

National injury surveillance system in Scotland

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Objectives of talk

- Policy background
- Objectives
- Methods
- Results
- Summary
- Conclusions



Policy Background

- Scotland, a part of the UK, has c5.5 million people.
- Of Hospital admissions, about 1 in 10 adults and 1 in 13 children are from injury (2023-24 PHS report)
- Around 5% of deaths are from injury
- Health services were devolved to Scotland from UK in 1999
- Information Services Division (ISD) of National Services Scotland (NSS) produced health statistics.
- ISD first published an annual report on unintentional injuries in 2006.
- In 2019, ISD merged with Health Protection Scotland and Health Scotland, to form Public Health Scotland (PHS).



Objectives

- Policy analysis to consider;
 - strengths,
 - weaknesses,
 - opportunities,
 - threats,

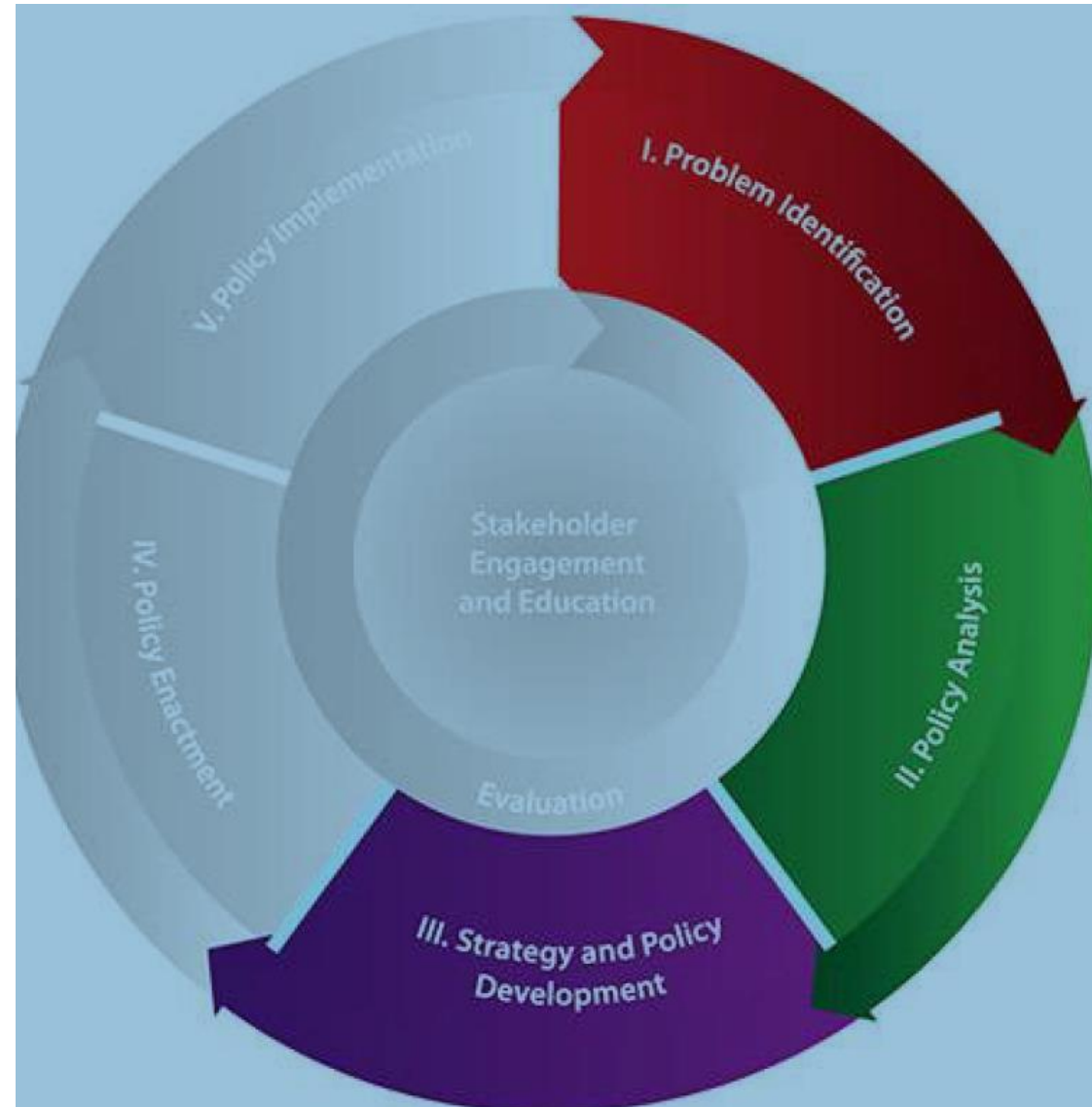
for injury surveillance on the creation of Public Health Scotland.



