# Prescribing & Medicines: Minor Ailments Service (MAS)

**Financial Year 2015/16**

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**A National Statistics Publication for Scotland**

# Contents

Contents ..... 1
Introduction ..... 2
Background ..... 2
Service Description ..... 2
Treatments ..... 3
Changes to Data ..... 3
Populations ..... 3
Data Measures ..... 3
Boundary Changes April 2014 ..... 4
Main points ..... 5
Results and Commentary ..... 6
Registrations ..... 6
NHS Scotland ..... 6
NHS Board ..... 7
Treatments ..... 7
NHS Scotland ..... 7
NHS Board ..... 8
Glossary ..... 12
List of Tables ..... 14
Contact ..... 15
Further Information ..... 15
Rate this publication ..... 15
Appendices ..... 16
A1 – Background Information ..... 16
Service Outline ..... 16
Top 10 – Assumptions ..... 16
Boundary Changes April 2014 ..... 16
Consultation ..... 17
A2 – Publication Metadata (including revisions details) ..... 18
A3 – Early Access details (including Pre-Release Access) ..... 22
A4 – ISD and Official Statistics ..... 23

# Introduction

The Minor Ailments Service (MAS) was introduced to allow community pharmacies to provide direct care for common conditions. MAS went live across Scotland in July 2006, following the success of pilots in NHS Ayrshire & Arran and NHS Tayside.

## Background

Minor ailments are generally described as common, often self-limiting, conditions. They normally require little or no medical intervention and are usually managed through self-care and the use of products that are available to buy without a doctor's prescription.

Consulting and advising on the treatment of minor ailments has always been a core service provided by community pharmacists.

The pharmacist's role in managing minor ailments was initially recognised in "The Right Medicine – A Strategy for Pharmaceutical Care in Scotland".

It made a commitment to introduce schemes between general practitioners and community pharmacists to allow patients to use their pharmacy as the first port of call for the treatment of common illnesses within the NHS. In addition it outlined plans to develop a new system of remuneration for community pharmacy contractors that would provide incentives to modernise and deliver quality services[1].

## Service Description

The Minor Ailments Service (MAS) aims to support the provision of direct pharmaceutical care within the NHS by community pharmacists. It allows eligible people to register with the community pharmacy of their choice for the consultation and treatment of common self-limiting conditions. The pharmacist advises, treats or refers the person (or provides a combination of these actions) according to their needs. The eligibility criteria for MAS is detailed in NHS Circular PCA(P)(2016)12 and summarised below. A patient registers for MAS for a period of 12 months. If there is further activity in that time period, the registration is extended for a further 12 months from the date of activity. If the patient is no longer eligible for MAS or there was no further activity centrally recorded, the patient registration will lapse.

| Persons eligible for MAS: |
|---|
| Are under 16 years of age. |
| Are under 19 years of age and in full-time education. |
| Are 60 years of age or over. |
| Have a valid maternity, medical or war pension exemption certificate. |
| Get Income Support, Income-based Jobseeker's Allowance, Income-related Employment and Support Allowance, or Pension Credit Guarantee Credit, and their family members. |
| Receive Universal Credit, subject to certain income thresholds, and their family members. |
| Receive support because they are asylum-seekers, and their family members. |

[1] Implementation of the Minor Ailment Service, NHS Education for Scotland (Pharmacy), June 2006.

| |
|---|
| Are named on, or entitled to, an NHS tax credit exemption certificate or a valid HC2 certificate |

## Treatments

During a consultation, a pharmacist has the choice of

- Giving advice only
- Treating
- Referring the patient to another healthcare professional
- Or a combination of the above.

When a pharmacist chooses to provide a treatment they do so in accordance with the national formulary for MAS, which is based on the British National Formulary (BNF) and the Scottish Drug Tariff. In addition, NHS Boards have developed local MAS formularies in line with advice provided to other prescribers. Further details of both the national formulary and local NHS Board MAS formularies are available from the community pharmacy website.

A CP2 form is used to both register a patient for MAS and to record the outcome of the MAS consultation (advice, treatment, referral or a combination of those). It is printed electronically by a community pharmacist's computer system. A CP1 form is completed manually (handwritten) and is used as a back up in the event that a CP2 form cannot be printed.

