Public Health Scotland

Edinburgh - HSCP Profile

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Localities Profiles

Public Health Scotland

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Summary Table

Section	Indicator	Data Type	Time Period	Edinburgh North East	Edinburgh North West	Edinburgh South East	Edinburgh South West	Edinburgh HSCP	Scotland
Demographics	**Total population**	count	2024	125,022	148,963	142,396	114,299	530,680	5,546,900
	Ratio male to female	ratio	2024	1:1.06	1:1.08	1:1.15	1:1.02	1:1.08	1:1.06
	Population over 65	%	2024	13.5	18.7	14.9	16.8	16.1	20.5
	Population in the least deprived SIMD quintile	%	2020	20	48.6	48.4	40.1	40	20
	Population in the most deprived SIMD quintile	%	2020	19.1	9.6	8.2	12.5	12.1	20
Housing	**Total number of households**	count	2024	69,645	71,403	69,608	55,532	266,188	2,740,513
	Households with single occupant tax discount	%	2024	41.8	36.3	32.6	38	37.1	38.4

Section	Indicator	Data Type	Time Period	Edinburgh North East	Edinburgh North West	Edinburgh South East	Edinburgh South West	Edinburgh HSCP	Scotland
	Households in Council Tax Band A-C	%	2024	56.2	36.2	36.6	55.2	45.5	58.5
	Households in Council Tax Band F-H	%	2024	10	27.8	26.4	19.4	21	13.9
Population Health	**Male average life expectancy in years**	mean	2020-2024*	75.7	79.4	78.5	78.6	78.3	77.2
	Female average life expectancy in years	mean	2020-2024*	80.1	83.3	82.5	82.8	82.2	81.1
	Deaths aged 15-44 per 100,000	rate	2022 - 2024	73.2	65.9	77.3	91.7	75.1	104.8
	Population estimated to have at least one LTC	%	2024/25	16.1	18.2	14	16.6	16.2	22.5
	Cancer registrations per 100,000	rate	2020 - 2022	704.9	638	591.6	629.7	638.1	629.7

Section	Indicator	Data Type	Time Period	Edinburgh North East	Edinburgh North West	Edinburgh South East	Edinburgh South West	Edinburgh HSCP	Scotland
	Anxiety, depression & psychosis prescriptions	%	2024/25	18.6	16.8	15.4	16.5	16.8	20.8

**at HSCP and Scotland level, the time period is a 3-year aggregate (2022-2024)*

Section	Indicator	Data Type	Time Period	Edinburgh North East	Edinburgh North West	Edinburgh South East	Edinburgh South West	Edinburgh HSCP	Scotland
Lifestyle and Risk Factors	**Alcohol-related hospital admissions per 100,000**	rate	2023/24	583.1	359.1	460.7	472.6	451.1	548.5
	Alcohol-specific mortality per 100,000	rate	2019 - 2023	27.7	16.1	17.5	21.1	20.3	21.8
	Drug-related hospital admissions per 100,000	rate	2021/22 - 2023/24	203.2	94.3	150.9	169.6	151.9	181.2
	Bowel screening uptake	%	2021 - 2023	61.8	69.4	67.1	67.3	66.7	66.4

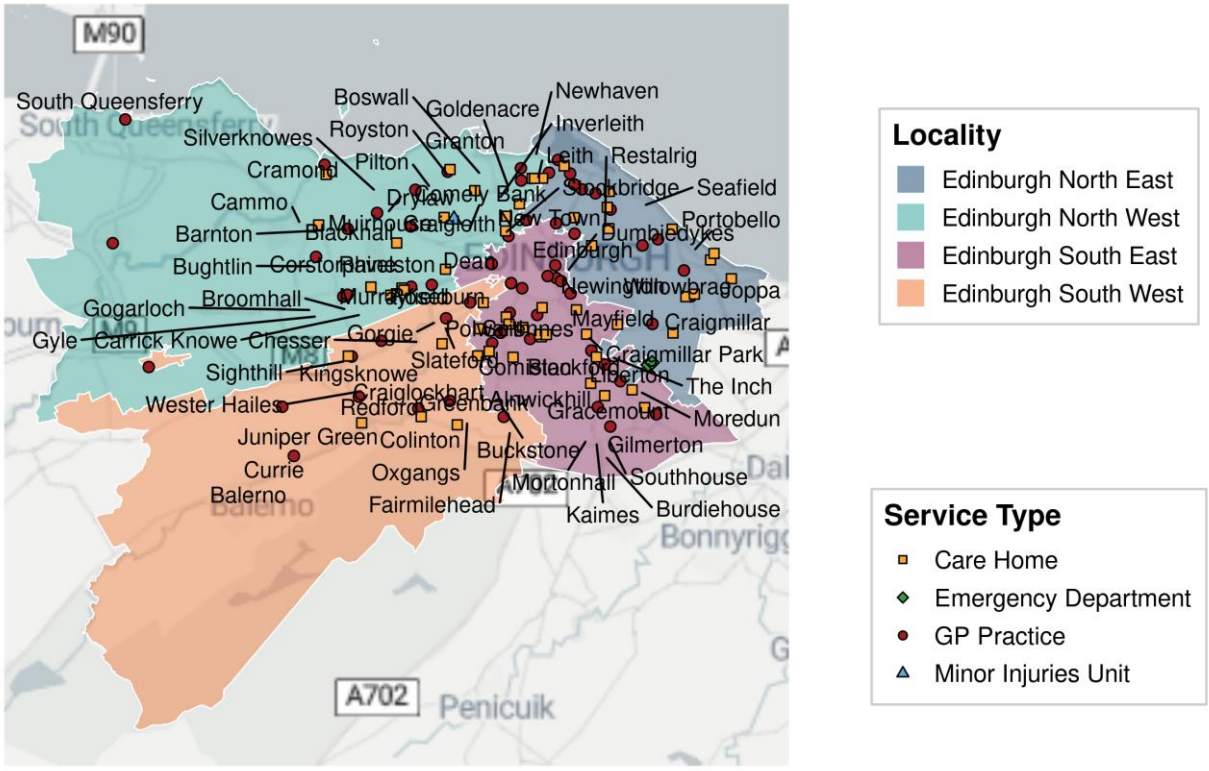
Section	Indicator	Data Type	Time Period	Edinburgh North East	Edinburgh North West	Edinburgh South East	Edinburgh South West	Edinburgh HSCP	Scotland
Hospital & Community Care	**Emergency admissions per 100,000**	rate	2024/25	7,594	7,570	5,957	7,118	7,045	10,626
	Unscheduled bed days per 100,000	rate	2024/25	58,679	61,417	46,771	53,847	55,212	75,436
	A&E attendances per 100,000	rate	2024/25	28,403	27,585	23,843	25,485	26,321	26,915
	Delayed discharges (65+) per 100,000	rate	2024/25	79,068	52,093	56,978	57,871	61,102	51,401
	Potentially Preventable Admissions per 100,000	rate	2024/25	1,317	1,249	964	1,259	1,190	1,694
Hospital (Mental Health) Care	**Psychiatric patient hospitalisations per 100,000**	rate	2021/22 - 2023/24	288.5	171.9	294.3	247.6	243.6	216.1
	Unscheduled bed days per 100,000	rate	2024/25	17,878	15,008	37,788	19,137	22,686	18,134

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 on 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.

Services

Figure 1: Map of services by locality in Edinburgh HSCP[2]



Source: Public Health Scotland

Table 1: Number of each type of service in Edinburgh HSCP[2]

Service Type	Service	Number
Primary Care	GP Practice	70
A&E	Emergency Department	2
	Minor Injuries Unit	1
Care Home	Elderly Care	55
	Other	23

Demographics

Summary

For the most recent time period available, Edinburgh HSCP had:

- A total population of **530,680** people, where **48.1%** were male, and **16.1%** were aged over 65.
- **40%** of people lived in the least deprived SIMD quintile, and **12.1%** lived in the most deprived quintile.

Population

In 2024, the total population of Edinburgh HSCP was 530,680. The graph below shows the population distribution of the HSCP. Overall, **48.1%** of the population are male, and **51.9%** are female.

Figure 2: Population by age and sex.

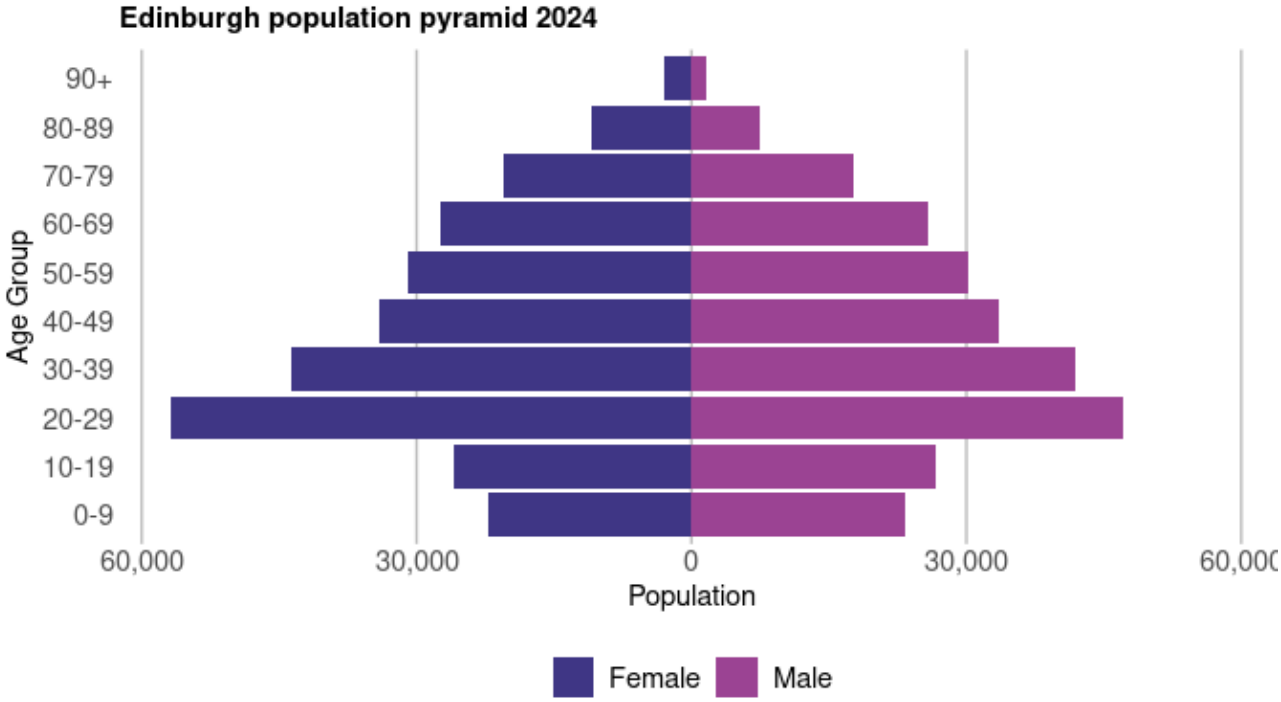
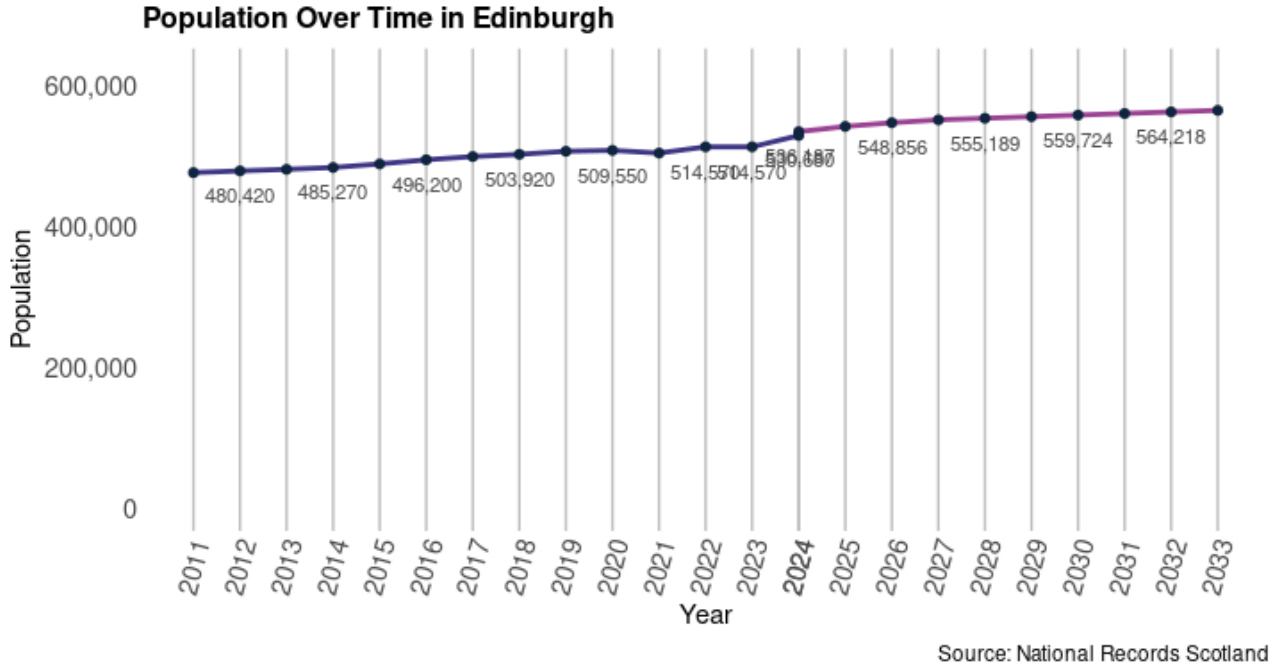


Figure 3 shows the historical population of Edinburgh, along with the NRS population projections. The population has been rising. The population in Edinburgh is estimated to increase by 5.6% from 2024 to 2033. *Please see the footnotes for more information on how the population projections were calculated*[1].

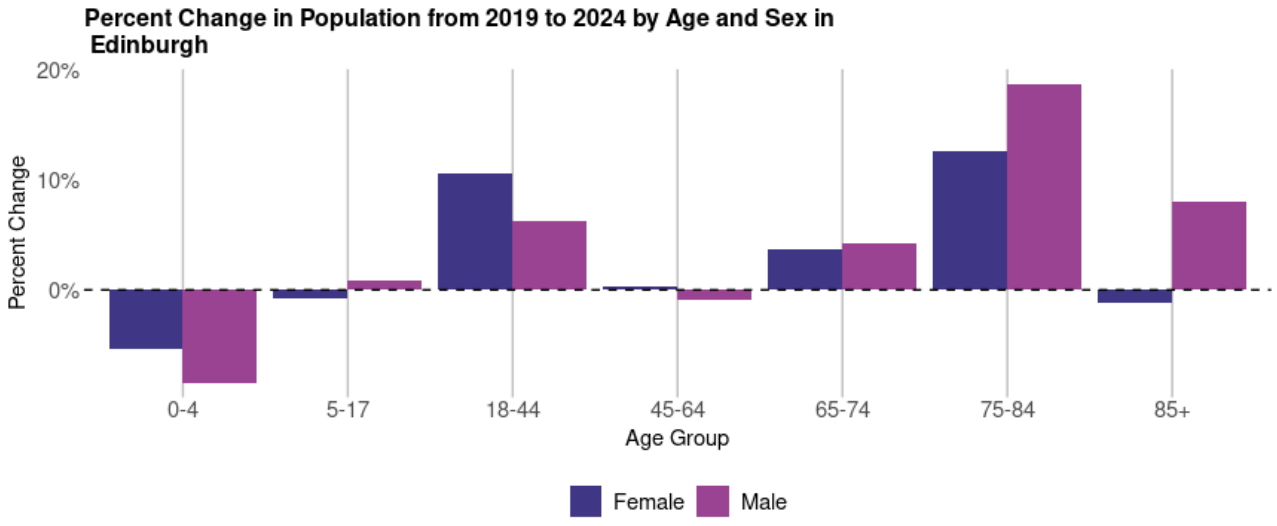
Figure 3: Population time trend and projection.



Source: National Records Scotland

Figure 4 shows how the population structure has changed between 2019 and 2024.

Figure 4: Change in population structure over the last five years.