Methods

- CDC's policy analytical framework
 - Problem identification
 - Policy analysis
 - Strategy and policy development
- SWOT analysis
 - Strengths
 - Weaknesses
 - Opportunities
 - Threats

• <https://www.cdc.gov/policy/paao/process/analysis.html#print>



R1.Results - strengths

- Strengths of existing system were;
- good quality health admission data, which meets UK national statistics standard;
- good quality deaths data
- annual report on unintentional injuries based on deaths and hospital admissions



Public Health
Scotland



Unintentional Injuries in Scotland

Hospital Admissions: Year ending 31 March 2024

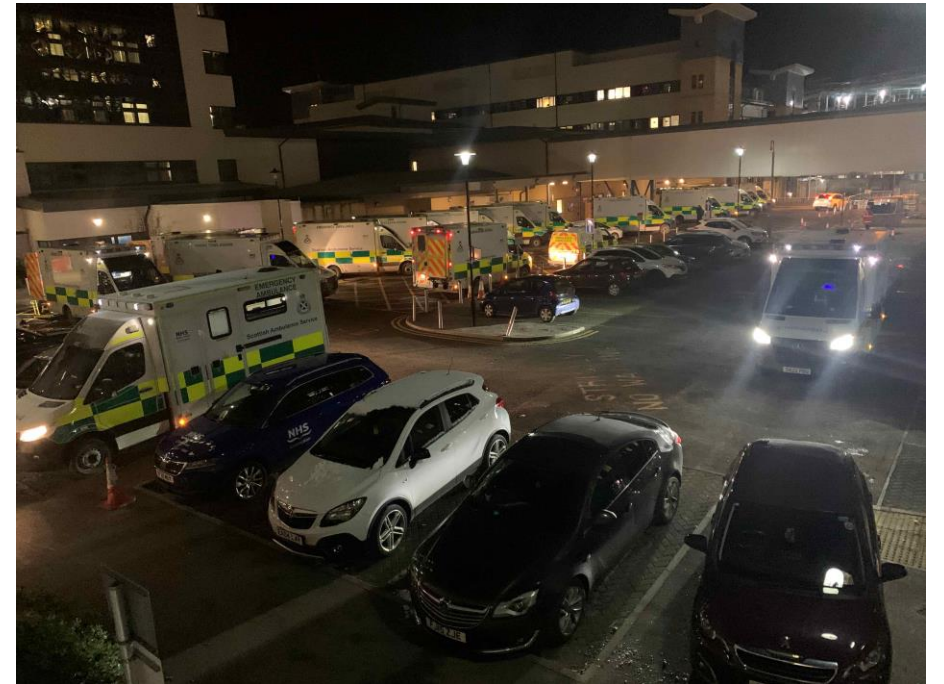
Deaths: Year ending 31 December 2023

An Accredited official statistics release for Scotland

Publication date: 29th October 2024

R2.Results - weakpoints

- Only deaths and hospital admissions data usable;
- the production of statistics were seen as more distant from policy makers and programme designers;
- public health specialists were not involved in production of surveillance reports.



R3. Opportunities from creation of PHS

- To improve the quality and relevance of annual statistical reports;
- To increase awareness of surveillance reports among injury practitioners;
- To prioritise use of other datasets (such as accident and emergency, Scottish Ambulance Service, and NHS24) for injury surveillance;
- To raise the profile of injury prevention;
- To improve support for research on injury prevention programmes;
- To better involve injury prevention practitioners in the design and content of surveillance reports.



R4. Threats

- Continuation of working in original organisational silos
- Insufficient science
- Competing priorities
- Insufficient investment
- Leadership: need to make a better case with leaders based on science for them to have a vision for and support improvement



Summary and conclusions

- Scotland has a long standing system of injury surveillance based on registered deaths and hospital admissions, which may have been under-used for preventative action.
- It is not currently possible to use other unscheduled care datasets (A&E, ambulance, NHS 24) for national injury surveillance, due to the quality and granularity of data available
- The creation of Public Health Scotland has given Scotland the opportunity to improve.
- Threats to achieve benefits include lack of investment, competing priorities, silo working, insufficient science and vision/leadership

Thank you for listening!

- Any questions?



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