## Changes to Data

### Populations

A change was made to the way populations were calculated for the MAS tables in the June 2013 publication which continues this year. National Records of Scotland (NRS) mid-year population estimates as at June 2015 have been used where previously GP list sizes were used as a proxy for population. This has been done to give more accurate estimates per person, and to allow cross-national comparison. Publications before June 2013 should not be used for comparison of population level data.

### Data Measures

In previous MAS publications, information was based upon measures from the prescribing dataset that are classed as relating to dispensed items. However, a review of this data has shown that this includes prescriptions that were not dispensed (generally because the patient did not require a particular item on a prescription) or that were not collected by the patient. Normally such prescriptions would not result in a cost to NHSScotland. Such items are recorded as an artefact of the payment process but may not represent all instances where a prescription was written but not dispensed or not collected and so the information provides no reliably meaningful information beyond what is available from paid measures of activity and cost. Paid items are now used rather than dispensed items. This is because paid item information best reflects the activity and costs associated with prescribing and the supply of medicines to patients in NHSScotland. Comparison between Dispensed Items and Paid Items for 2014/15 and 2015/16 has been made and the differences are found to be negligible, therefore comparison between Dispensed Items and Paid Items between 2015/16 and previous years is valid for these data.

## Boundary Changes April 2014

On the 1st April 2014 a number of changes were made to NHS Health Board boundaries to ease the integration of NHS and Local Authority services. These revisions resulted in small changes to the resident populations of the majority of Scottish NHS Health Boards. NHS Greater Glasgow & Clyde and NHS Lanarkshire saw the largest changes to resident populations, with approximately 72,000 residents being reassigned from NHS Greater Glasgow & Clyde to NHS Lanarkshire. A small number of GP Practices and Community Pharmacies that had previously been affiliated to NHS Greater Glasgow and Clyde were also transferred to sit within the revised NHS Lanarkshire boundary. The impact of these changes should be taken into consideration when comparing trends in NHS Board activity over time.

## Main points

- At 31 March 2016, 17.6% of the population of Scotland (946,804 people) were registered for MAS.
- The service dispensed over 2.1 million items with a total value of £5.1 million, similar to the previous two years. This accounted for 2.2% of all items dispensed by community pharmacies in Scotland.
- The most common drug dispensed was paracetamol, which accounted for 21.5% of items.
- By 31 March 2016 every community pharmacy in Scotland had patients registered for the service. Registrations increased by 3.6% between 2014/15 and 2015/16.