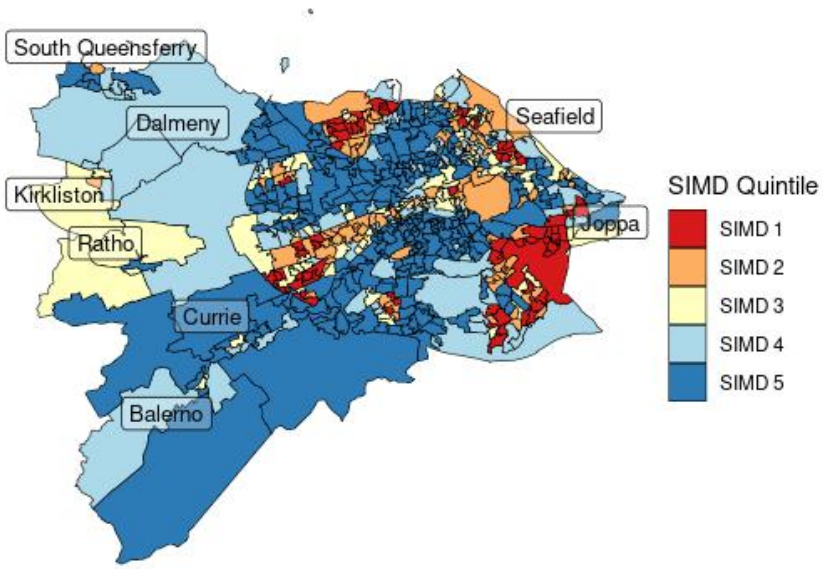
Source: National Records Scotland

Deprivation

The following section explores the deprivation structure of Edinburgh 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 Edinburgh when compared to the rest of Scotland.

Of the 2024 population in Edinburgh, **12.1%** live in the most deprived Quintile (SIMD 1), and **40%** live in the least deprived Quintile (SIMD 5).

Figure 5: Map of Data Zones within Edinburgh coloured by SIMD quintiles.



Source: Scottish Government, Public Health Scotland

Table 2 details the percentage of the HSCP's 2016 population living in the 2016 SIMD Quintiles, the percentage of the 2024 population living in the 2020 SIMD Quintiles, and their difference for comparison. Figure 6 then breaks down SIMD by domain in Edinburgh.

Table 2: Percentage of the Edinburgh population living in the 2016 and 2020 SIMD Datazone Quintiles in 2016 and 2024 respectively.

Quintile	Percent of 2016 Population (SIMD 2016 Ranking)	Percent of 2024 Population (SIMD 2020 Ranking)	Difference
SIMD 1	14.0%	12.1%	-1.9%
SIMD 2	14.4%	15.6%	1.2%
SIMD 3	14.6%	13.4%	-1.1%
SIMD 4	15.8%	18.9%	3.2%
SIMD 5	41.3%	40.0%	-1.3%

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

Figure 6: Proportion of the population that reside in each 2020 SIMD quintile by domain in 2024.

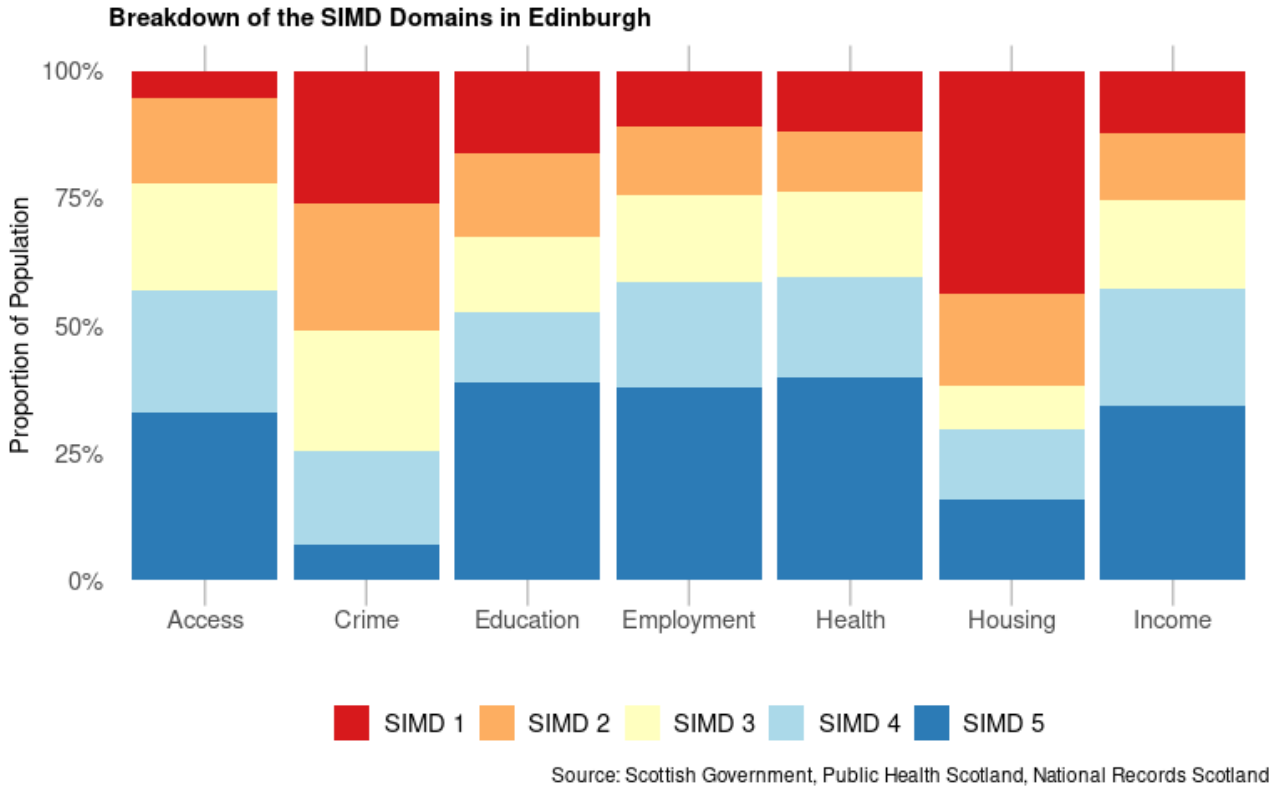
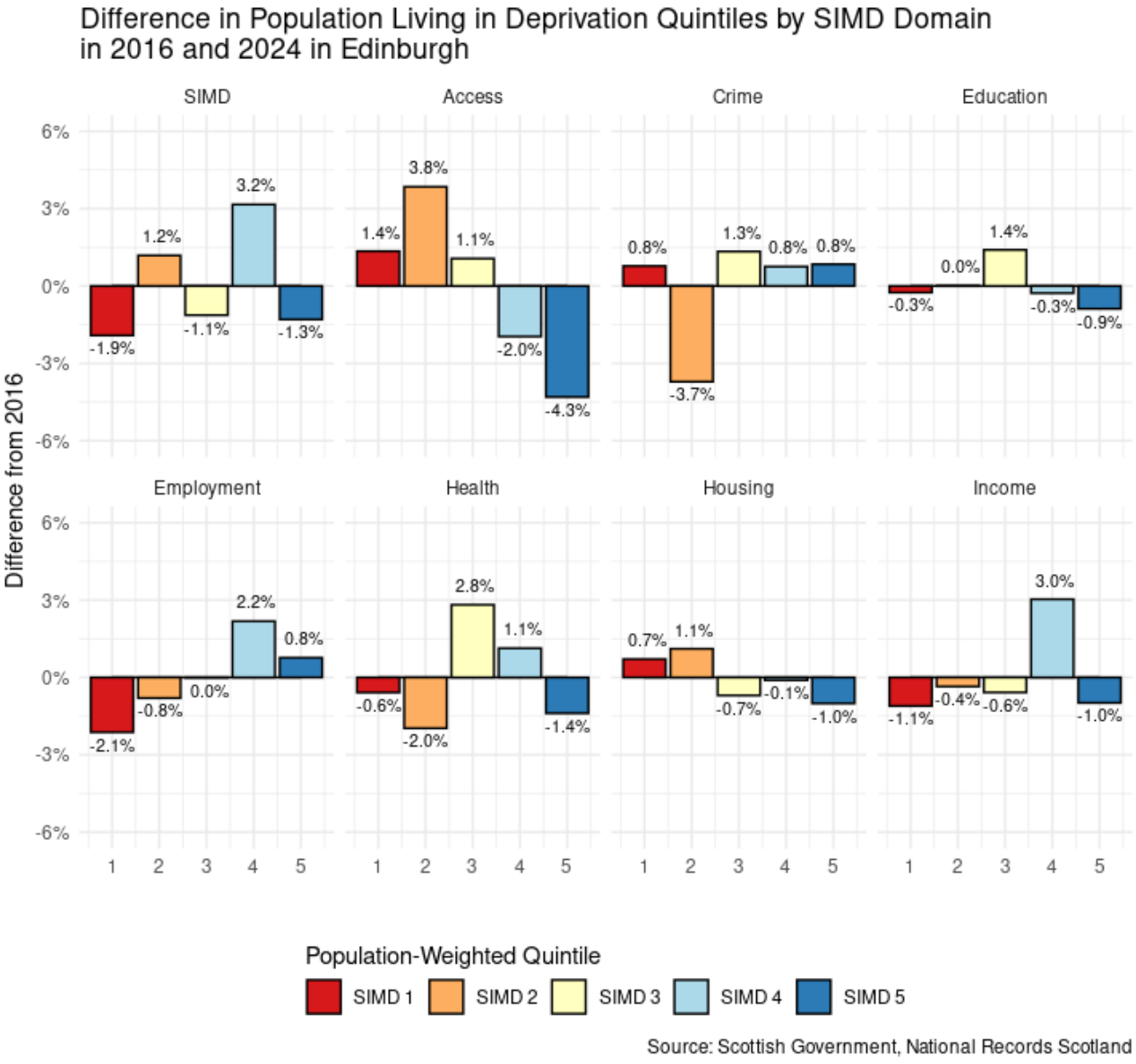


Figure 7 presents a comparison between the 2016 SIMD ranking applied to 2016 population estimates, and the more recent 2020 SIMD ranking applied to 2024 population estimates. The percentages of the population living within each SIMD quintile by domain were calculated using the 2016 and 2020 SIMD datazone classifications respectively. The differences in these percentages are plotted in Figure 7. Negative values on the y-axis indicate a decrease in the percent of the population living within a quintile, while positive values indicate an increase in the 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 7: Percentage of population in 2016 and 2024 living in the 2016 and the 2020 SIMD quintiles by domain.



Housing

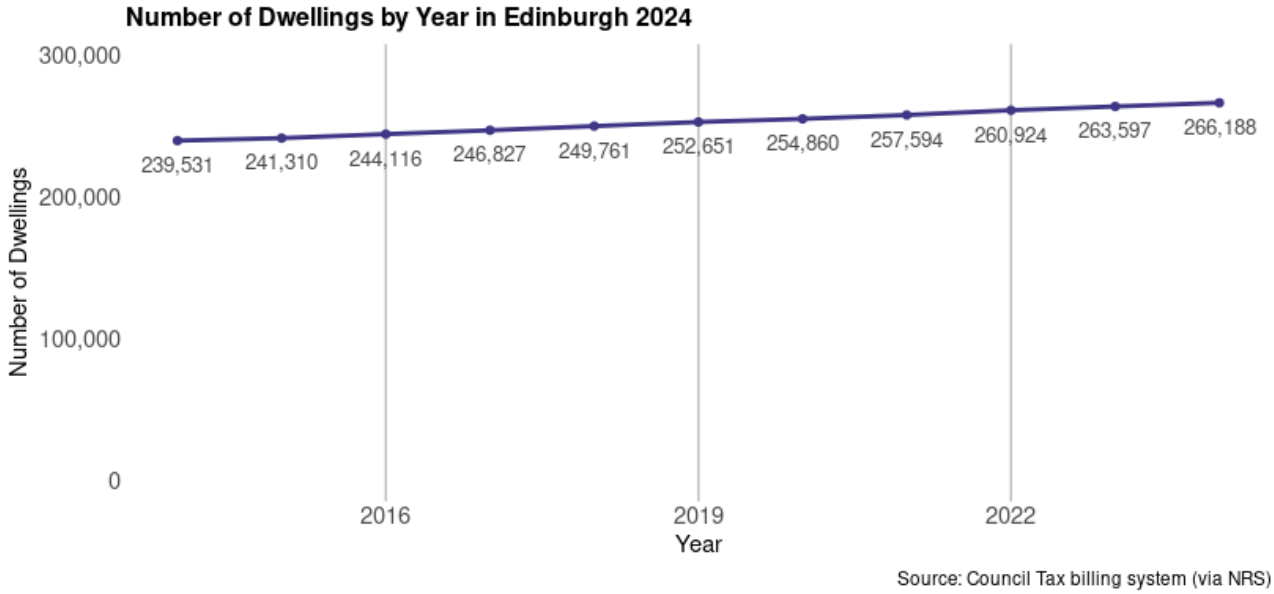
Summary

For the most recent time period available, Edinburgh HSCP had:

- **266,188** dwellings, of which: **95.7%** were occupied and **0.54%** were second homes.
- **37.1%** of dwellings received a single-occupant council tax discount, and **6.6%** were exempt from council tax entirely.
- **45.5%** of houses were within council tax bands A to C, and **21%** were in bands F to H.

The graph below shows the number of dwellings in Edinburgh from 2014 to 2024.

Figure 8: Number of dwellings time trend.



Of the total number of dwellings in 2024, 37.1% (98,787 households) were occupied by an individual receiving a single-occupant council tax discount. Furthermore, 6.6% (17,580 households) were occupied and exempt from council tax.

There were 1,428 dwellings classed as a second home in 2024, these dwellings made up 0.54% of the households in Edinburgh.

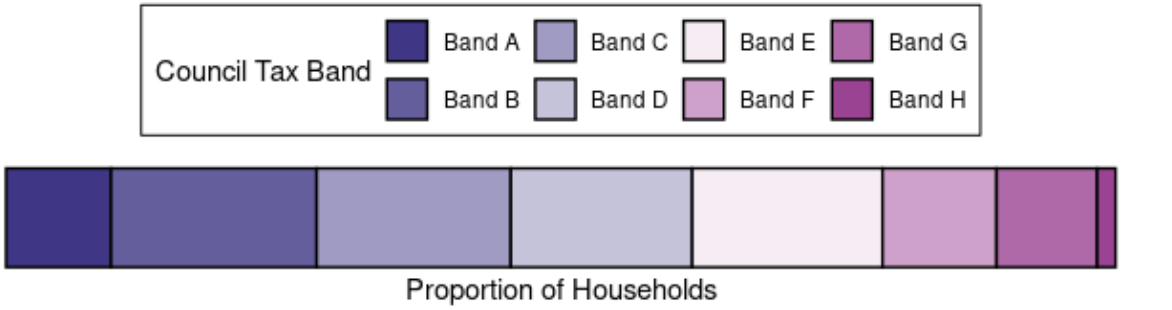
Table 3: Breakdown of dwelling types by year for Edinburgh HSCP.

Year	Total Dwellings	Occupied Dwellings	Vacant Dwellings	Single Occupant Tax Discount	Council Tax Exempt Dwellings	Second Homes
2014	239,531	231,069	6,184	91,643	16,317	2,274
2015	241,310	231,592	7,397	93,260	15,933	2,275
2016	244,116	234,092	7,606	93,474	15,900	2,315
2017	246,827	236,550	7,827	94,014	15,914	2,315
2018	249,761	239,451	8,288	93,773	16,069	2,014
2019	252,651	242,521	8,401	94,351	16,203	1,807
2020	254,860	242,918	10,280	95,173	15,756	1,745
2021	257,594	245,700	10,311	98,096	16,212	1,655
2022	260,924	249,357	9,984	98,251	16,587	1,677
2023	263,597	251,538	10,445	99,164	16,602	1,697
2024	266,188	254,668	10,092	98,787	17,580	1,428

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 Edinburgh in 2024.



Source: Scottish Assessors' Association (via NRS)

Table 4: Percentage of households by council tax band for Edinburgh in 2024.

