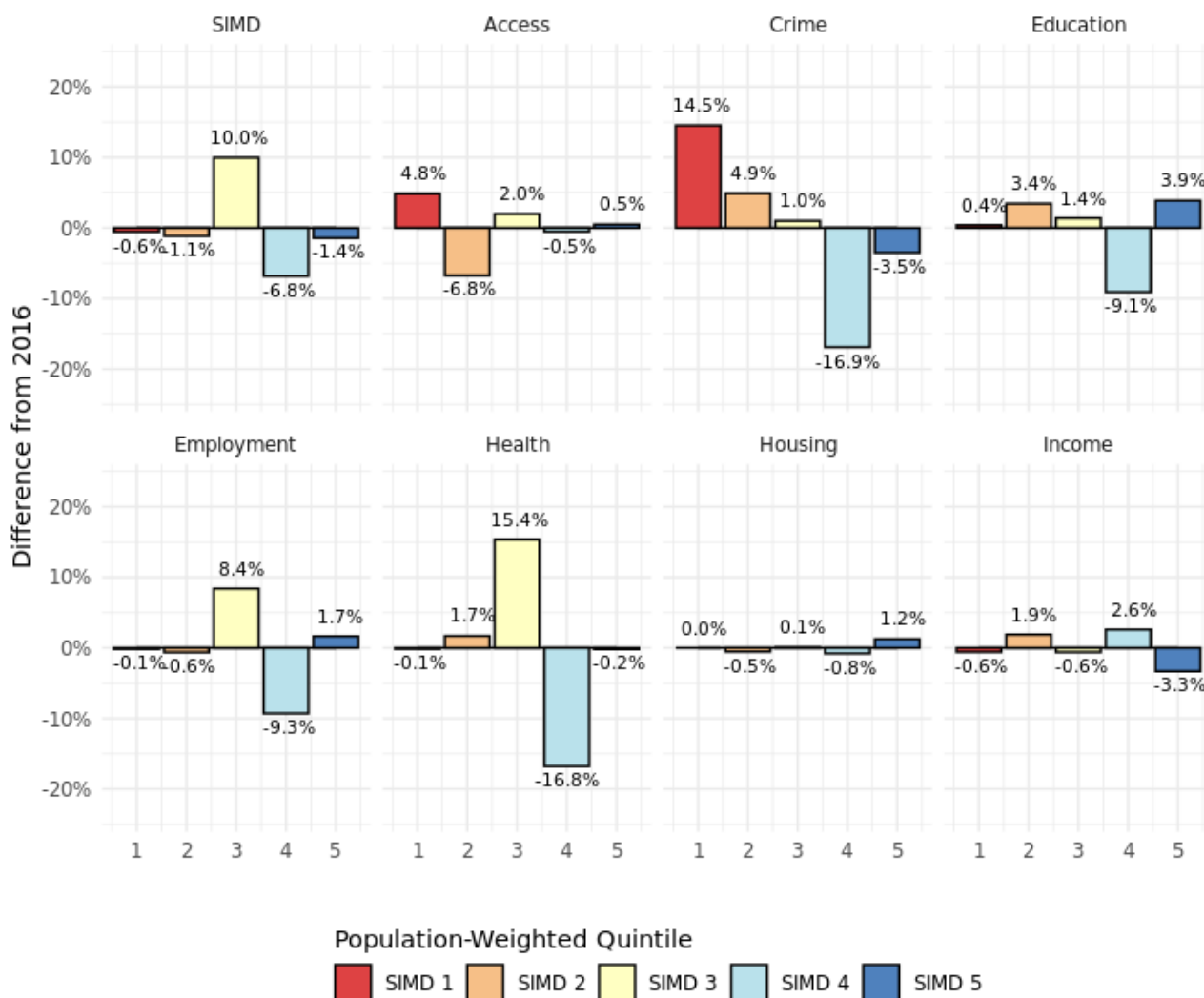


Source: Scottish Government, Public Health Scotland, National Records Scotland

Figure 6 presents a comparison between the 2016 SIMD ranking applied to 2016 population estimates, and the more recent 2020 SIMD ranking applied to 2021 population estimates. The percentages of the population living within each SIMD quintile by domain were calculated using the 2016 and 2020 SIMD datazone classifications respectively. The differences in these percentages are plotted in Figure 6. Negative values on the y-axis indicate a decrease in percent of the population living within a quintile, while positive values indicate an increase in percent of the population living within a quintile. **Please note that quintiles have been weighted by the Scottish population so, any local changes in SIMD quintile do not necessarily indicate a difference in deprivation, but rather a difference in deprivation in comparison to the rest of Scotland.**

Figure 6: Percentage population in 2016 and 2021 living in the 2016 and the 2020 SIMD quintiles by domain.

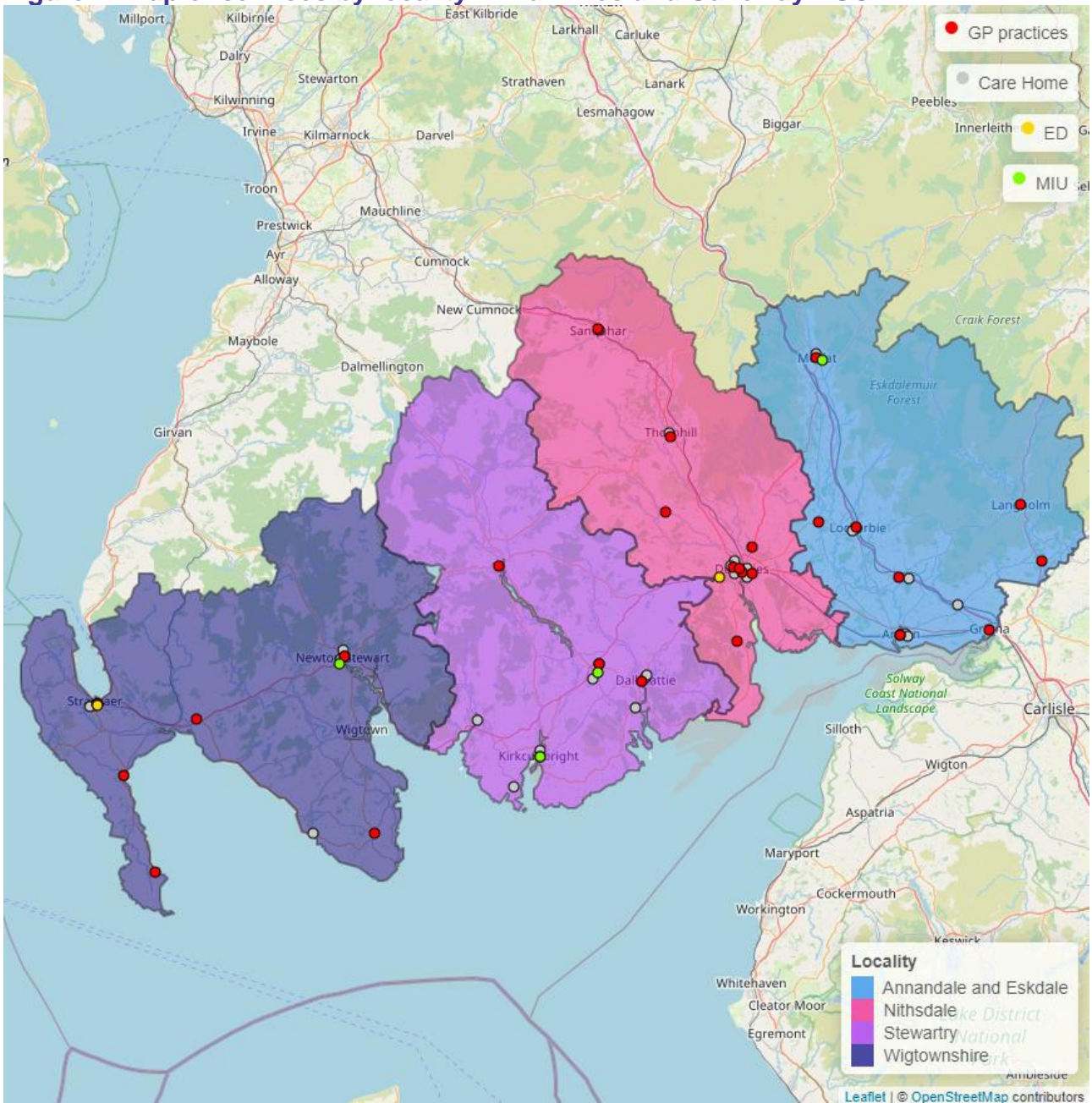
Difference in Population Living in Deprivation Quintiles by SIMD Domain in 2016 and 2021 in Annandale and Eskdale



Source: Scottish Government, National Records Scotland

Services

Figure 7: Map of services by locality in Dumfries and Galloway HSCP².



ED = Emergency Department, MIU = Minor Injuries Unit (or other)

Table 2: Number of each type of service in Annandale and Eskdale Locality².

Service Type	Service	Number
Primary Care	GP Practice	9
A&E	Emergency Department	0
	Minor Injuries Unit	1
Care Home	Elderly Care	7
	Other	9

Source: Scottish Government, Public Health Scotland, National Records Scotland.

In 2017, 30.3% of the population of Annandale and Eskdale lived in the 15% most 'access deprived' areas ³.

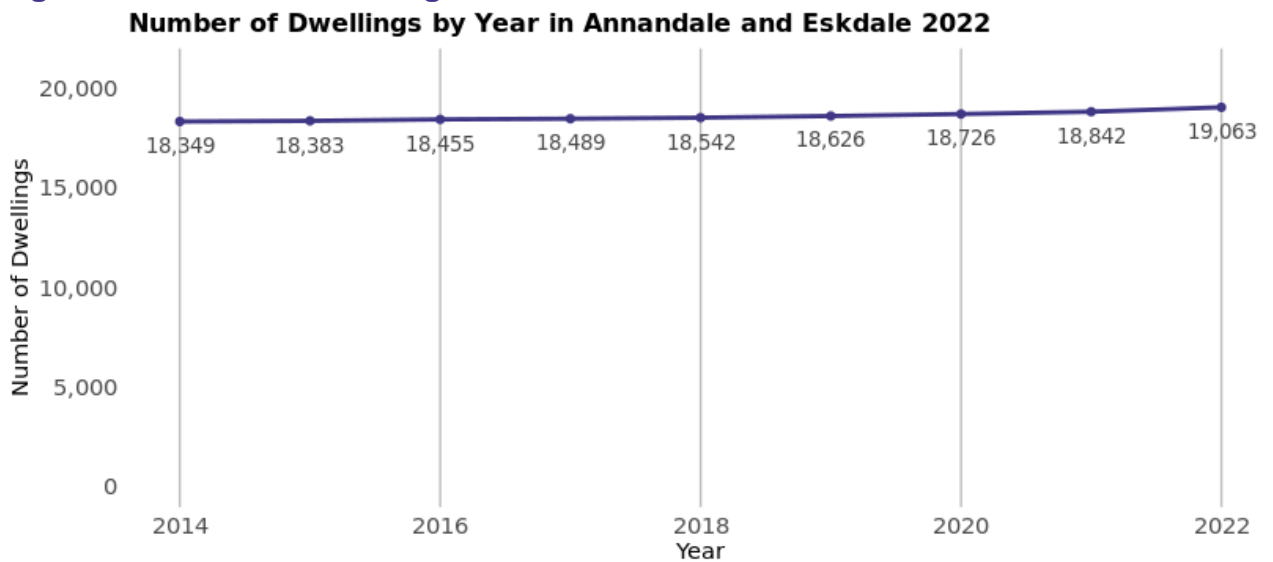
Housing Summary

For the most recent time period available, Annandale and Eskdale Locality had:

- **19,063** dwellings, of which: **95.7%** were occupied and **0.91%** were second homes.
- **36.8%** of dwellers received a single occupant council tax discount, and **1%** were exempt from council tax entirely.
- **61.6%** of houses were within council tax bands A to C, and **10.9%** were in bands F to H.

The graph below shows the number of dwellings in Annandale and Eskdale from 2014 to 2022.

Figure 8: Number of dwellings time trend.



Source: Council Tax billing system (via NRS)

Of the total number of dwellings in 2022, 36.8% (7,006 households) were occupied by an individual receiving a single occupant council tax discount. Furthermore, 1% (193 households) were occupied and exempt from council tax.

There were 174 dwellings classed as a second home in 2022, these dwellings made up 0.91% of the households in Annandale and Eskdale.

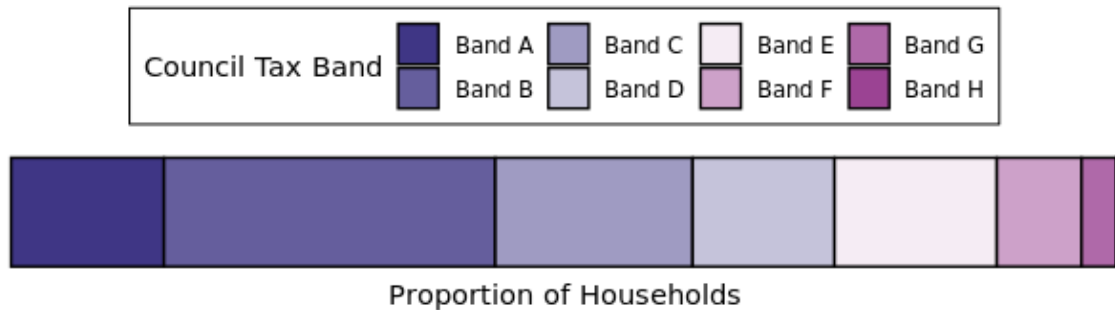
Table 3: Breakdown of dwelling types by year for Annandale and Eskdale locality.

Year	Total Dwellings	Occupied Dwellings	Vacant Dwellings	Single Occupant Tax Discount	Council Tax Exempt Dwellings	Second Homes
2014	18,349	17,501	550	6,237	124	299
2015	18,383	17,519	534	6,268	143	321
2016	18,455	17,562	693	6,335	134	200
2017	18,489	17,595	711	6,353	141	183
2018	18,542	17,589	774	6,316	155	179
2019	18,626	17,637	818	6,455	163	171
2020	18,726	17,725	831	6,575	178	170
2021	18,842	17,918	754	6,742	176	170
2022	19,063	18,238	651	7,006	193	174

Source: Scottish Assessors' Association (via NRS)

The proportion of households within each council tax band are displayed in the chart below, figures are shown in Table 4.

Figure 9: Breakdown of households by council tax band for Annandale and Eskdale in 2022.