# Results and Commentary

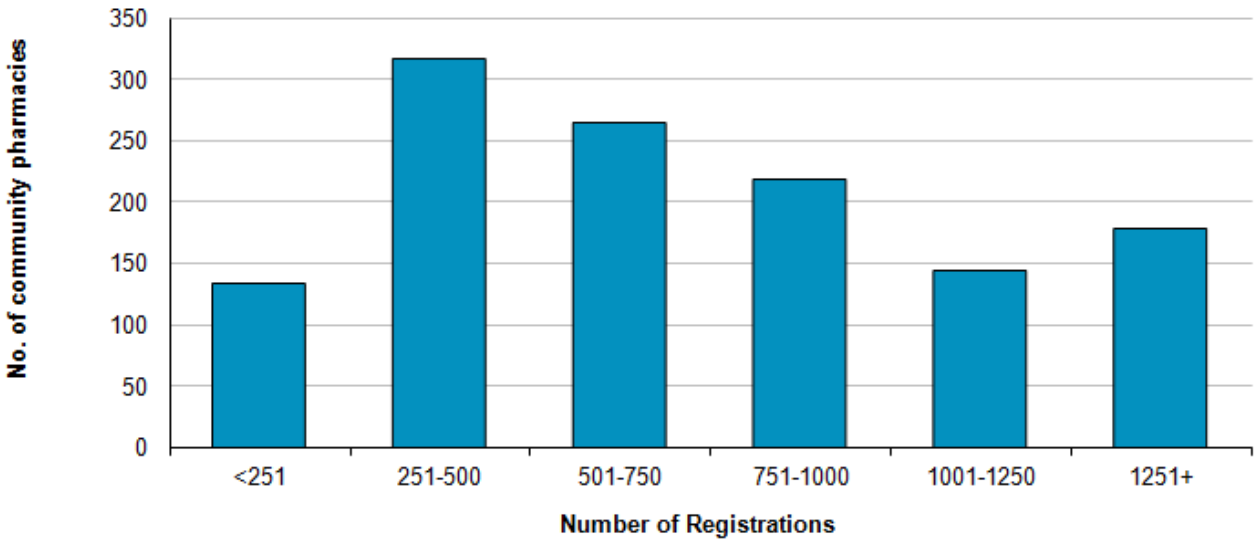
## Registrations

The MAS registration data has been taken from the end of March 2016.

### NHS Scotland

The number of community pharmacies by the number of patient registrations is shown in Figure 1 at 31st March 2016. In March 2016, all 1,255 active community pharmacies in Scotland had one or more patients registered for MAS.

**Figure 1 - Number of community pharmacies in Scotland and number of MAS patient registrations, as at 31st March 2016**

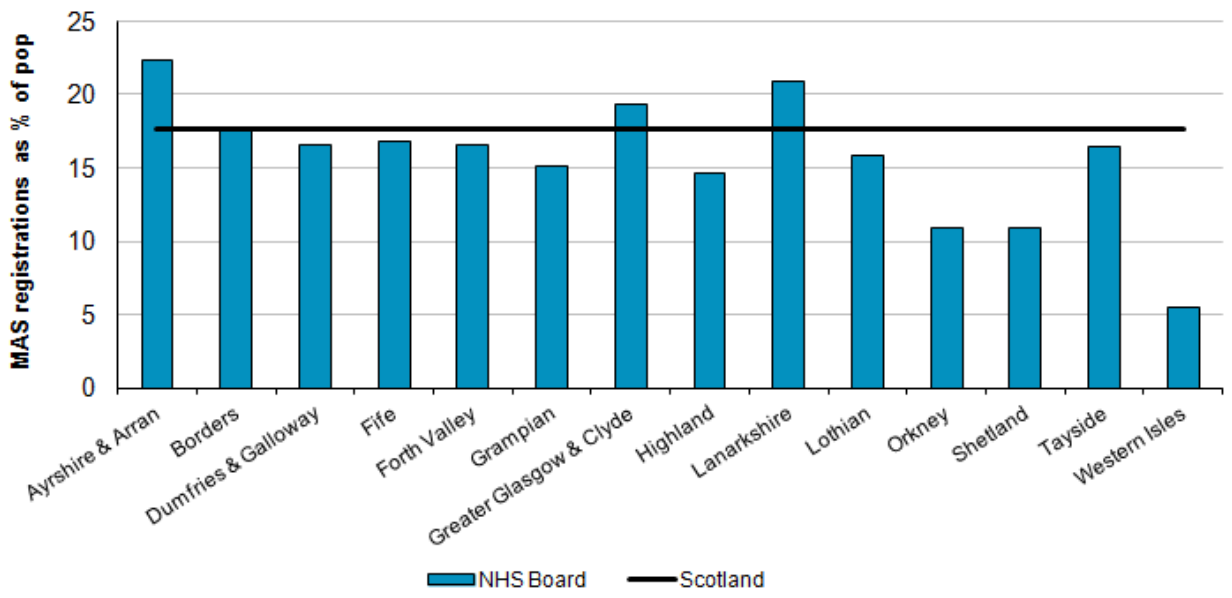



Source: Prescribing Information System, ISD Scotland

### NHS Board

Figure 2 shows the number of MAS patient registrations as a percentage of the population by NHS Board. Overall, 17.6% of the population in Scotland were registered with a pharmacy for MAS.

**Figure 2 - MAS patient registrations as a percentage of the population by NHS Board, 31st March 2016**




Source: Prescribing Information System, ISD Scotland

Figure 2 shows that NHS Ayrshire and Arran had the highest percentage of the population registered at 22.3% at 31st March 2016, while NHS Western Isles had the lowest at 5.5% of the population for the same time period. These results are similar to last year. More remote areas such as the Western Isles are likely to have lower rates of registration due to higher numbers of dispensing doctors, who cannot provide MAS, and fewer community pharmacies.