Tax Band	A	B	C	D	E	F	G	H
Percent of households	9.5%	18.5%	17.5%	16.3%	17.1%	10.3%	9.1%	1.7%

Source: Scottish Assessors' Association (via NRS)

Population Health

Summary

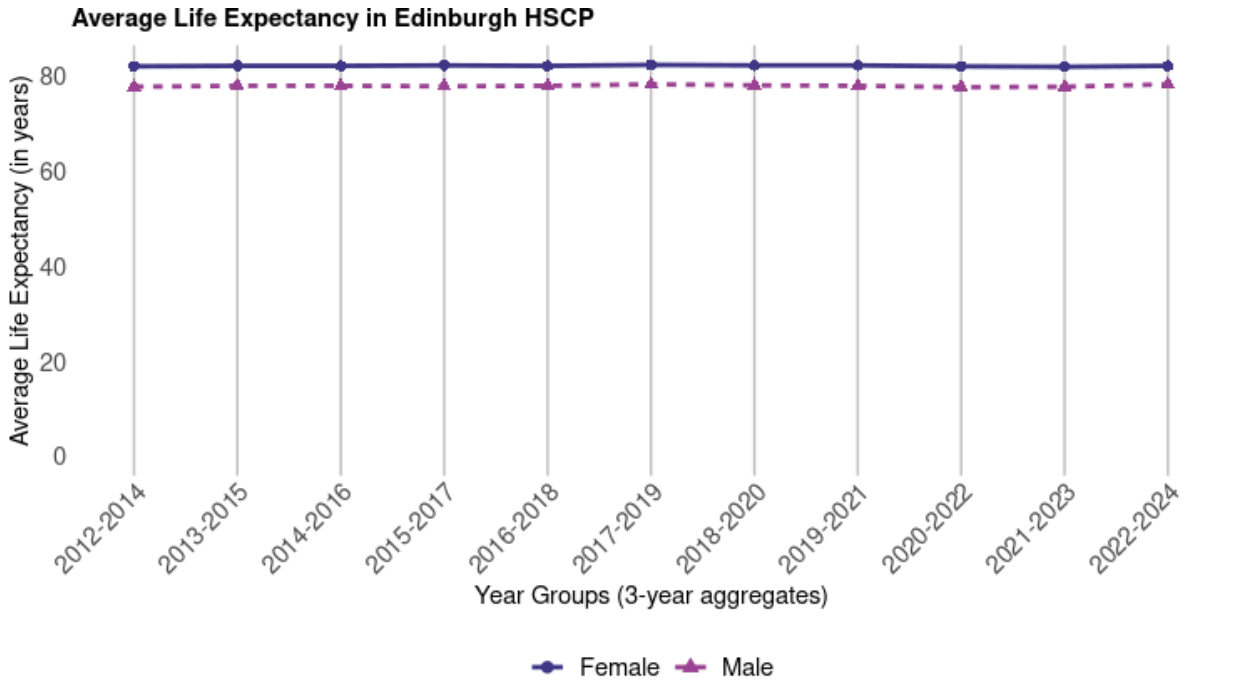
For the most recent time period available[4], Edinburgh had:

- An average life expectancy of **78.3** years for males and **82.2** years for females, compared to the national average of 77.2 and 81.1 years of age respectively.
- A death rate for ages 15 to 44 of **75.1** deaths per 100,000 age-sex standardised population. This is lower than Scotland (105 deaths per 100,000)[4].
- **16.2%** of the HSCP's population with at least one long-term physical health condition. This is lower than Scotland (22.5%).
- A cancer registration rate of **638** registrations per 100,000 age-sex standardised population (compared to 630 in Scotland), and an early death rate (<75 years) from cancer of **139** per 100,000 age-sex standardised population (compared to 142 in Scotland)[4].
- **16.8%** of the population being prescribed medication for anxiety, depression, or psychosis. This is a smaller proportion than Scotland (20.8%).

Life Expectancy

In the latest time period available from 2020-2024 (3-year aggregate), the average life expectancy in Edinburgh was 78.3 years for men, and 82.2 years for women. A 10-year time trend can be seen in figure 10.

Figure 10: Average life expectancy in men and women over time



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 (2020-2024 aggregated years for the HSCP; 2022-2024 aggregated years for other areas).

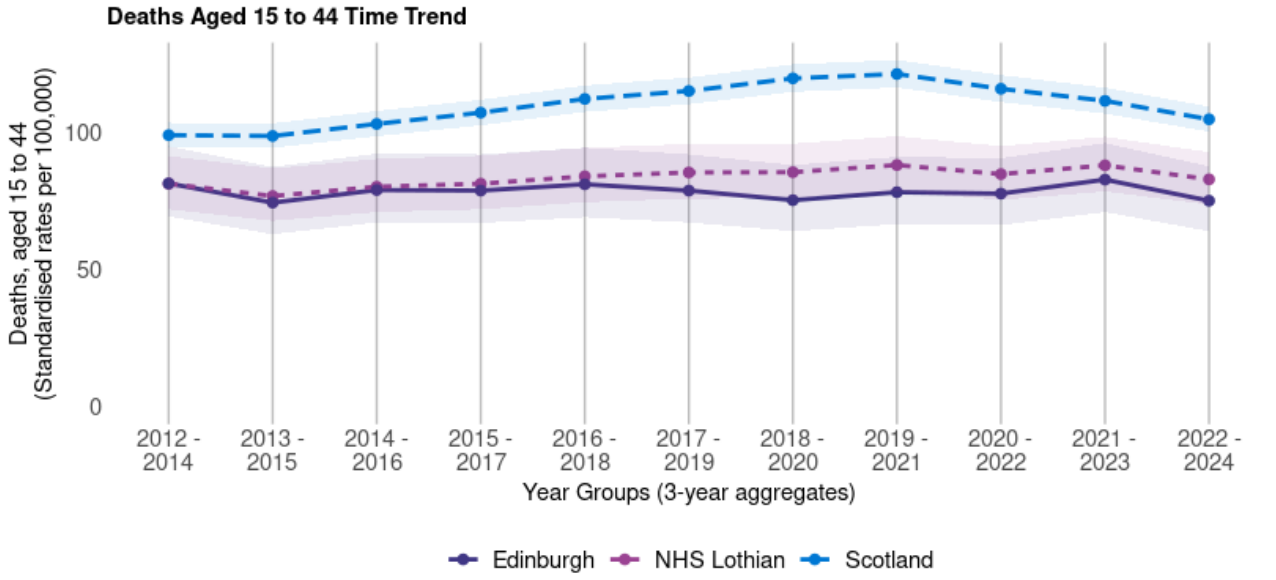
Sex	Edinburgh	NHS Lothian	Scotland
Male	78.3	78.1	77.2
Female	82.2	82.0	81.1

Source: ScotPHO

Deaths, aged 15 to 44

The following chart shows a trend of death rates among people aged 15 to 44 per 100,000 age-sex standardised population[4] by area. In the most recent aggregate time period available (2022 - 2024), the mortality rate in Edinburgh was **75.1** deaths per 100,000 population.

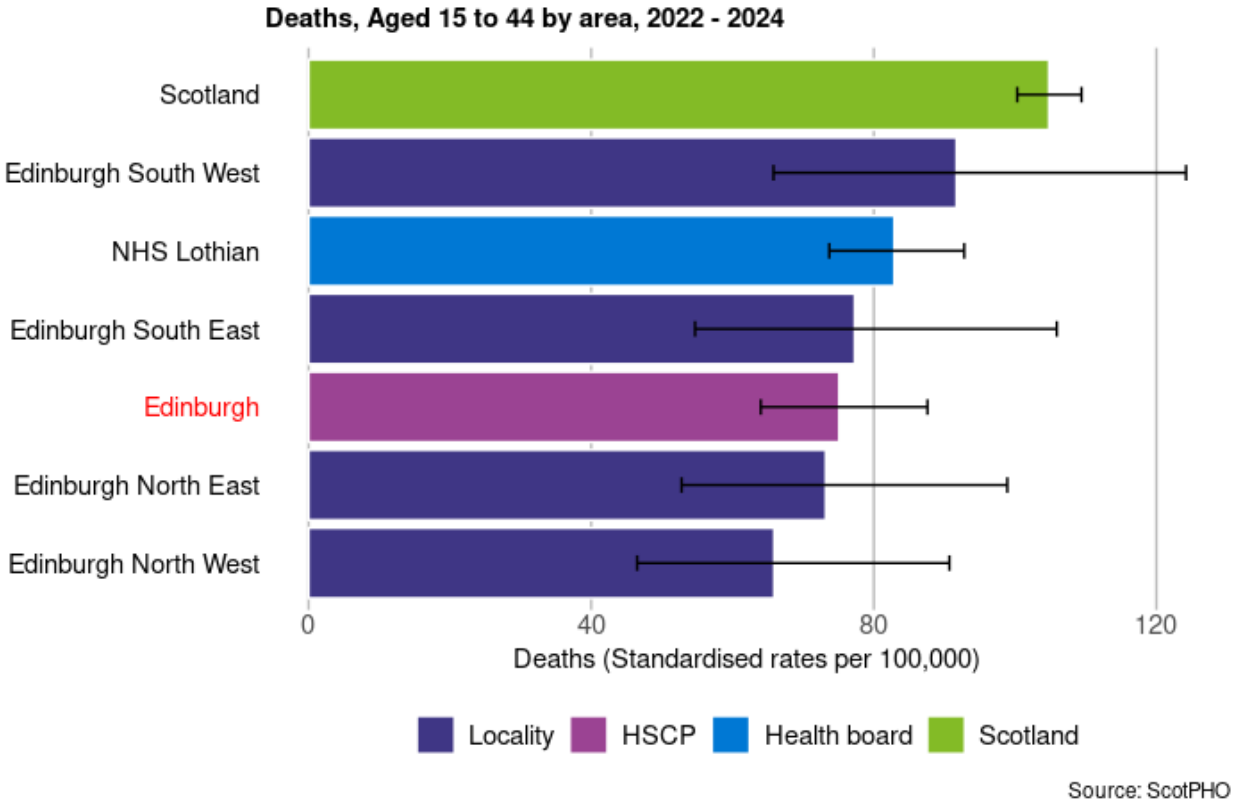
Figure 11: Deaths aged 15 to 44 years by geographical area and over time.



Source: ScotPHO

Figure 12 provides comparisons of deaths at ages 15 to 44 across all areas including other localities in Edinburgh. In 2022 - 2024, Edinburgh had a lower rate than the rest of Scotland (75.1 compared to 105 deaths per 100,000).

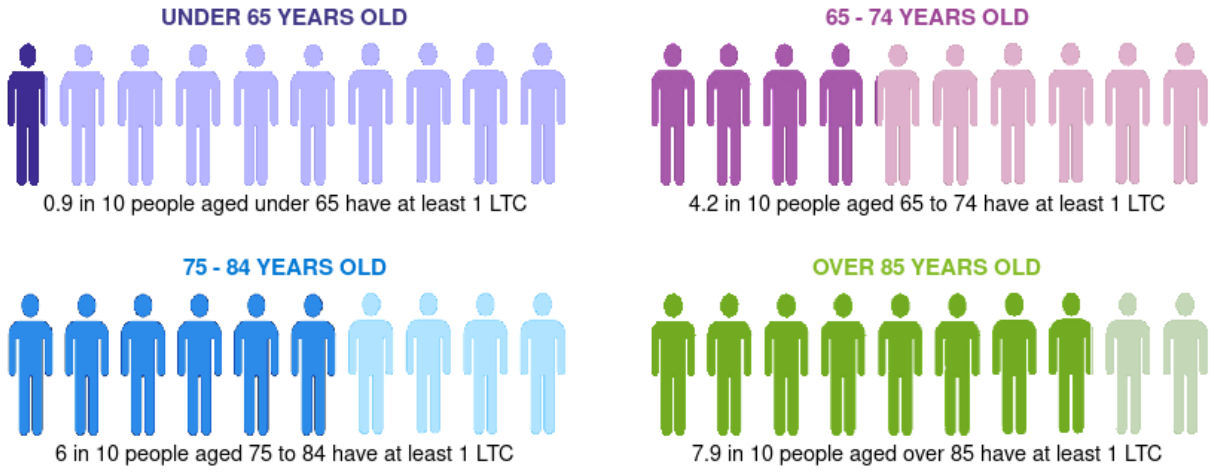
Figure 12: Deaths at ages 15 to 44 by area for the latest time period available.



Long-Term Physical Health Conditions and Multi-morbidity

The estimates in the following sections are based on an individual being hospitalised with a relevant condition *at any point* in the past. This methodology can lead to both undercounts and overcounts depending on the condition; see the footnotes for more details.[5]

In the financial year 2024/25, in Edinburgh, it is estimated that **16.2%** 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.*[6]



The co-occurrence of two or more conditions, known as multi-morbidity, is broken down in Table 6, distinguishing between age groups. Overall, **1.6**% of those under 65 have more than one LTC, compared to **26.2**% of those over 65.

Table 6: Multi-morbidity of physical LTCs by age group in 2024/25

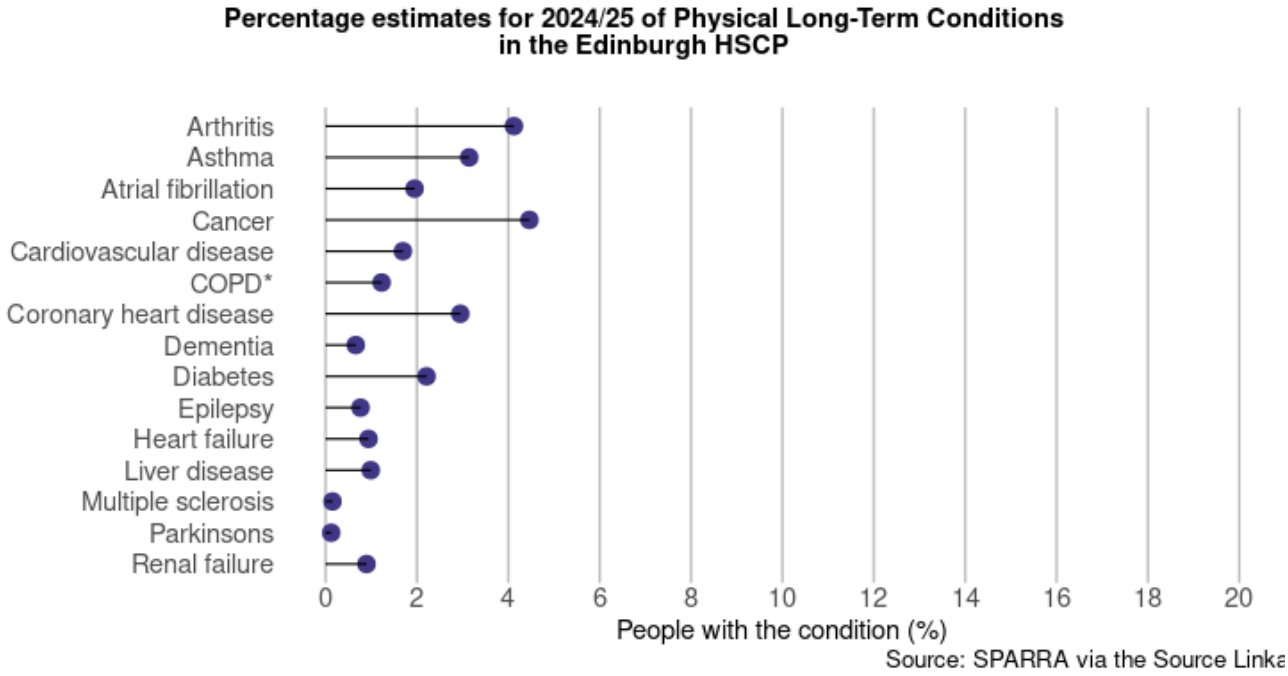
	Percentage over 65	Percentage under 65
1 LTC	27.2	7.1
2 LTCs	13.5	1.2
3 LTCs	6.8	0.3
4 or more LTCs	5.9	0.1

Most common physical Long-Term Conditions (LTCs)

- Figure 13 shows the Long-Term condition estimates for Edinburgh in the financial year 2024/25 for under 65s and over 65s. This is based on whether someone has ever had a hospital admission for this condition.
- Table 7 orders the LTC estimates to show the most common five physical LTCs across all ages at the partnership, and Scotland levels.

Below is a breakdown of the estimated physical LTCs, for the financial year 2024/25. Figure 13 shows the estimated percentage of different LTCs in each age group in Edinburgh, and Table 7 illustrates the five most common physical LTCs across all ages at the partnership, and Scotland levels.

Figure 13: The percentage of people with each physical LTC by age group.



**COPD: Chronic Obstructive Pulmonary Disease*

Table 7: Top five most common physical LTCs in, Edinburgh as a percentage of the population for 2024/25, compared to Scotland.