Source: Scottish Assessors' Association (via NRS)

Table 4: Percentage of households by council tax band for Annandale and Eskdale in 2022.

Tax Band	A	B	C	D	E	F	G	H
Percent of households	13.80%	29.90%	17.80%	12.80%	14.70%	7.60%	3.10%	0.15%

Source: Scottish Assessors' Association (via NRS)

General Health

Summary

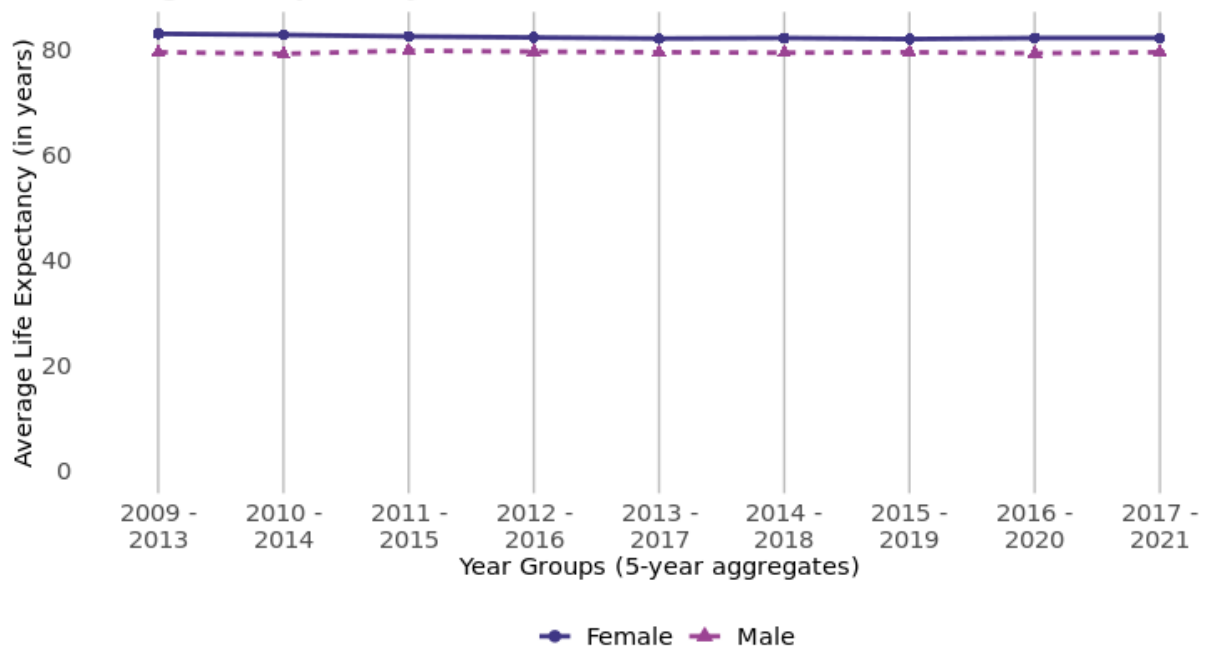
For the most recent time period available³, Annandale and Eskdale Locality had:

- An average life expectancy of **79.7** years for males and **82.4** years for females, compared to the national average of 76.5 and 80.7 years of age respectively.
- A death rate for ages 15 to 44 of **130** deaths per 100,000 age-sex standardised population. This is higher than Scotland (117 deaths per 100,000)⁴.
- **26.5%** of the locality’s population with at least one long-term physical health condition. This is higher than Scotland (21.7%).
- A cancer registration rate of **608** registrations per 100,000 age-sex standardised population (compared to 630 in Scotland), and an early deaths (<75 years) from cancer rate of **128** per 100,000 age-sex standardised population (compared to 150 in Scotland)⁴.
- **20.1%** of the population being prescribed medication for anxiety, depression, or psychosis. This is a smaller proportion than Scotland (20.1%).

Life Expectancy

In the latest time period available from 2017 - 2021 (5-year aggregate), the average life expectancy in Annandale and Eskdale locality was 79.7 years of age for men, and 82.4 years of age for women. A 10-year time trend can be seen in figure 10.

Figure 10: Average life expectancy in men and women over time.
Average Life Expectancy in Annandale and Eskdale



Source: ScotPHO

Table 5 provides the average life expectancy for men and women in different areas for the latest time period available.

Table 5: Average life expectancy in years for the latest time periods (2017 - 2021 aggregated years for the locality; 2020 - 2022 aggregated years for other areas).

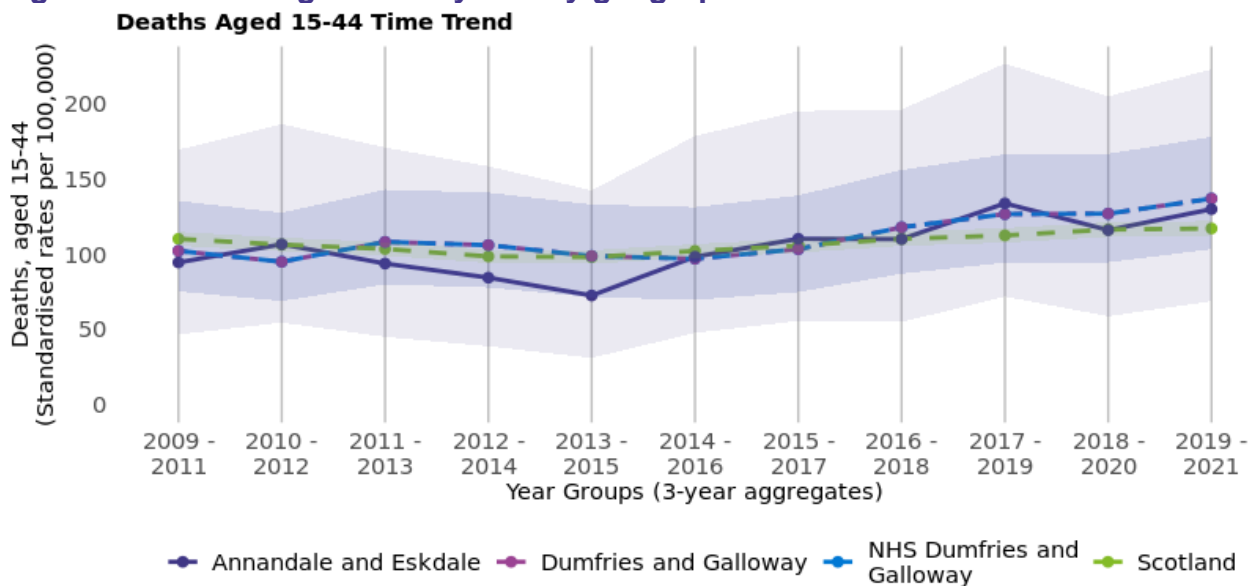
Sex	Annandale and Eskdale	Dumfries and Galloway	NHS Dumfries and Galloway	Scotland
Female	82.4	81.1	80.9	80.7
Male	79.7	77.4	77.1	76.5

Source: ScotPHO

Deaths, aged 15-44

The following chart shows a trend of death rates among 15-44 year olds per 100,000 age-sex standardised population⁴ by area. In the most recent aggregate time period available (2019 - 2021), the mortality rate in Annandale and Eskdale locality was **130** deaths per 100,000 population.

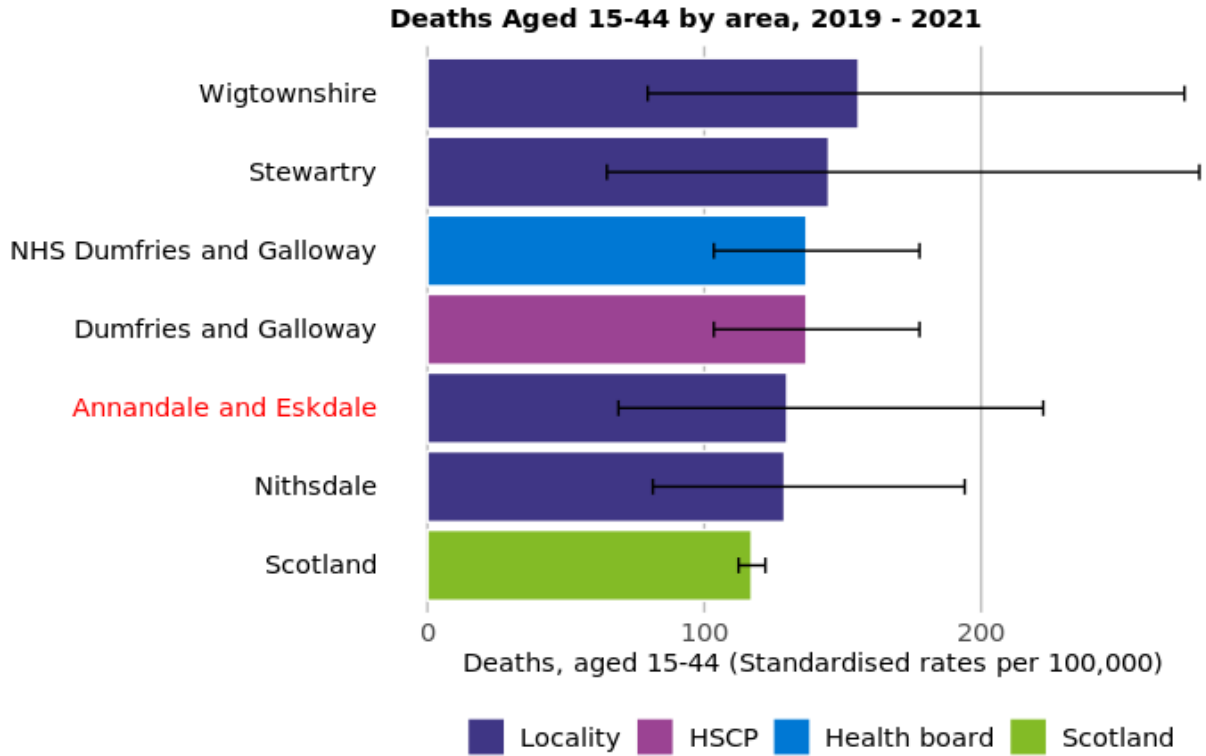
Figure 11: Deaths aged 15-44 years by geographical area and over time.



Source: ScotPHO

Figure 12 provides comparisons of deaths at ages 15-44 across all areas including other localities in Dumfries and Galloway HSCP. In 2019 - 2021, Annandale and Eskdale had a higher rate than the rest of Scotland (130 compared to 117 deaths per 100,000).

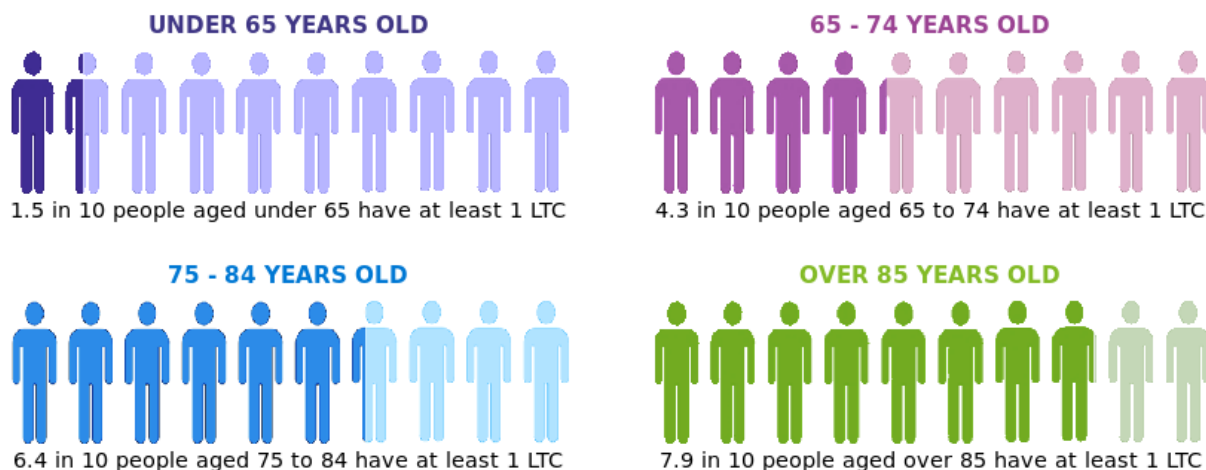
Figure 12: Deaths at ages 15-44 by area for the latest time period available.



Source: ScotPHO

Long-Term Physical Health Conditions and Multimorbidity

In the financial year 2022/23, in Annandale and Eskdale Locality, it is estimated that **26.5%** of the population had at least one physical long-term condition (LTC). These include: cardiovascular, neurodegenerative, and respiratory conditions, as well as other organ conditions (namely liver disease and renal failure), arthritis, cancer, diabetes, and epilepsy. *Please note that estimates for this section are based on people who had contact with NHS services - see footnotes for further information and caveats on identifying LTCs.⁵*



The co-occurrence of two or more conditions, known as multimorbidity, is broken down in table 6, distinguishing between age groups. Overall, **3.6%** of those under the age of 65 have more than one LTC, compared to **30.1%** of those aged over 65.

Table 6: Multimorbidity of physical long-term conditions by age group in 2022/23.

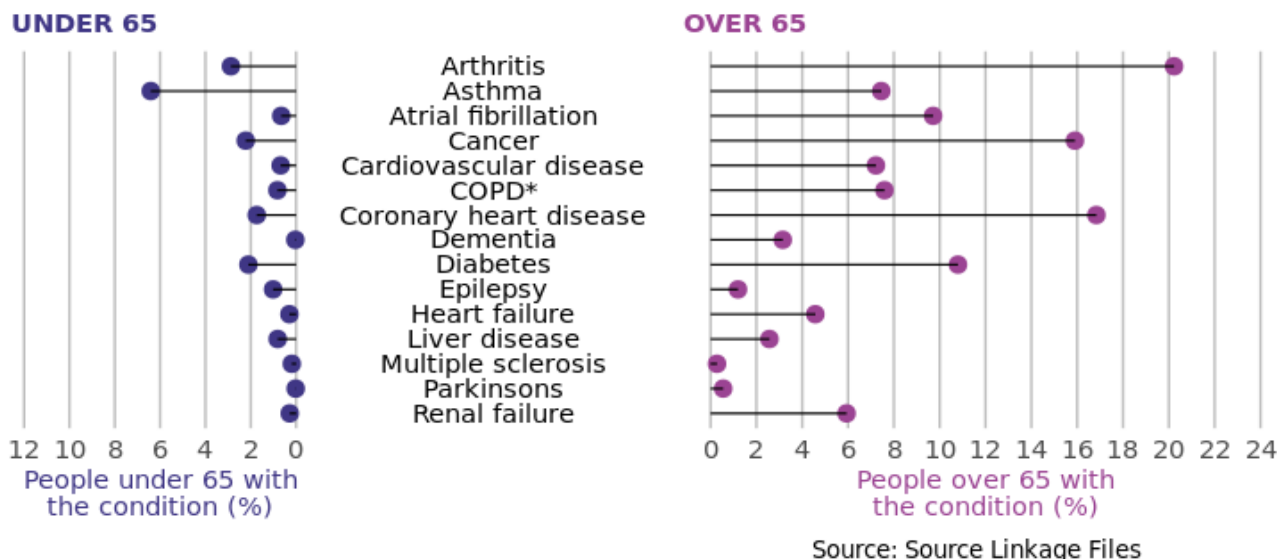
	Proportion over 65 (%)	Proportion under 65 (%)
1 LTC	24.9	11.8
2 LTCs	14.4	2.6
3 LTCs	8.1	0.7
4 or more LTCs	7.6	0.3

Source: Source Linkage Files

Most common physical Long-Term Conditions (LTCs)

Below is a breakdown of the physical LTCs, for the financial year 2022/23. Figure 13 shows the prevalence of different LTCs in each age group in Annandale and Eskdale locality, and Table 7 illustrates the top 5 physical LTCs across all ages at locality, partnership, and Scotland level.