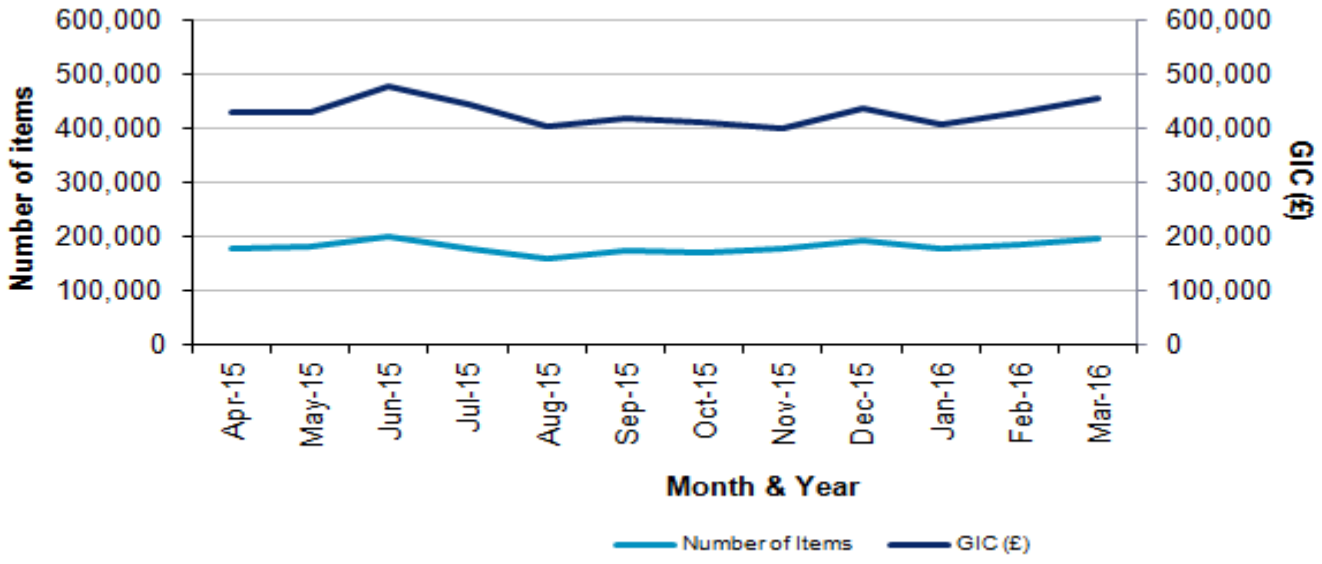
## Treatments

The MAS treatments data has been analysed for 2015/16. Data are provided for prescriptions written on CP1 and CP2 prescription forms only. Further information on MAS form types can be found in the Glossary.

### NHS Scotland

Figure 3 shows the number of MAS items dispensed and Gross Ingredient Cost (GIC) paid each month during financial year 2015/16. In 2015/16, 2.16 million items were dispensed for minor ailments, with the number of items peaking in June 15 (197,564 items) and March 2016 (196,203 items). The number of dispensed items was 0.1% lower in 2015/16 than in 2014/15. This had previously increased at a rate of 3.0% in financial years 2013/14 and 2014/15.

