HSCP Profile

Edinburgh HSCP

May 2025

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PHS LIST Locality Profiles

Demographic Indicators	Data Type	Time Period	Edinburgh North East Locality	Edinburgh North West Locality	Edinburgh South East Locality	Edinburgh South West Locality	Edinburgh HSCP	Scotland
Total population	count	2022	120,844	144,233	138,112	111,381	514,570	5,447,000
Ratio male to female	ratio	2022	1:1.05	1:1.08	1:1.13	1:1	1:1.07	1:1.06
Population over 65	%	2022	13.4	18.8	14.8	16.8	16	20.1
Population in the least deprived SIMD quintile	%	2020	20.6	49.8	49.8	40.5	41	20
Population in the most deprived SIMD quintile	%	2020	18.8	9.3	8.3	12.7	12	20

Housing Indicators	Data Type	Time Period	Edinburgh North East Locality	Edinburgh North West Locality	Edinburgh South East Locality	Edinburgh South West Locality	Edinburgh HSCP	Scotland
Total number of households	count	2023	69,088	70,467	68,693	55,349	263,597	2,721,139
Households with single occupant tax discount	%	2023	42.4	36.7	33.1	38.4	37.6	38.5
Households in Council Tax Band A-C	%	2023	56.3	36.6	36.4	55.3	45.6	58.7
Households in Council Tax Band F-H	%	2023	10	27.8	26.2	19.3	20.9	13.8

General Health Indicators	Data Type	Time Period	Edinburgh North East Locality	Edinburgh North West Locality	Edinburgh South East Locality	Edinburgh South West Locality	Edinburgh HSCP	Scotland
Male average life expectancy in years	mean	2019-2023*	75.8	79.4	78.3	78.4	77.8	76.8
Female average life expectancy in	mean	2019-	80.3	83.1	82.4	82.9	82	80.8

Demographic Indicators	Data Type	Time Period	Edinburgh North East Locality	Edinburgh North West Locality	Edinburgh South East Locality	Edinburgh South West Locality	Edinburgh HSCP	Scotland
years		2023*						
Deaths aged 15-44 per 100,000	rate	2021 - 2023	86.2	71.9	77.6	94.9	82.9	111.7
Population with long-term condition	%	2023/24	16	18	14	16.5	16.1	22.1
Cancer registrations per 100,000	rate	2020 - 2022	704.9	638	591.6	629.7	638.1	629.7
Anxiety, depression & psychosis prescriptions	%	2023/24	19	17.3	15.6	17	16.9	20.9

At HSCP and Scotland level, the time period is a 3-year aggregate (2021-2023)

Lifestyle & Risk Factors Indicators	Data Type	Time Period	Edinburgh North East Locality	Edinburgh North West Locality	Edinburgh South East Locality	Edinburgh South West Locality	Edinburgh HSCP	Scotland
Alcohol-related hospital admissions per 100,000	rate	2022/23	500.1	318.4	326.4	420.5	382.2	532
Alcohol-specific mortality per 100,000	rate	2018 - 2022	27.8	16.4	17.6	21.3	20.6	21.4
Drug-related hospital admissions per 100,000	rate	2020/21 - 2022/23	241.5	114.2	176.2	180.8	177.5	201.8
Bowel screening uptake	%	2020 - 2022	61.5	69.3	66.9	67.3	66.5	66.2
Hospital & Community Care Indicators	Data Type	Time Period	Edinburgh North East Locality	Edinburgh North West Locality	Edinburgh South East Locality	Edinburgh South West Locality	Edinburgh HSCP	Scotland

Lifestyle & Risk Factors Indicators	Data Type	Time Period	Edinburgh North East Locality	Edinburgh North West Locality	Edinburgh South East Locality	Edinburgh South West Locality	Edinburgh HSCP	Scotland
Emergency admissions per 100,000	rate	2023/24	8,178	8,117	6,664	7,939	7,703	10,963
Unscheduled bed days per 100,000	rate	2023/24	62,344	64,879	50,293	60,407	59,401	77,702
A&E attendances per 100,000	rate	2023/24	29,233	27,652	25,104	26,890	27,174	27,227
Delayed discharges (65+) per 100,000	rate	2023/24	63,616	54,538	58,466	58,505	59,043	48,494
Potentially Preventable Admissions per 100,000	rate	2023/24	1,369	1,389	1,072	1,297	1,279	1,691
Hospital Care (Mental Health) Indicators	Data Type	Time Period	Edinburgh North East Locality	Edinburgh North West Locality	Edinburgh South East Locality	Edinburgh South West Locality	Edinburgh HSCP	Scotland
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	2023/24	20,066	14,598	41,004	18,758	23,870	18,566

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

Demographics

Summary

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

- A total population of **514,570** people, where **48.4%** were male, and **16%** were aged over 65.

- **41%** of people lived in the least deprived SIMD quintile, and **12%** lived in the most deprived quintile.

Population

In 2022, the total population of Edinburgh HSCP was 514,570. The graph below shows the population distribution of the HSCP. Overall, **48.4%** of the population are male, and **51.6%** are female. *Please see the footnotes for more information on NRS population estimates[1].*
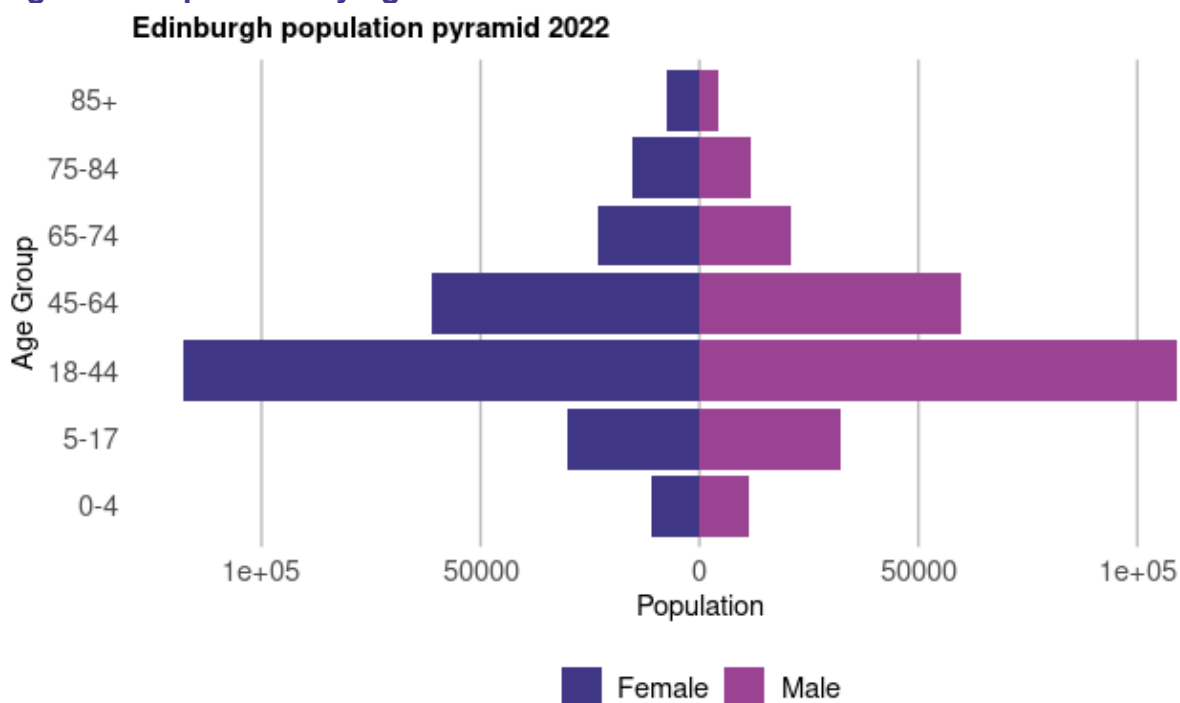
**Figure 1: Population by age and sex.**

Figure 2 shows the historical population of Edinburgh, along with the NRS population projections. The population has been rising in general, however it has fallen since last year. The population in Edinburgh is estimated to increase by 3% from 2022 to 2027. *Please see the footnotes for more information on how the population projections were calculated[2].*

Figure 2: Population time trend and projection.

Population Over Time in Edinburgh
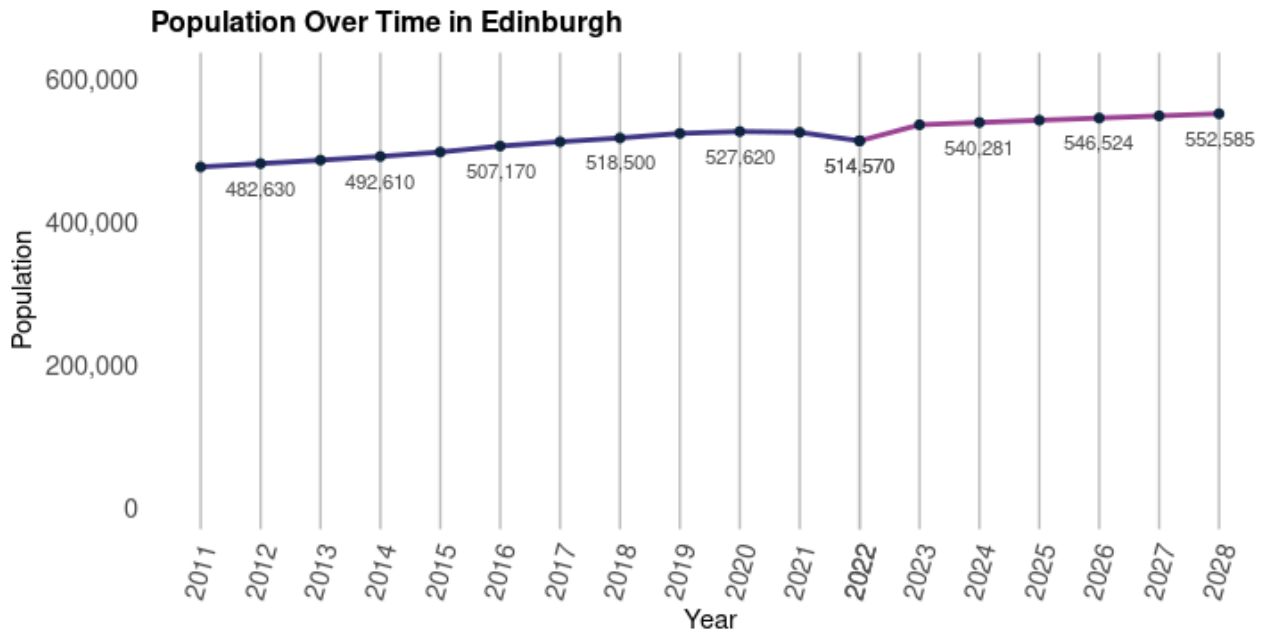
Source: National Records Scotland

Figure 3 shows how the population structure has changed between 2017 and 2022.

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

Percent Change in Population from 2017 to 2022 by Age and Sex in Edinburgh
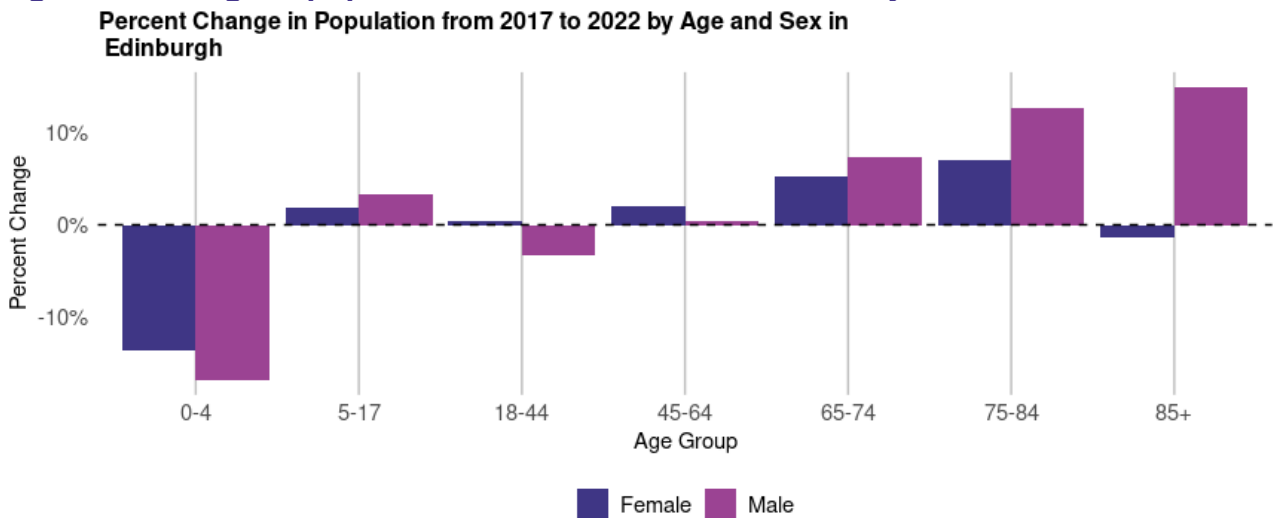
Source: National Records Scotland

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 2022 population in Edinburgh, **12%** live in the most deprived Quintile (SIMD 1), and **41%** live in the least deprived Quintile (SIMD 5).

Figure 4: Map of Data Zones within Edinburgh coloured by SIMD quintiles.
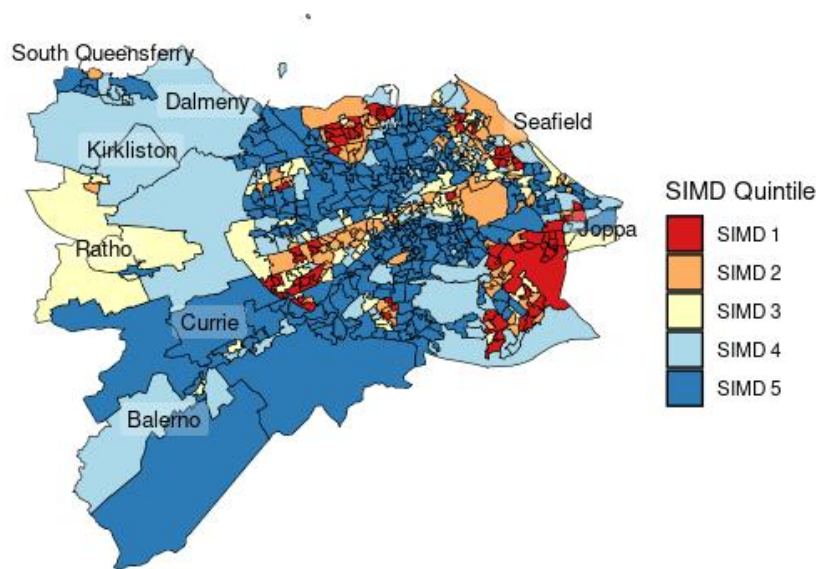
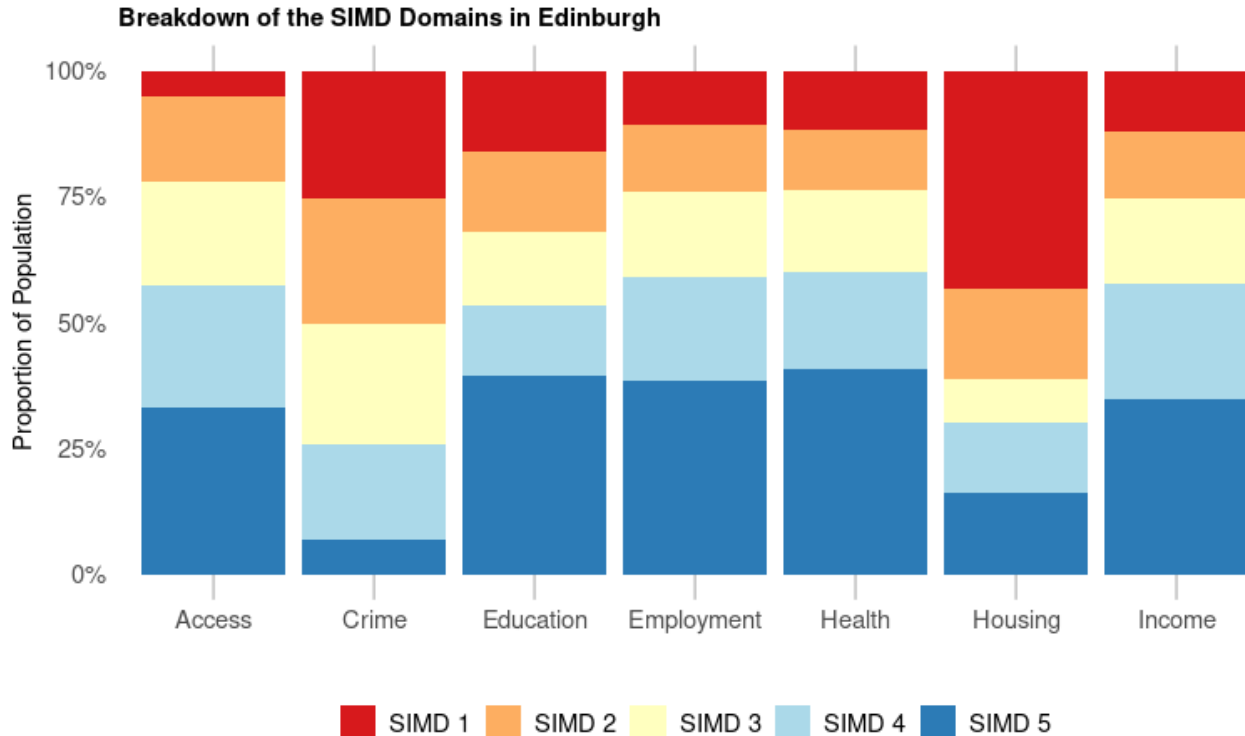Source: Scottish Government, Public Health Scotland