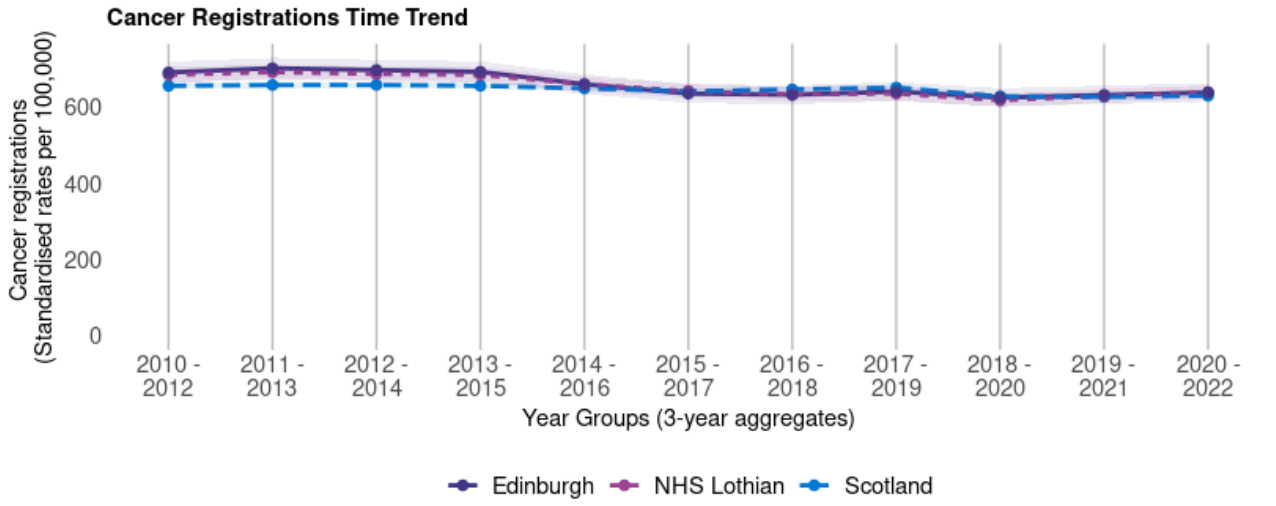
Edinburgh HSCP	Scotland
Cancer 4.46 %	Arthritis 5.84 %
Arthritis 4.12 %	Cancer 5.65 %
Asthma 3.14 %	Asthma 5.05 %
Coronary heart disease 2.95 %	Coronary heart disease 4.7 %
Diabetes 2.21 %	Diabetes 3.57 %

Source: Source Linkage Files

Cancer

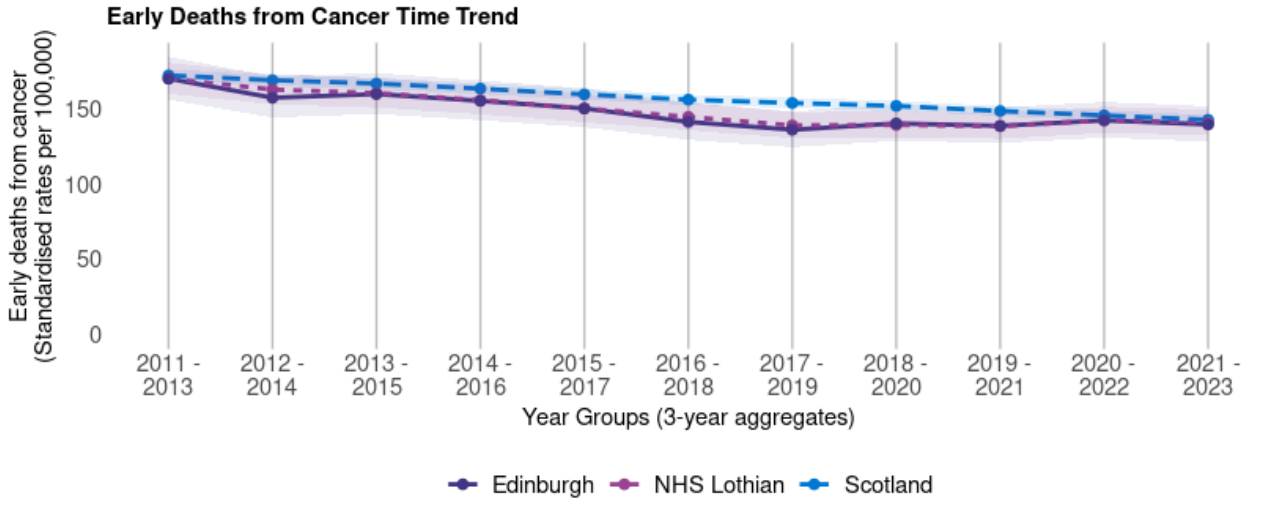
For the period 2020 - 2022, there were **2,758** new cancer registrations per year on average (a rate of **638** registrations per 100,000 age-sex standardised population) in Edinburgh. For the period 2021 - 2023, there were also **139** early deaths per 100,000 from cancer in the HSCP, this is a **17.9%** 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 indicate how certain diseases have varying impacts on people's lives. In the latest time period available in Edinburgh, the condition with the highest rate of hospitalisations was Coronary Heart Disease.

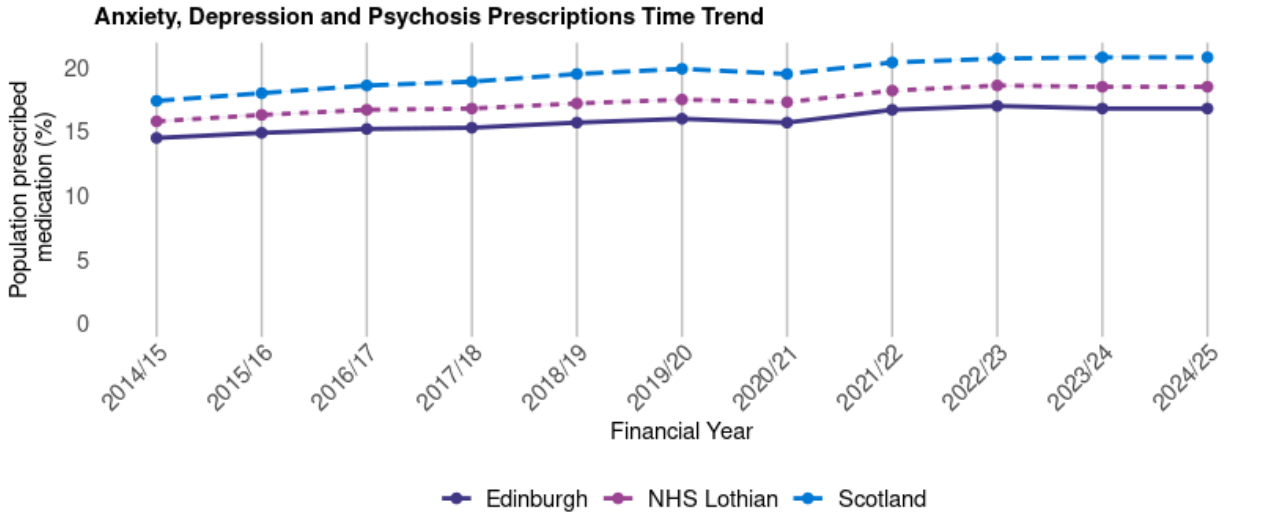
Table 8: Patient hospitalisations by condition and geographical area, age-sex standardised rates per 100,000.

Disease	Latest time period	Edinburgh	NHS Lothian	Scotland
Asthma	2022/23 - 2024/25	79.8	81.2	81.2
Coronary Heart Disease	2022/23 - 2024/25	222.4	238.9	318.2
COPD	2022/23 - 2024/25	143.9	161.8	215.3

Anxiety, Depression and Psychosis (ADP) prescriptions

In 2024/25, **16.8%** of people were prescribed medication for anxiety, depression or psychosis in Edinburgh. This is a **2.3 percentage point increase** from the rate 10 years prior in 2014/15 which was 14.5%.

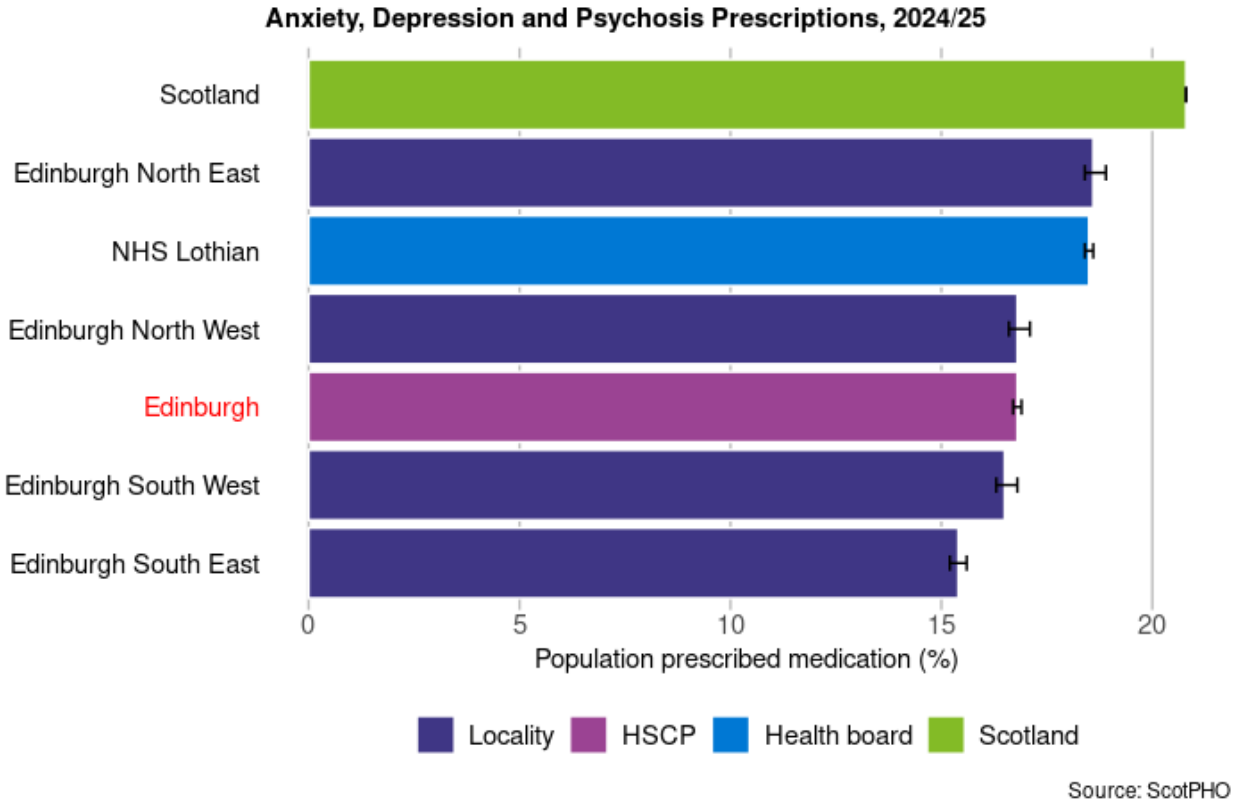
Figure 16: Anxiety, depression and psychosis prescriptions over time and by geographical area.



Source: ScotPHO

In 2024/25, Edinburgh had a smaller proportion of the population being prescribed ADP medication compared to the rest of Scotland (16.8% compared to 20.8%).

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



Lifestyle and Risk Factors

Summary

Mental and physical well-being 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 the Edinburgh. These can give an idea of quality of life and prosperity.

For the most recent time period available[4], Edinburgh had:

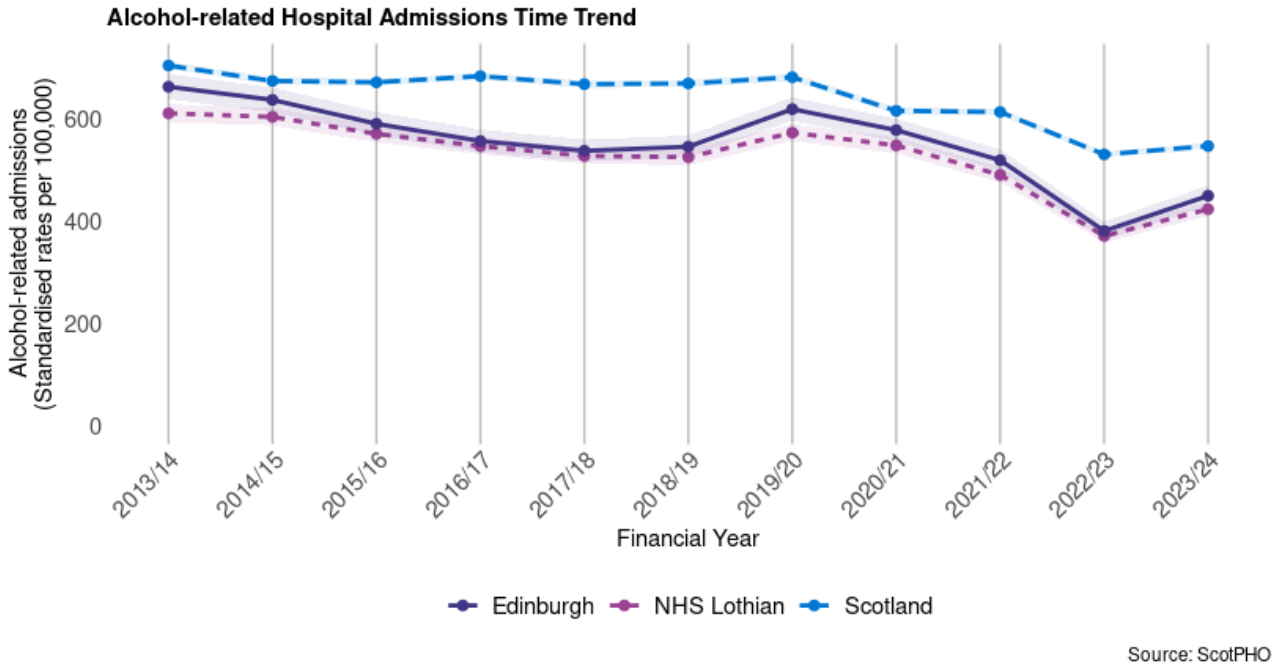
- **451** alcohol-related hospital admissions per 100,000 age-sex standardised population. This is lower than Scotland (549 admissions per 100,000)[5].
- **20.3** alcohol-specific deaths per 100,000 age-sex standardised population. This is lower than Scotland (21.8 deaths per 100,000)[5].
- **152** drug-related hospital admissions per 100,000 age-sex standardised population. This is lower than Scotland (181 admissions per 100,000)[5].
- **66.7%** uptake of bowel screening among the eligible population, compared to 66.4% in Scotland.

Alcohol-related Hospital Admissions

In 2023/24, the rate of alcohol-related admissions was **451** per 100,000 age-sex standardised population in Edinburgh. This is a 32.1% decrease overall since 2013/14. Figure 18 shows a trend of alcohol-related hospital admissions for Edinburgh compared with NHS Lothian, and Scotland from financial year 2013/14 to 2023/24.

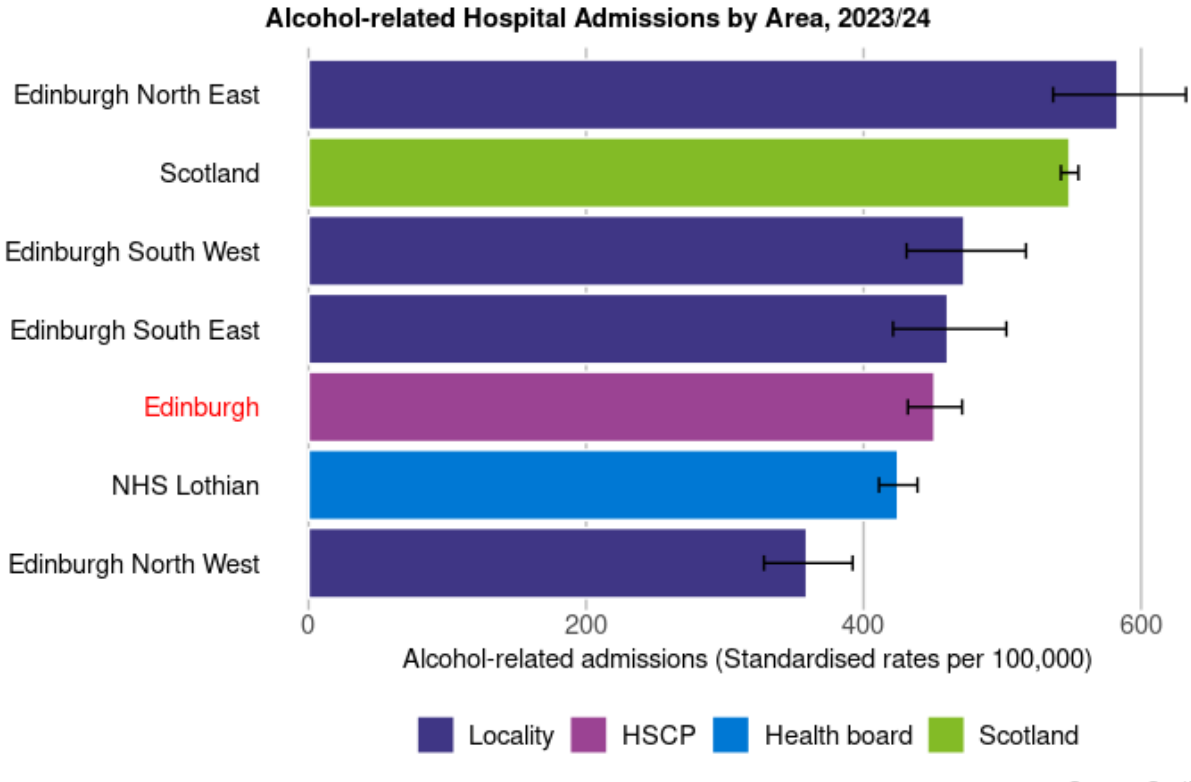
Figure 19 then compares different areas for the latest financial year. This bar chart shows that in 2023/24, Edinburgh had a lower alcohol-related hospital admissions rate compared to Scotland (451 and 549 admissions respectively).