**Figure 3 – The number of MAS items dispensed and Gross Ingredient Cost (GIC) paid in Scotland, 2015/16**



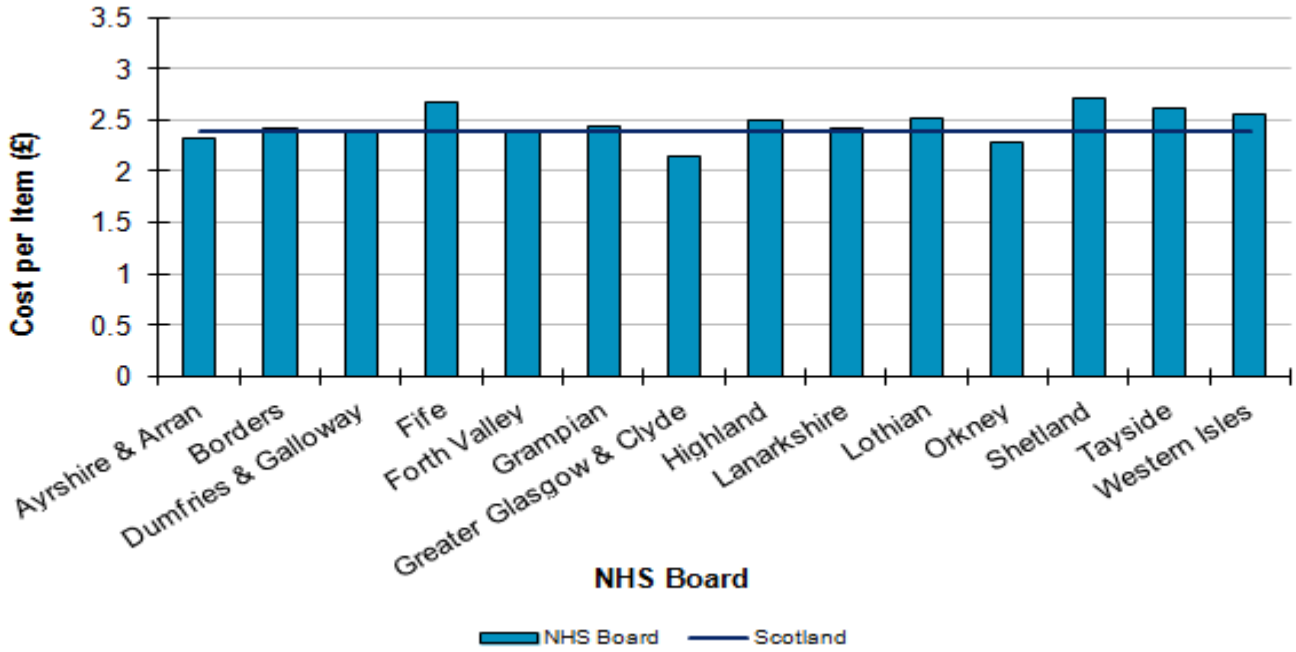

Source: Prescribing Information System, ISD Scotland

The total GIC for MAS items dispensed during financial year 2015/16 was £5.1 million, with an average cost per item of £2.38. GIC peaked in June 2015 at around £476,000. The GIC for items dispensed under MAS in 2015/16 was 2.8% higher than in 2014/15. There has been a £1.6 million increase in total GIC for MAS items since 2010/11, although this year's increase is the lowest during this period.

## NHS Board

Figure 4 shows the average cost (GIC) per MAS item dispensed by NHS Boards in 2015/16. The average cost per item varied slightly between NHS Boards. NHS Shetland had the highest average cost per item (£2.71) while NHS Greater Glasgow & Clyde had the lowest average cost per item (£2.15).