Table 1 details the percentage of the HSCP's 2016 population living in the 2016 SIMD Quintiles, the percentage of the 2022 population living in the 2020 SIMD Quintiles, and their difference for comparison. Figure 5 then breaks down SIMD by domain in Edinburgh.

Table 1: Percentage of the Edinburgh population living in the 2016 and 2020 SIMD Datazone Quintiles in 2016 and 2022 respectively.

Quintile	Percent of 2016 Population (SIMD 2016 Ranking)	Percent of 2022 Population (SIMD 2020 Ranking)	Difference
SIMD 1	13.9%	12.0%	-2.0%
SIMD 2	14.5%	15.4%	0.9%
SIMD 3	14.8%	13.3%	-1.5%
SIMD 4	15.7%	18.4%	2.6%
SIMD 5	41.1%	41.0%	-0.1%

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 2022.


Breakdown of the SIMD Domains in Edinburgh

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 2022 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 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 6: Percentage of population in 2016 and 2022 living in the 2016 and the 2020 SIMD quintiles by domain.

Difference in Population Living in Deprivation Quintiles by SIMD Domain in 2016 and 2022 in Edinburgh
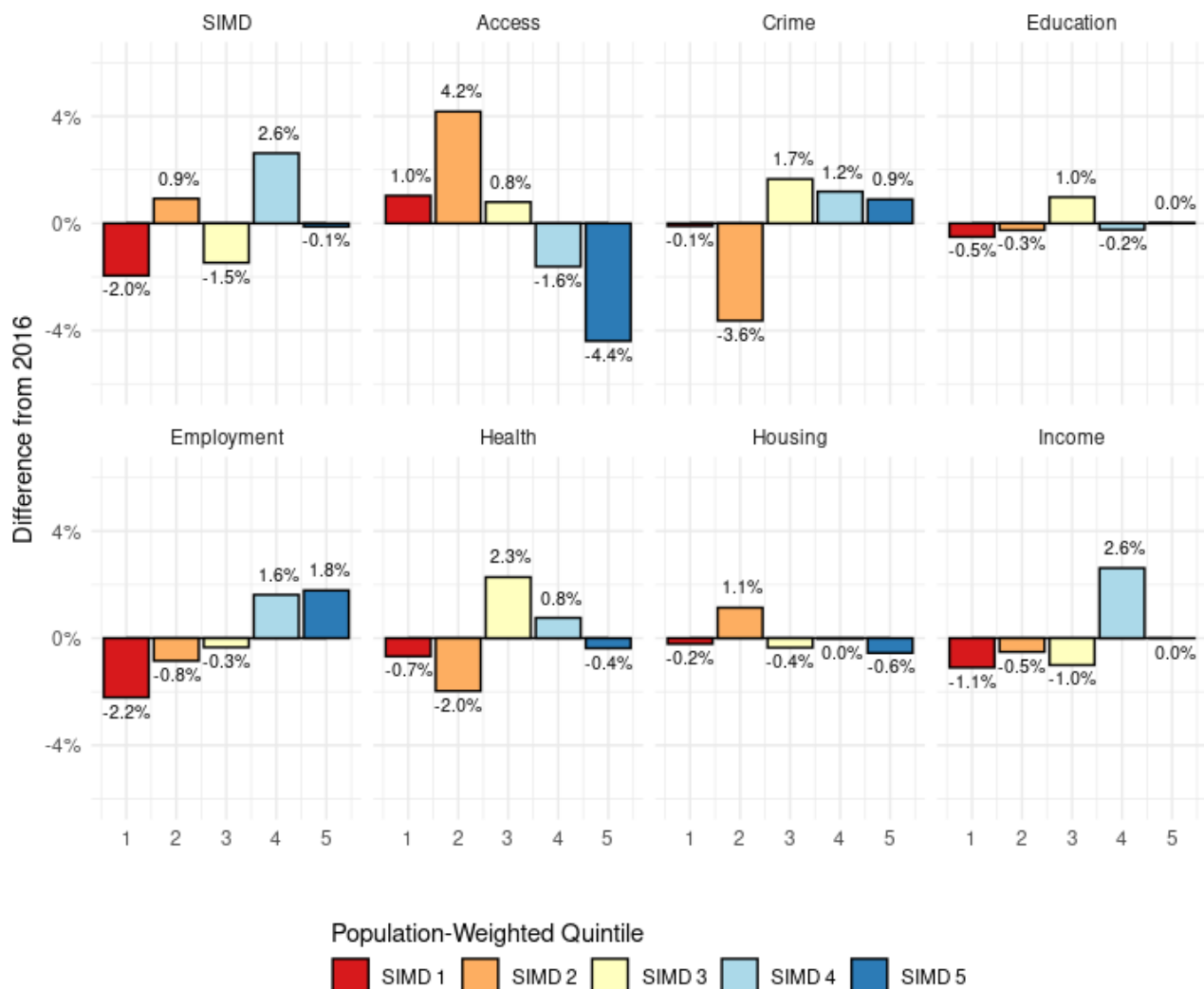
Services

Figure 7: Map of services by locality in Edinburgh HSCP[3].
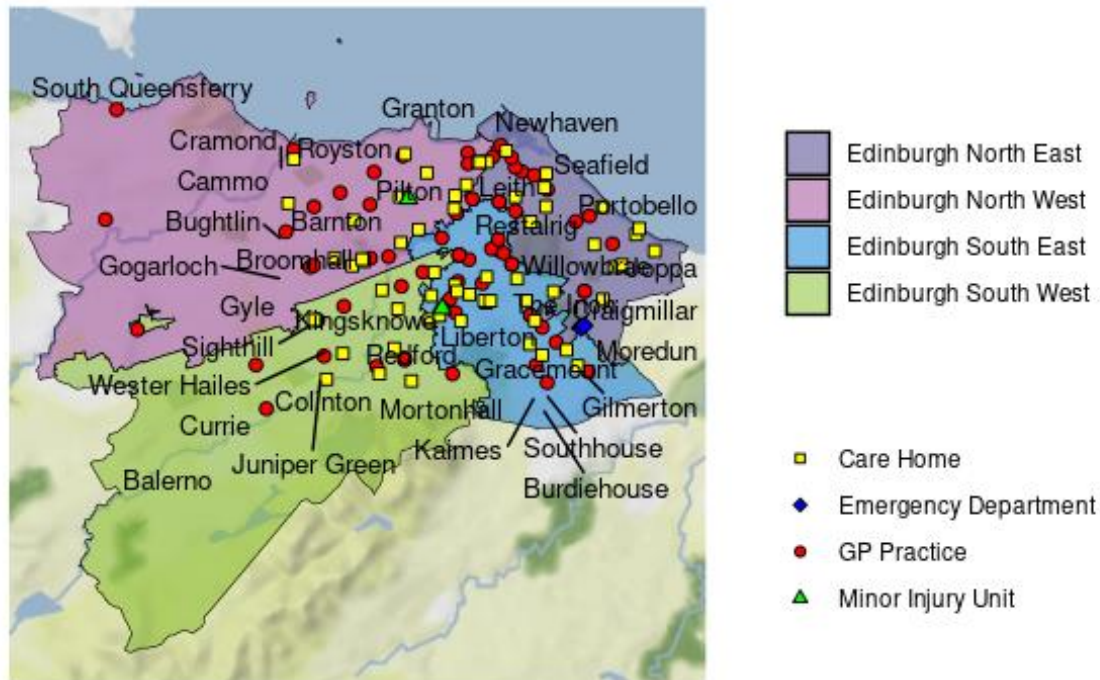
Source: Public Health Scotland

Table 2: Number of each type of service in Edinburgh HSCP[3].

Service Type	Service	Number
Primary Care	GP Practice	71
A&E	Emergency Department	2
	Minor Injuries Unit	2
Care Home	Elderly Care	60
	Other	38

Housing
Summary

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

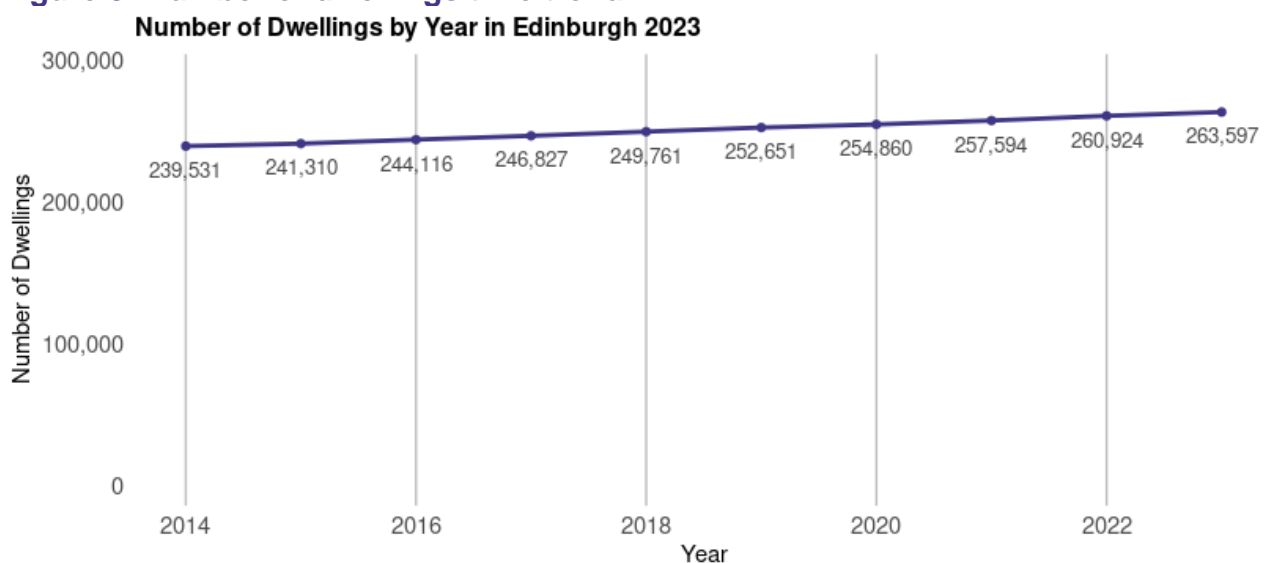- **263,597** dwellings, of which: **95.4%** were occupied and **0.64%** were second homes.

- **37.6%** of dwellers received a single-occupant council tax discount, and **6.3%** were exempt from council tax entirely.

- **45.6%** of houses were within council tax bands A to C, and **20.9%** were in bands F to H.

The graph below shows the number of dwellings in Edinburgh from 2014 to 2023.

Figure 8: Number of dwellings time trend.

Number of Dwellings by Year in Edinburgh 2023

239,531 241,310 244,116 246,827 249,761 252,651 254,860 257,594 260,924 263,597

Source: Council Tax billing system (via NRS)

Of the total number of dwellings in 2023, 37.6% (99,164 households) were occupied by an individual receiving a single-occupant council tax discount. Furthermore, 6.3% (16,602 households) were occupied and exempt from council tax.

There were 1,697 dwellings classed as a second home in 2023, these dwellings made up 0.64% 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

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 2023.

Council Tax Band — Band A, Band B, Band C, Band D, Band E, Band F, Band G, Band H

Proportion of Households
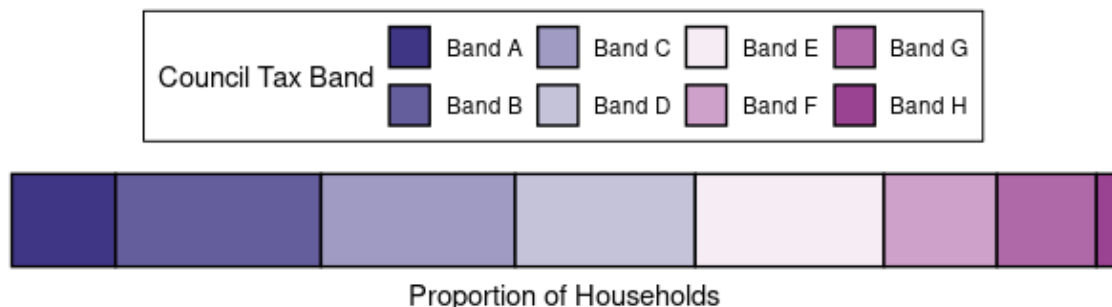
Source: Scottish Assessors' Association (via NRS)

Table 4: Percentage of households by council tax band for Edinburgh in 2023.

Tax Band	A	B	C	D	E	F	G	H
Percent of households	9.4%	18.6%	17.6%	16.3%	17.1%	10.3%	9.0%	1.7%

Source: Scottish Assessors' Association (via NRS)

Source: Scottish Assessors' Association (via NRS)

General Health

Summary

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

- An average life expectancy of **77.8** years for males and **82** years for females, compared to the national average of 76.8 and 80.8 years of age respectively.

- A death rate for ages 15 to 44 of **82.9** deaths per 100,000 age-sex standardised population. This is lower than Scotland (112 deaths per 100,000)[4].

- **16.1%** of the HSCP's population with at least one long-term physical health condition. This is lower than Scotland (22.1%).

- 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 **142** per 100,000 age-sex standardised population (compared to 145 in Scotland)[4].

- **16.9%** of the population being prescribed medication for anxiety, depression, or psychosis. This is a smaller proportion than Scotland (20.9%).

Life Expectancy

In the latest time period available from 2019-2023 (3-year aggregate), the average life expectancy in Edinburgh HSCP was 77.8 years for men, and 82 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.