Figure 18: Alcohol-related hospital admission rates by area and over time.



Source: ScotPHO

Figure 19: Alcohol-related hospital admissions by area for the latest time period.

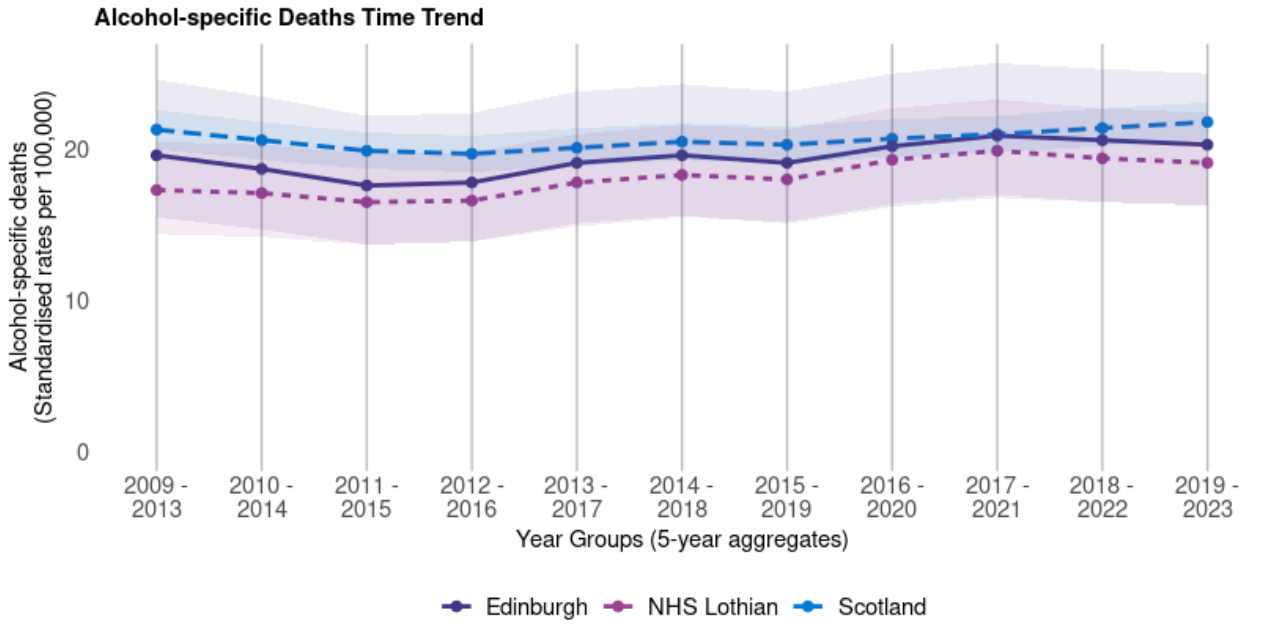


Source: ScotPHO

Alcohol-Specific Deaths

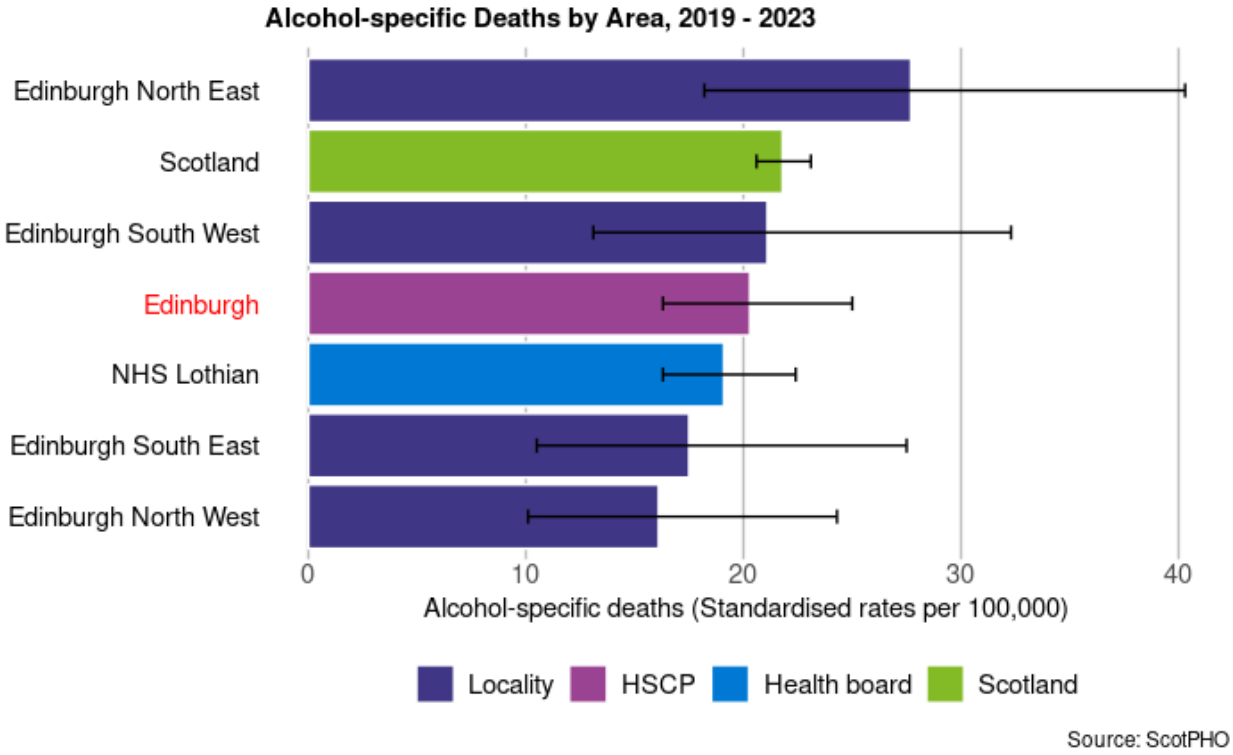
Data on alcohol-specific deaths is available as 5-year aggregates. In Edinburgh, the latest rate of alcohol-specific deaths was **20.3** deaths per 100,000 age-sex standardised population. This is 3.6% higher than the rate in 2009 - 2013. Figure 21 also shows that the HSCP has a lower alcohol-specific death rate compared to Scotland overall (21.8 deaths per 100,000).

Figure 20: Alcohol-specific deaths by area and over time.



Source: ScotPHO

Figure 21: Alcohol-specific deaths by area for the latest time period available.

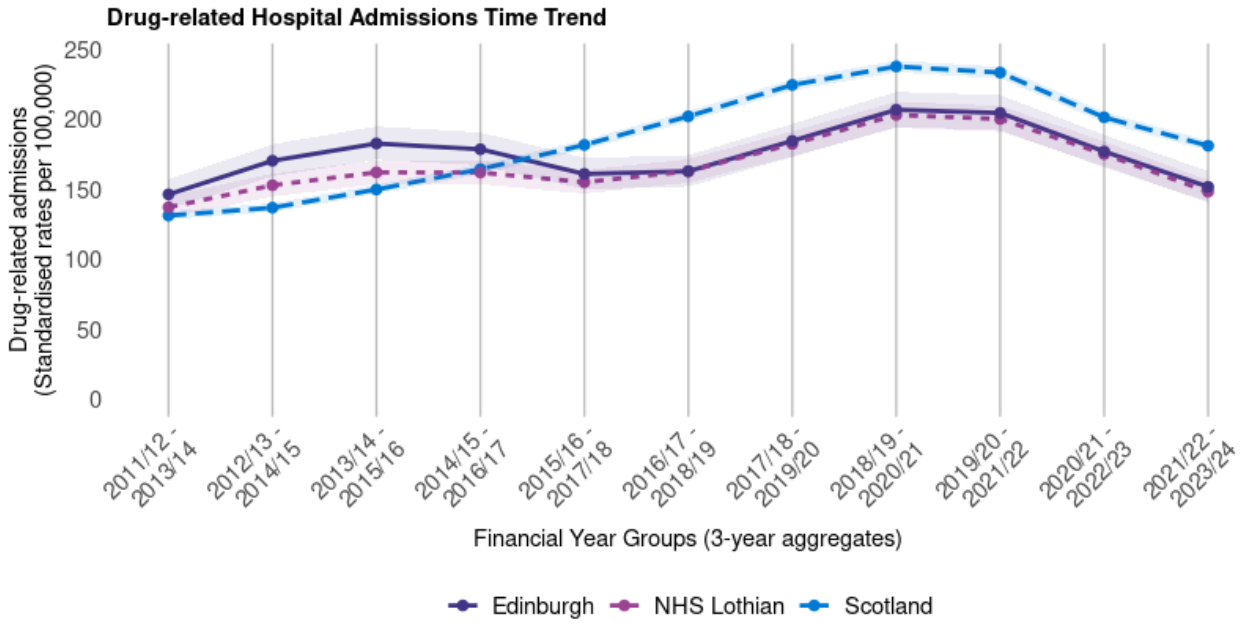


Drug-related Hospital Admissions

There were **152** drug-related hospital admissions per 100,000 age-sex standardised population[4] in the Edinburgh in the time period 2021/22 - 2023/24 (3-year financial year aggregate). This is a 3.7% increase since 2011/12 - 2013/14. A trend of the change in drug-related hospital admissions for the locality and comparable areas is shown in Figure 22 from 2011/12 - 2013/14 onward.

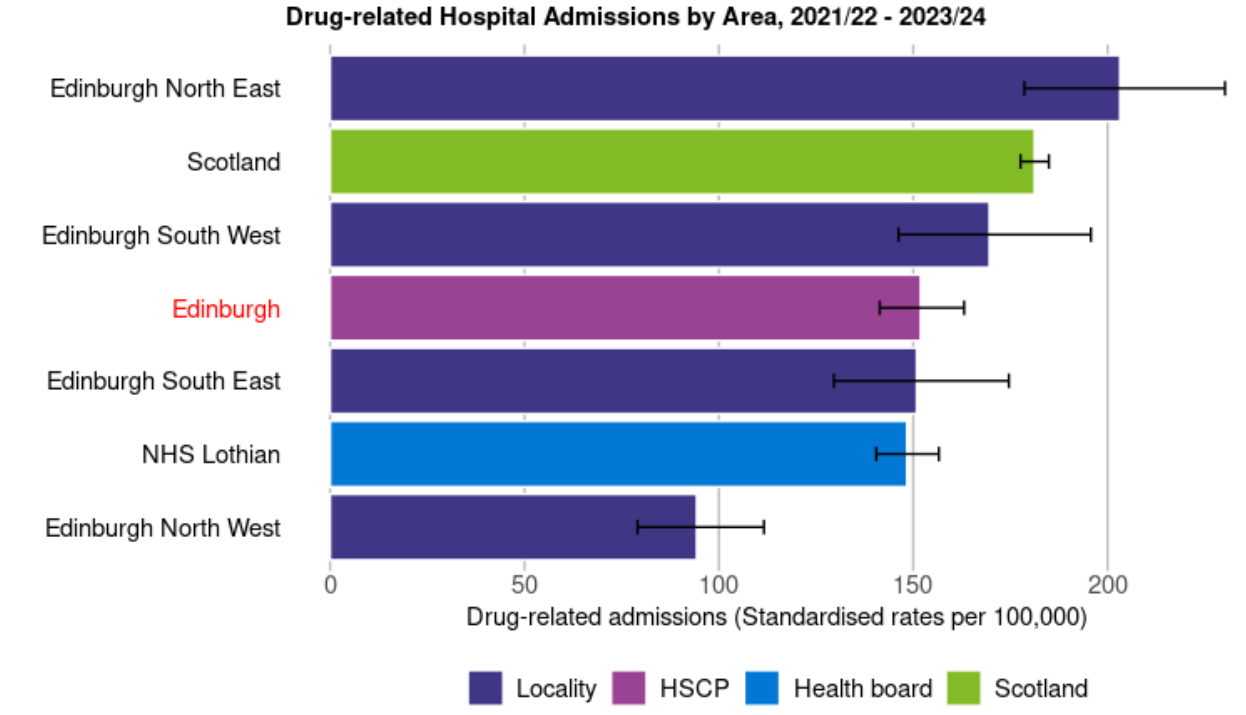
A comparison of areas at the most recent time period (2021/22 - 2023/24 aggregated financial years) is available in Figure 23 This shows the Edinburgh has a lower rate of drug-related hospital admissions than Scotland (181 admissions per 100,000).

Figure 22: Drug-related hospital admission rates by area and over time.



Source: ScotPHO

Figure 23: Drug-related hospital admission rates by area for the latest time period available.



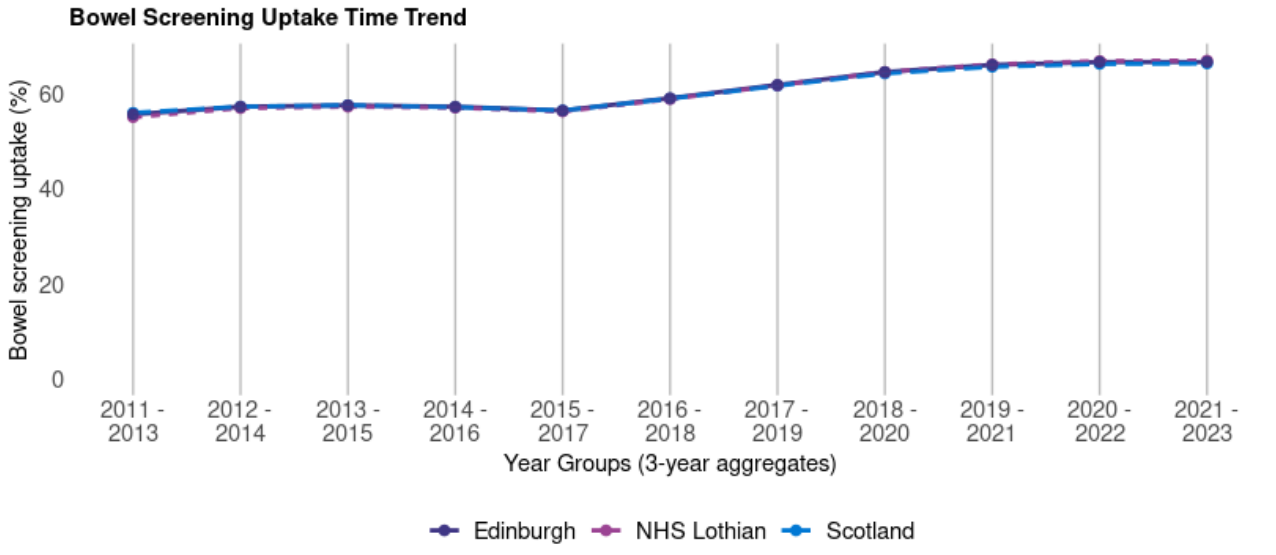
Source: ScotPHO

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.