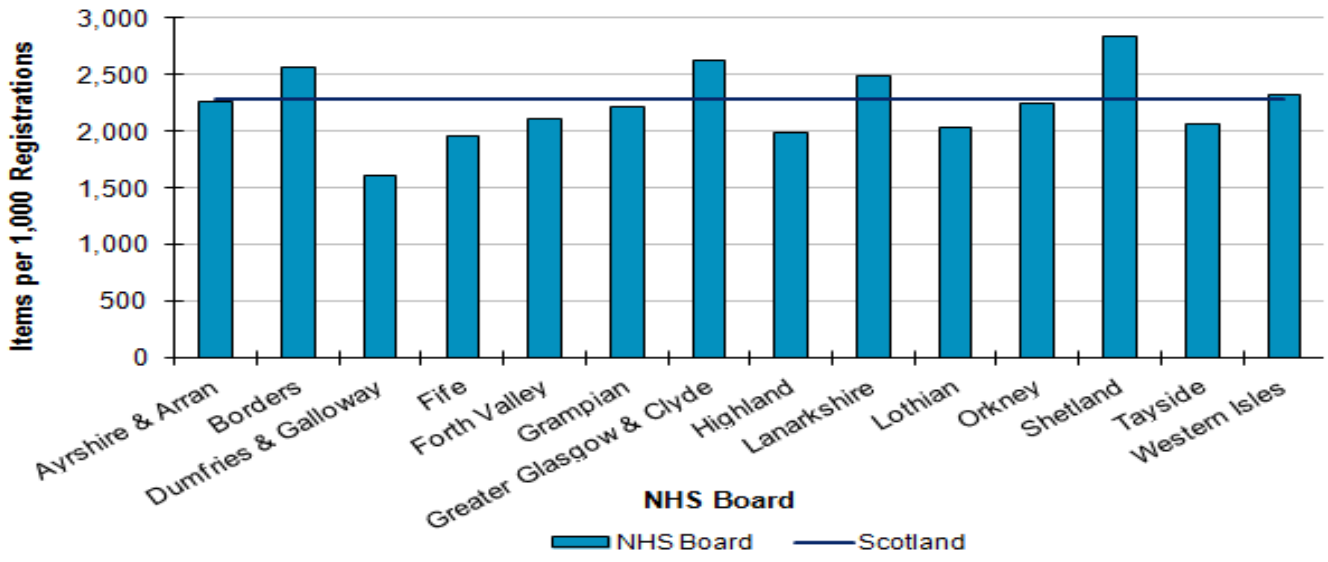
**Figure 4 – The average cost (GIC) per MAS item dispensed by NHS Board, 2015/16**




Source: Prescribing Information System, ISD Scotland

Figure 5 shows the number of items dispensed per 1,000 MAS registrations by NHS Board in 2015/16. Across Scotland, 2,279 items were dispensed per 1,000 MAS registrations, with MAS accounting for 2.16% of all items dispensed in Scotland by community pharmacists. NHS Shetland dispensed the greatest number of items per 1,000 MAS registrations (2,840 items) while NHS Dumfries & Galloway dispensed the least (1,611 items).

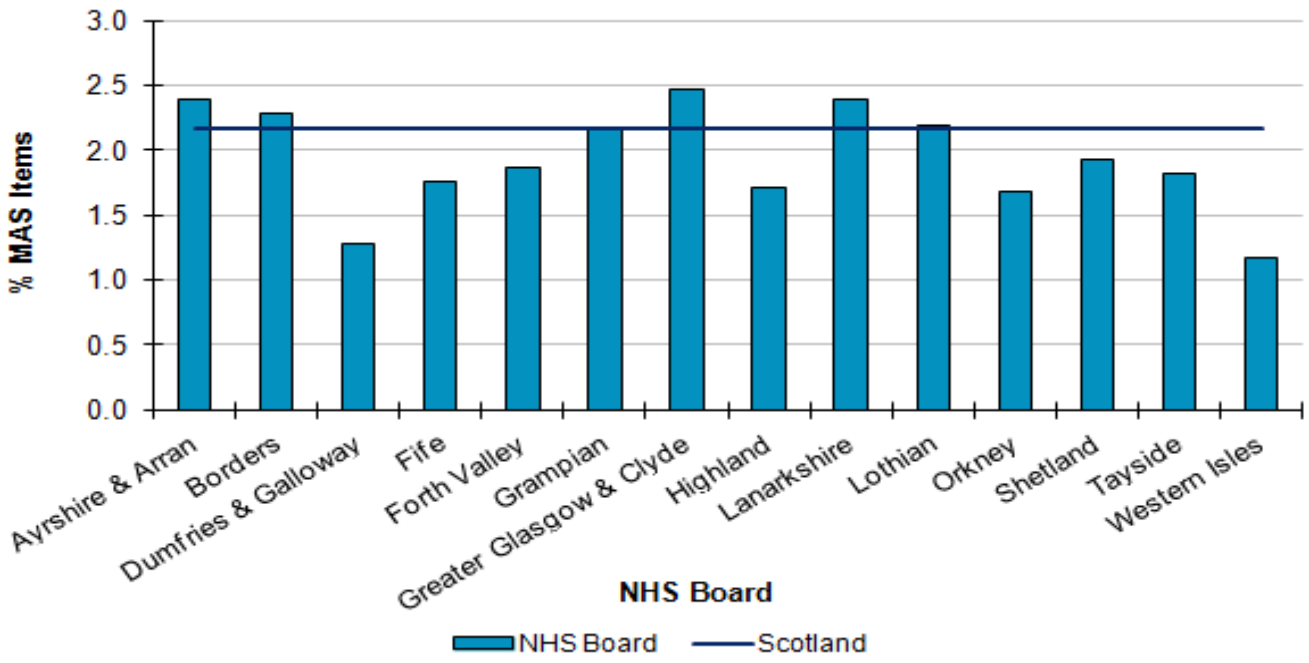
**Figure 5 – Items dispensed in Scotland per 1,000 MAS registrations by NHS Board, 2015/16**