Average Life Expectancy in Edinburgh HSCP
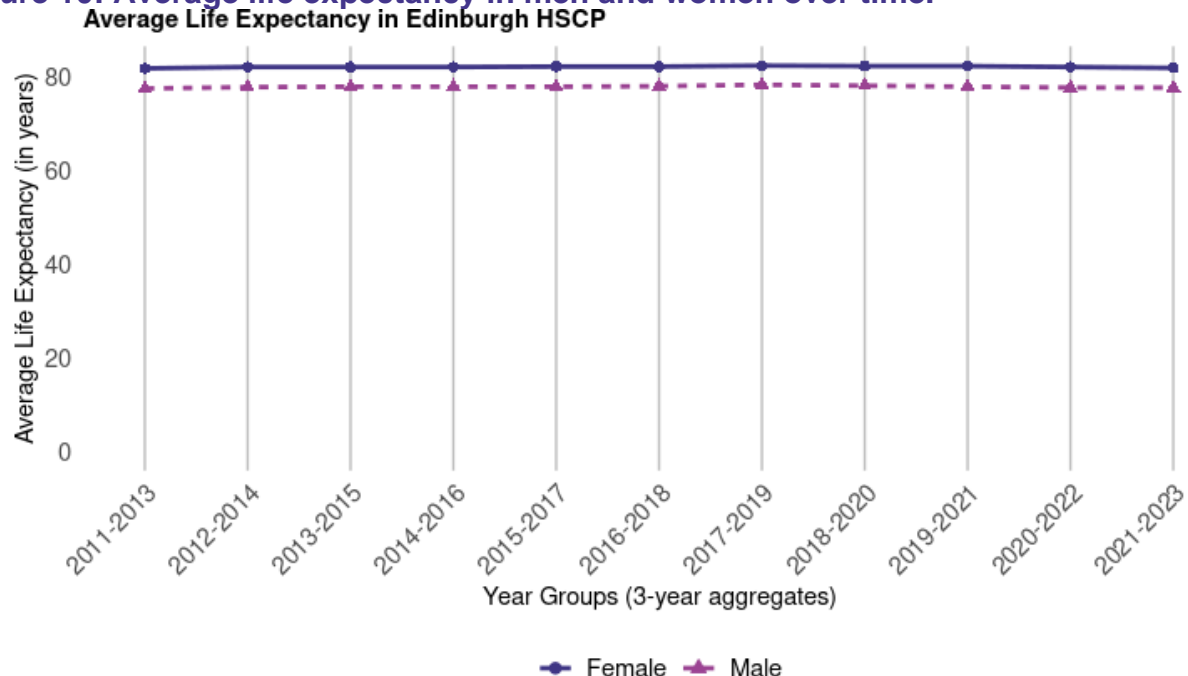
Source: ScotPHO

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 (2019-2023 aggregated years for the HSCP; 2021-2023 aggregated years for other areas).

Sex	Edinburgh	NHS Lothian	Scotland
Male	77.8	77.8	76.8
Female	82.2	81.7	80.8

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 (2021 - 2023), the mortality rate in Edinburgh HSCP was **82.9** deaths per 100,000 population.
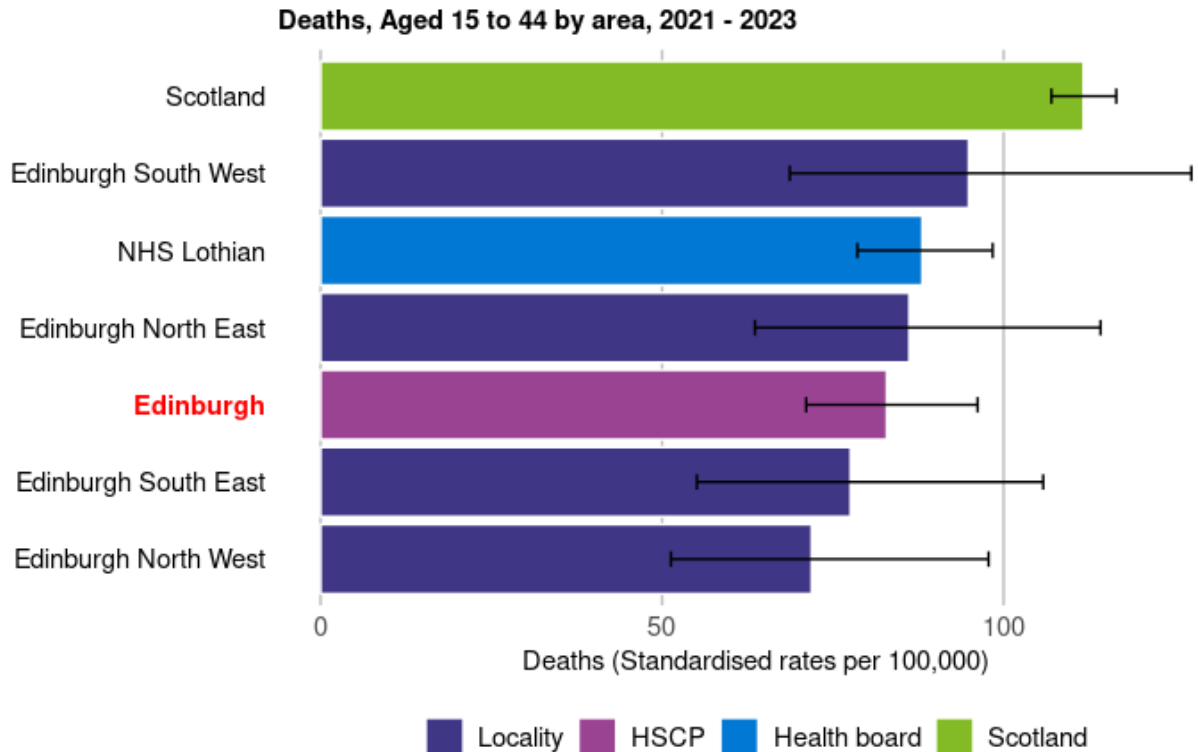
Figure 11: Deaths aged 15 to 44 years by geographical area and over time.
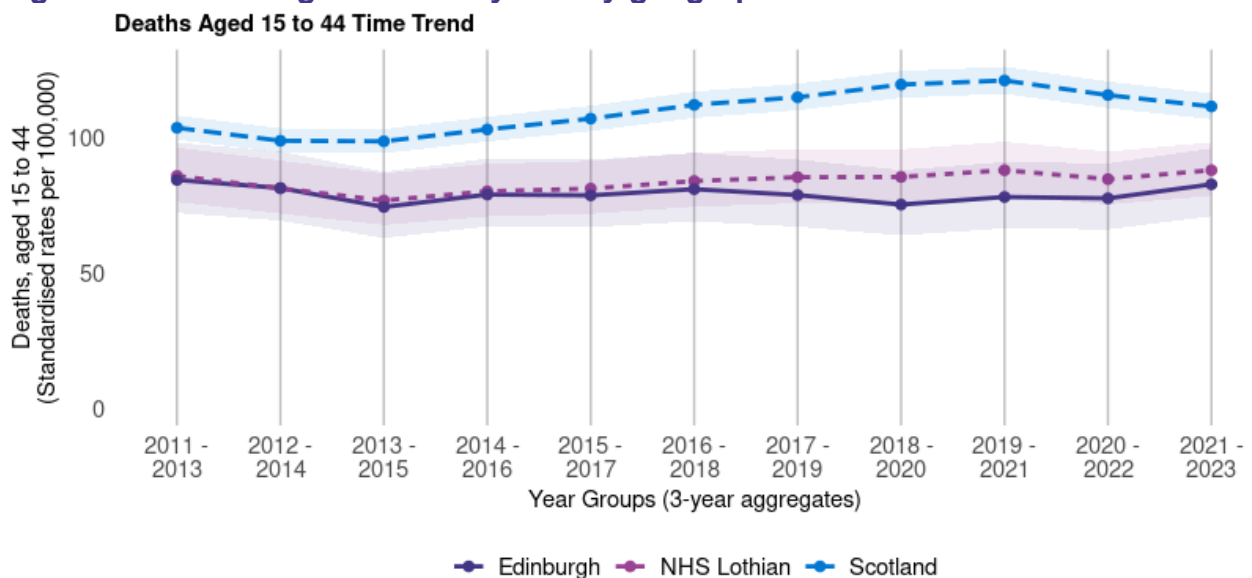
Source: ScotPHO

Figure 12 provides comparisons of deaths at ages 15 to 44 across all areas including other localities in Edinburgh HSCP. In 2021 - 2023, Edinburgh had a lower rate than the rest of Scotland (82.9 compared to 112 deaths per 100,000).
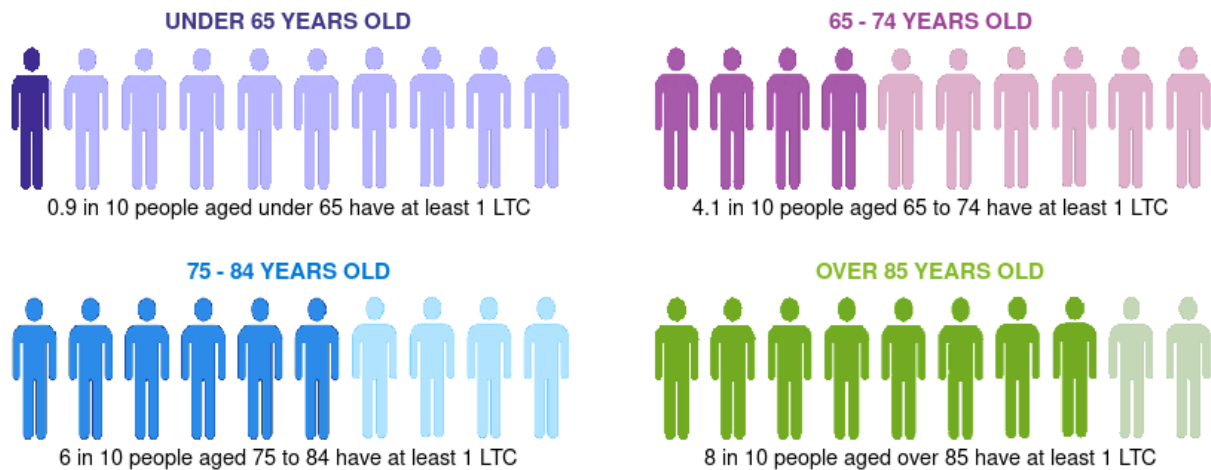
Figure 12: Deaths at ages 15 to 44 by area for the latest time period available.

Deaths, Aged 15 to 44 by area, 2021 - 2023

Deaths (Standardised rates per 100,000)

Legend: Locality — HSCP — Health board — Scotland

Source: ScotPHO

Long-Term Physical Health Conditions and Multi-morbidity

In the financial year 2023/24, in Edinburgh HSCP, it is estimated that **16.1%** 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]*

UNDER 65 YEARS OLD

0.9 in 10 people aged under 65 have at least 1 LTC

65 - 74 YEARS OLD

4.1 in 10 people aged 65 to 74 have at least 1 LTC

75 - 84 YEARS OLD

6 in 10 people aged 75 to 84 have at least 1 LTC

OVER 85 YEARS OLD

8 in 10 people aged over 85 have at least 1 LTC

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 **26.4**% of those over 65.
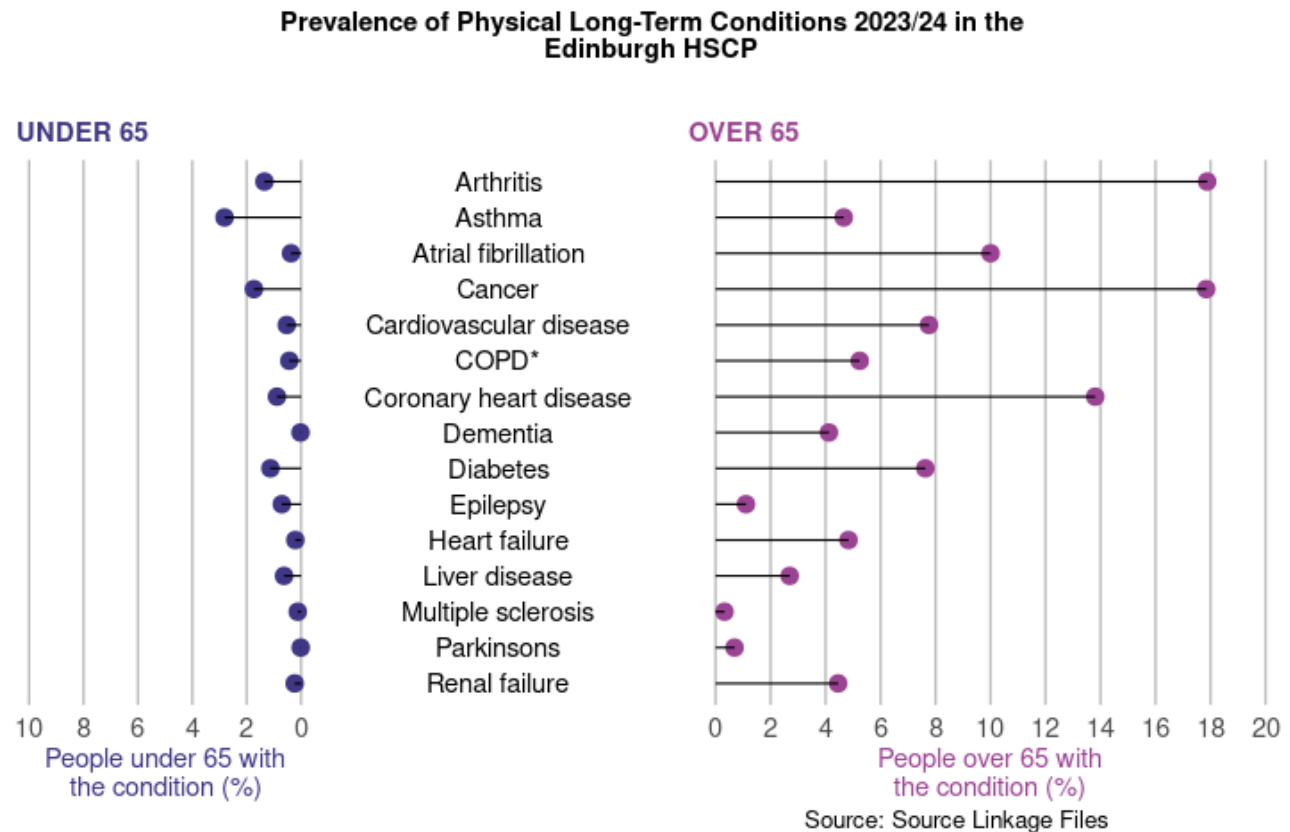
Table 6: Multi-morbidity of physical long-term conditions by age group in 2023/24.

	Percentage over 65	Percentage under 65
1 LTC	26.8	7.1
2 LTCs	13.3	1.2
3 LTCs	6.9	0.3
4 or more LTCs	6.2	0.1

Most common physical Long-Term Conditions (LTCs)

Below is a breakdown of the physical LTCs, for the financial year 2023/24. Figure 13 shows the prevalence of different LTCs in each age group in Edinburgh HSCP, and Table 7 illustrates the five most prevalent physical LTCs across all ages at the partnership, and Scotland levels.

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

Prevalence of Physical Long-Term Conditions 2023/24 in the Edinburgh HSCP

UNDER 65

OVER 65

Arthritis
Asthma
Atrial fibrillation
Cancer
Cardiovascular disease
COPD*
Coronary heart disease
Dementia
Diabetes
Epilepsy
Heart failure
Liver disease
Multiple sclerosis
Parkinsons
Renal failure

People under 65 with the condition (%)

People over 65 with the condition (%)

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 (1 is the most prevalent).