Figure 13: Percentage people with each physical LTC, split by age group.
Prevalence of Physical Long-Term Conditions 2022/23 in Annandale and Eskdale Locality



Source: Source Linkage Files

*COPD: Chronic Obstructive Pulmonary Disease

Table 7: Prevalence of the five most common physical LTCs as a percentage of the population across geographical areas (where 1 = most prevalent).

Top 5 Physical Long-Term Conditions 2022/23

	Annandale and Eskdale Locality	Dumfries and Galloway HSCP	Scotland
1	Arthritis 7.74%	Arthritis 8.05%	Arthritis 5.6%
2	Asthma 6.7%	Asthma 7.32%	Cancer 5.34%
3	Cancer 6.06%	Cancer 6.39%	Asthma 4.84%
4	Coronary heart disease 5.97%	Coronary heart disease 6.18%	Coronary heart disease 4.69%
5	Diabetes 4.54%	Diabetes 4.55%	Diabetes 3.38%

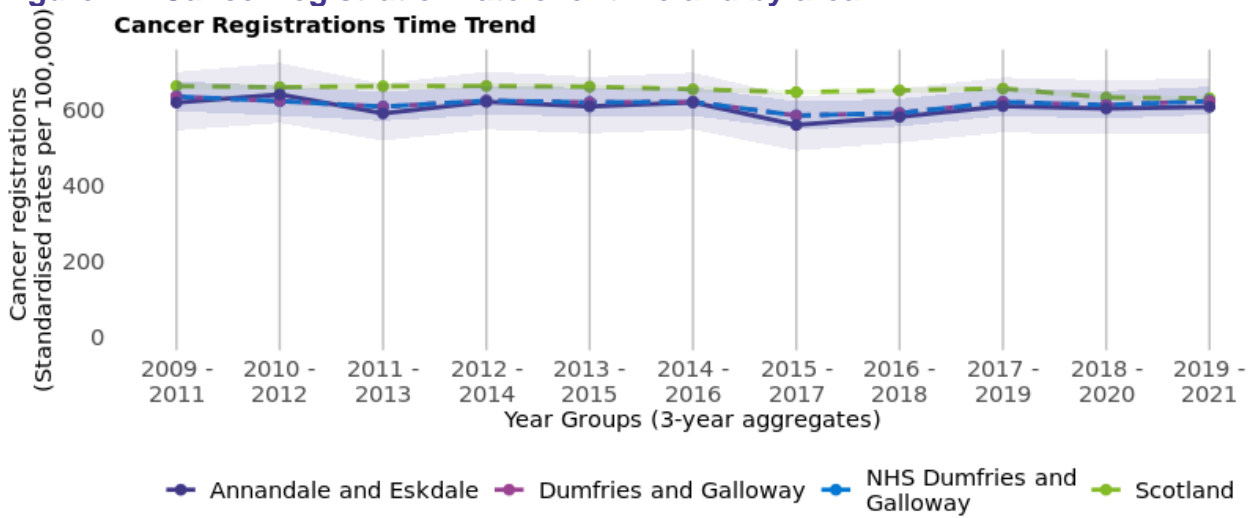
Source: Source Linkage Files

Cancer

For the period 2019 - 2021, there were **295** new cancer registrations per year on average (**608** registrations per 100,000 age-sex standardised population) in Annandale and

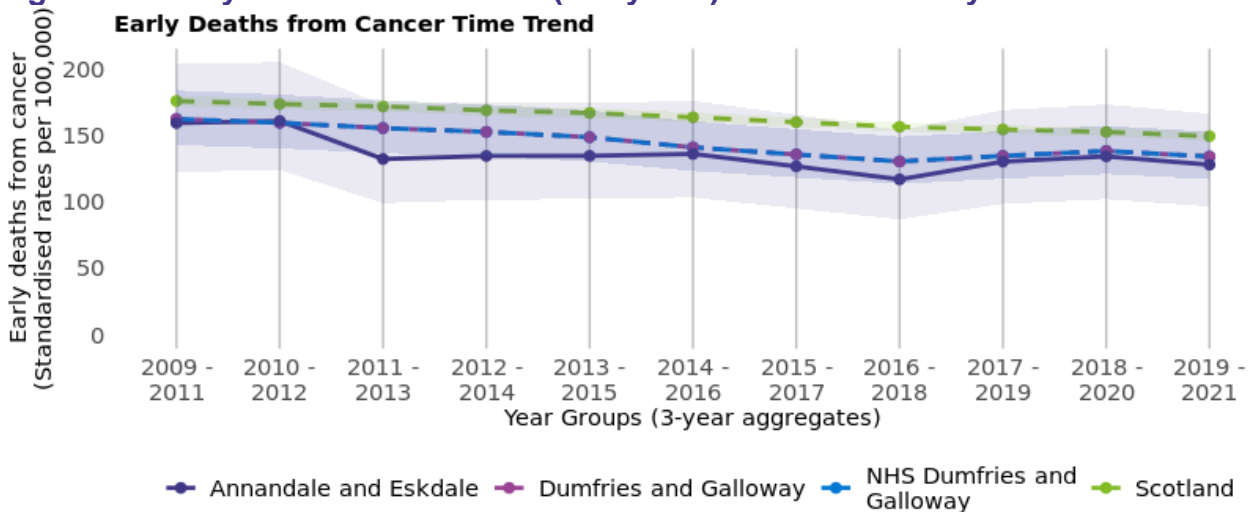
Eskdale locality. For the period 2019 - 2021, there were also **128** early deaths per 100,000 from cancer in the locality, this is a **19.6%** decrease compared to the rate 10 years prior.

Figure 14: Cancer registration rate over time and by area.



Source: ScotPHO

Figure 15: Early deaths from cancer (<75 years) over time and by area.



Source: ScotPHO

Hospitalisations by condition

Patient hospitalisations can provide some indication of how certain diseases have varying impacts on people’s lives. In the latest time period available in Annandale and Eskdale, the condition with the highest rate of hospitalisations was Coronary Heart Disease.

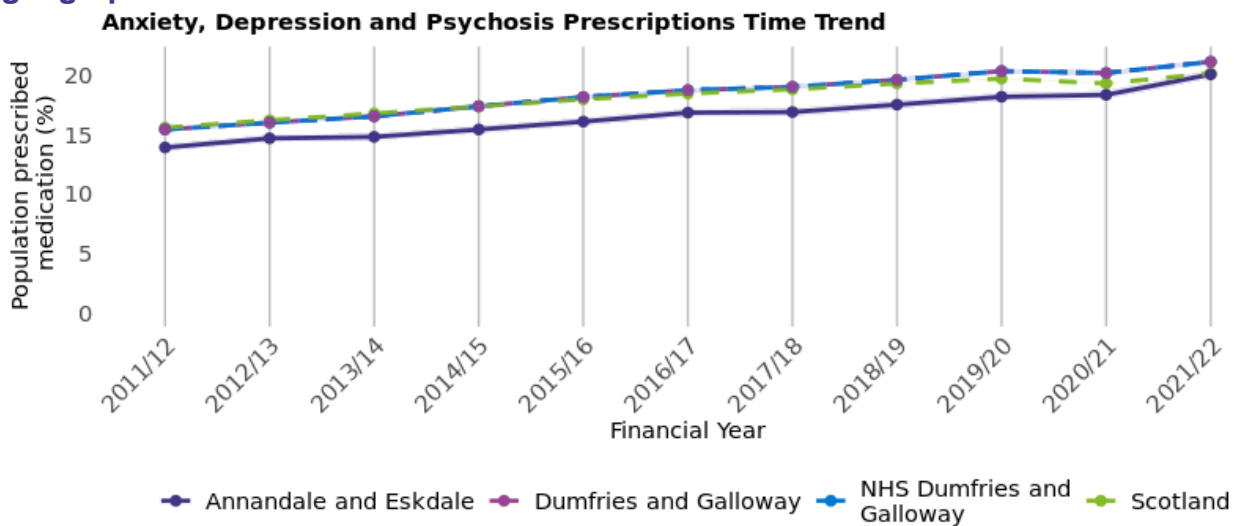
Table 8: Patient hospitalisations by condition and geographical area 2019/20 - 2021/22, age-sex standardised rates per 100,000^{3,4}.

Disease	Latest time period	Annandale and Eskdale	Dumfries and Galloway	NHS Dumfries and Galloway	Scotland
Asthma	2019/20 - 2021/22	78.1	68.4	68.4	68.4
COPD	2019/20 - 2021/22	175.1	187.5	187.5	207.5
Coronary Heart Disease	2019/20 - 2021/22	349.6	369.0	369.0	341.6

Anxiety, Depression, and Psychosis prescriptions

In 2021/22, **20.1%** of people were prescribed medication for anxiety, depression, or psychosis in Annandale and Eskdale Locality. This is a **44% increase** from the rate 10 years prior in 2011/12.

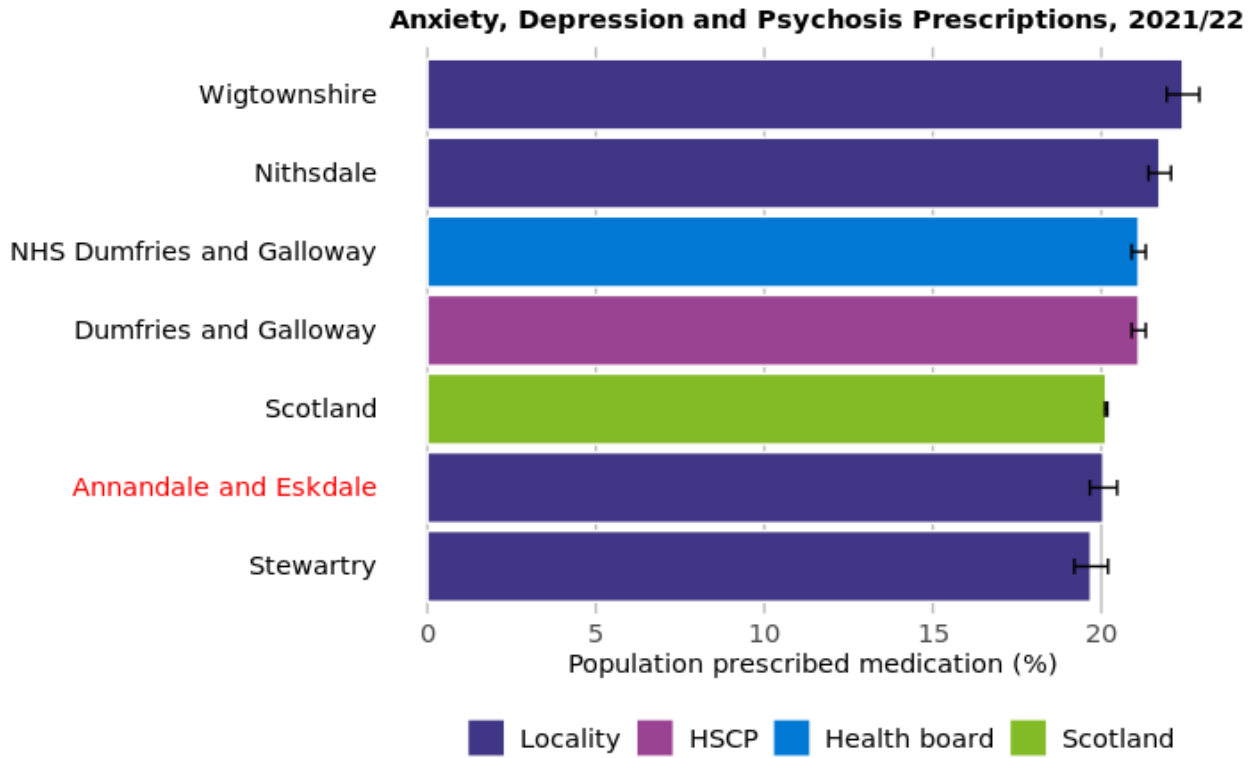
Figure 16: Anxiety, depression, and psychosis prescriptions over time and by geographical area.



Source: ScotPHO

In 2021/22, Annandale and Eskdale had a smaller proportion of the population being prescribed medication for anxiety, depression, and psychosis compared to the rest of Scotland (20.1% compared to 20.1%).

Figure 17: Percentage population prescribed medication for anxiety, depression, and psychosis by area for the latest time period available.



Source: ScotPHO

Lifestyle and Risk Factors

Summary

Mental and physical wellbeing has close ties with people's lifestyles and behaviours. Financial security, employment and location are influences that often have a bearing on these choices. Issues can develop when alcohol, smoking or drug use shape lives. This section provides data on drug-related hospital admissions, alcohol-related hospital admissions, alcohol-specific deaths and bowel screening uptake, to give an overview of some of the lifestyles and behaviours for Annandale and Eskdale locality. These can give an idea of quality of life and prosperity.

For the most recent time period available³, Annandale and Eskdale had:

- **335** alcohol-related hospital admissions per 100,000 age-sex standardised population. This is lower than Scotland (611 admissions per 100,000)⁴.
- **10.6** alcohol-specific deaths per 100,000 age-sex standardised population. This is lower than Scotland (21.1 deaths per 100,000)⁴.
- **197** drug-related hospital admissions per 100,000 age-sex standardised population. This is lower than Scotland (228 admissions per 100,000)⁴.
- **70.1%** uptake of bowel screening among eligible population, compared to 65.6% in Scotland.