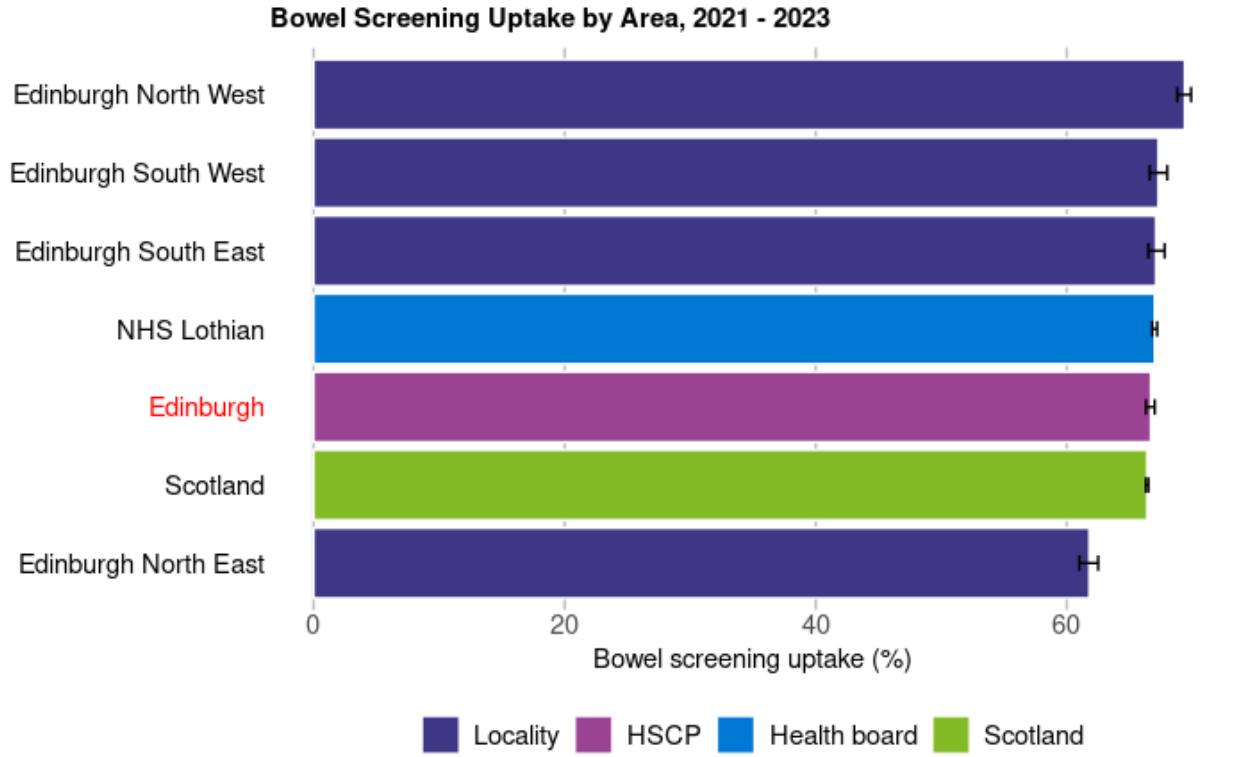
A trend of the percentage uptake of bowel screening among the eligible population is shown for Edinburgh and comparable areas. Data is presented as 3-year aggregates. The 2021 - 2023 uptake rate for Edinburgh is **66.7%**. This is a 11 percentage point increase since 2011 - 2013. As can be seen in Figure 25, in the latest estimate, the uptake in Edinburgh was higher than the uptake in Scotland overall (66.4%).

Figure 24: Bowel screening uptake for eligible men and women, by area and over time.



Source: ScotPHO

Figure 25: Bowel screening uptake by area for the latest time period available.



Source: ScotPHO

Hospital and Community Care

Summary

For the most recent time periods available, Edinburgh had:

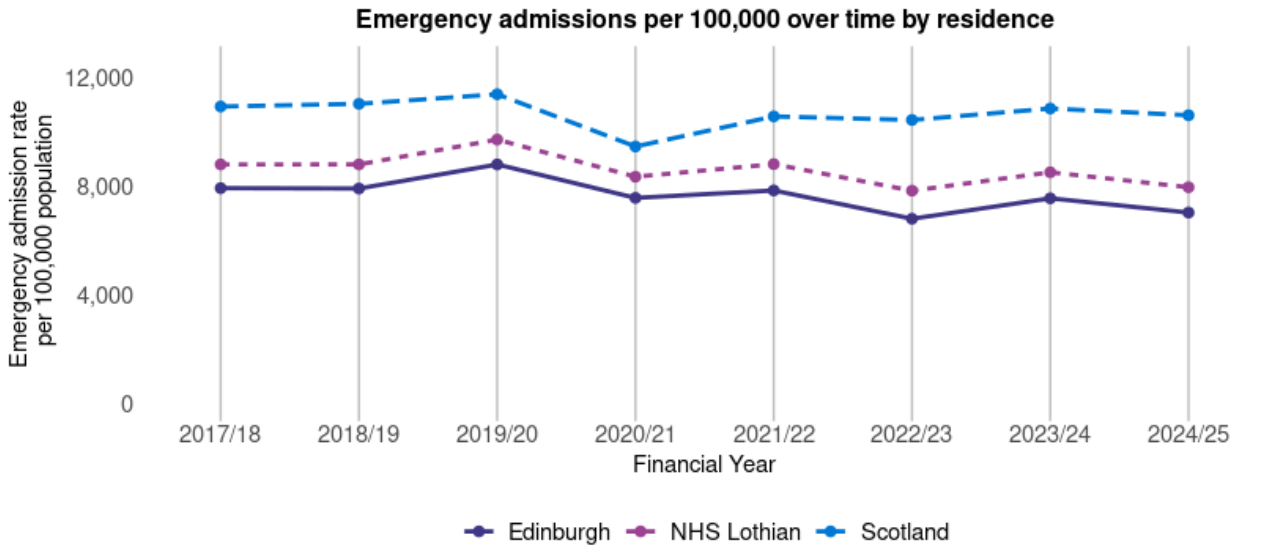
- **7,045** emergency hospital admissions per 100,000 population, compared to 10,626 in Scotland.
- **55,212** unscheduled acute specialty bed days per 100,000 population, compared to 75,436 in Scotland.
- **26,321** A&E attendances per 100,000 population, compared to 26,915 in Scotland.
- **61,102** delayed discharge bed days per 100,000 population aged over 65, compared to 51,401 in Scotland.
- **2,239** emergency hospital admissions from falls per 100,000 population aged over 65, compared to 2,233 in Scotland.
- **97.6** emergency readmissions (28 day) per 1,000 discharges, compared to 103.1 in Scotland.
- **1,190** potentially preventable hospital admissions per 100,000 population, compared to 1,694 in Scotland.

Emergency Admissions

Figure 26 presents the emergency admissions rate per 100,000 population in the Edinburgh from 2017/18 to 2024/25.

As presented in Figure 26, the emergency admissions rate in the Edinburgh for 2024/25 is 7,045, a 11.3% decrease since 2017/18. The NHS Lothian health board rate is 7,978 in 2024/25, a 9.5% decrease since 2017/18 and the Scotland rate is 10,626, a 2.9% decrease since 2017/18.

Figure 26: Emergency admissions by geographical area

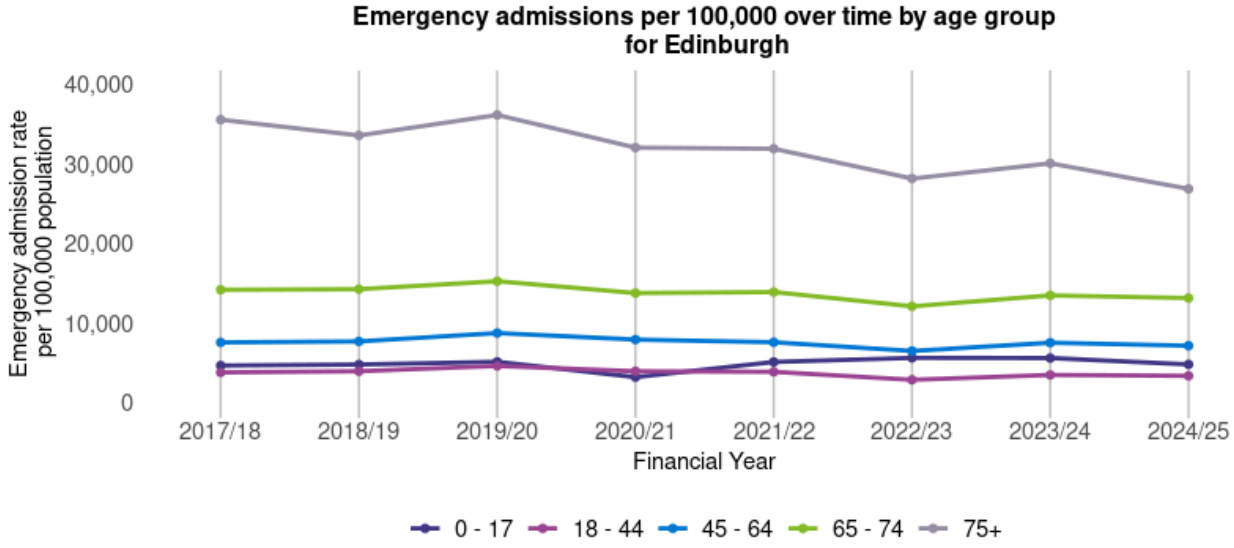


Source: PHS SMR01

Figure 27 presents the emergency admissions rate per 100,000 population in the Edinburgh from 2017/18 to 2024/25 by age group.

As presented in Figure 27, the highest emergency admissions rate for the Edinburgh in 2024/25 is 26,846 per 100,000 population for the 75+ age group with a percentage decrease of 24.5% since 2017/18. The lowest emergency admissions rate for Edinburgh in 2024/25 is 3,331 per 100,000 population for the 18 - 44 age group with a percentage decrease of 11.4% since 2017/18.

Figure 27: Emergency admissions by age group



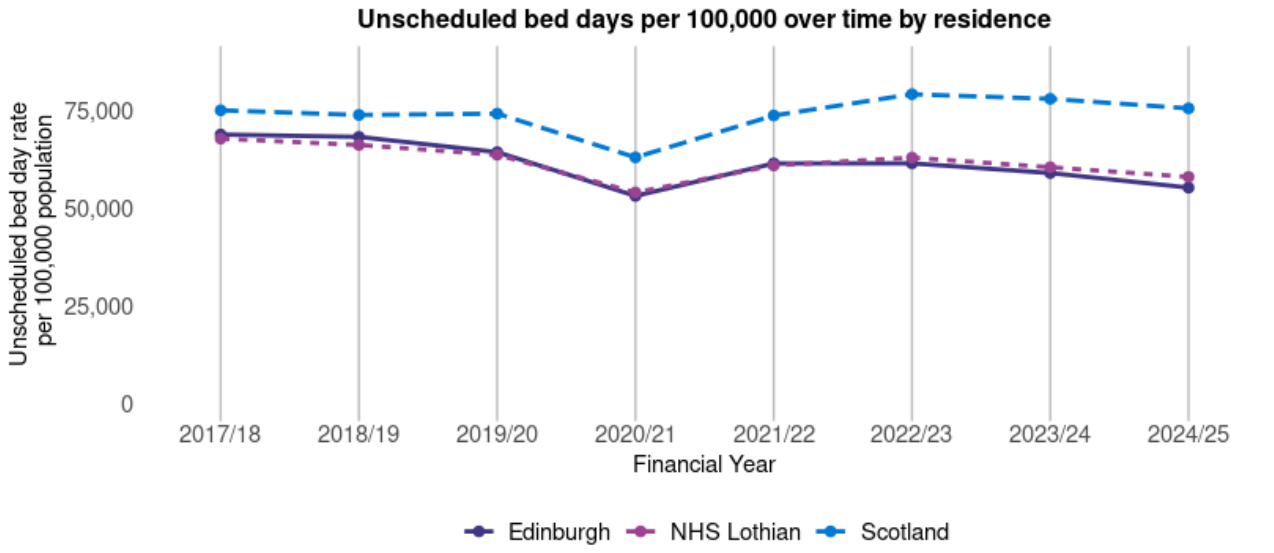
Source: PHS SMR01

Unscheduled Acute Bed Days

Figure 28 presents the unscheduled bed days rate per 100,000 population in the Edinburgh from 2017/18 to 2024/25.

As presented in Figure 28, the unscheduled bed days rate in the Edinburgh is 55,212, a 19.7% decrease since 2017/18. The NHS Lothian health board rate for 2024/25 is 57,952, a 14.4% decrease since 2017/18 and the Scotland rate is 75,436, a 0.7% increase since 2017/18.

Figure 28: Unscheduled acute bed days by geographical area

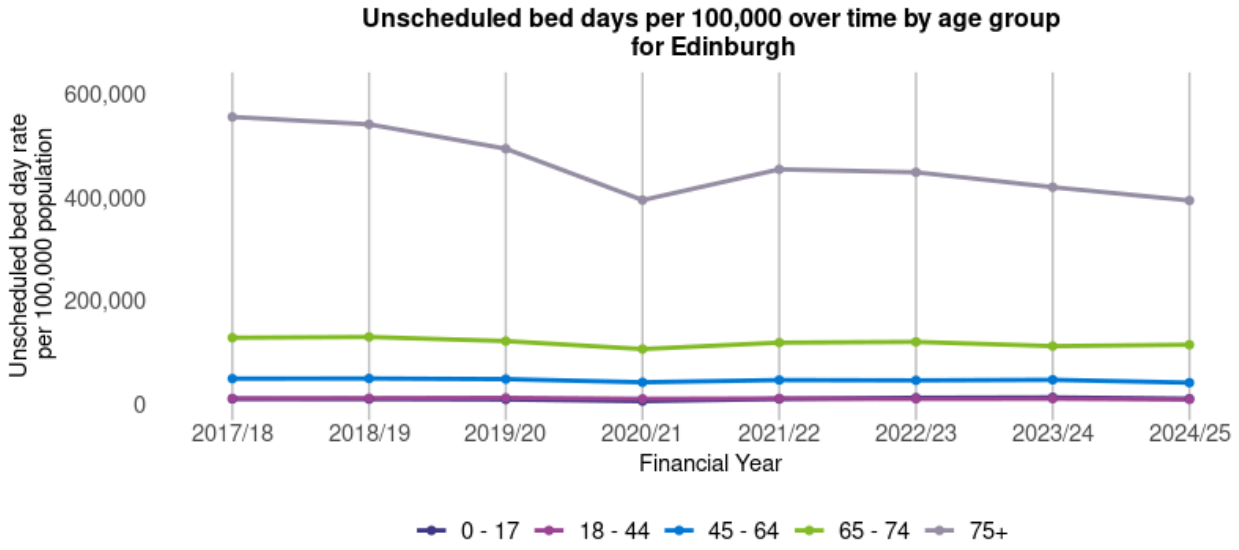


Source: PHS SMR01

Figure 29 presents the unscheduled bed days rate per 100,000 population in the Edinburgh from 2017/18 to 2024/25 by age group.

As presented in Figure 29, the highest unscheduled bed days rate for the Edinburgh in 2024/25 is 393,554 bed days per 100,000 population for the 75+ age group with a percentage decrease of 29.1% since 2017/18. The lowest unscheduled bed days rate for Edinburgh in 2024/25 is 9,482 bed days per 100,000 population for the 18 - 44 age group with a percentage decrease of 15.1% since 2017/18.

Figure 29: Unscheduled acute bed days by age group



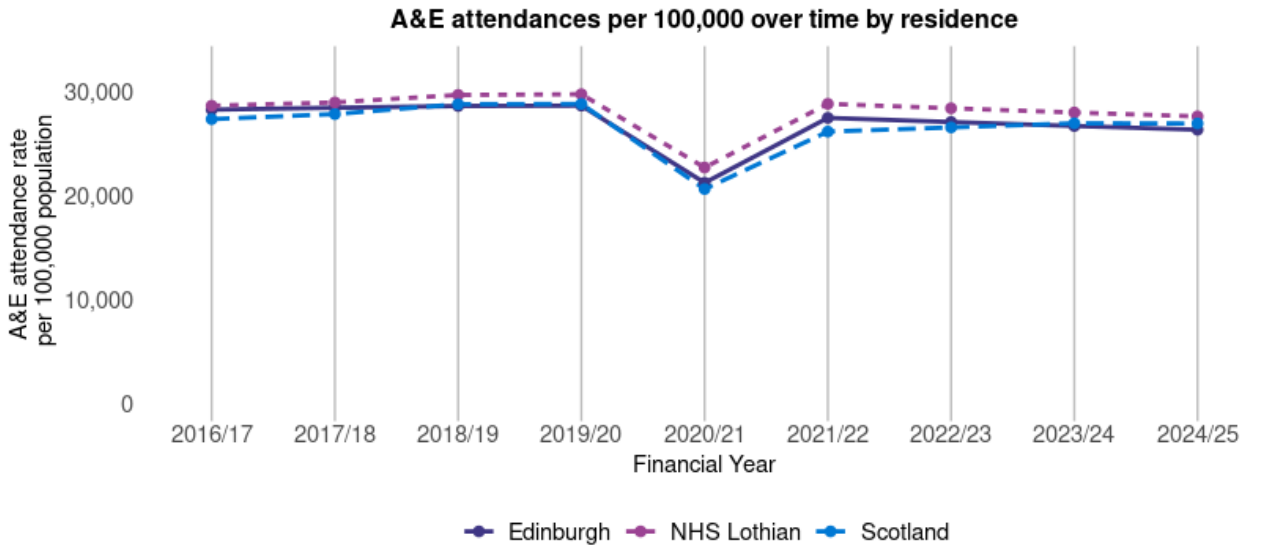
Source: PHS SMR01

A&E Attendances

Figure 30 presents the A&E attendance rate per 100,000 population in the Edinburgh from 2016/17 to 2024/25.