Top 5 most prevalent Physical Long-Term Conditions 2023/24

| Edinburgh HSCP	Scotland
Cancer 4.4 %	Arthritis 5.72 %
Arthritis 4.08 %	Cancer 5.49 %
Asthma 3.12 %	Asthma 4.96 %
Coronary heart disease 3.02 %	Coronary heart disease 4.68 %
Diabetes 2.2 %	Diabetes 3.47 %

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 HSCP. For the period 2020 - 2022, there were also **142** early deaths per 100,000 from cancer in the HSCP, this is a **16.5%** decrease compared to the rate 10 years prior.

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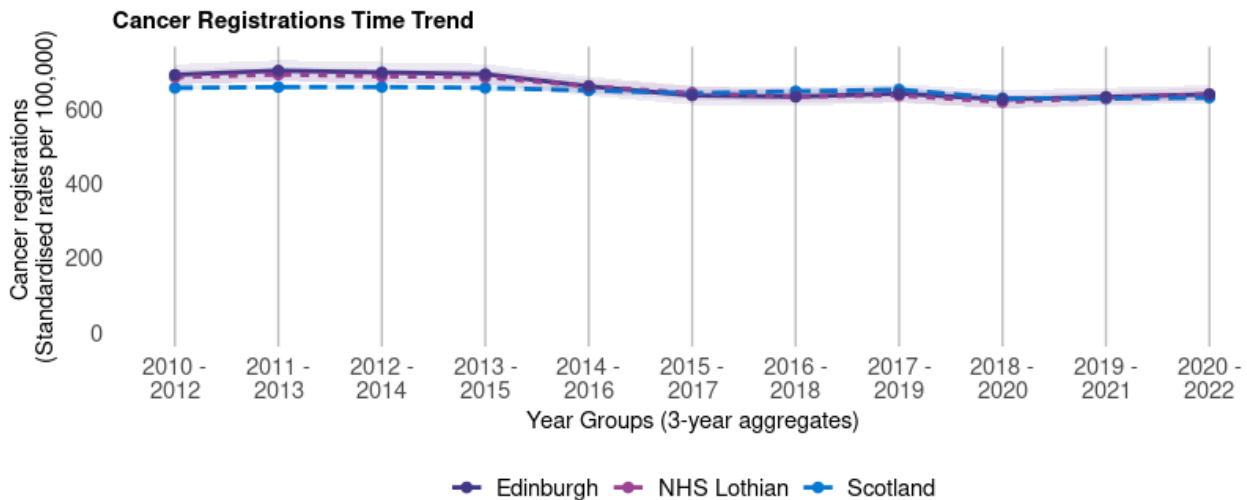
Source: ScotPHO

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

Early Deaths from Cancer Time Trend
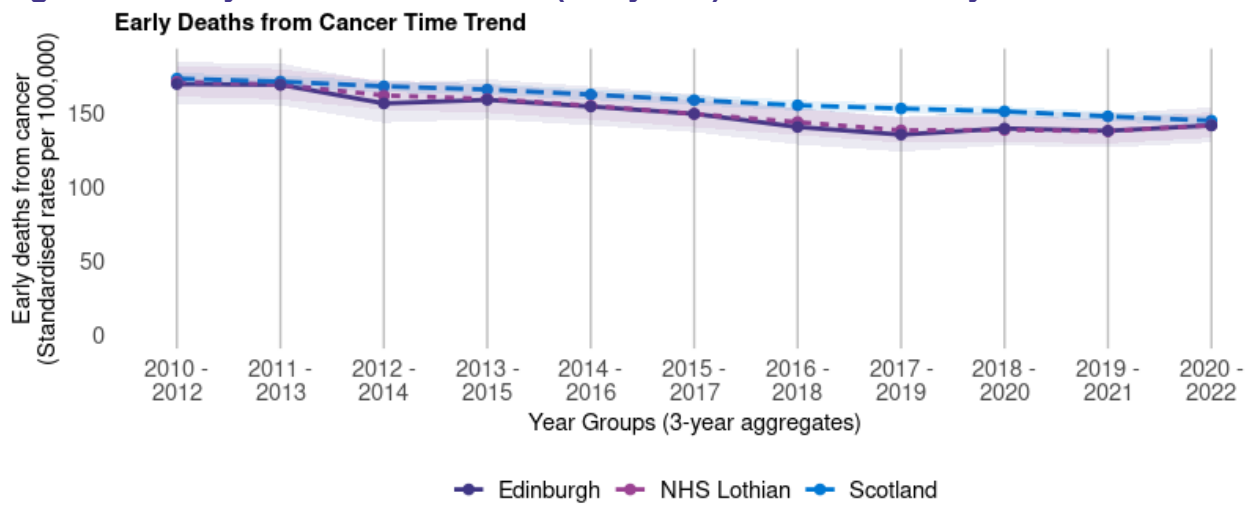
Source: ScotPHO

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	2021/22 - 2023/24	68.9	74.6	76.2
Coronary Heart Disease	2021/22 - 2023/24	234.2	254.3	326.8
COPD	2021/22 - 2023/24	144.6	164.9	210.1

Anxiety, Depression and Psychosis (ADP) prescriptions

In 2023/24, **16.9%** of people were prescribed medication for anxiety, depression or psychosis in Edinburgh HSCP. This is a **21.6% increase** from the rate 10 years prior in 2013/14 which was 13.9%.

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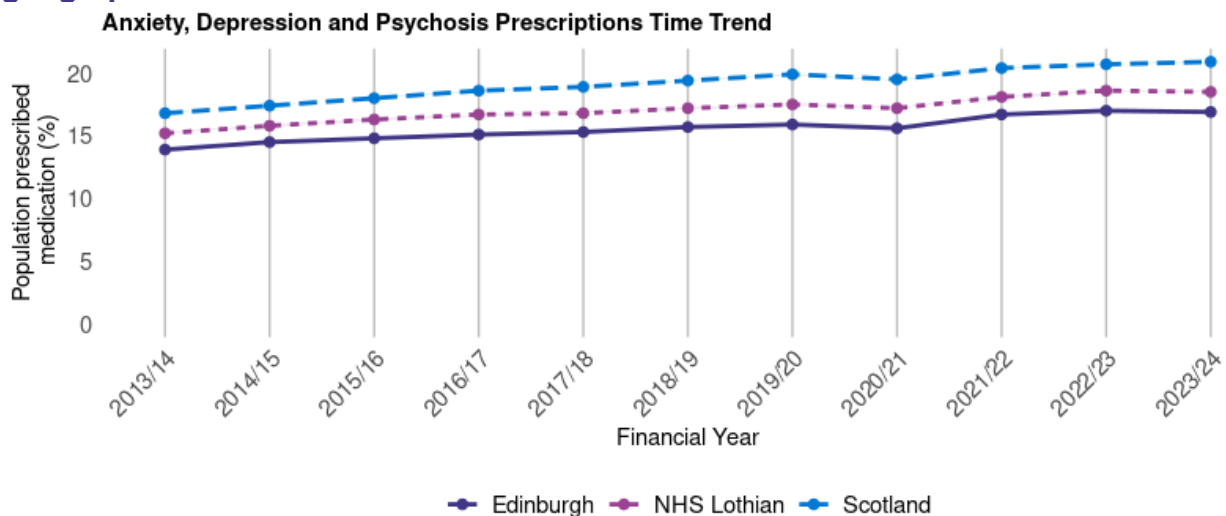
Source: ScotPHO

In 2023/24, Edinburgh had a smaller proportion of the population being prescribed ADP medication compared to the rest of Scotland (16.9% compared to 20.9%).

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

Anxiety, Depression and Psychosis Prescriptions, 2023/24
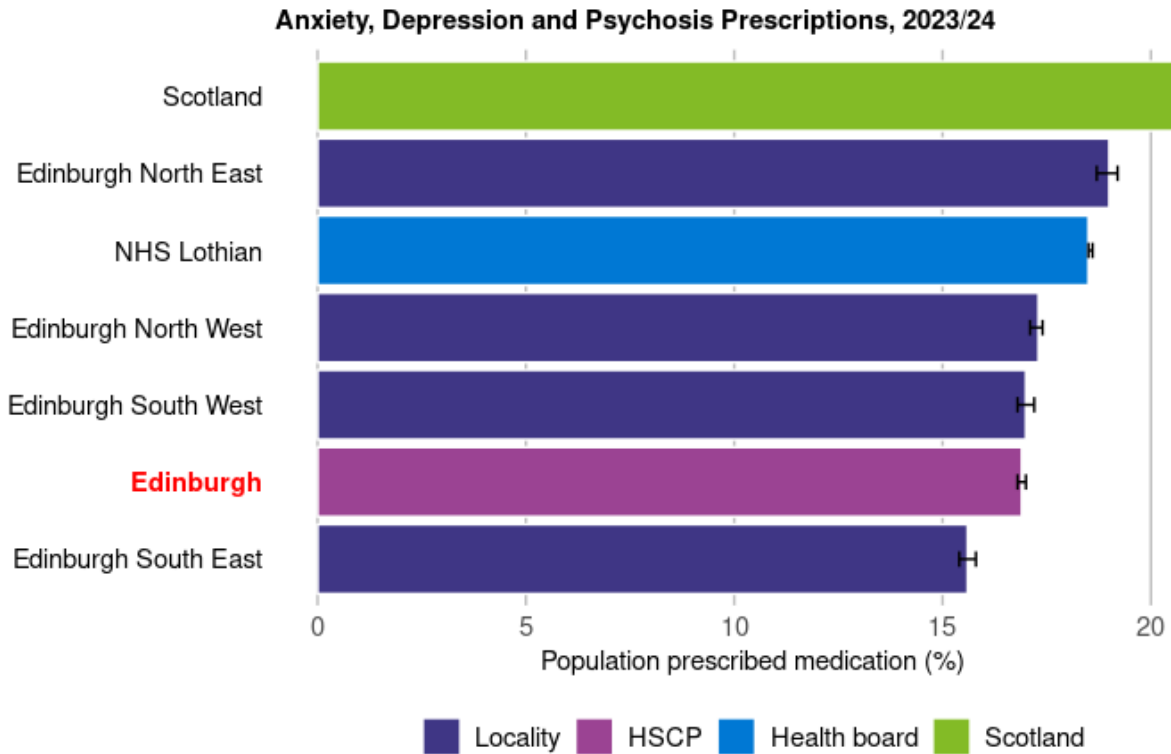
Lifestyle and Risk Factors

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 HSCP. These can give an idea of quality of life and prosperity.
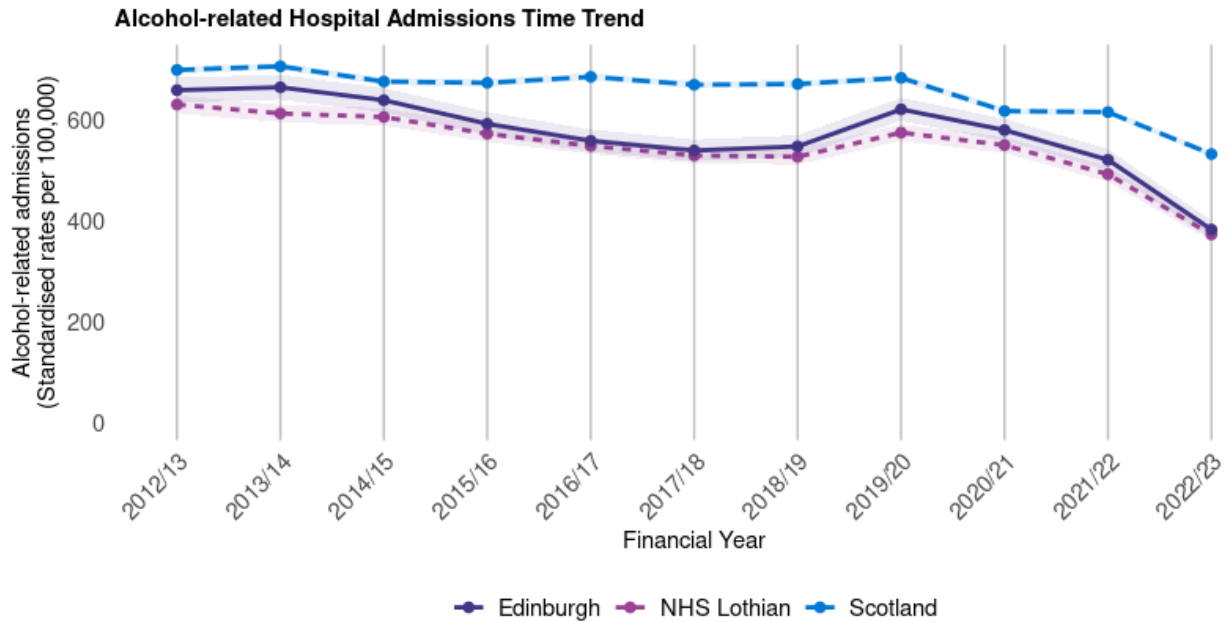
For the most recent time period available[4], Edinburgh had:

- **382** alcohol-related hospital admissions per 100,000 age-sex standardised population. This is lower than Scotland (532 admissions per 100,000)[5].

- **20.6** alcohol-specific deaths per 100,000 age-sex standardised population. This is lower than Scotland (21.4 deaths per 100,000)[5].

- **178** drug-related hospital admissions per 100,000 age-sex standardised population. This is lower than Scotland (202 admissions per 100,000)[5].

- **66.5%** uptake of bowel screening among the eligible population, compared to 66.2% in Scotland.

Alcohol-related Hospital Admissions

In 2022/23, the rate of alcohol-related admissions was **382** per 100,000 age-sex standardised population in Edinburgh. This is a 45.9% decrease overall since 2002/03. Figure 18 shows a trend of alcohol-related hospital admissions for Edinburgh HSCP compared with NHS Lothian, and Scotland from financial year 2002/03 to 2022/23.

Figure 19 then compares different areas, including the other localities in Edinburgh, for the latest financial year. This bar chart shows that in 2022/23, Edinburgh HSCP had a lower alcohol-related hospital admissions rate compared to Scotland (382 and 532 admissions respectively).