Alcohol-related Hospital Admissions

In 2021/22, the rate of alcohol-related admissions was **335** per 100,000 age-sex standardised population in Annandale and Eskdale. This is a 4.4% increase overall since 2002/03. Figure 17 shows a trend of alcohol-related hospital admissions for Annandale and Eskdale locality compared with Scotland, Dumfries and Galloway HSCP and NHS Dumfries and Galloway from financial year 2002/03 to 2021/22.

Figure 18 then compares different areas, including the other localities in Dumfries and Galloway, for the latest financial year. This bar chart shows that in 2021/22, Annandale and Eskdale locality had a lower alcohol-related hospital admissions rate compared to Scotland (335 and 611 admissions respectively).

Figure 17: Alcohol-related hospital admission rates by area and over time.

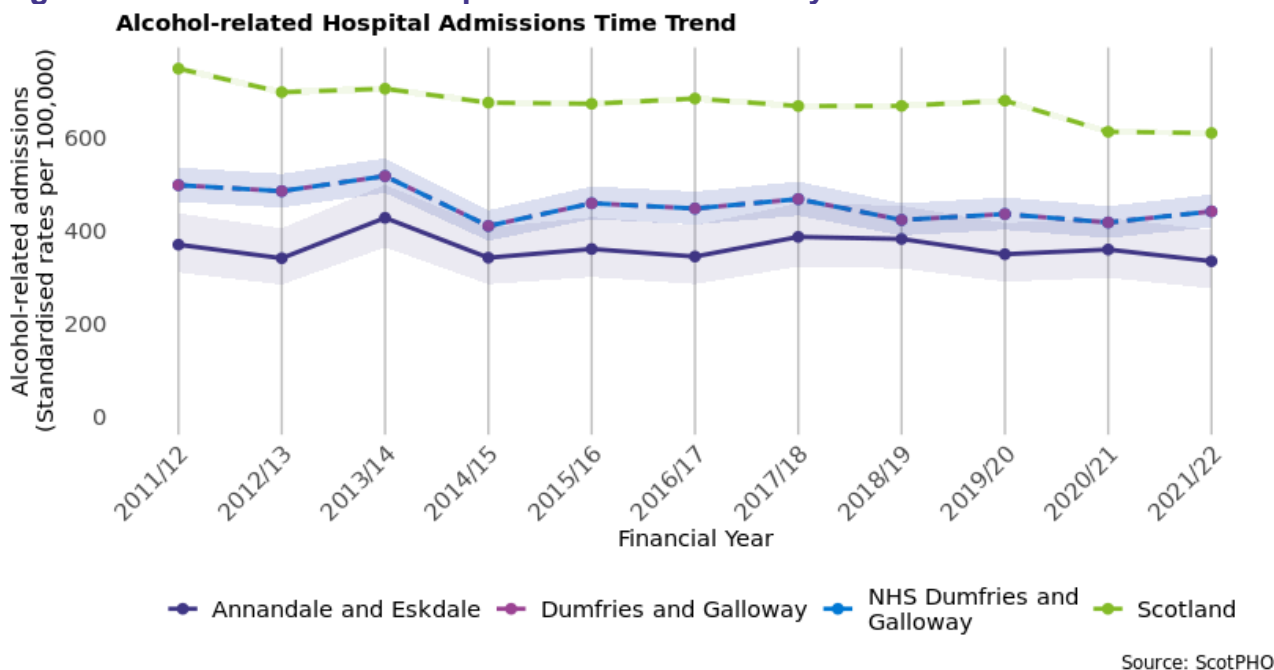
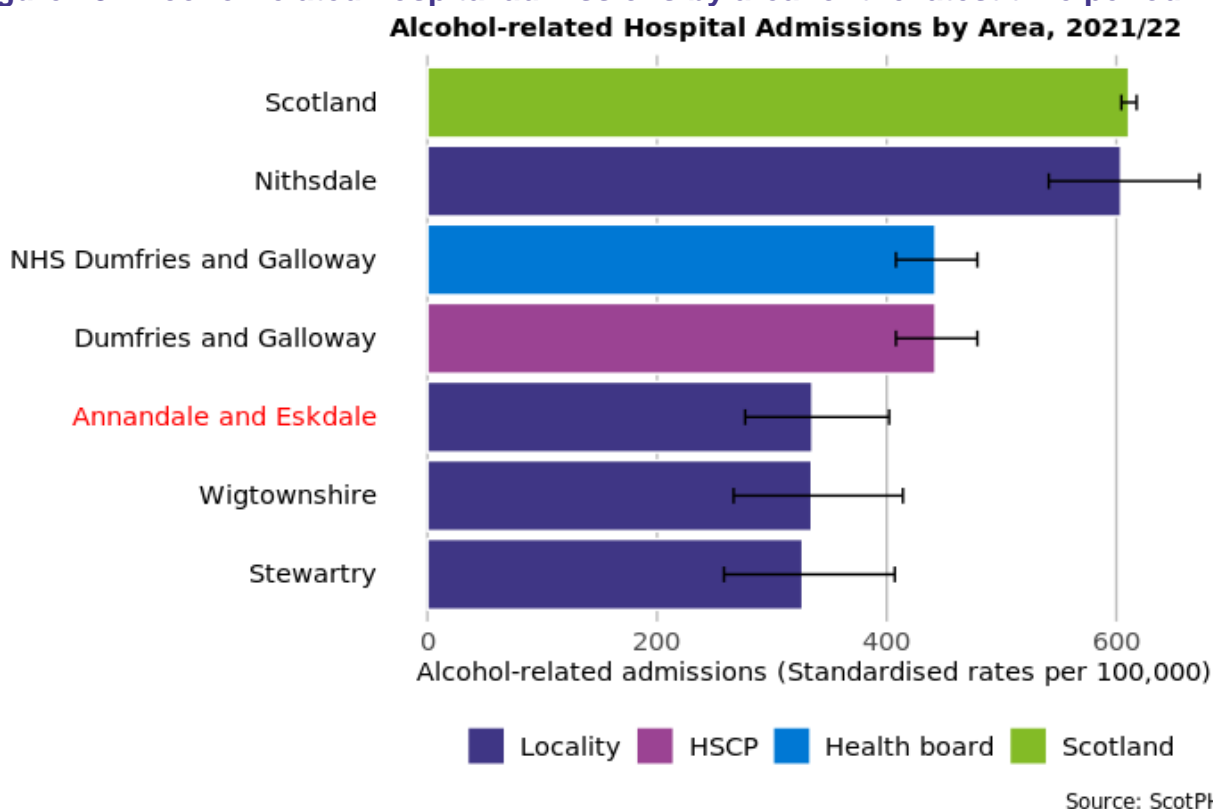


Figure 18: Alcohol-related hospital admissions by area for the latest time period.



Alcohol-Specific Deaths

Data on alcohol-specific deaths is available as 5-year aggregates. In Annandale and Eskdale, the latest rate of alcohol-specific deaths was **10.6** deaths per 100,000 age-sex standardised population. This is 14.5% lower than the rate in 2002 - 2006. Figure 20 also shows that the locality has a lower alcohol-specific death rate compared to Scotland overall (21.1 deaths per 100,000).

Figure 19: Alcohol-specific deaths by area and over time.

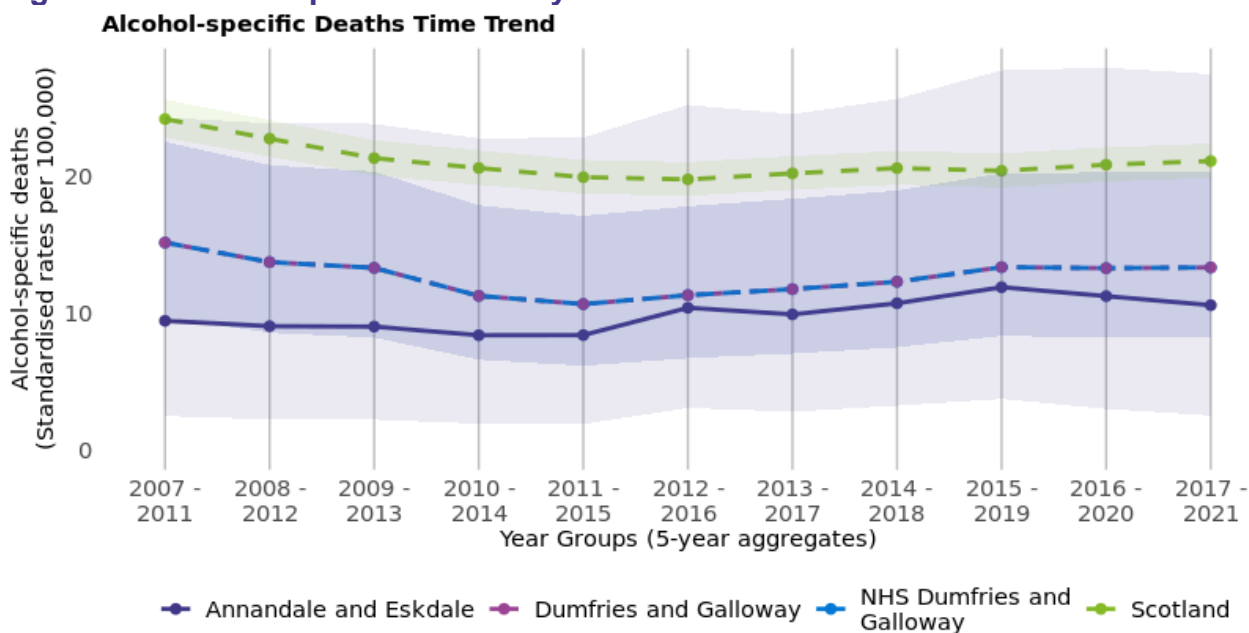
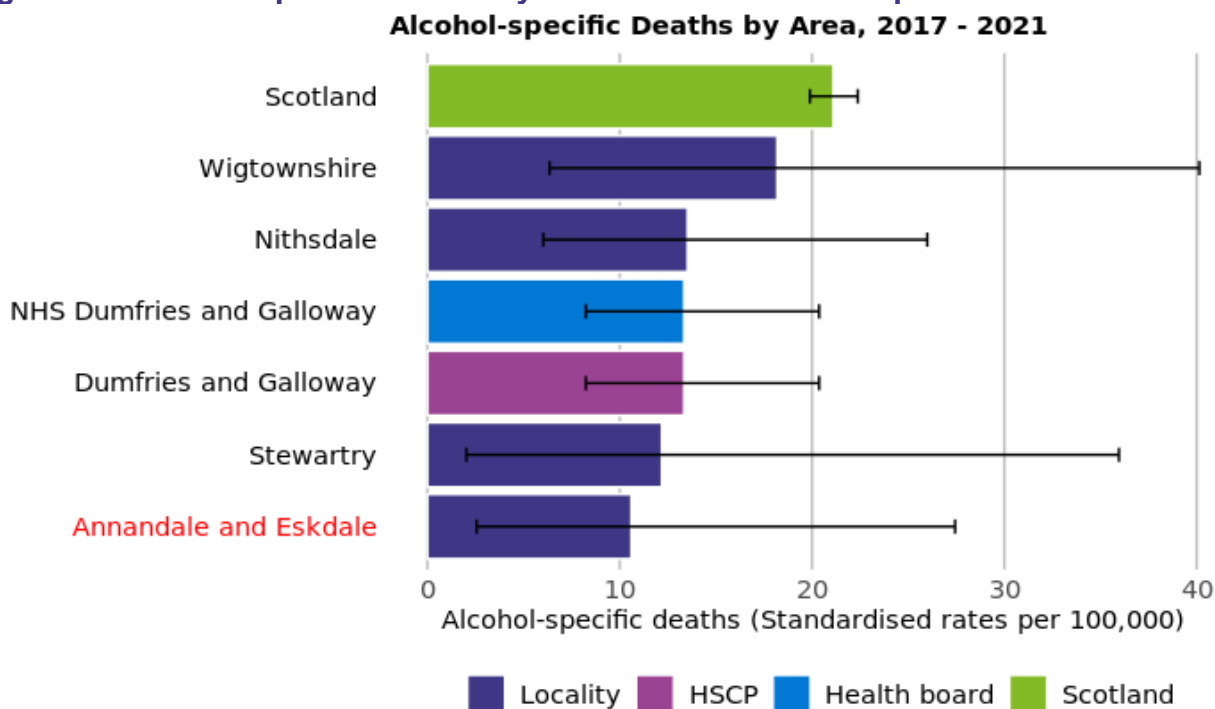


Figure 20: Alcohol-specific deaths by area for the latest time period available.



Drug-related Hospital Admissions

There were **197** drug-related hospital admissions per 100,000 age-sex standardised population⁴ in Annandale and Eskdale locality in the time period 2019/20 - 2021/22 (3-year financial year aggregate). This is a 239% increase since 2002/03 - 2004/05. A trend of the change in drug-related hospital admissions for the locality and comparable areas is shown in figure 21 from 2002/03 - 2004/05 onward.

A comparison of areas at the most recent time period (2019/20 - 2021/22 aggregated financial years) is available in figure 22 This shows Annandale and Eskdale locality has a lower rate of drug-related hospital admissions than Scotland (228 admissions per 100,000).

Figure 21: Drug-related hospital admission rates by area and over time.