As presented in Figure 30, the A&E attendance rate per 100,000 in the Edinburgh is 26,321, a 6.8% decrease since 2016/17. The NHS Lothian health board rate for 2024/25 is 27,599, a 3.6% decrease since 2016/17 and the Scotland rate is 26,915, a 1.5% decrease since 2016/17.

Figure 30: A&E attendances by geographical area

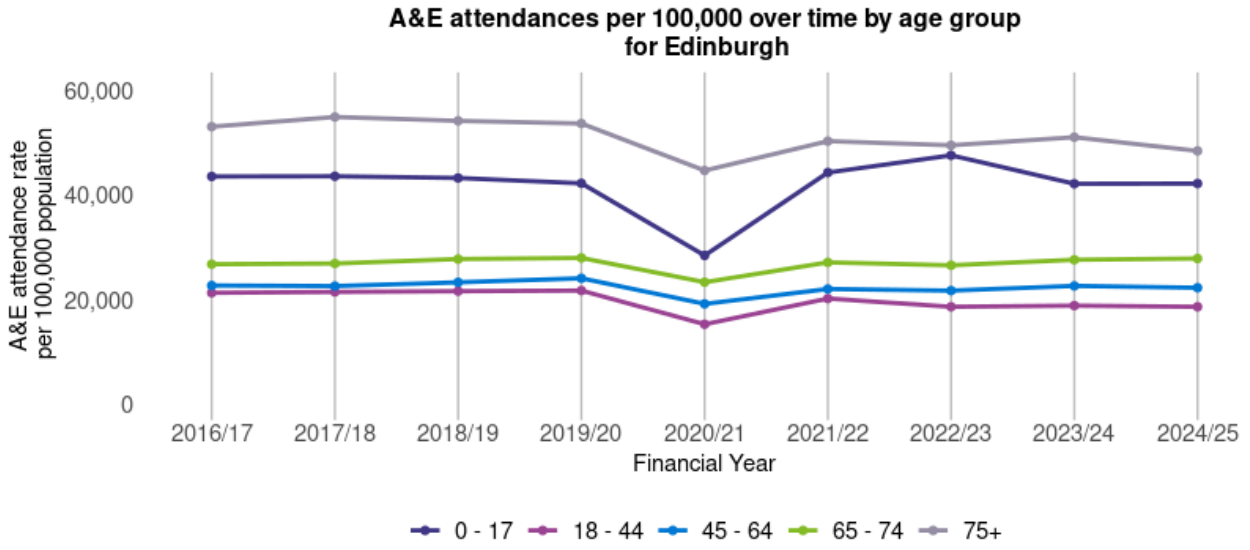


Source: PHS A&E Datamart

Figure 31 presents the A&E attendance rate per 100,000 population in the Edinburgh from 2016/17 to 2024/25 by age group.

As presented in Figure 31, the highest A&E attendance rate for the Edinburgh in 2024/25 is 48,390 per 100,000 population for the 75+ age group with a percentage decrease of 8.7% since 2016/17. The lowest A&E attendance rate for Edinburgh in 2024/25 is 18,620 per 100,000 population for the 18 - 44 age group with a percentage decrease of 12.6% since 2016/17.

Figure 31: A&E attendances by age group



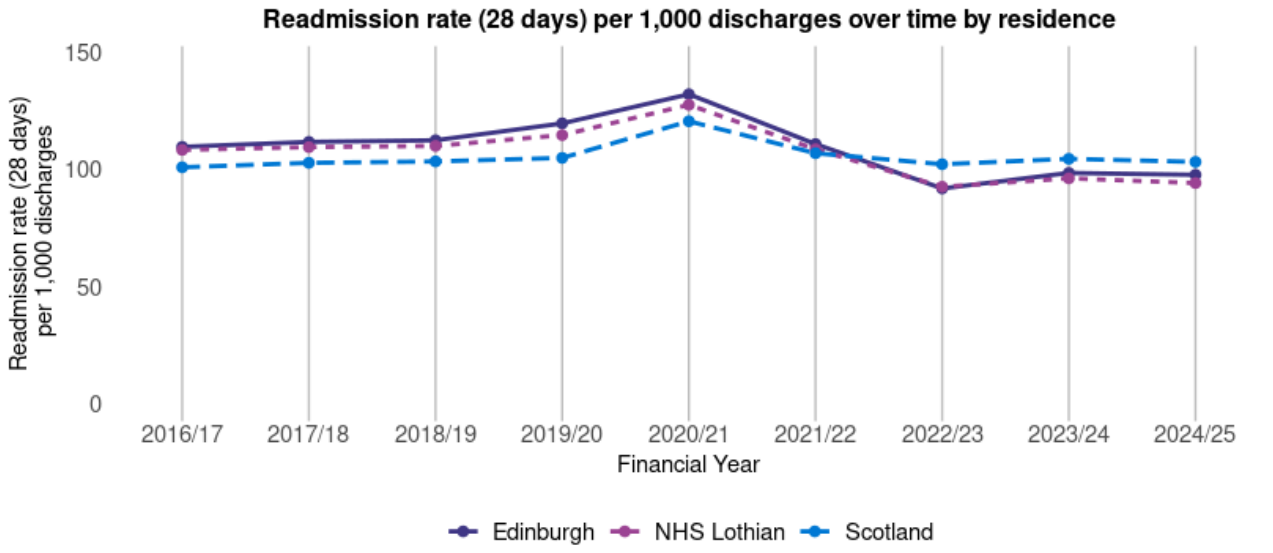
Source: PHS A&E Datamart

Emergency Readmissions (28 days)

Figure 32 presents the emergency readmission (28 days) rate per 1,000 discharges in the Edinburgh from 2016/17 to 2024/25.

As presented in Figure 32, the emergency readmission (28 days) rate per 1,000 discharges in the Edinburgh is 97.6, a 10.9% decrease since 2016/17. The NHS Lothian health board rate for 2024/25 is 94.1, a 13% decrease since 2016/17 and the Scotland rate is 103.1, a 2.3% increase since 2016/17.

Figure 32: Emergency readmissions (28 days) by geographical area

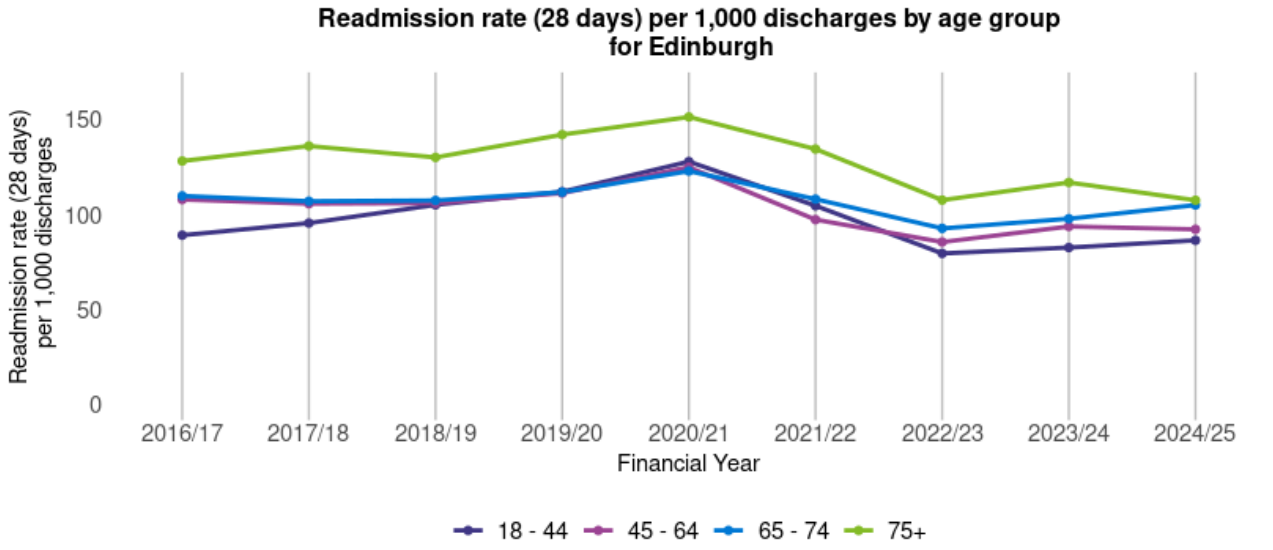


Source: PHS SMR01

Figure 33 presents the emergency readmission (28 days) rate per 1,000 discharges in the Edinburgh from 2016/17 to 2024/25 by age group.

As presented in Figure 33, the highest emergency readmission (28 days) rate for the Edinburgh in 2024/25 is 107.5 per 1,000 discharges for the 75+ age group with a percentage decrease of 16.1% since 2016/17. The lowest emergency readmission (28 days) rate for the Edinburgh in 2024/25 is 86.4 per 1,000 discharges for the 18 - 44 age group with a percentage decrease of 3% since 2016/17.

Figure 33: Emergency readmissions (28 days) by age group



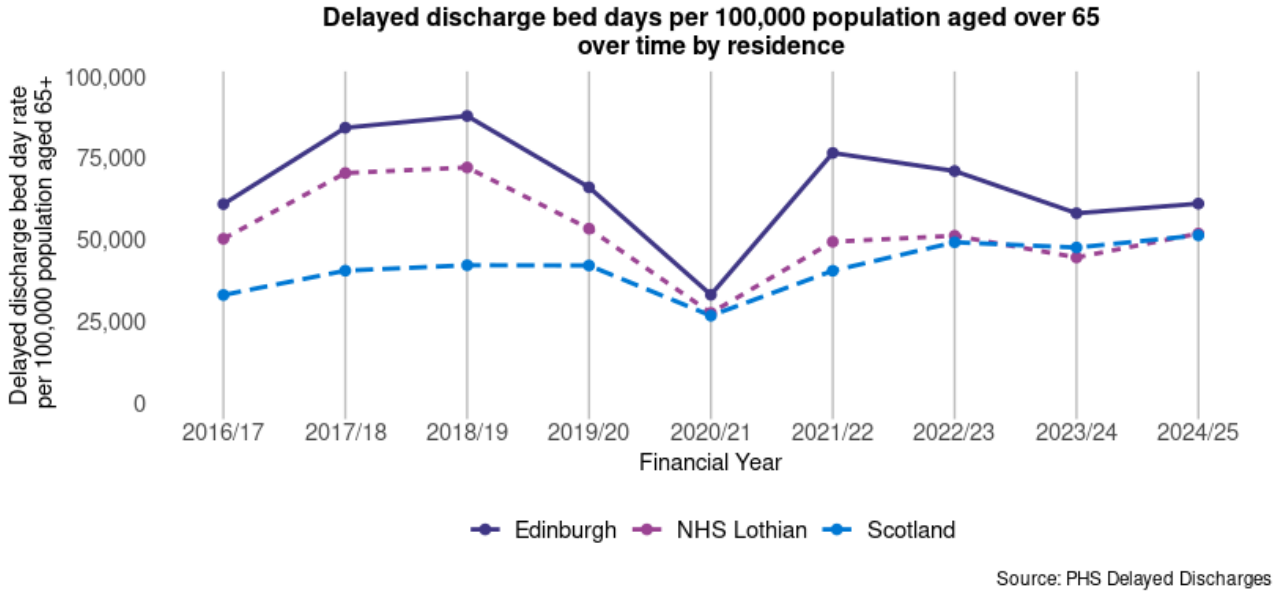
Source: PHS SMR01

Delayed Discharge Bed Days

Figure 34 presents the number of delayed discharge bed days per 100,000 population aged over 65+ in the Edinburgh from 2016/17 to 2024/25.

As presented in Figure 34, the number of delayed discharge bed days per 100,000 population aged over 65+ in the Edinburgh is 61,102, a 0.2% increase since 2016/17. The NHS Lothian health board rate for 2024/25 is 51,932, a 3.2% increase since 2016/17 and the Scotland rate is 51,401, a 55.1% increase since 2016/17.

Figure 34: Delayed discharge bed days in the population aged 65+ by geographical area



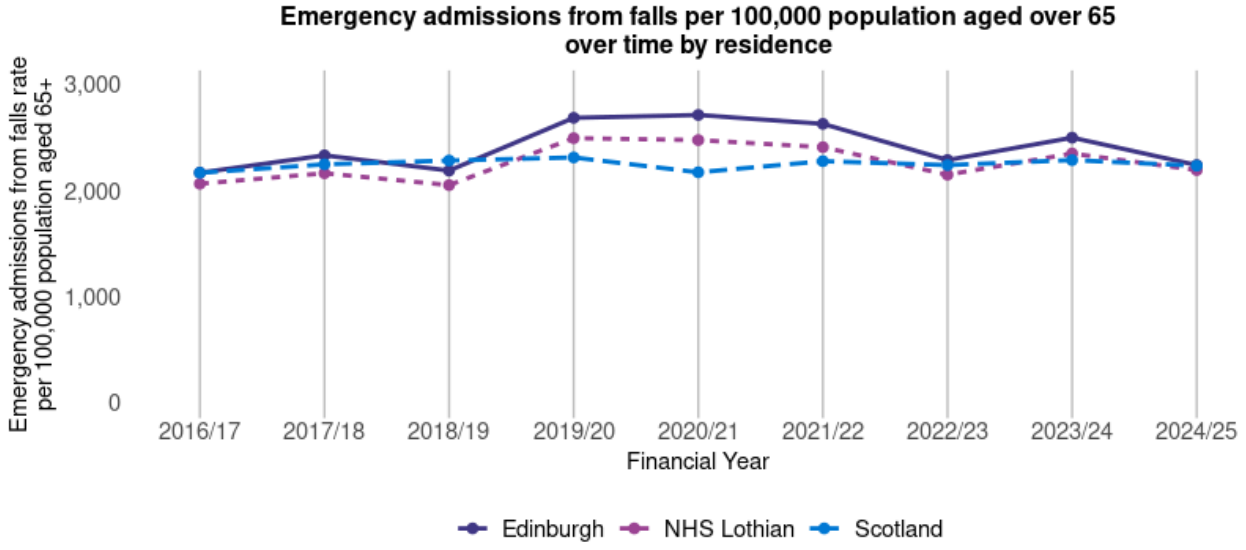
Source: PHS Delayed Discharges

Emergency admissions from a fall

Figure 35 presents the emergency admissions from falls rate per 100,000 population aged 65 and over in the Edinburgh from 2016/17 to 2024/25.

As presented in Figure 35, the emergency admissions from falls rate per 100,000 population aged over 65+ in the Edinburgh is 2,239, a 3.3% increase since 2016/17. The NHS Lothian health board rate for 2024/25 is 2,192, a 6.3% increase since 2016/17 and the Scotland rate is 2,233, a 3.1% increase since 2016/17.