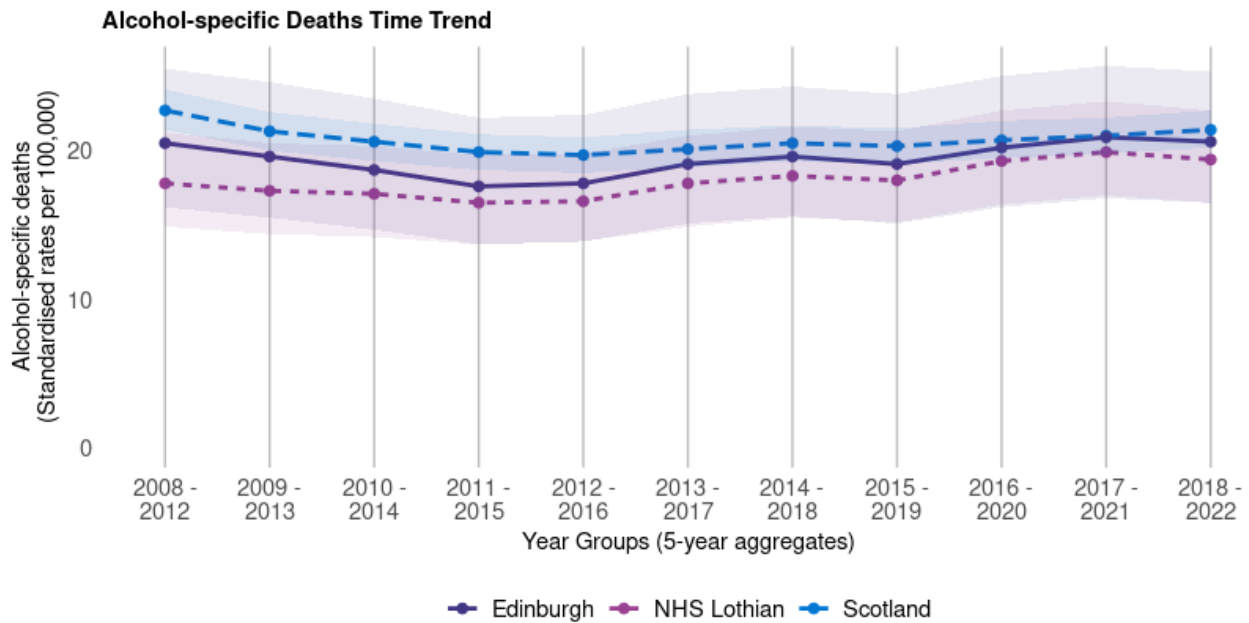**Figure 18: Alcohol-related hospital admission rates by area and over time.**

Alcohol-related Hospital Admissions Time Trend

Source: ScotPHO

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

Alcohol-related Hospital Admissions by Area, 2022/23
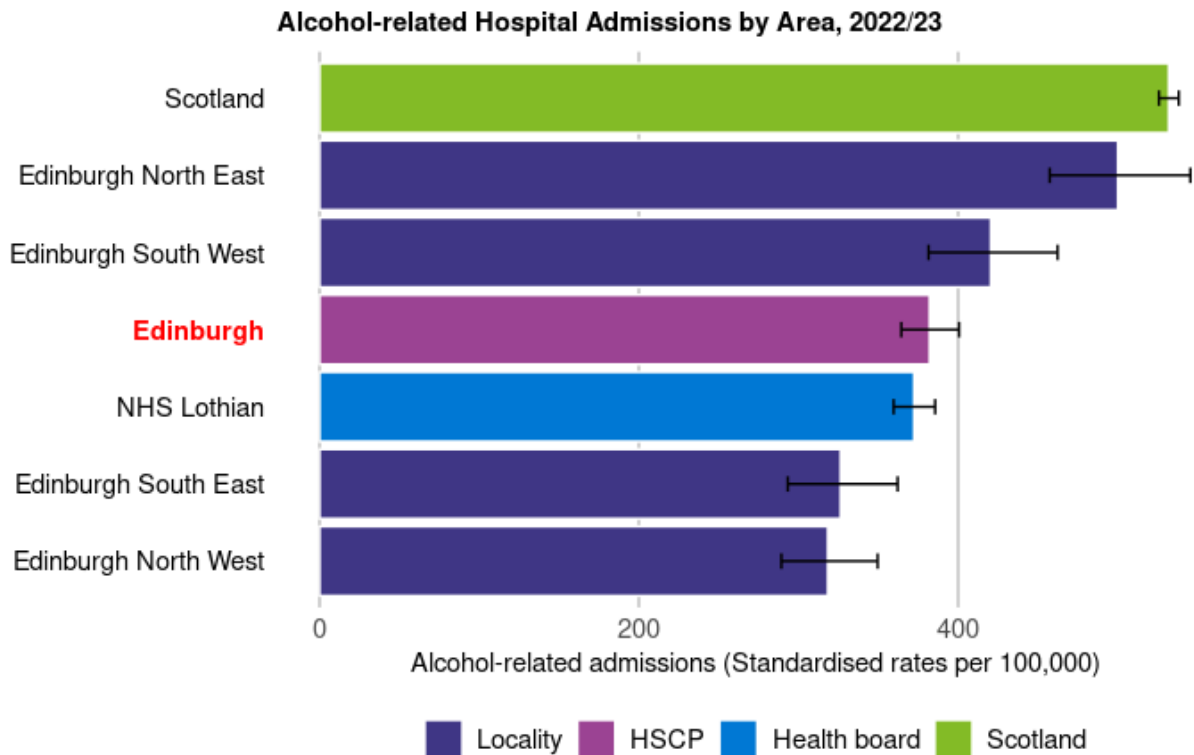
Source: ScotPHO

Alcohol-Specific Deaths

Data on alcohol-specific deaths is available as 5-year aggregates. In Edinburgh, the latest rate of alcohol-specific deaths was **20.6** deaths per 100,000 age-sex standardised population. This is 28% lower than the rate in 2002 - 2006. Figure 21 also shows that the HSCP has a lower alcohol-specific death rate compared to Scotland overall (21.4 deaths per 100,000).

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

Alcohol-specific Deaths Time Trend

Source: ScotPHO

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

Alcohol-specific Deaths by Area, 2018 - 2022
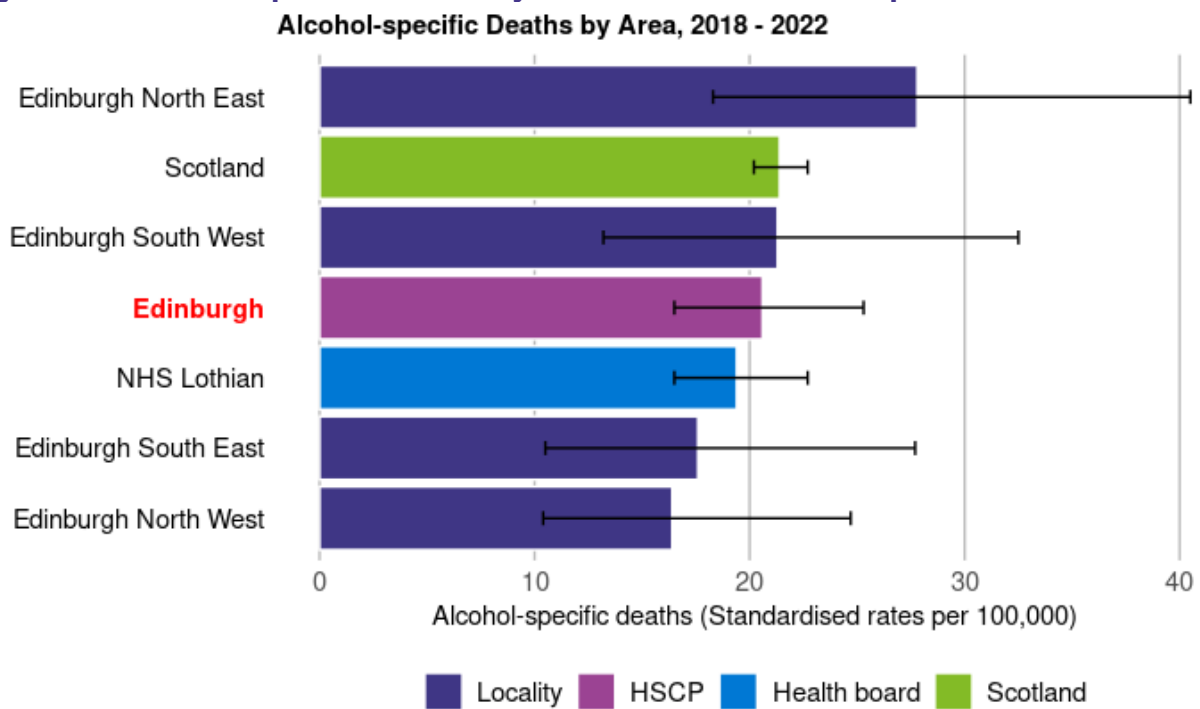
Source: ScotPHO

Drug-related Hospital Admissions

There were **178** drug-related hospital admissions per 100,000 age-sex standardised population[4] in the Edinburgh HSCP in the time period 2020/21 - 2022/23 (3-year financial year aggregate). This is a 76.6% 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 22 from 2010/11 - 2012/13 onward.

A comparison of areas at the most recent time period (2020/21 - 2022/23 aggregated financial years) is available in Figure 23 This shows the Edinburgh HSCP has a lower rate of drug-related hospital admissions than Scotland (202 admissions per 100,000).

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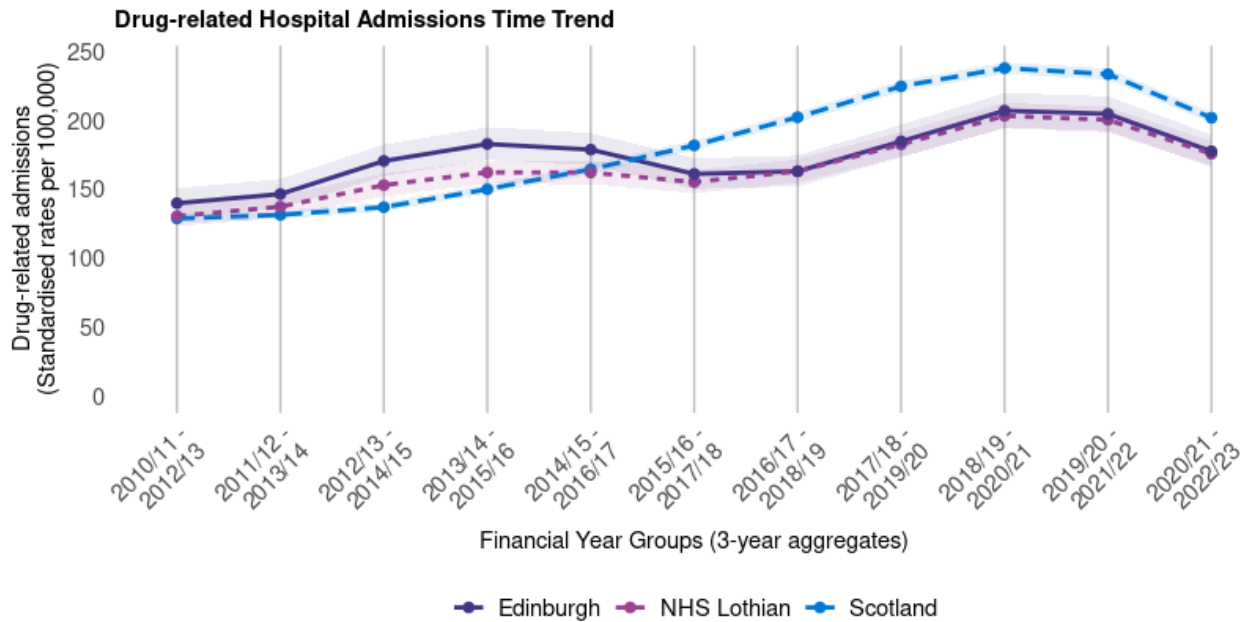
Source: ScotPHO

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

Drug-related Hospital Admissions by Area, 2020/21 - 2022/23
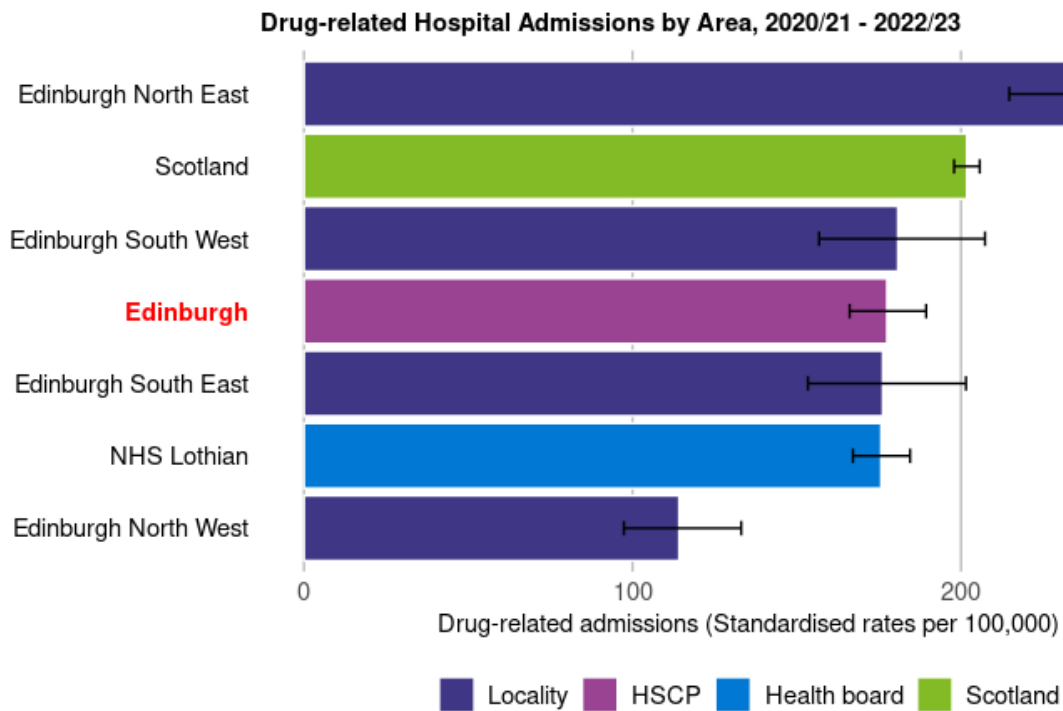
Source: ScotPHO

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 2020 - 2022 uptake rate for Edinburgh is **66.5%**. This is a 27.6% increase since 2008 - 2010. As can be seen in Figure 25, in the latest estimate, the uptake in Edinburgh was higher than the uptake in Scotland overall (66.2%).

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

Bowel Screening Uptake Time Trend
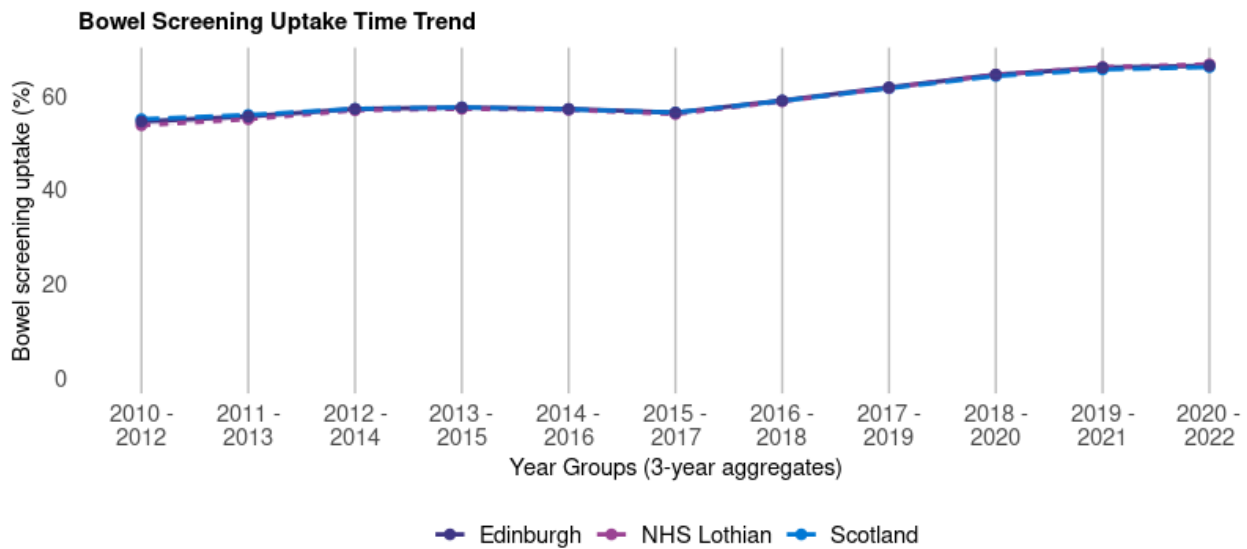
Source: ScotPHO