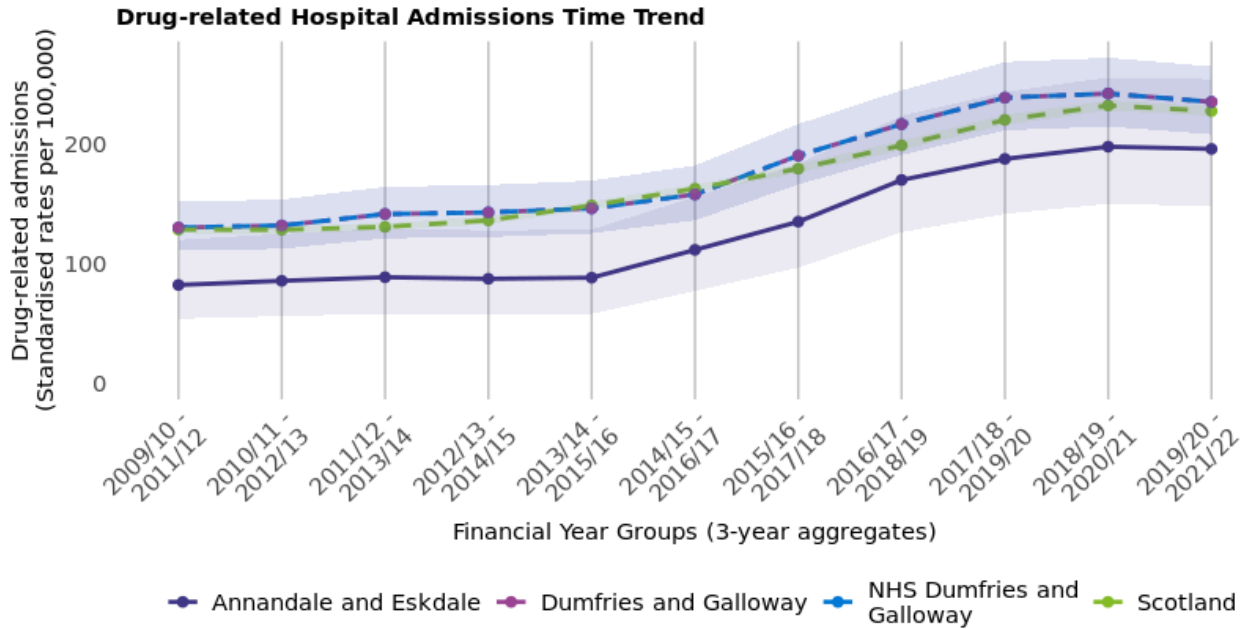
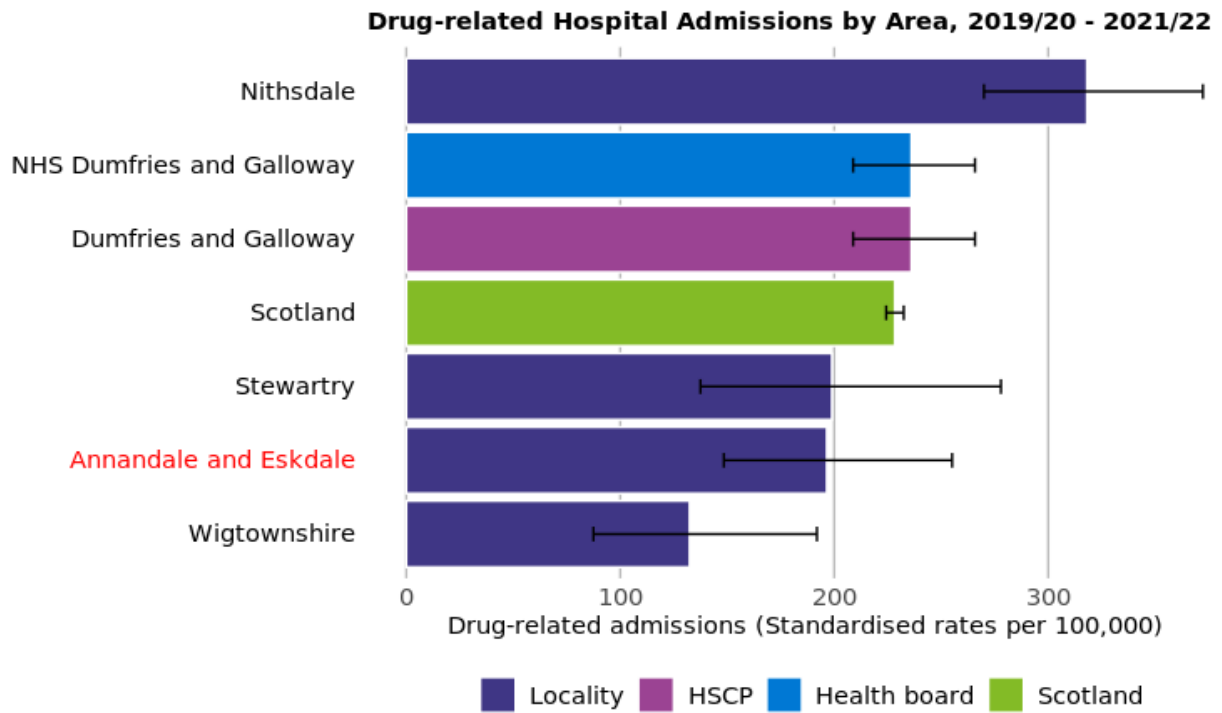


Figure 22: Drug-related hospital admission rates by area for the latest time period available.



Source: ScotPHO

Bowel Screening Uptake

Bowel screening is offered every two years to eligible men and women aged between 50-74 years old. Eligible people are posted a test kit which is completed at home. Since 1st April 2013, those aged 75 and over can also self-refer and opt into screening.

A trend of the percentage uptake of bowel screening among the eligible population is shown the locality and comparable areas. Data is presented as 3-year aggregates. The 2019 - 2021 uptake rate for Annandale and Eskdale is **70.1%**. This is a 22.8% increase since 2008 - 2010. As can be seen in figure 24, in the latest estimate, the uptake in Annandale and Eskdale was higher than the uptake in Scotland overall (65.6%).

Figure 23: Bowel screening uptake for eligible men and women, by area and over time.

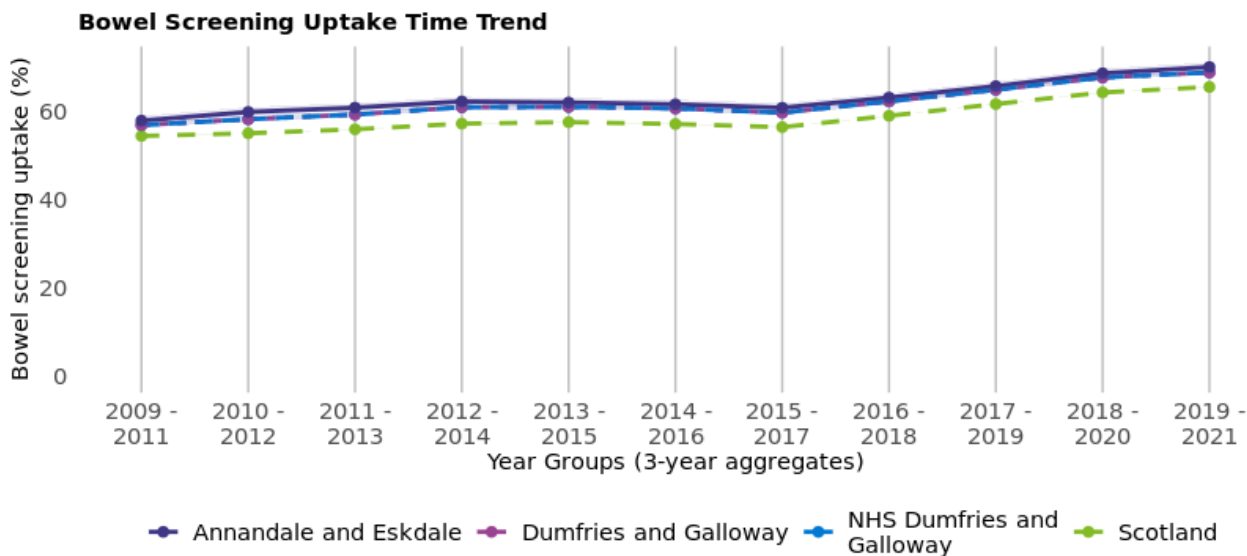
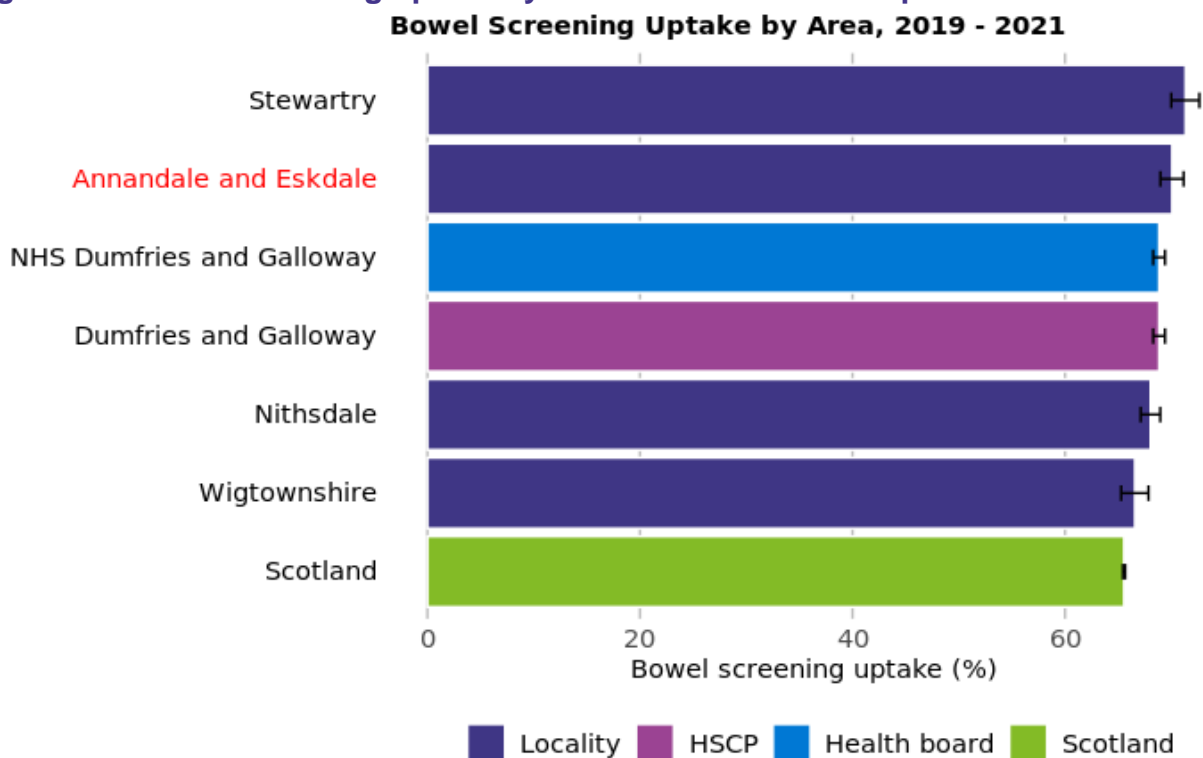


Figure 24: Bowel screening uptake by area for the latest time period available.



Hospital and Community Care

Summary

This section includes acute hospital data, delayed discharge bed days and A&E attendances. For the most recent time period available, Annandale and Eskdale had:

- **11,103** emergency hospital admissions per 100,000 population, compared to 10,367 in Scotland.
- **103,193** unscheduled acute specialty bed days per 100,000 population, compared to 77,178 in Scotland.
- **21,159** A&E attendances per 100,000 population, compared to 26,382 in Scotland.
- **85,224** delayed discharge bed days per 100,000 population aged over 65, compared to 50,362 in Scotland.
- **1,884** emergency hospital admissions from falls per 100,000 population aged over 65, compared to 2,283 in Scotland.
- **89.1** emergency readmissions (28 day) per 1,000 discharges, compared to 102 in Scotland.
- **1,995** potentially preventable hospital admissions per 100,000 population, compared to 1,638 in Scotland.

Emergency Admissions

Figure 25: Emergency admissions by geographical area

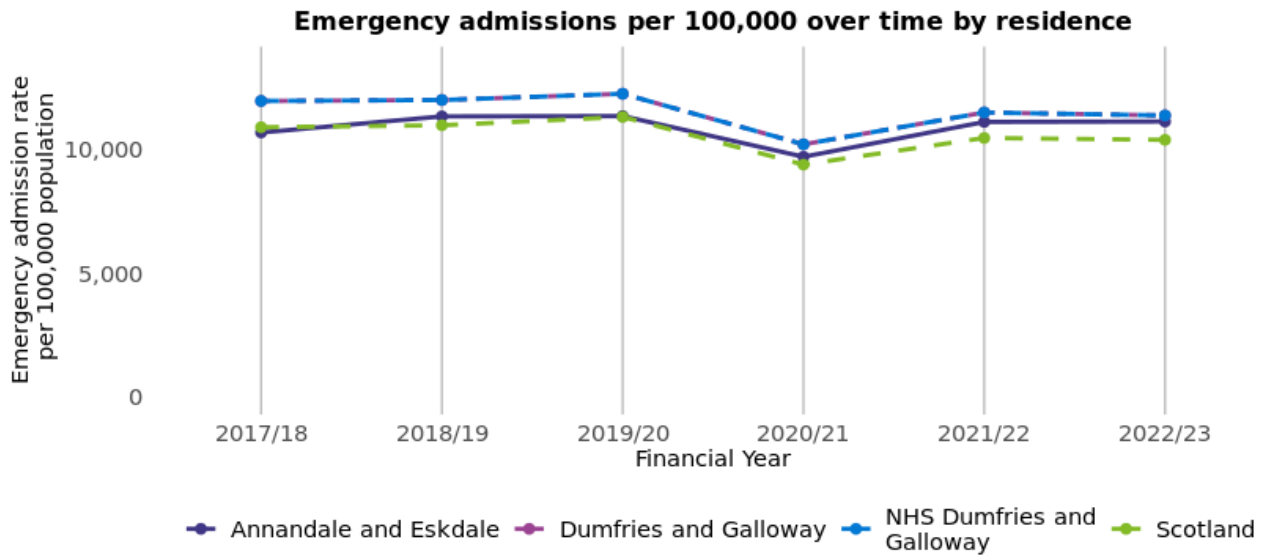
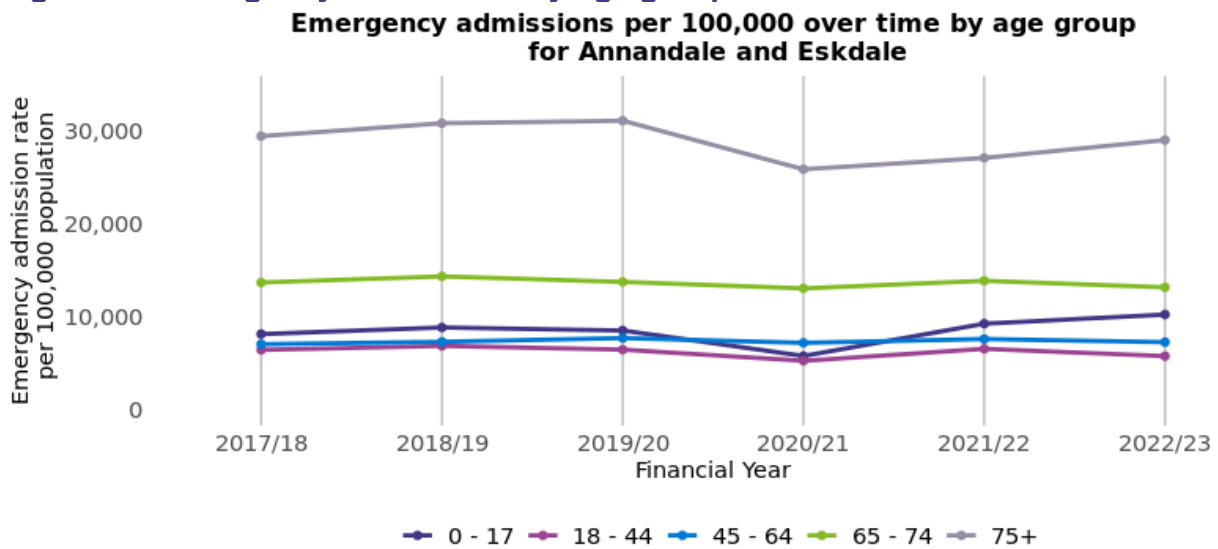


