

Date 22/08/2025  
Your Ref  
Our Ref 10337

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Dear

## FREEDOM OF INFORMATION – A&E ATTENDANCES

I write in response to your request for information in relation to A&E attendances.

### Question:

- I am keen to understand the reasons for A&E attendances. As such, can you provide the following for the financial years 2014/15 to 2024/25 (11 financial years)
  - The total number of A&E attendances;
  - The total number of mental-health related A&E attendances;
  - The top five reasons/categories for A&E attendance.
- Under the Freedom of Information (Scotland) Act I understand that I can specify the format in which the information is provided so please provide the answers in an excel spreadsheet.

### Answer:

Please see enclosed spreadsheet.

In relation to question 2 the information requested is not held in a centrally extractable format. Under the Freedom of Information Act NHS Lothian is not required to create new records to enable it to respond to your enquiry. This information is not collated or held in aggregate form and it would be necessary to review all case files relating to patients over the period you have requested to assemble the information you seek. Even if NHS Lothian did this – and there would be significant cost implications in doing so – it would be unable to respond in full to your request. The information requested is therefore exempt under section 12.1 – Cost.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the

Headquarters  
Mainpoint  
102 West Port  
Edinburgh EH3 9DN

Chair Professor John Connaghan CBE  
Chief Executive Professor Caroline Hiscox  
*Lothian NHS Board is the common  
name of Lothian Health Board*

Scottish Information Commissioner's Office online appeals service at [www.itspublicknowledge.info/Appeal](http://www.itspublicknowledge.info/Appeal). If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <https://org.nhsllothian.scot/FOI/Pages/default.aspx>

Yours sincerely

**ALISON MACDONALD**  
**Executive Director, Nursing**  
Cc: Chief Executive  
Enc.

Date Extracted: 15/07/2025

Source: NHS Lothian TRAK

*\*Please note that this analysis comes from a LIVE System - if this analysis were to be re-run at a later date the figures may be subject to change.*

Notes:

1. A&E attendances are defined as patients included under the Four Hour Emergency Access Standard (4EAS).
2. Patients are counted in the financial year of their arrival date.
3. Top 5 reasons for A&E attendance is based on the coded patient diagnoses. Each patient may have 0, 1, or more than 1 coded diagnoses.
4. Western General Hospital A&E does not code diagnoses.
5. Biobank A&E TRAK diagnosis data started to be collected in November 2017 for RIE and in April 2018 for SIH and CYP (formerly RHSC). Diagnosis results before April 2018 are therefore not provided.

Response:

Q1 Total number of attendances

Financial year	Attendances
2014/15	255,029
2015/16	260,390
2016/17	267,081
2017/18	271,392
2018/19	279,198
2019/20	281,275
2020/21	212,199
2021/22	285,373
2022/23	294,569
2023/24	292,294
2024/25	292,952

Q2 Mental health related attendances

This information is not held in a centrally extractable format and it would be necessary to review all case files relating to patients over the period to assemble the information sought.

Q3 Top 5 diagnoses

Financial year	Rank	Diagnosis
2014/15	1	very limited information available
2014/15	2	very limited information available
2014/15	3	very limited information available
2014/15	4	very limited information available
2014/15	5	very limited information available
2015/16	1	very limited information available
2015/16	2	very limited information available
2015/16	3	very limited information available
2015/16	4	very limited information available
2015/16	5	very limited information available
2016/17	1	very limited information available
2016/17	2	very limited information available
2016/17	3	very limited information available
2016/17	4	very limited information available
2016/17	5	very limited information available
2017/18	1	very limited information available
2017/18	2	very limited information available
2017/18	3	very limited information available
2017/18	4	very limited information available
2017/18	5	very limited information available
2018/19	1	BB1502 - Non-specific chest pain
2018/19	2	BBK298 - Non-specific abdominal pain
2018/19	3	BBZ711 - No abnormality detected
2018/19	4	BBJ22 - Lower respiratory tract infection
2018/19	5	BBB350 - Non-specific viral illness
2019/20	1	BBZ711 - No abnormality detected
2019/20	2	BB1502 - Non-specific chest pain
2019/20	3	BBK298 - Non-specific abdominal pain
2019/20	4	BBJ22 - Lower respiratory tract infection
2019/20	5	BBB350 - Non-specific viral illness
2020/21	1	BBZ711 - No abnormality detected
2020/21	2	BB1502 - Non-specific chest pain
2020/21	3	BBK298 - Non-specific abdominal pain
2020/21	4	BBJ22 - Lower respiratory tract infection
2020/21	5	BB5610.1 - Wound : lac / incised / bite : finger
2021/22	1	BBZ711 - No abnormality detected
2021/22	2	BB1502 - Non-specific chest pain
2021/22	3	BBK298 - Non-specific abdominal pain
2021/22	4	BBRCS - Redirected to alternative community service
2021/22	5	BBB350 - Non-specific viral illness
2022/23	1	BBZ711 - No abnormality detected
2022/23	2	BB1502 - Non-specific chest pain
2022/23	3	BBRCS - Redirected to alternative community service
2022/23	4	BBDNW - Patient did not wait to be seen
2022/23	5	BBK298 - Non-specific abdominal pain
2023/24	1	BBZ711 - No abnormality detected
2023/24	2	BB1502 - Non-specific chest pain
2023/24	3	BBRCS - Redirected to alternative community service
2023/24	4	BBK298 - Non-specific abdominal pain
2023/24	5	BBDNW - Patient did not wait to be seen
2024/25	1	BBZ711 - No abnormality detected
2024/25	2	BB1502 - Non-specific chest pain
2024/25	3	BBRCS - Redirected to alternative community service
2024/25	4	BBK298 - Non-specific abdominal pain
2024/25	5	BBDNW - Patient did not wait to be seen