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

Bowel Screening Uptake by Area, 2020 - 2022
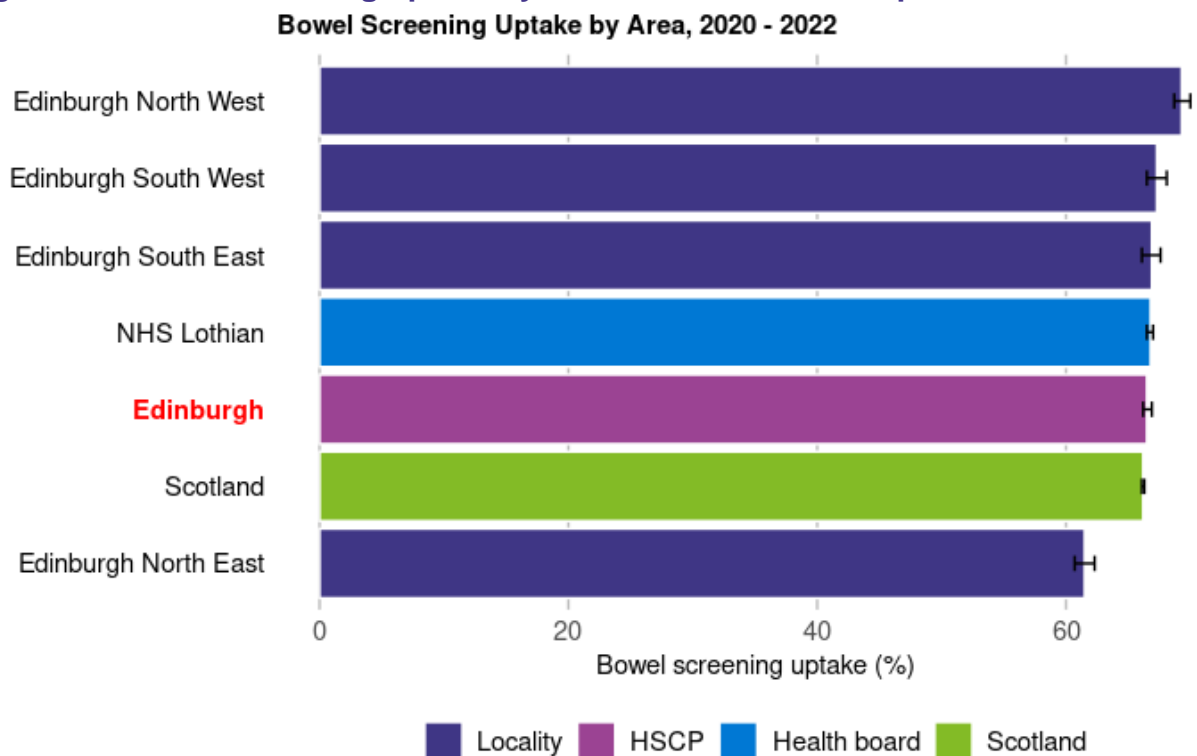
Source: ScotPHO

Hospital and Community Care

Summary

For the most recent time periods available, Edinburgh had:

- **7,703** emergency hospital admissions per 100,000 population, compared to 10,963 in Scotland.

- **59,401** unscheduled acute specialty bed days per 100,000 population, compared to 77,702 in Scotland.

- **27,174** A&E attendances per 100,000 population, compared to 27,227 in Scotland.

- **59,043** delayed discharge bed days per 100,000 population aged over 65, compared to 48,494 in Scotland.

- **2,529** emergency hospital admissions from falls per 100,000 population aged over 65, compared to 2,307 in Scotland.

- **98.5** emergency readmissions (28 day) per 1,000 discharges, compared to 104.2 in Scotland.

- **1,279** potentially preventable hospital admissions per 100,000 population, compared to 1,691 in Scotland.

Emergency Admissions

Figure 26 presents the emergency admissions rate per 100,000 population in the Edinburgh HSCP from 2017/18 to 2023/24.

As presented in Figure 26, the emergency admissions rate in the Edinburgh HSCP for 2023/24 is 7,703, a 0.6% decrease since 2017/18. The NHS Lothian health board rate is 8,642 in 2023/24, a 0.6% decrease since 2017/18 and the Scotland rate is 10,963, a 0.8% increase since 2017/18.

Figure 26: Emergency admissions by geographical area

Emergency admissions per 100,000 over time by residence
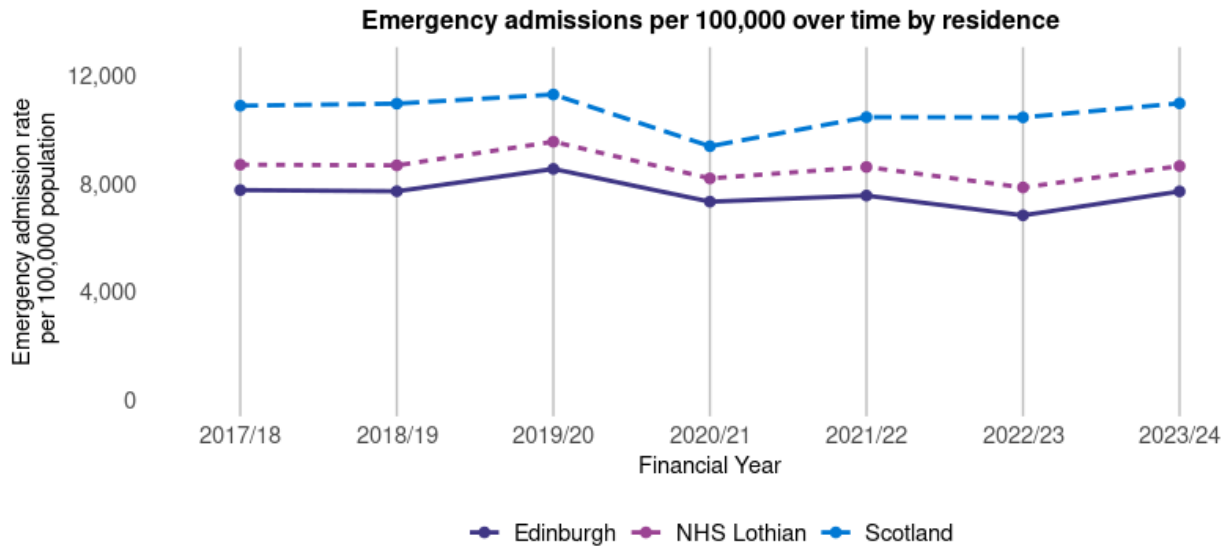
Source: PHS SMR01

Figure 27 presents the emergency admissions rate per 100,000 population in the Edinburgh HSCP from 2017/18 to 2023/24 by age group.

As presented in Figure 27, the highest emergency admissions rate for the Edinburgh HSCP in 2023/24 is 30,736 per 100,000 population for the 75+ age group with a percentage decrease of 13.4% since 2017/18. The lowest emergency admissions rate for Edinburgh in 2023/24 is 3,539 per 100,000 population for the 18 - 44 age group with a percentage increase of 0.6% since 2017/18.

Figure 27: Emergency admissions by age group

Emergency admissions per 100,000 over time by age group
for Edinburgh

Source: PHS SMR01

Unscheduled Acute Bed Days

Figure 28 presents the unscheduled bed days rate per 100,000 population in the Edinburgh HSCP from 2017/18 to 2023/24.

As presented in Figure 28, the unscheduled bed days rate in the Edinburgh HSCP is 59,401, a 11.5% decrease since 2017/18. The NHS Lothian health board rate for 2023/24 is 60,549, a 9.3% decrease since 2017/18 and the Scotland rate is 77,702, a 4.3% increase since 2017/18.
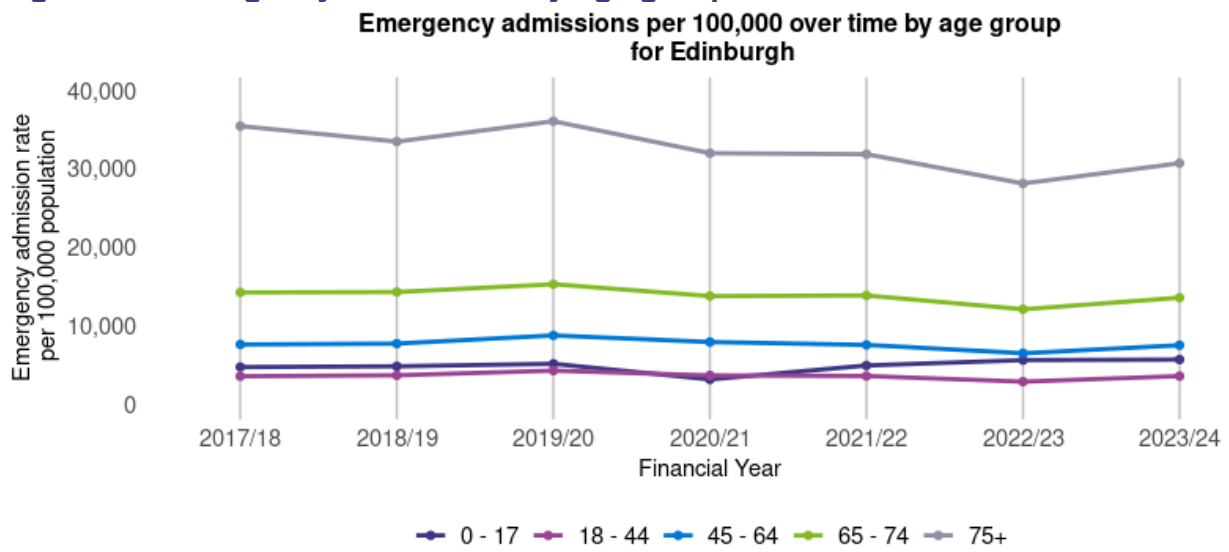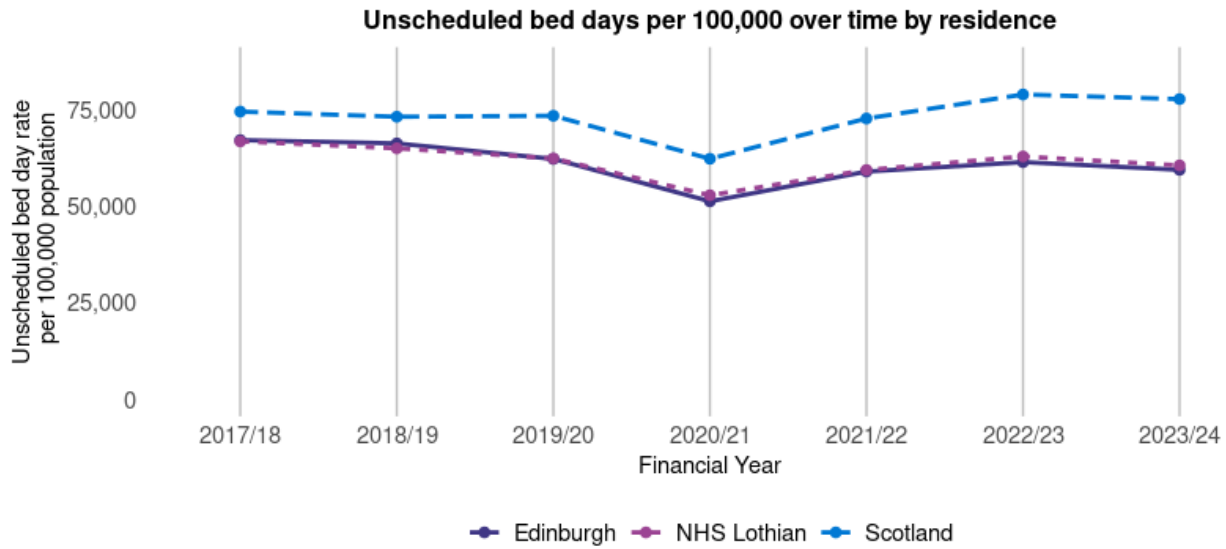
Figure 28: Unscheduled acute bed days by geographical area

Source: PHS SMR01

Figure 29 presents the unscheduled bed days rate per 100,000 population in the Edinburgh HSCP from 2017/18 to 2023/24 by age group.

As presented in Figure 29, the highest unscheduled bed days rate for the Edinburgh HSCP in 2023/24 is 423,253 bed days per 100,000 population for the 75+ age group with a percentage decrease of 23.6% since 2017/18. The lowest unscheduled bed days rate for Edinburgh in 2023/24 is 10,979 bed days per 100,000 population for the 18 - 44 age group with a percentage increase of 4.9% since 2017/18.

Figure 29: Unscheduled acute bed days by age group

Unscheduled bed days per 100,000 over time by age group for Edinburgh

Source: PHS SMR01

A&E Attendances

Figure 30 presents the A&E attendance rate per 100,000 population in the Edinburgh HSCP from 2016/17 to 2023/24.

As presented in Figure 30, the A&E attendance rate per 100,000 in the Edinburgh HSCP is 27,174, a 1.7% decrease since 2016/17. The NHS Lothian health board rate for 2023/24 is 28,427, a 0.6% increase since 2016/17 and the Scotland rate is 27,227, a 0.2% increase since 2016/17.
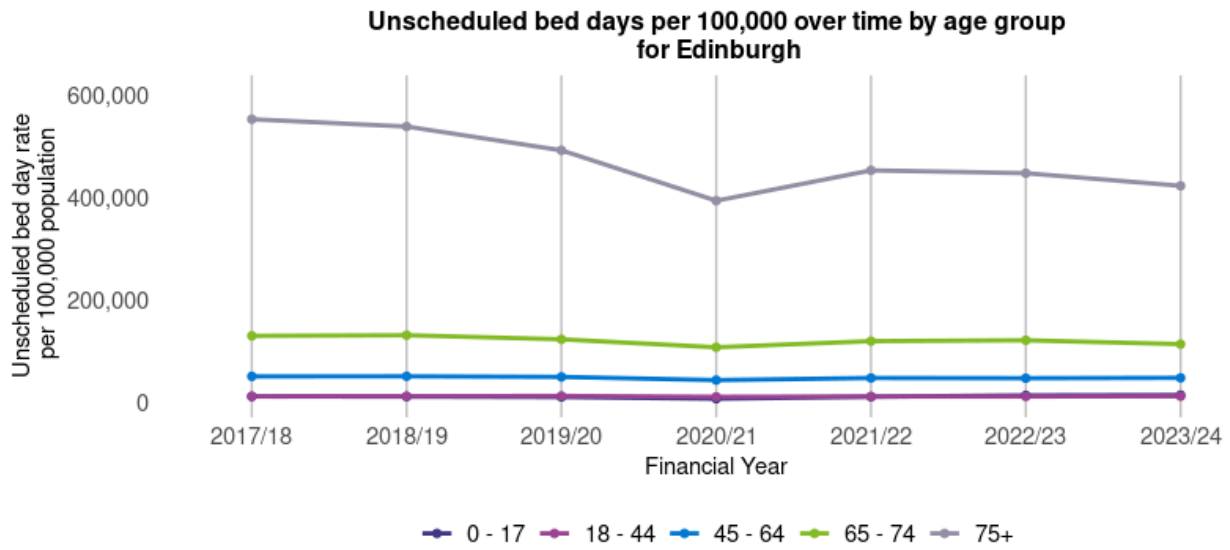
Figure 30: A&E attendances by geographical area

Source: PHS A&E Datamart

Figure 31 presents the A&E attendance rate per 100,000 population in the Edinburgh HSCP from 2016/17 to 2023/24 by age group.

As presented in Figure 31, the highest A&E attendance rate for the Edinburgh HSCP in 2023/24 is 52,159 per 100,000 population for the 75+ age group with a percentage decrease of 1.4% since 2016/17. The lowest A&E attendance rate for Edinburgh in 2023/24 is 19,406 per 100,000 population for the 18 - 44 age group with a percentage decrease of 3.4% since 2016/17.