Figure 26: Emergency admissions by age group



Unscheduled Acute Bed Days

Figure 27: Unscheduled acute bed days by geographical area

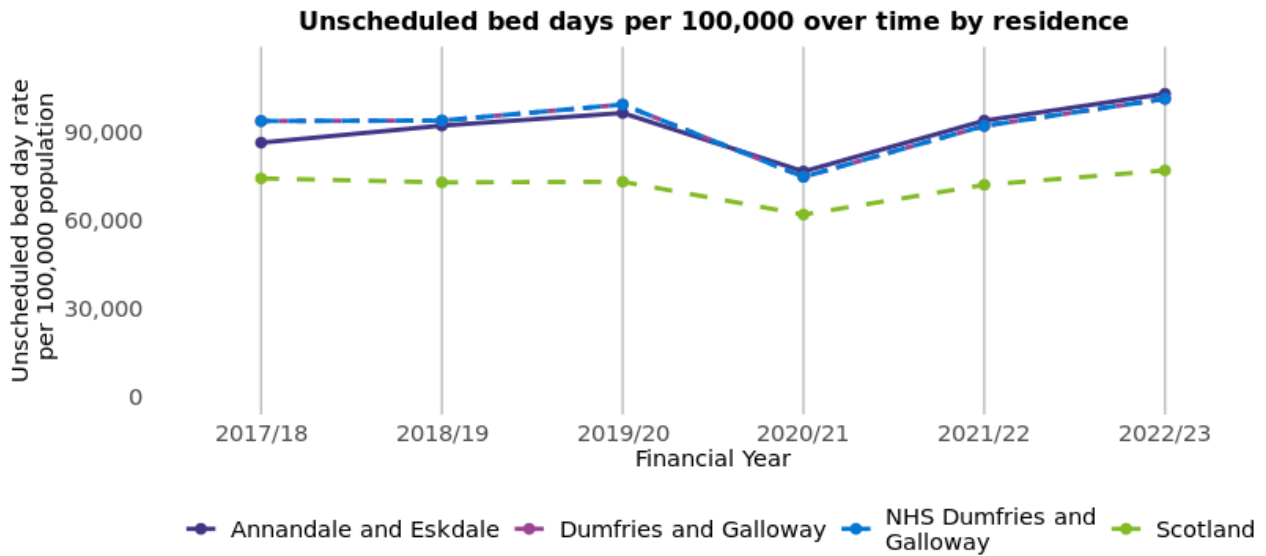
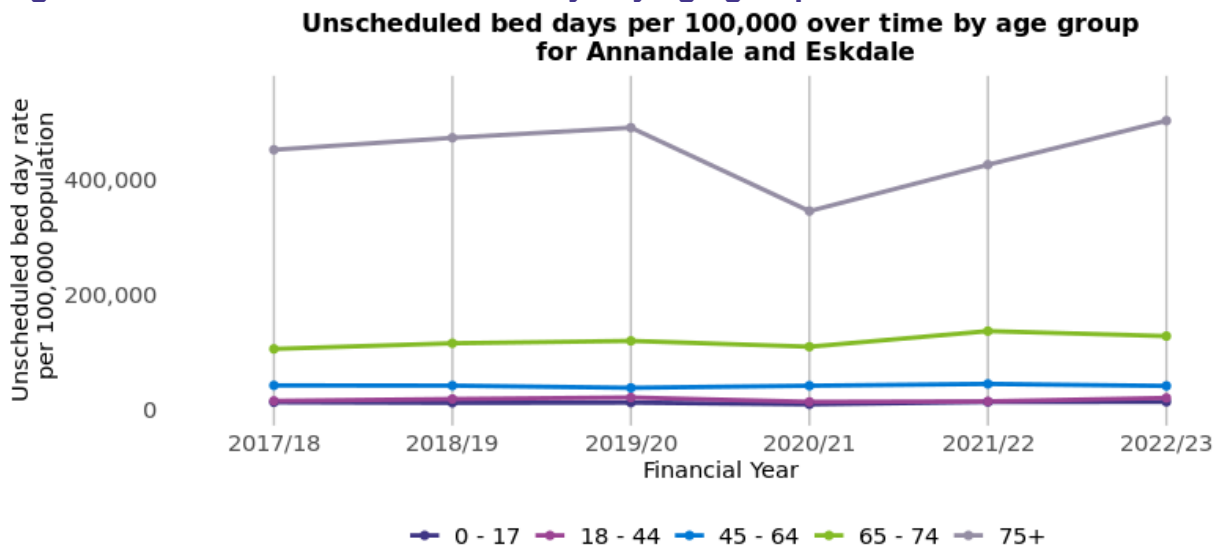


Figure 28: Unscheduled acute bed days by age group



A&E Attendances

Figure 29: A&E attendances by geographical area

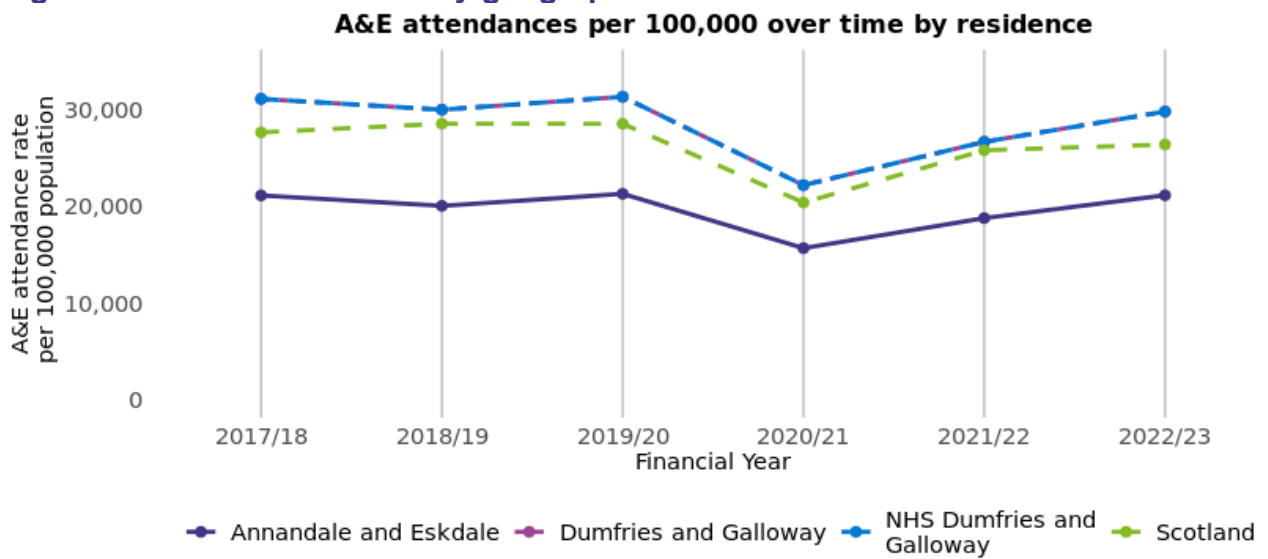
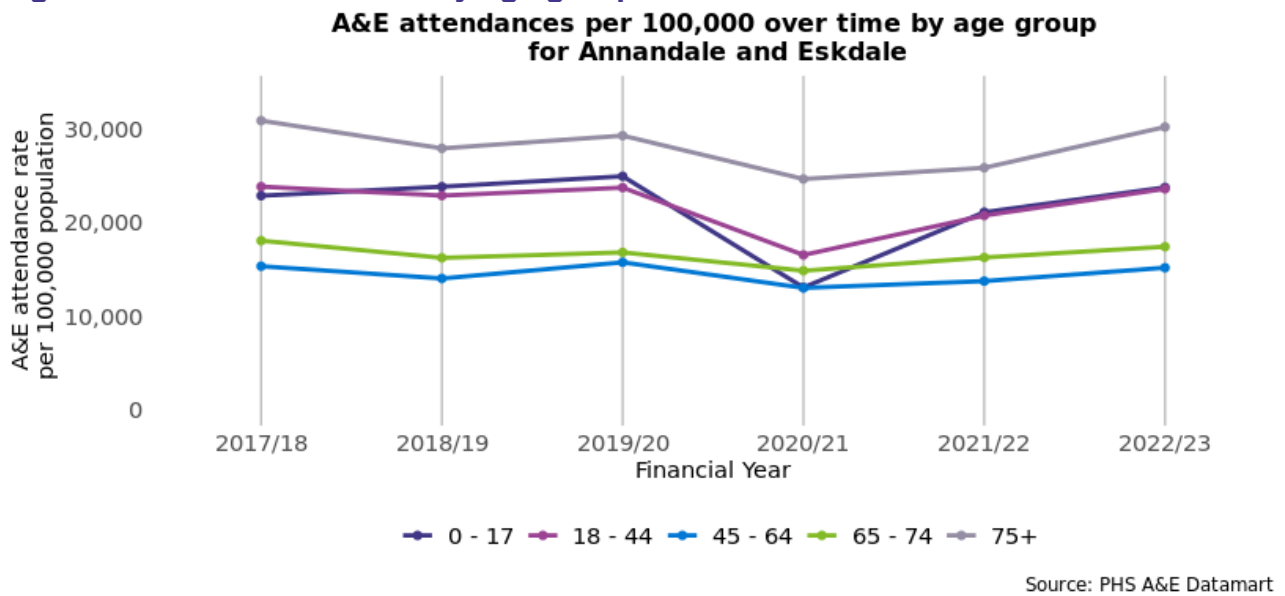


Figure 30: A&E attendances by age group



Emergency Readmissions (28 days)

Figure 31: Emergency readmissions (28 days) by geographical area

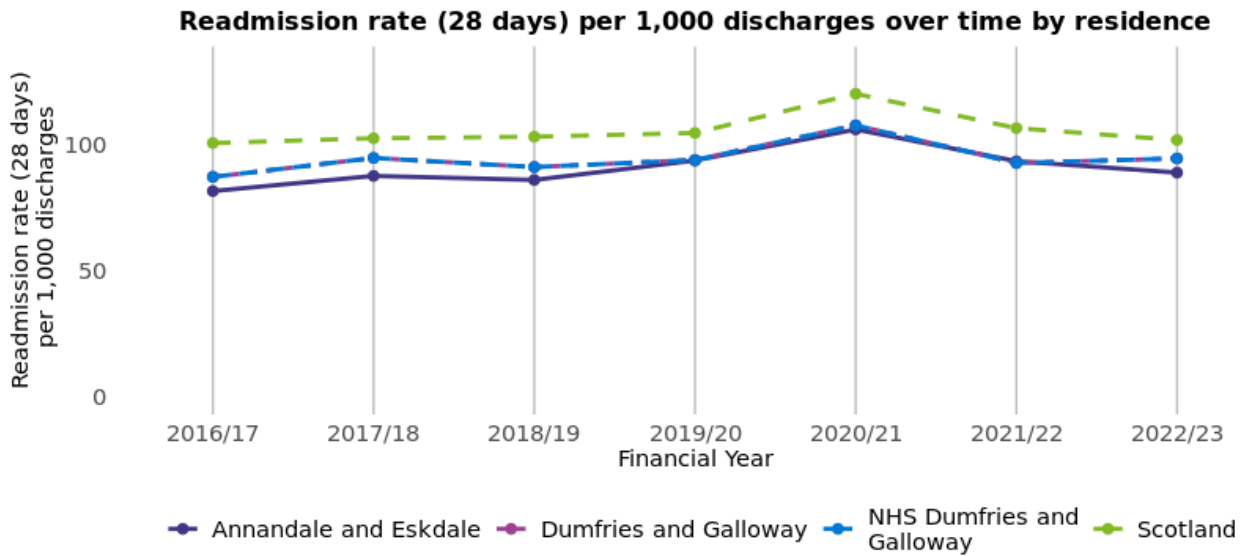
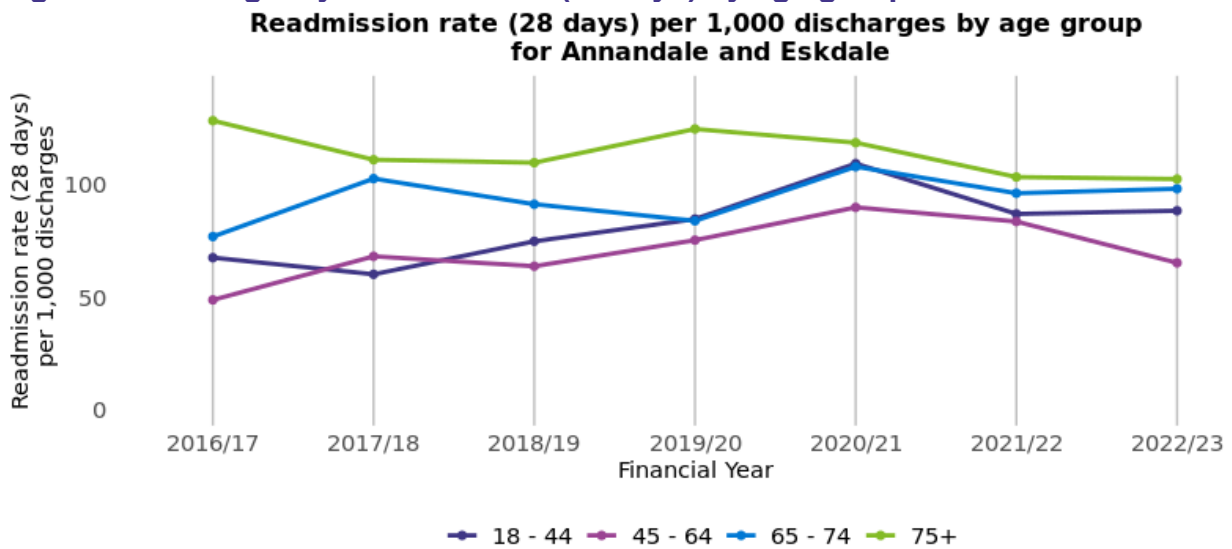
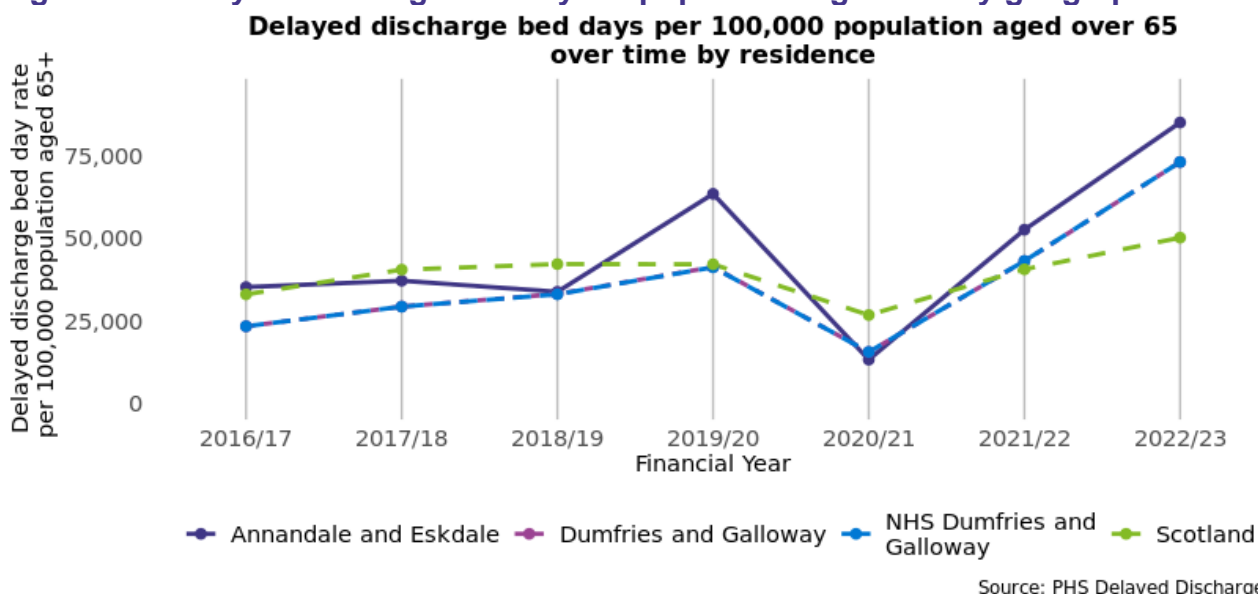


