



Impact of inadequate social care on hospital admissions

Introduction

In January 2026, we conducted a survey into the impact of social care on hospitals. The focus was on delayed discharges, which have remained largely unchanged for many years. These delays compound the stress on NHS Scotland, causing longer waiting times for diagnosis and treatment, cancelled elective procedures, unsafe staffing levels, and pressure to discharge other patients too early. Ambulance staff say they are waiting at hospitals when they could be on the road, reducing response times.

While the survey was consistent with other reports on this issue, it also highlighted another issue that appears to have gone under the radar during debates about social care. Some 50% of hospital staff responding to the survey reported that patients who needed a social care package were admitted to hospital because they were 'not coping at home'. This pointed to limited social care provision not only delaying discharge but also increasing the number of patients admitted to hospital.

Freedom of Information Request

We spoke to several members who worked in hospitals to determine whether there were systems to identify patients in this category. Most indicated that they did not routinely record this in hospital systems, although it would be in the patient file. We therefore submitted an FoI request to all area health boards in Scotland, asking two questions:

1. In addition to the national data on A&E admissions (see link below), do your hospitals collect any data on the causes of hospital admissions?
(<https://publichealthscotland.scot/healthcare-system/urgent-and-unscheduled-care/accident-and-emergency/downloads-and-open-data/our-downloads/>)

We are specifically interested in any data that records the causes of hospital admissions resulting from a breakdown in social care arrangements, or patients not coping at home, for the person cared for or their carer.

If you collect such data, please provide it for the last five years.

2. Has your health board conducted studies, reports, or similar analyses on the impact of social care provision on hospital admissions?

Twelve health boards responded to the FoI request. Only four health boards collected data on this issue, and only three were relevant to the study.

Lothian records two categories of admission, 'problem related to life management difficulty' and 'problems related to care provider dependency'. The number of admissions has risen from 14 in 2021 to 28 in 2025.

Western Isles has two categories, 'problems related to care provider dependency' and 'Other problems related to primary support group, including family circumstances'. They have recorded ten admissions under these categories in the past five years.

Forth Valley has three categories that relate to 'problems related to the social environment'. The number of patients admitted varies from 17 in 2022 to 44 in 2023.

Dumfries and Galloway responded with data on rehabilitation, which is a different issue. This means that almost all health boards do not collect data on this cause of hospital admission.

We also asked whether any studies had been undertaken, and every health board responded that they had not undertaken any work on this issue.

Conclusion

Delayed discharge (often described as bed blocking) has received attention as a driver of limited hospital capacity, yet very little action has been taken to address this issue. We know the scale of the problem because there is a standard reporting system and national statistics are published.

When it comes to admissions driven by social care breakdown, most health boards do not collect any data, and the handful that do use different recording categories. There is no national reporting standard. This means that NHS Scotland or individual health boards have no idea of the scale of the problem, and therefore no action is taken.

This needs to change. Inadequate social care in Scotland is a problem for those who receive it and is also placing additional pressure on hospital capacity. There needs to be a comprehensive reporting standard, so that the scale of the challenges facing hospitals can be measured and then acted upon.

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