Figure 31: A&E attendances by age group

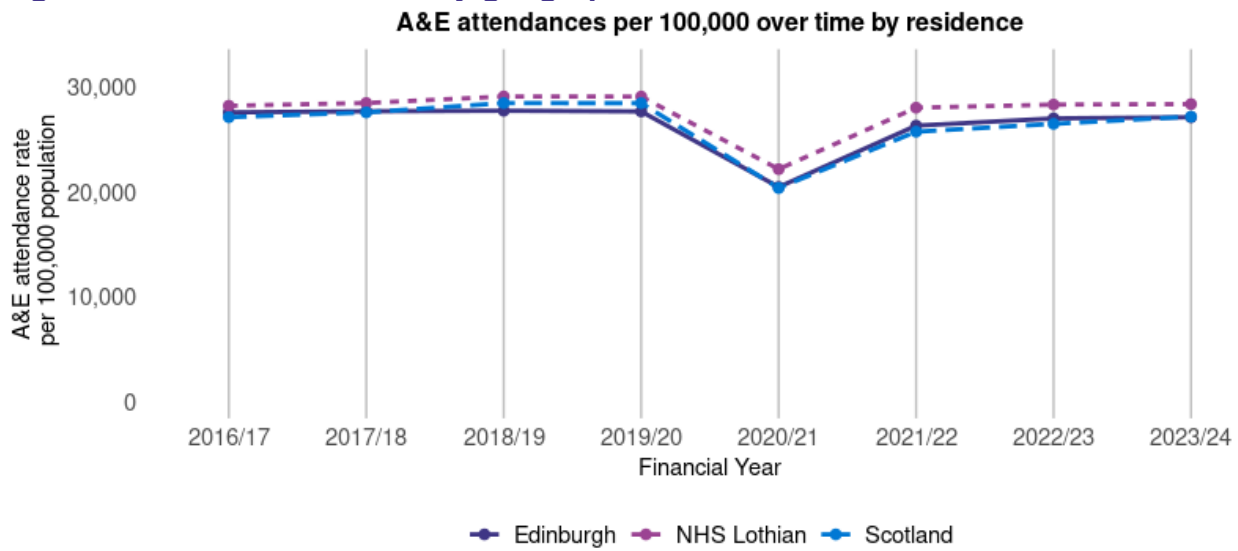A&E attendances per 100,000 over time by age group for Edinburgh

Source: PHS A&E Datamart
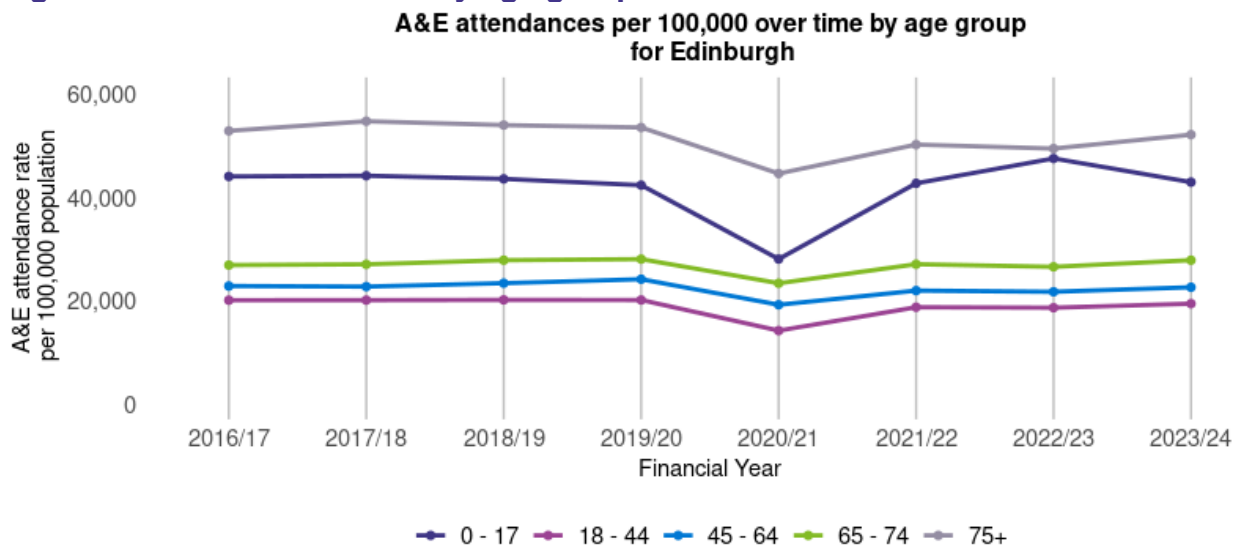
Emergency Readmissions (28 days)

Figure 32 presents the emergency readmission (28 days) rate per 1,000 discharges in the Edinburgh HSCP from 2016/17 to 2023/24.

As presented in Figure 32, the emergency readmission (28 days) rate per 1,000 discharges in the Edinburgh HSCP is 98.5, a 10% decrease since 2016/17. The NHS Lothian health board rate for 2023/24 is 96, a 11.3% decrease since 2016/17 and the Scotland rate is 104.2, a 3.4% increase since 2016/17.

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

Readmission rate (28 days) per 1,000 discharges over time by residence
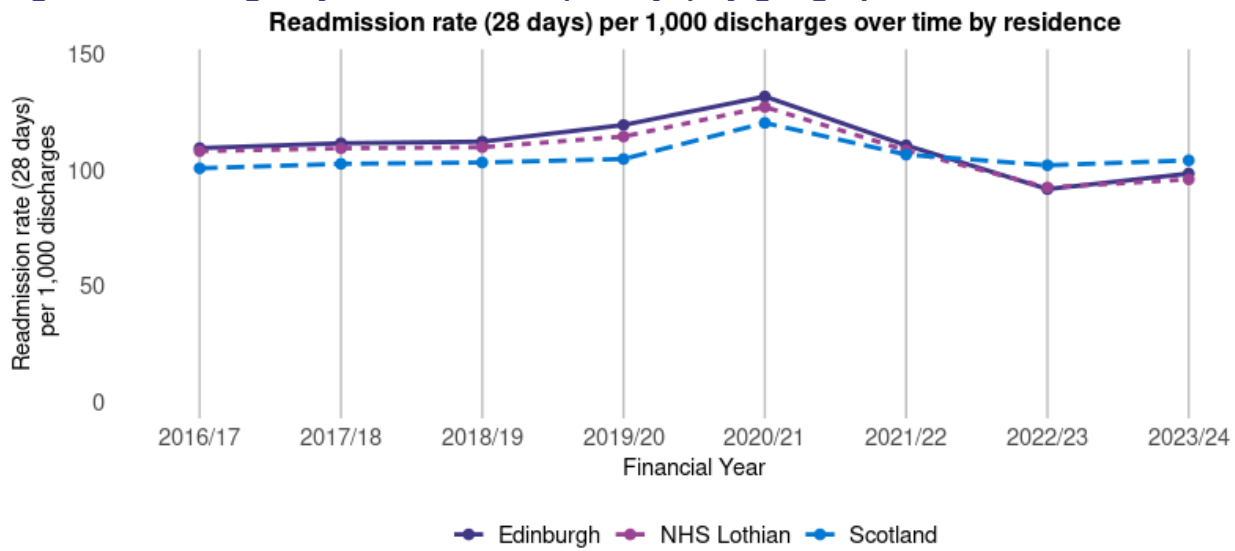
Source: PHS SMR01

Figure 33 presents the emergency readmission (28 days) rate per 1,000 discharges in the Edinburgh HSCP from 2016/17 to 2023/24 by age group.

As presented in Figure 33, the highest emergency readmission (28 days) rate for the Edinburgh HSCP in 2023/24 is 116.8 per 1,000 discharges for the 75+ age group with a percentage decrease of 8.9% since 2016/17. The lowest emergency readmission (28 days) rate for the Edinburgh HSCP in 2023/24 is 82.8 per 1,000 discharges for the 18 - 44 age group with a percentage decrease of 7.1% since 2016/17.

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

Readmission rate (28 days) per 1,000 discharges by age group
for Edinburgh

Source: PHS SMR01
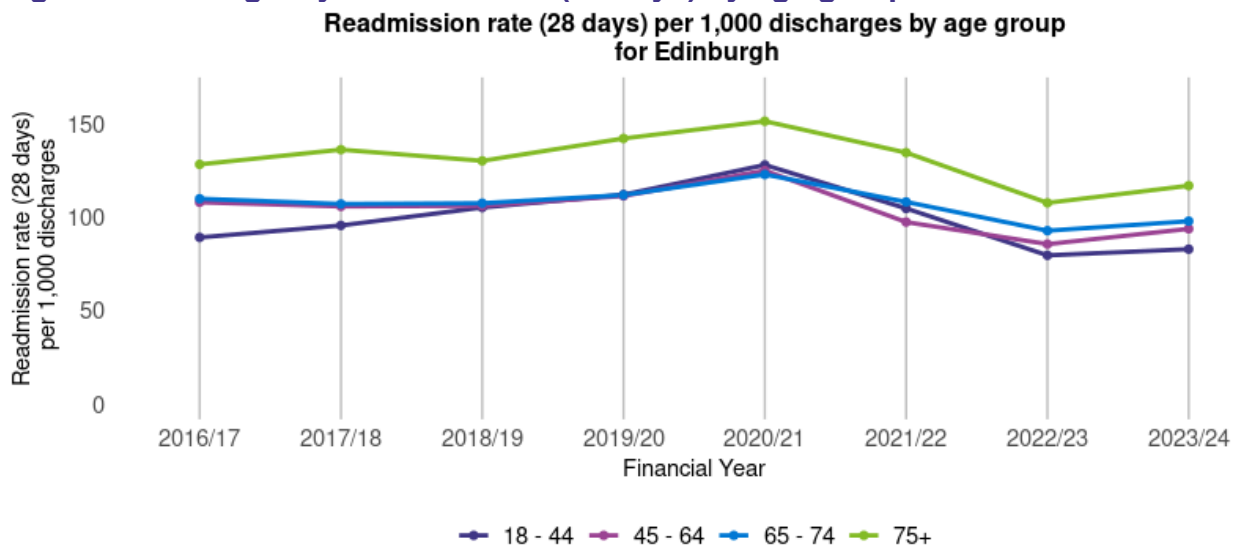
Delayed Discharge Bed Days

Figure 34 presents the number of delayed discharge bed days per 100,000 population aged over 65+ in the Edinburgh HSCP from 2016/17 to 2023/24.

As presented in Figure 34, the number of delayed discharge bed days per 100,000 population aged over 65+ in the Edinburgh HSCP is 59,043, a 3.3% decrease since 2016/17. The NHS Lothian health board rate for 2023/24 is 45,472, a 9.8% decrease since 2016/17 and the Scotland rate is 48,494, a 46.1% increase since 2016/17.

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

Delayed discharge bed days per 100,000 population aged over 65 over time by residence
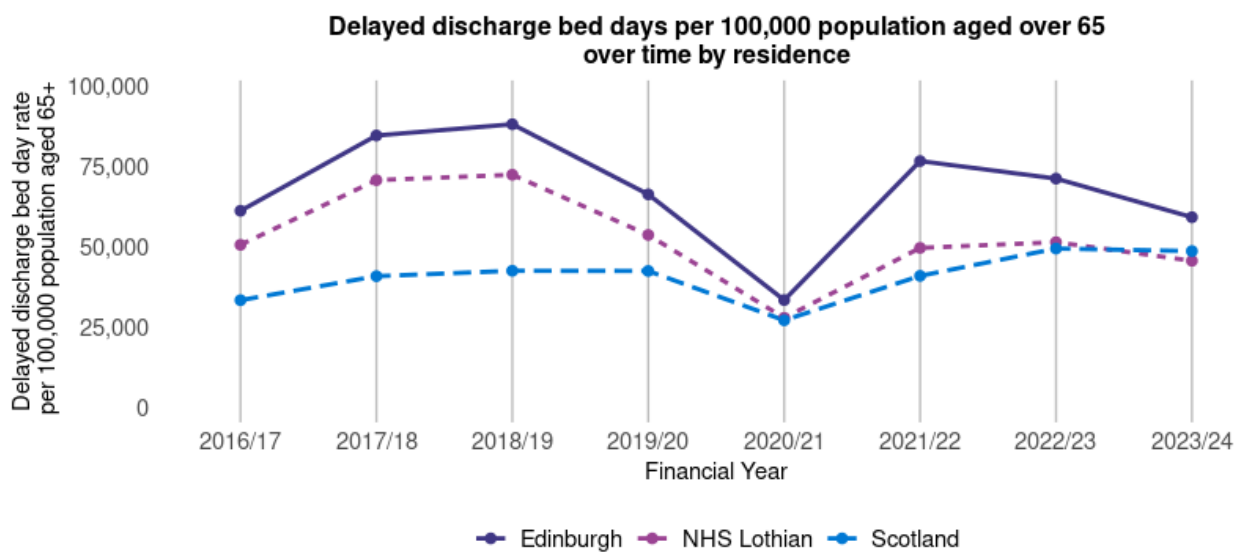
Source: PHS Delayed Discharges

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 HSCP from 2016/17 to 2023/24.

As presented in Figure 35, the emergency admissions from falls rate per 100,000 population aged over 65+ in the Edinburgh HSCP is 2,529, a 16.5% increase since 2016/17. The NHS Lothian health board rate for 2023/24 is 2,383, a 15.3% increase since 2016/17 and the Scotland rate is 2,307, a 6.4% increase since 2016/17.

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

Emergency admissions from falls per 100,000 population aged over 65 over time by residence

Source: PHS SMR01
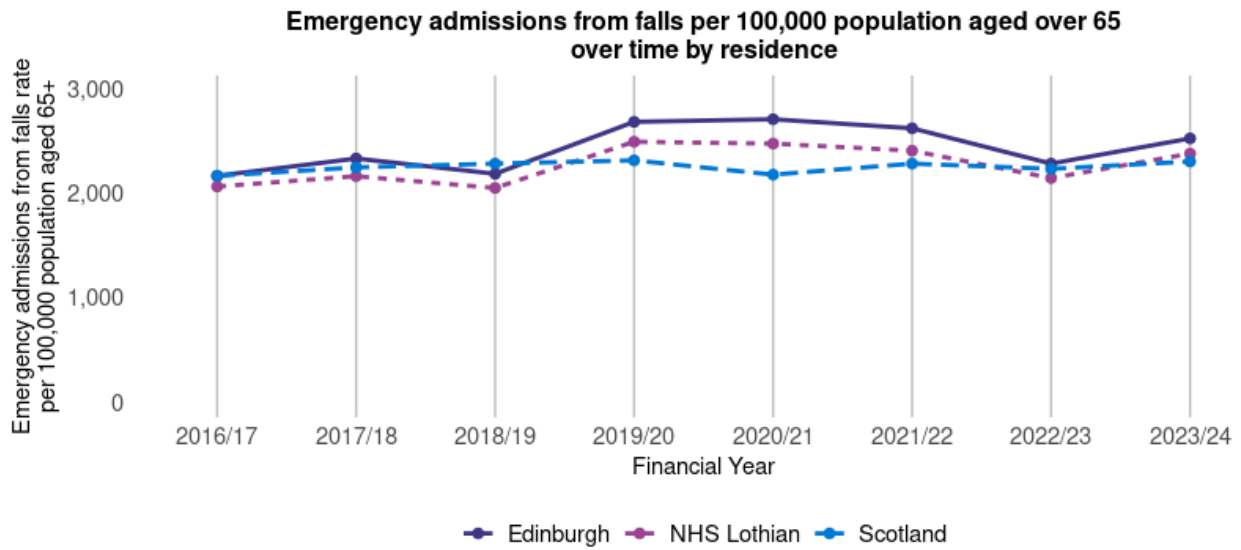
Potentially Preventable Admissions (PPAs)

Information on the conditions included in Potentially Preventable Admissions (PPA)s is available in Appendix 3. In 2023/24, **47.6%** of PPAs in Edinburgh were amongst those aged 65 and over, and **52.4%** were amongst those aged under 65.