Figure 32: Emergency readmissions (28 days) by age group



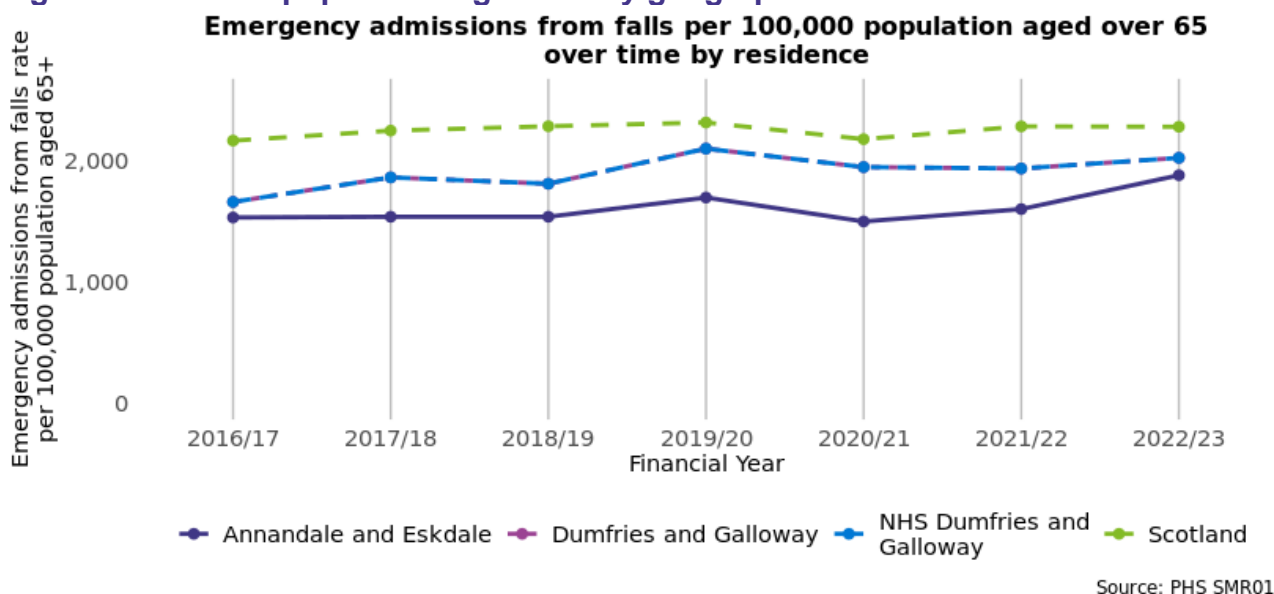
Delayed Discharge Bed Days

Figure 33: Delayed discharge bed days in population aged 65+ by geographical area



Emergency admissions from a fall

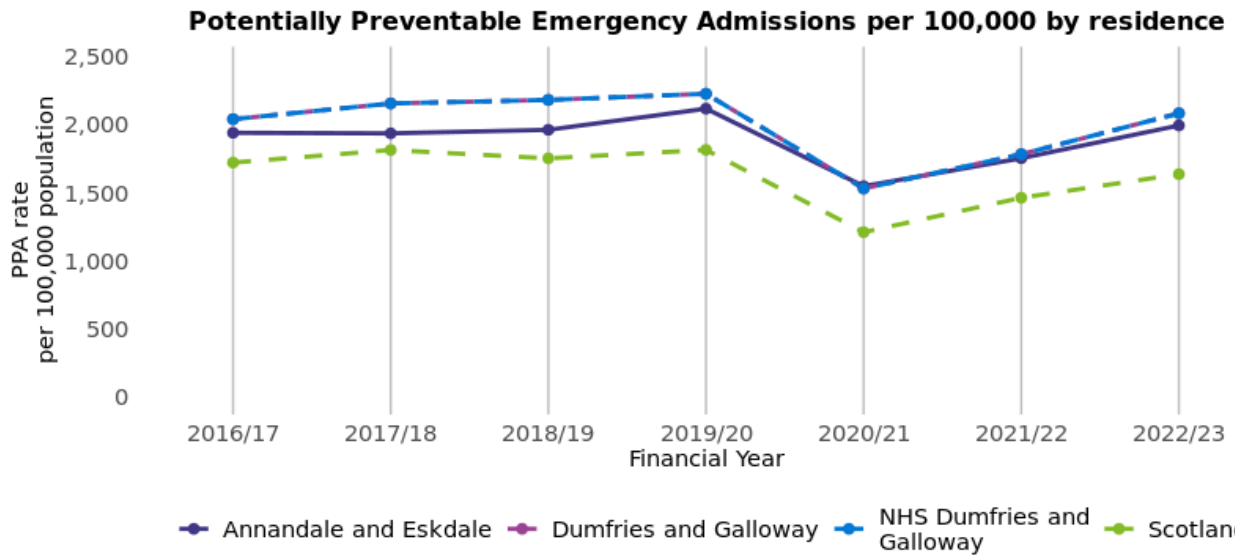
Figure 34: Falls in population aged 65+ by geographical area



Potentially Preventable Admissions (PPAs)

Information on the conditions included in PPAs is available in Appendix 3. In 2022/23, 51.9% of PPAs in Annandale and Eskdale were amongst those aged 65 and over, and 48.1% were amongst those aged under 65.

Figure 35: Potentially Preventable Admissions (PPAs) by geographical area



Source: PHS SMR01

Hospital Care (Mental Health Speciality)

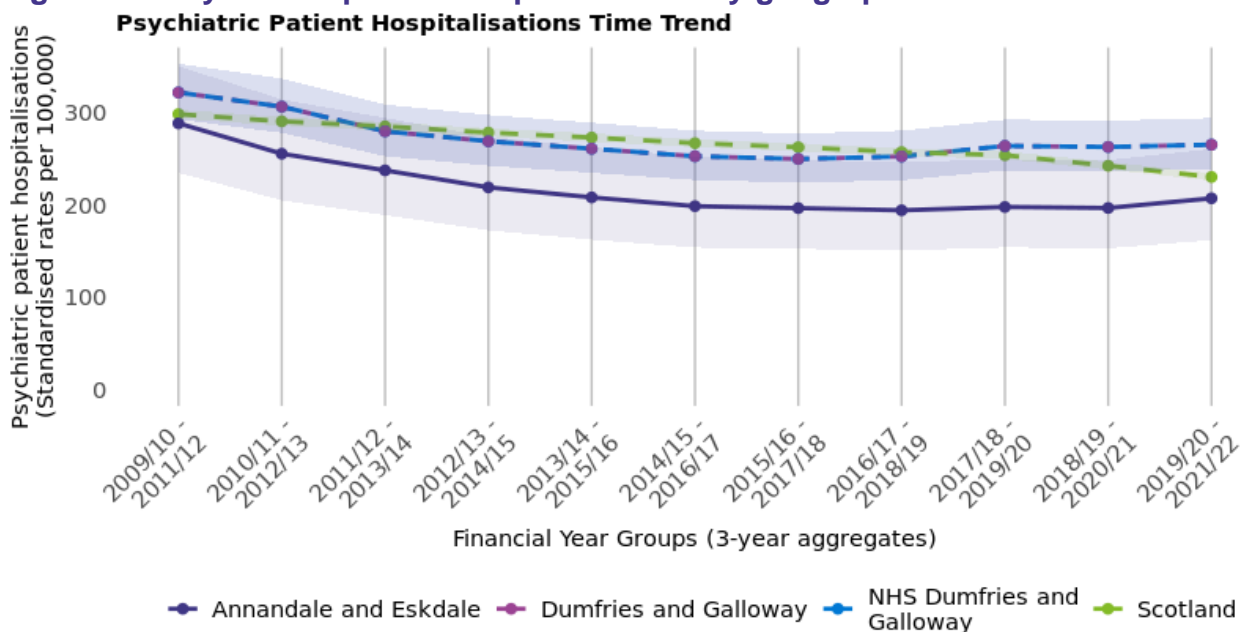
Summary

This section looks at mental health related unscheduled care indicators. For the most recent time period available, Annandale and Eskdale had:

- **207.5** psychiatric patient hospitalisations per 100,000, compared to 230.7 in Scotland⁴.
- **24,222** unscheduled mental health specialty bed days per 100,000, compared to 18,735 in Scotland.

Psychiatric patient hospitalisations

Figure 36: Psychiatric patient hospitalisations by geographical area



Unscheduled Mental Health Specialty Bed Days

Figure 37: Unscheduled mental health specialty bed days by geographical area

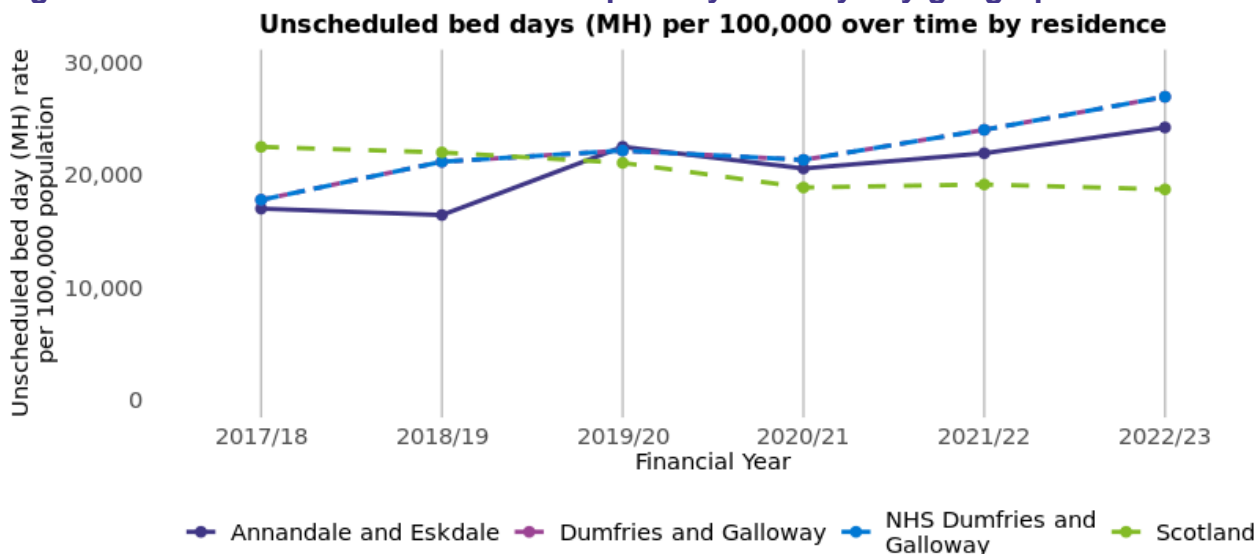
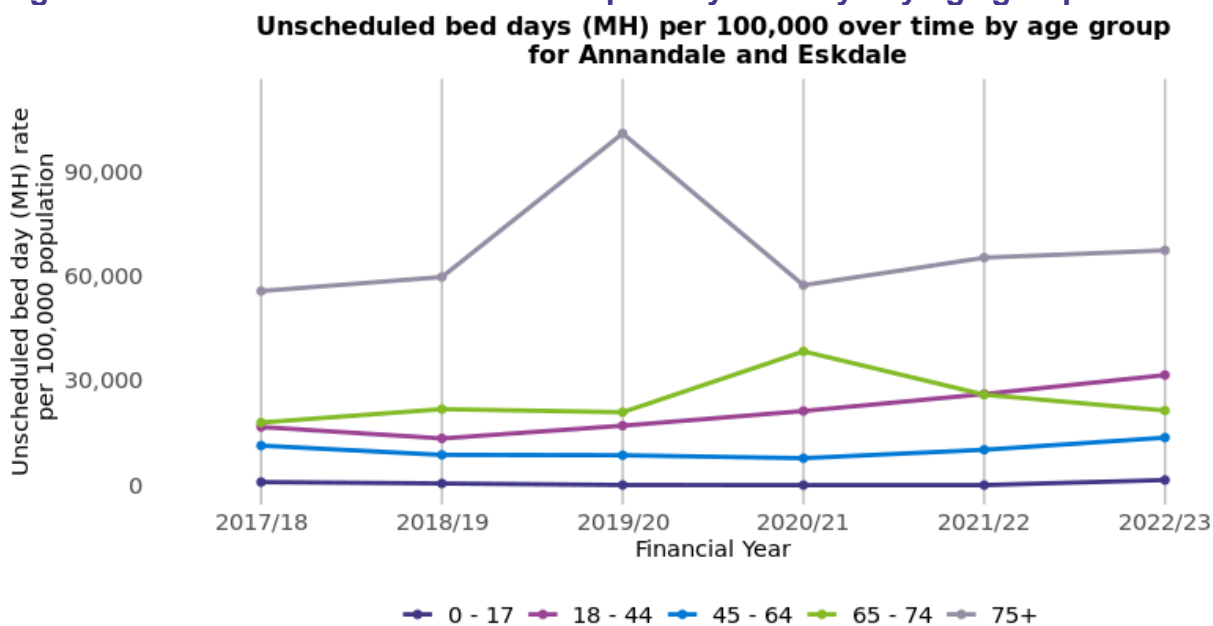