Figure 35: Falls in the population aged 65+ by geographical area



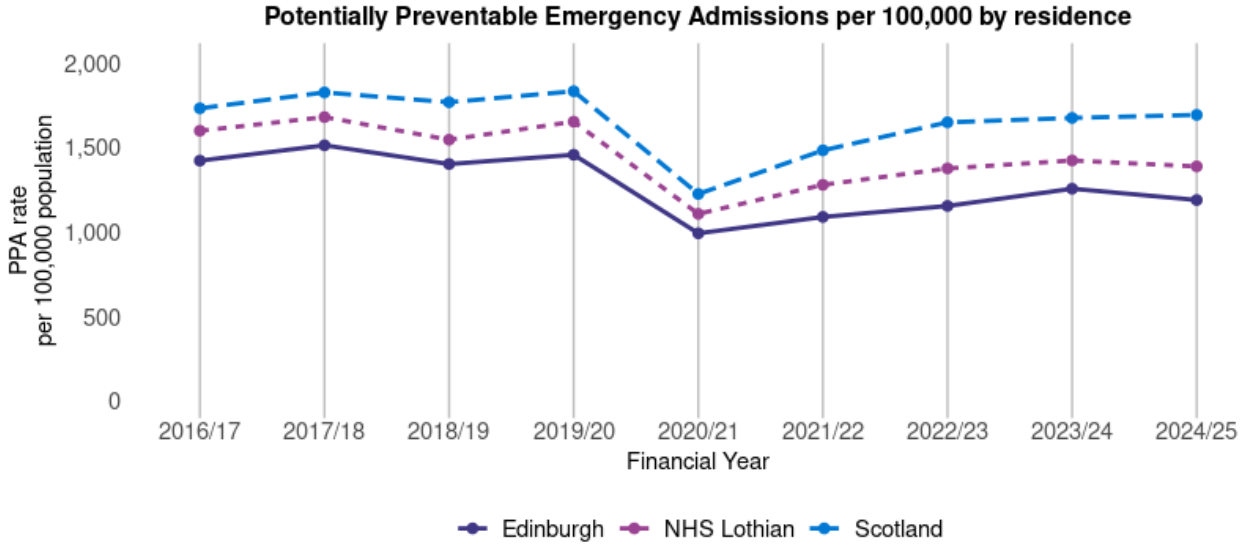
Source: PHS SMR01

Potentially Preventable Admissions (PPAs)

Information on the conditions included in Potentially Preventable Admissions (PPA)s is available in Appendix 3. In 2024/25, **48.9%** of PPAs in Edinburgh were amongst those aged 65 and over, and **51.1%** were amongst those aged under 65.

Figure 36 presents the PPA rate per 100,000 population in the Edinburgh from 2016/17 to 2024/25. The rate per 100,000 population for PPAs in the Edinburgh for 2024/25 is 1190, a 16.4% decrease since 2016/17. The NHS Lothian health board rate for 2024/25 is 1,389, a 13.2% decrease since 2016/17, 2024/25 and the Scotland rate is 1,694, a 2.3% decrease since 2016/17.

Figure 36: Potentially Preventable Admissions (PPAs) by geographical area



Source: PHS SMR01

Hospital Care (Mental Health Specialty)

Summary

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

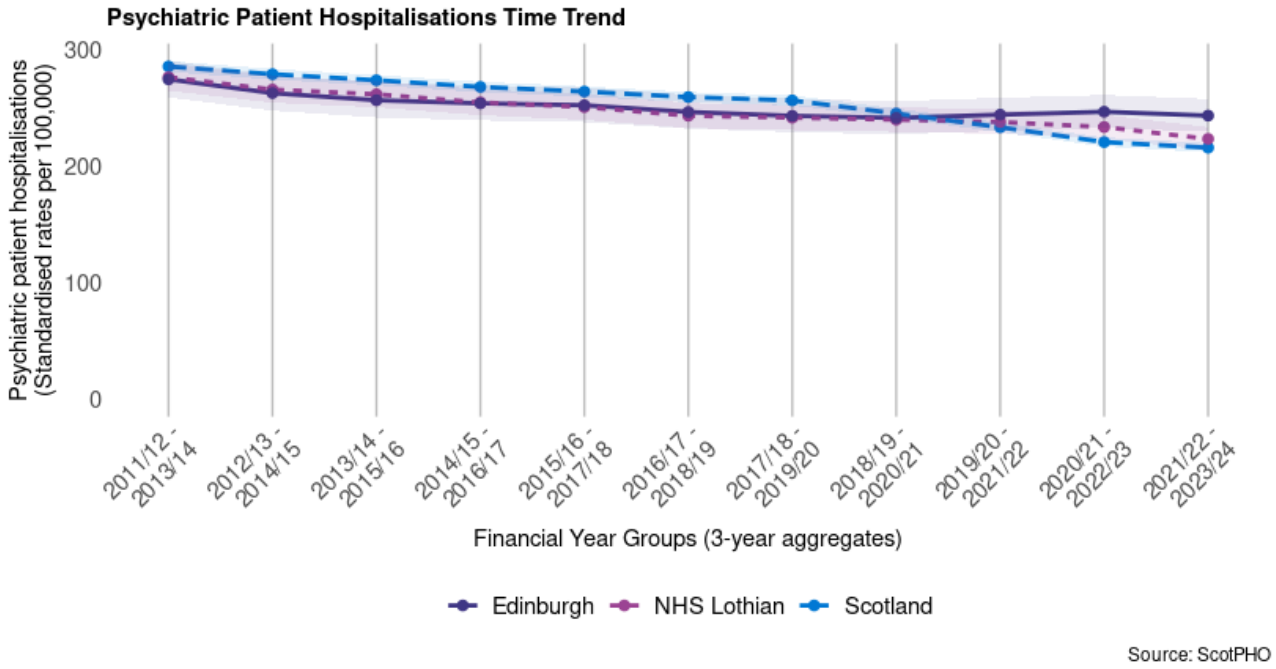
- **243.6** psychiatric patient hospitalisations per 100,000, compared to 216.1 in Scotland[5].
- **22,686** unscheduled mental health specialty bed days per 100,000, compared to 18,134 in Scotland.

Psychiatric patient hospitalisations

Figure 37 presents the psychiatric patient hospitalisation 3-year aggregate rate per 100,000 population in the Edinburgh from 2011/12 - 2013/14 to 2021/22 - 2023/24.

As presented in Figure 37, the 3-year aggregate psychiatric patient hospitalisation rate per 100,000 population in the Edinburgh for 2021/22 - 2023/24 is 243.6, a 11.3% decrease since 2011/12 - 2013/14. The NHS Lothian health board the 3-year aggregate rate for 2021/22 - 2023/24 is 223.6, a 19.2% decrease since 2011/12 - 2013/14 and the Scotland the 3-year aggregate rate is 216.1, a 24.4% decrease since 2011/12 - 2013/14.

Figure 37: Psychiatric patient hospitalisations by geographical area



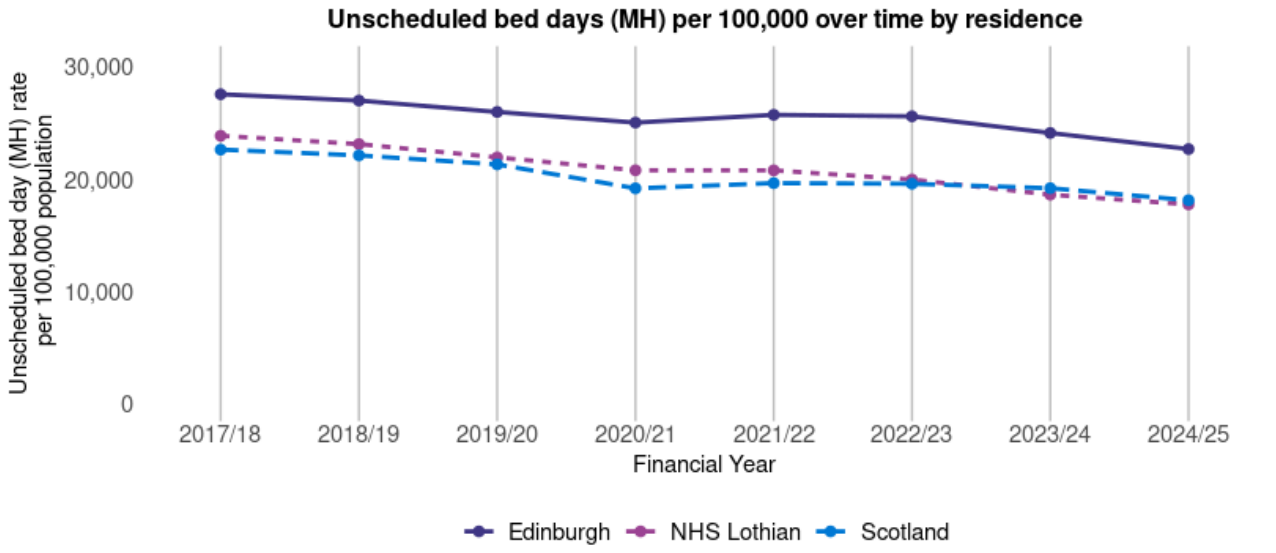
Source: ScotPHO

Unscheduled Mental Health Specialty Bed Days

Figure 38 presents the unscheduled mental health bed days rate per 100,000 population in the Edinburgh from 2017/18 to 2024/25.

As presented in Figure 38, the unscheduled mental health bed days rate per 100,000 population in the Edinburgh is 22,686, a 17.7% decrease since 2017/18. The NHS Lothian health board rate for 2024/25 is 17,763, a 25.6% decrease since 2017/18 and the Scotland rate is 18,134, a 19.9% decrease since 2017/18.

Figure 38: Unscheduled mental health specialty bed days by geographical area

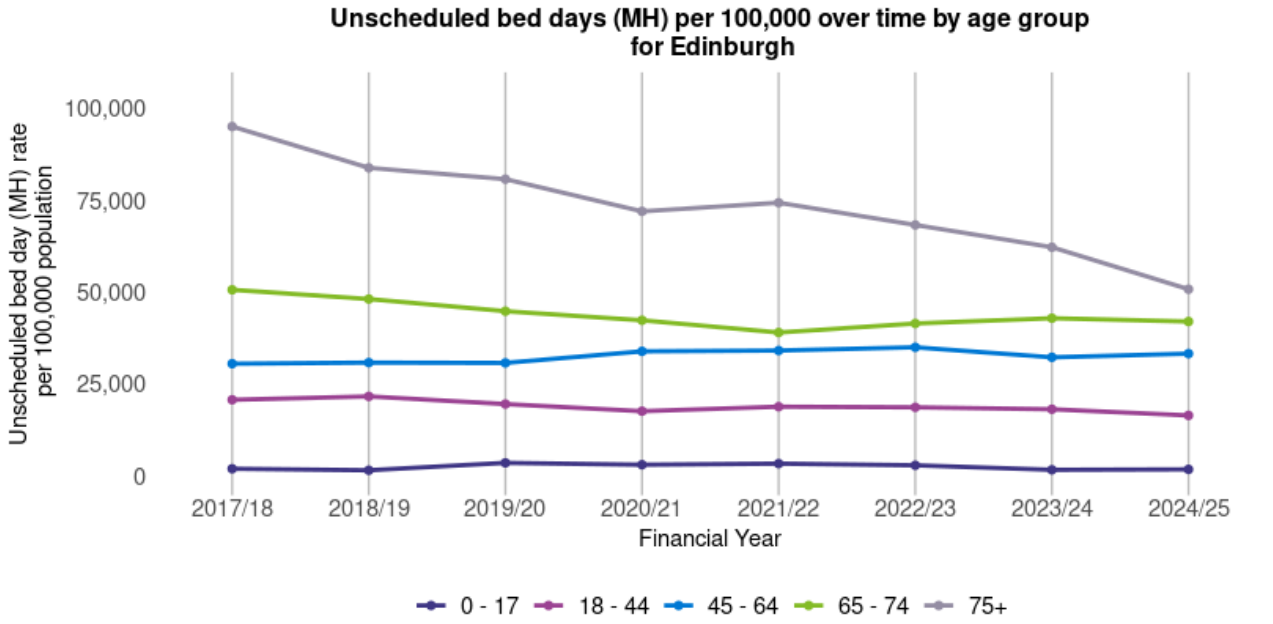


Source: PHS SMR04

Figure 39 presents the unscheduled mental health bed days rate per 100,000 in the Edinburgh from 2017/18 to 2024/25 by age group.

As presented in Figure 39, the highest unscheduled mental health bed days rate for the Edinburgh in 2024/25 is 50,765 per 100,000 population for the 75+ age group with a percentage decrease of 46.6% since 2017/18. The lowest unscheduled mental health bed days rate for the Edinburgh in 2024/25 is 1,810 per 100,000 population for the 0 - 17 age group with a percentage decrease of 8.4% since 2017.

Figure 39: Unscheduled mental health specialty bed days by age group



Source: PHS SMR04

Footnotes

1. The National Records Scotland (NRS) does not currently provide population projections at the HSCP level for all HSCPs. To explore how the population in Edinburgh is expected to change in the future, the percent changes in population projection to 2025 for Edinburgh by age group and gender were calculated using the NRS Local Authority Population Projections. These percent changes were then applied to the Edinburgh 2022 mid-year population estimates (also split by age group and gender) to obtain population projection estimates for Edinburgh, based on the projections for the HSCP.
2. Care Home data included in the Services Map and Table was sourced from the **Care Inspectorate**. **GP Practice**, **Hospital** and **A&E** data were sourced from Public Health Scotland Open Data platform. Only services within the physical boundary of the HSCP are included in the map and table, so there may be services outside Edinburgh that residents use but are not shown. Information on access deprivation was taken from the **ScotPHO profiles** (The Scottish Public Health Observatory).
3. Sourced from **ScotPHO**. More recent data may be available for the indicators elsewhere.
4. ScotPHO data 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 the **PHS website: Geography, population and deprivation support**.
5. Data on physical long-term conditions (LTC) is sourced from the SPARRA LTC table via the Source Linkage Files (SLFs). These conditions are identified using ICD-9 and ICD-10 diagnosis codes on acute (SMR01) admissions which have occurred since 1981. This underlying methodology will result in undercounts where individuals have an LTC but don't have a hospitalisation, and undercounts when individuals have a relevant hospitalisation but subsequently have no other symptoms. These under and overcounts will vary in scale for each condition. Additionally, LTC rates are based on an adjusted population indicator in the Source Linkage Files, ensuring that the population sizes align more closely with 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.

Indicator	Definition
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.

Indicator	Definition
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).

Indicator	Definition
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.

Indicator	Definition
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.
Unscheduled bed days	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.
Unscheduled bed days (Mental Health specialty)	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.

Appendix 2: Date of Indicator Data Extractions

Section	Indicator	Date of data extraction
Demographics	Population structure	11/05/2026
Demographics	Population projection	11/05/2026
Demographics	SIMD2016	11/05/2026
Demographics	SIMD2020	11/05/2026
Housing	Household estimates	23/03/2026
Housing	Household in each council tax band	23/03/2026
Services	GP practice locations	24/03/2026
Services	Care Home locations	24/03/2026
Services	A&E locations	24/03/2026
Population Health	Life expectancy males	24/03/2026
Population Health	Life expectancy females	24/03/2026
Population Health	Deaths ages 15-44 years	24/03/2026
Population Health	Physical Long-Term Conditions	24/03/2026
Population Health	Cancer registrations	24/03/2026
Population Health	Early deaths from cancer	24/03/2026
Population Health	Asthma patient hospitalisations	24/03/2026
Population Health	Coronary Heart Disease patient hospitalisations	24/03/2026
Population Health	Chronic Obstructive Pulmonary Disease patient hospitalisations	24/03/2026
Population Health	Population with a prescription for anxiety, depression or psychosis	24/03/2026

Section	Indicator	Date of data extraction
Lifestyle & Risk Factors	Alcohol related hospital stays	23/03/2026
Lifestyle & Risk Factors	Alcohol related mortality	23/03/2026
Lifestyle & Risk Factors	Drug-related hospital admissions	23/03/2026
Lifestyle & Risk Factors	Bowel screening uptake	23/03/2026
Hospital & Community Care	Emergency admissions (acute)	16/03/2026
Hospital & Community Care	Unscheduled bed days (acute)	23/03/2026
Hospital & Community Care	A&E Attendances	16/03/2026
Hospital & Community Care	Delayed discharges aged 65+	16/03/2026
Hospital & Community Care	Fall admissions aged 65+	16/03/2026
Hospital & Community Care	Emergency readmissions (28 day)	16/03/2026
Hospital & Community Care	Potentially Preventable Admissions (PPAs)	16/03/2026
Hospital Care (Mental Health Specialty)	Psychiatric patient hospitalisations	23/03/2026
Hospital Care (Mental Health Specialty)	Unscheduled bed days	23/03/2026

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	
Dental	K02, K03, K04, K05, K06, K08	
Convulsions And Epilepsy	G40, G41, R56, O15	
Gangrene	R02	
Nutritional Deficiencies	E40, E41, E43, E550, E643, M833	
Dehydration And Gastroenteritis	E86, K522, K528, K529	
Pyelonephritis	N10, N11, N12	
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	
Pelvic Inflammatory Disease	N70, N73	
Influenza And Pneumonia	J10, J11, J13, J181	
Other Vaccine Preventable	A35, A36, A370, A379, A80, B05, B06, B161, B169, B26	
Iron Deficiency	D501, D508, D509	

Condition	ICD10 codes included	Comments
Asthma	J45, J46	
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	
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