Figure 36 presents the PPA rate per 100,000 population in the Edinburgh HSCP from 2016/17 to 2023/24. The rate per 100,000 population for PPAs in the Edinburgh HSCP for 2023/24 is 1279, an 8.2% decrease since 2016/17. The NHS Lothian health board rate for 2023/24 is 1,442, an 8.7% decrease since 2016/17, 2023/24 and the Scotland rate is 1,691, a 1.9% decrease since 2016/17.

Figure 36: Potentially Preventable Admissions (PPAs) by geographical area
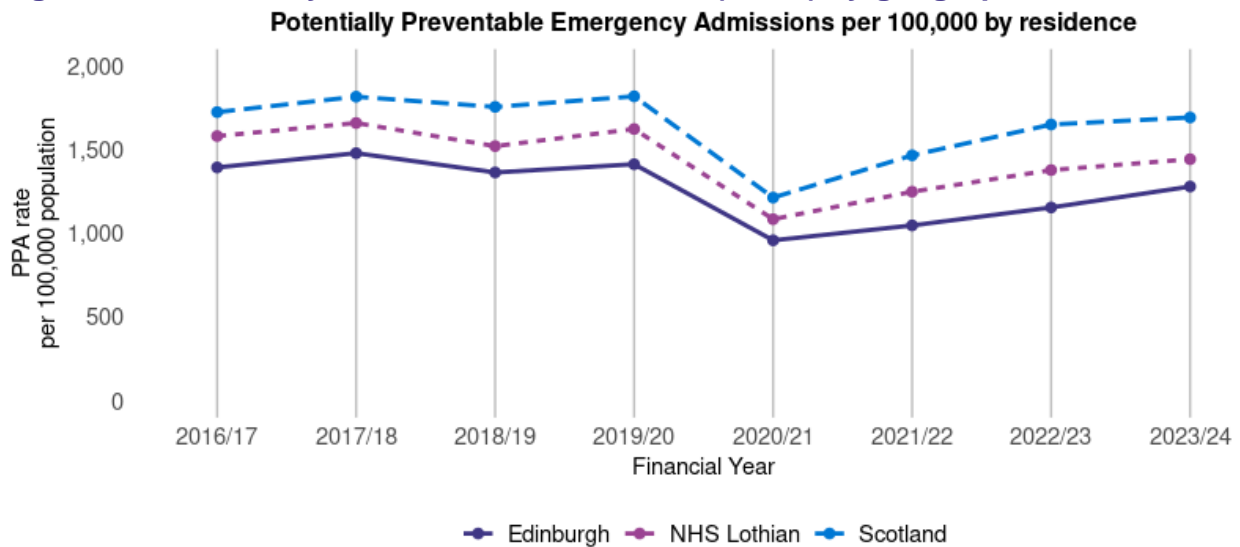
Source: PHS SMR01

Hospital Care (Mental Health Speciality)

Summary

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

- **243.6** psychiatric patient hospitalisations per 100,000, compared to 216.1 in Scotland[5].

- **23,870** unscheduled mental health specialty bed days per 100,000, compared to 18,566 in Scotland.

Psychiatric patient hospitalisations

Figure 37 presents the psychiatric patient hospitalisation 3-year aggregate rate per 100,000 population in the Edinburgh HSCP 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 HSCP 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
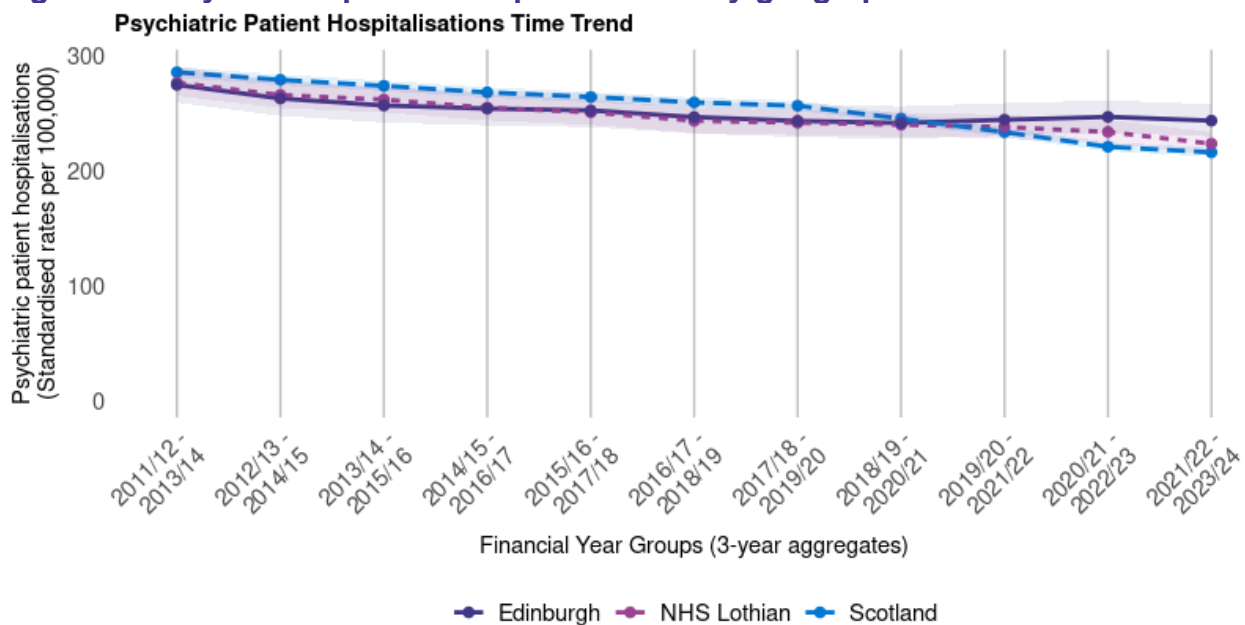
Source: ScotPHO

Unscheduled Mental Health Specialty Bed Days

Figure 38 presents the unscheduled mental health bed days rate per 100,000 population in the Edinburgh HSCP from 2017/18 to 2023/24.

As presented in Figure 38, the unscheduled mental health bed days rate per 100,000 population in the Edinburgh HSCP is 23,870, a 11.2% decrease since 2017/18. The NHS Lothian health board rate for 2023/24 is 18,428, a 21.6% decrease since 2017/18 and the Scotland rate is 18,566, a 17.4% decrease since 2017/18.

Figure 38: Unscheduled mental health specialty bed days by geographical area
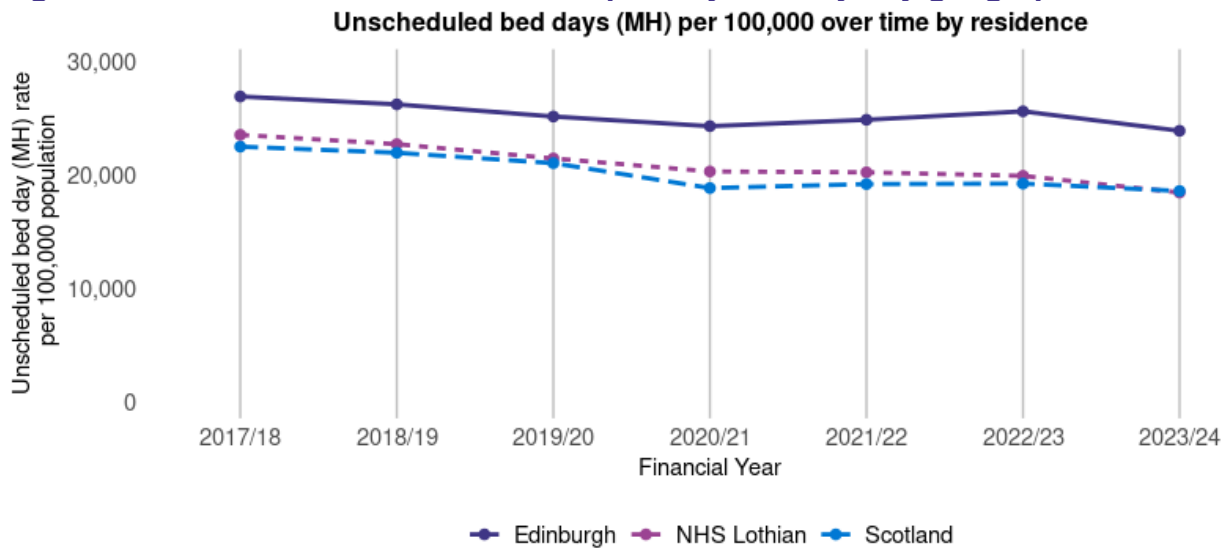
Source: PHS SMR04

Figure 39 presents the unscheduled mental health bed days rate per 100,000 in the Edinburgh HSCP from 2017/18 to 2023/24 by age group.

As presented in Figure 39, the highest unscheduled mental health bed days rate for the Edinburgh HSCP in 2023/24 is 60,417 per 100,000 population for the 75+ age group with a percentage decrease of 36.2% since 2017/18. The lowest unscheduled mental health bed days rate for the Edinburgh HSCP in 2023/24 is 1,727 per 100,000 population for the 0 - 17 age group with a percentage decrease of 13.9% since 2017.

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

Unscheduled bed days (MH) per 100,000 over time by age group for Edinburgh

Source: PHS SMR04
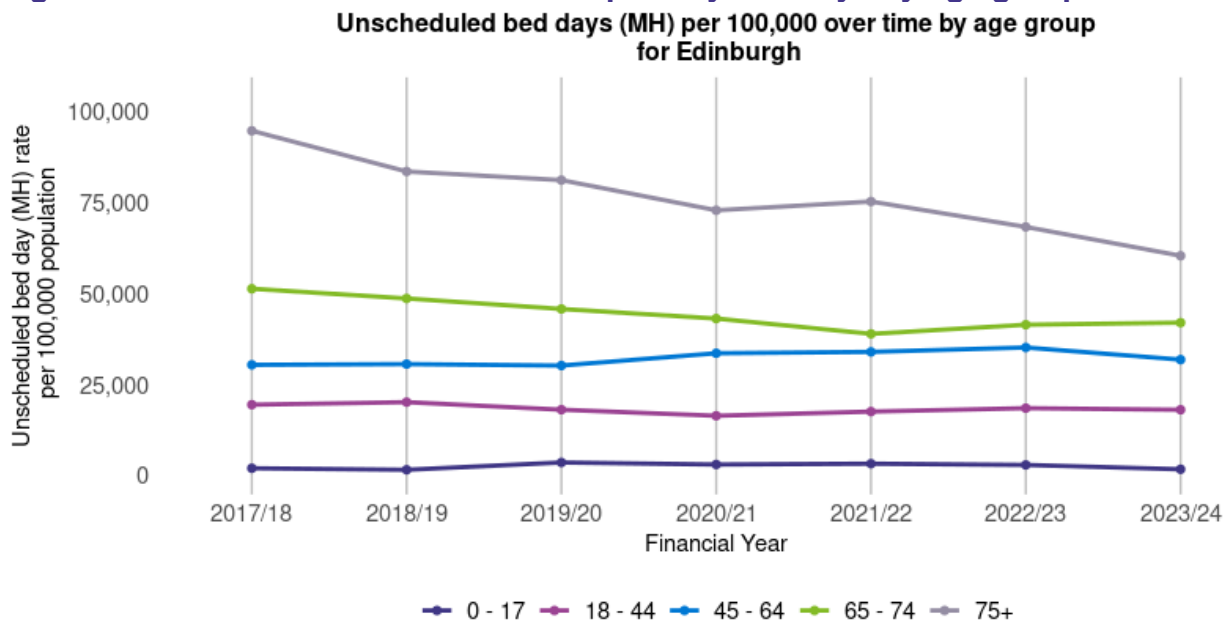
Footnotes

1. As of February 2025, the NRS population estimate files are in a transitional phase. The small area population estimates (SAPE) for localities extend only to 2022 and are based on the 2011 data zones. NRS will not rebase estimates for 2011-2021 in these SAPE files. Only the 2022 data zone SAPE will include updated figures for the years 2011-2022, expected to be available in summer 2025. While rebased estimates are available at the HSCP level up to 2023, they have been excluded from locality profiles to ensure consistency between locality and HSCP population estimates and rates.

2. Currently, NRS does not provide population projections at the locality level. To estimate future population changes in Edinburgh by age and gender, percentage changes from NRS Local Authority Population Projections up to 2025 were calculated and applied to the 2022 mid-year population estimates. Note that NRS does produce HSCP-level population projections, which are used in HSCP profiles; the method described here only applies to locality-level projections.

3. 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 or Locality 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).

4. Sourced from ScotPHO. More recent data may be available for the indicators elsewhere.

5. 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.

6. Data on physical long-term conditions (LTC) is sourced from the Source Linkage Files (SLFs). These conditions are identified using ICD-9 and ICD-10 codes found in inpatient admissions' diagnosis fields for acute and mental health cases. Note that this data does not include all service users in Scotland diagnosed with an LTC, as not all of these individuals have utilized these services. 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.
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).
Chron	Patients aged 16 and over discharged from hospital with COPD: 3-year rolling

ic Obstr uctive Pulm onary Disea se patien t hospit alisati ons	average number and directly age-sex standardised rate per 100,000 population.
Coron ary Heart Disea se patien t hospit alisati ons	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.
Delay ed disch arge 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-relate d hospit al admis sions	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 death s from cance r	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.
Emer gency admis	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

sions	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	Estimated number and percentage of population being prescribed drugs for anxiety, depression or psychosis.

for anxiety/depression/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.
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	2025-05-13
Demographics	Population projection	2025-05-13
Demographics	SIMD2016	2025-05-13
Demographics	SIMD2020	2025-05-13
Housing	Household estimates	2024-11-01
Housing	Household in each council tax band	2024-11-01
Services	GP practice locations	2024-11-01
Services	Care Home locations	2024-11-01
Services	A&E locations	2024-11-01
General Health	Life expectancy males	2025-01-01
General Health	Life expectancy females	2025-01-01
General Health	Deaths ages 15-44 years	2025-01-01
General Health	Physical Long-Term Conditions	2025-01-01
General Health	Cancer registrations	2025-01-01
General Health	Early deaths from cancer	2025-01-01
General Health	Asthma patient hospitalisations	2025-01-01
General Health	Coronary Heart Disease patient hospitalisations	2025-01-01
General Health	Chronic Obstructive Pulmonary Disease patient hospitalisations	2025-01-01
General Health	Population with a prescription for anxiery, depression or psychosis	2025-01-01
Lifestyle & Risk Factors	Alcohol related hospital stays	2025-01-01
Lifestyle & Risk Factors	Alcohol related mortality	2025-01-01
Lifestyle & Risk Factors	Drug-related hospital admissions	2025-01-01
Lifestyle & Risk Factors	Bowel screening uptake	2025-01-01
Hospital & Community Care	Emergency admissions (acute)	2025-01-01
Hospital & Community Care	Unscheduled bed days (acute)	2025-01-01
Hospital & Community Care	A&E Attendances	2025-01-01
Hospital & Community Care	Delayed discharges aged 65+	2025-01-01

Hospital & Community Care	Fall admissions aged 65+	2025-01-01
Hospital & Community Care	Emergency readmissions (28 day)	2025-01-01
Hospital & Community Care	Potentially Preventable Admissions (PPAs)	2025-01-01
Hospital Care (Mental Health Specialty)	Psychiatric patient hospitalisations	2025-01-01
Hospital Care (Mental Health Specialty)	Unscheduled bed days	2025-01-01

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	N70, N73	NA

Inflammatory Disease		
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
Congestiv	I110, I50, J81	Exclude episodes with

e Heart Failur e	55	following main OPCS4 codes: K01 - K50, K56, K60 - K61