Figure 38: Unscheduled mental health specialty bed days by age group



Footnotes

1. Population projections are not currently provided by NRS at the locality level. To explore how the population in Annandale and Eskdale is expected to change in the future, the percent changes in population projection to 2028 for Dumfries and Galloway by age group and gender were calculated from the NRS Local Authority Population Projections. These percent changes were then applied to the Annandale and Eskdale 2021 mid-year population estimates (also split by age group and gender) to obtain population projection estimates for Annandale and Eskdale, based on the projections for the HSCP and the current population structure of the locality.
2. Care Home Data included in the Services Map and Table was sourced from the [Care Inspectorate](#), [GP Practice](#) data from October 2021, and [Hospital](#) and [A&E](#) data was sourced from Public Health Scotland Open Data. Only services that are within the physical boundary of the HSCP or Locality are included in the map and table, so there may be services outside Dumfries and Galloway which people may use but are not shown. Information on access deprivation was taken from [ScotPHO](#).
3. Sourced from [ScotPHO](#). There may be more recent data available for the indicators elsewhere.
4. Data taken from ScotPHO is often reported using the European Age-Sex Standardised Rate per 100,000. This allows for comparisons across different areas to be made. For more information on how these rates are calculated, please refer to www.isdscotland.org/Products-and-Services/GPD-Support/Population/Standard-Populations/
5. Physical long-term conditions data comes from the Source Linkage Files, and the conditions are identified using ICD-9 and ICD-10 codes in the diagnosis fields. Please note that the Source Linkage Files data only contains information on people who have had contact with the NHS through either inpatient admissions, outpatient attendances, daycase attendances, A&E attendances or through prescribed items, the data does not show all service users in Scotland who have been diagnosed with an LTC as not all of these individuals will have used these services. Also note that LTC rates are based on an adjusted population indicator in the Source Linkage Files so that population sizes are closer to the official estimates.

Appendices

Appendix 1: Indicator Definitions

Indicator	Definition
A&E attendances	The rate of A&E attendances per 100,000 population, includes data from 'New' and 'Unplanned Return' attendances at A&E, i.e. excludes those who are 'Recall' or 'Planned Return'. This indicator only contains data from all sites that submit episode level data. This impacts Highland and Aberdeenshire partnerships in particular as they have a number of sites which submit aggregate data.
Alcohol-related hospital admissions	General acute inpatient and day case stays with diagnosis of alcohol misuse in any diagnostic position (ICD-10 code: E24.4, E51.2, F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K85.2, K86.0, O35.4, P04.3, Q86.0, R78.0, T51.0, T51.1, T51.9, X45, X65, Y15, Y57.3, Y90, Y91, Z50.2, Z71.4, Z72.1). All rates have been standardised against the European standard population (ESP2013) and 2011-based population estimates.
Alcohol-specific deaths	Alcohol related deaths (based on new National Statistics definition): 5-year rolling average number and directly age-sex standardised rate per 100,000 population. (ICD-10 codes from the primary cause of death: E24.4,F10,G31.2,G62.1,G72.1,I42.6,K29.2,K70,K85.2,K86.0,Q86.0,R78.0,X45,X65,Y15).
Asthma patient hospitalisations	Patients discharged from hospital (annually) diagnosed with asthma: 3 year rolling average number and directly age-sex standardised rate per 100,000 population. All rates are standardised against the European standard population(ESP2013) and 2011-base population estimates. Patient is selected only once per year, based on their first asthma related hospital admission that year.
Bowel screening uptake	Bowel screening uptake for all eligible men and women invited (aged 50-74): 3-year rolling average number percentage. Eligible men and women are posted a guaiac-based faecal occult blood test kit (FOBT) which should be completed at home. This involves collecting 2 samples from each of 3 separate bowel movements. The kit is returned in a pre-paid envelope to the central screening centre in Dundee and tested for hidden traces of blood in the stool. Individuals who have a positive FOBT result are referred to their local hospital for assessment and, where appropriate, offered a colonoscopy as the first line of investigation.
Cancer registrations	New cancer registrations: 3 year rolling average number and directly age-sex standardised rate per 100,000 population. All rates have been standardised against the European standard population (ESP2013) and 2011-base population estimates.

	ICD10: C00-C96 excluding C44 (principal diagnosis only).
Chronic Obstructive Pulmonary Disease patient hospitalisations	Patients aged 16 and over discharged from hospital with COPD: 3-year rolling average number and directly age-sex standardised rate per 100,000 population.
Coronary Heart Disease patient hospitalisations	Patients discharged from hospital with coronary heart disease: 3-year rolling average number and directly age-sex standardised rate per 100,000 population. All rates have been standardised against the European standard population(ESP2013) and 2011-base population estimates. Patient is selected only once per year, based on their first CHD related admission to hospital that year.
Death, aged 15-44	Deaths from all causes (ages 15-44 years), 3 year rolling average number and directly age sex standardised rate per 100,000 population. All rates have been standardised against the European standard population (ESP2013). Deaths assigned to year based on death registration date.
Delayed discharge bed days	The number of bed days occupied by people over the age of 65 experiencing a delay in their discharge from hospital, per 100,000 population. Includes the following reason groups: all reasons, health and social care, patient/carer/family-related and code 9s. Length of delay is calculated from the patient's ready for discharge date to either their discharge date within the specific calendar month or the end of the calendar month for patients who are still in delay.
Drug-related hospital admissions	General acute inpatient and day case stays with diagnosis of drug misuse in any diagnostic position (ICD10: F11-F16, F18, F19, T40.0-T40.9), 3-year rolling average number and directly age-sex standardised rate per 100,000 population. All rates have been standardised against the European standard population (ESP2013) and 2011-based population estimates.
Early deaths from cancer	Deaths from cancer (<75 years), 3 year rolling average number and directly age sex standardised rate per 100,000 population. All rates have been standardised against the European standard population (ESP2013). Death figures are based on year of registration.
Emergency admissions	Rate of emergency (non-elective) admissions of patients of all ages per 100,000 population, derived from data collected on discharges from non-obstetric and non-psychiatric hospitals (SMR01) in Scotland. Only patients treated as inpatients or day cases are included. The specialty of geriatric long stay is excluded. Data are reported by month of discharge.
Emergency admissions from a fall	Rate of acute emergency admissions (non-elective) of patients of all ages where a fall was logged as an ICD-10 code. ICD-10 codes W00-W19 were searched for in all diagnostic positions, in conjunction with the admission type codes 33 (Patient injury, home accident), 34 (Patient injury, incident at work) and 35

	(Patient injury, other).
Emergency readmissions (28 day)	The rate of readmissions of all adults (18+) within 28 days of an admission per 1,000 discharges. An emergency readmission is where the subsequent admission is an emergency and occurs up to and including 28 days from the initial admission. The initial admission can be of any type but must end within the time period of interest.
Life expectancy, females	Estimated female life expectancy at birth in years, multi-year average (over 3 years for NHS Boards and Local Authorities, 5 years for Intermediate zones). Mortality data are based on year of registration. They also include non-Scottish residence so the number of deaths match those produced by NRS.
Life expectancy, males	Estimated male life expectancy at birth in years, multi-year average (over 3 years for NHS Boards and Local Authorities, 5 years for Intermediate zones) Mortality data are based on year of registration. They also include non-Scottish residence so the number of deaths match those produced by NRS.
People living in 15% most 'access deprived' areas	Number and percentage of population living in 15% most 'access deprived' areas (data zones) in Scotland. Calculated using 2011-base population estimates.
Physical Long-Term Conditions (LTCs)	Health conditions that last a year or longer, impact a person's life, and may require ongoing care and support. The LTCs presented are: Arthritis, Atrial Fibrillation, Cancer, Coronary Heart Disease, Chronic Obstructive Pulmonary Disease (COPD), Cerebrovascular Disease, Dementia, Diabetes, Epilepsy, Heart Failure, Liver Failure, Multiple Sclerosis, Parkinson's, and Renal Failure.
Population prescribed drugs for anxiety/depression/psychosis	Estimated number and percentage of population being prescribed drugs for anxiety, depression or psychosis.
Potentially Preventable Admissions (PPA)	Emergency admissions (non-elective) of patients of all ages for conditions based on 19 "ambulatory care sensitive conditions" from "The health of the people of NEW South Wales - Report of the Chief Medical Officer". These conditions result from medical problems that may be avoidable with the application of public health measures and/or timely and effective treatment usually delivered in the community by the primary care team. Please see complete list of ICD-10 codes included in Appendix 3.
Psychiatric patient hospitalisations	Patients discharged from psychiatric hospitals: 3-year rolling average number and directly age-sex standardised rate per 100,000 population. Data taken from SMR04. All rates have been standardised against the European standard population(ESP2013) and 2011-base population estimates. Patient is selected only once per year, based on their discharge date.

<p>Unscheduled bed days</p>	<p>Rate of unscheduled bed days of patients of all ages per 100,000 population, derived from data collected on discharges from non-obstetric and non-psychiatric hospitals (SMR01) in Scotland. Only patients treated as inpatients or day cases are included. Bed days for each month have been calculated based on the month in which the bed days were occupied. This differs from other analysis where bed days are reported by the month of discharge.</p>
<p>Unscheduled bed days (Mental Health specialty)</p>	<p>Rate of unscheduled bed days of patients of all ages per 100,000 population. Includes all occupied bed days within a continuous hospital stay following an emergency or urgent admission. Episodes beginning with a transfer have also been included as many of these episodes will have started as unplanned acute admission. Bed days for each month have been calculated based on the month in which the bed days were occupied. This differs from other analysis where bed days are reported by the month of discharge.</p>

Appendix 2: Date of Indicator Data Extractions

Section	Indicator	Date of data extraction
Demographics	Population structure	2024-03-26
Demographics	Population projection	2024-03-26
Demographics	SIMD2016	2024-03-26
Demographics	SIMD2020	2024-03-26
Housing	Household estimates	2024-01-30
Housing	Household in each council tax band	2024-01-30
Services	GP practice locations	2024-01-24
Services	Care Home locations	2024-01-24
Services	A&E locations	2024-01-24
Services	Access deprivation	2022-10-20
General Health	Life expectancy males	2024-02-08
General Health	Life expectancy females	2024-02-08
General Health	Deaths ages 15-44 years	2024-02-08
General Health	Physical Long-Term Conditions	2024-02-22
General Health	Cancer registrations	2024-02-08
General Health	Early deaths from cancer	2024-02-08
General Health	Asthma patient hospitalisations	2024-02-08
General Health	Coronary Heart Disease patient hospitalisations	2024-02-08
General Health	Chronic Obstructive Pulmonary Disease patient hospitalisations	2024-02-08
General Health	Population with a prescription for anxiety, depression or psychosis	2024-02-08
Lifestyle & Risk Factors	Alcohol related hospital stays	2024-02-08
Lifestyle & Risk Factors	Alcohol related mortality	2024-02-08
Lifestyle & Risk Factors	Drug-related hospital admissions	2024-02-08
Lifestyle & Risk Factors	Bowel screening uptake	2024-02-08
Hospital & Community Care	Emergency admissions (acute)	2024-02-05
Hospital & Community Care	Unscheduled bed days (acute)	2024-02-05
Hospital & Community Care	A&E Attendances	2024-02-05

Hospital & Community Care	Delayed discharges aged 65+	2024-02-05
Hospital & Community Care	Fall admissions aged 65+	2024-02-12
Hospital & Community Care	Emergency readmissions (28 day)	2024-02-12
Hospital & Community Care	Potentially Preventable Admissions (PPAs)	2024-02-12
Hospital Care (Mental Health Specialty)	Psychiatric patient hospitalisations	2024-02-12
Hospital Care (Mental Health Specialty)	Unscheduled bed days	2024-02-05

Appendix 3: Conditions included as Potentially Preventable Admissions (PPAs)

Condition	ICD10 codes included	Comments
Ear Nose And Throat	H66, J028, J029, J038, J039, J06, J321	NA
Dental	K02, K03, K04, K05, K06, K08	NA
Convulsions And Epilepsy	G40, G41, R56, O15	NA
Gangrene	R02	NA
Nutritional Deficiencies	E40, E41, E43, E550, E643, M833	NA
Dehydration And Gastroenteritis	E86, K522, K528, K529	NA
Pyelonephritis	N10, N11, N12	NA
Perforated Bleeding Ulcer	K250, K251, K252, K254, K255, K256, K260, K261, K262, K264, K265, K266, K270, K271, K272, K274, K275, K276, K280, K281, K282, K284, K285, K286	Excludes episodes with following main OPCS4 codes: S06, S57, S68, S70, W90, X11
Cellulitis	L03, L04, L080, L088, L089, L980	NA
Pelvic Inflammatory Disease	N70, N73	NA
Influenza And Pneumonia	J10, J11, J13, J181	NA
Other Vaccine Preventable	A35, A36, A370, A379, A80, B05, B06, B161, B169, B26	NA
Iron Deficiency	D501, D508, D509	NA
Asthma	J45, J46	NA
Diabetes Complications	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	NA
Hypertension	I10, I119	Exclude episodes with following main OPCS4 codes: K01 - K50, K56, K60 - K61
Angina	I20	Exclude episodes with main OPCS4

		codes: K40, K45 K49, K60, K65, K66
COPD	J20, J41, J42, J43, J44	J20 only included if secondary diagnosis has one of J41 - J44
Congestive Heart Failure	I110, I50, J81	Exclude episodes with following main OPCS4 codes: K01 - K50, K56, K60 - K61