Source: Prescribing Information System, ISD Scotland

Figure 6 shows what percentage of all items dispensed by NHS Boards can be attributed to MAS during the last financial year. The highest proportion of MAS dispensing was in NHS Greater Glasgow & Clyde (2.5% of items), closely followed by NHS Ayrshire & Arran and NHS Lanarkshire (both 2.4% of items). MAS dispensing as a proportion of all dispensing was lowest in NHS Western Isles (1.2% of items).

**Figure 6 – MAS items as a percentage of all items dispensed by NHS Board, 2015/16**




Source: Prescribing Information System, ISD Scotland

Table 1 below shows the top 10 MAS items dispensed for 2015/16 and gives examples of what the drugs might be used for.

**Table 1 – Top ten MAS items dispensed and uses, 2015/16**

| Drug Name | Examples of use in MAS[1] | Number of Items |
|---|---|---|
| Paracetamol | Pain, Fever | 463,949 |
| Ibuprofen | Pain, Fever, Inflammation | 151,475 |
| Simple Linctus[2] | Cough | 103,429 |
| Dimeticone | Scabies, Head lice | 94,513 |
| Emollients | Dry scaly skin | 83,194 |
| Chlorphenamine Maleate | Allergic reactions, Chicken Pox | 74,755 |
| Chloramphenicol | Eye infections | 67,523 |
| Compound Alginic Acid Preparations | Indigestion / Heartburn | 64,628 |
| Cetirizine | Hay fever, Other allergic reactions | 57,057 |
| Clotrimazole | Vaginal thrush, Athlete's foot | 54,932 |

Note: 1. The reason for prescribing is not captured on a prescription form. This section identifies the potential use of these drugs when prescribed in MAS.

2. Chemical name is citric acid but is commonly known as simple linctus.

Source: Prescribing Information System, ISD Scotland

The top ten remains unchanged for 2015/16 compared to 2014/15. Paracetamol was once again the most frequently prescribed MAS item, representing 22% of all MAS items. These ten drugs represent 56% of all MAS dispensed items.

## Glossary

| | |
|---|---|
| British National Formulary | A standard classification of drugs into conditions of primary therapeutic use. The aim is to provide prescribers, pharmacists and other healthcare professionals with sound up-to-date information about the use of medicines. |
| Community Pharmacy | A retail pharmacy outlet holding a contract with an NHS Board to provide NHS pharmaceutical services. |
| CP2 / CP1 | A CP2 form is used to both register a patient for MAS and to record the outcome of the MAS consultation (advice, treatment, referral or a combination of those). It is printed electronically by a community pharmacist's computer system. A CP1 form is completed manually (handwritten) and is used as a back up in the event that a CP2 form cannot be printed. |
| Dispensing NHS Board | The NHS Health Board with which the dispenser holds a dispensing contract, i.e. Community Pharmacy, Dispensing Doctor or Appliance Supplier. |
| Gross Ingredient Cost (GIC) | Cost of drugs and appliances reimbursed before deduction of any dispenser discount (note this definition differs from other parts of the UK). |
| Minor Ailment Service (MAS) | Minor ailments are generally described as common, often self-limiting, conditions. They normally require little or no medical intervention and are usually managed through self-care and the use of products that are available to buy without a doctor's prescription. |
| Over The Counter | A drug for which a prescription is not needed. |
| Prescription Form | A prescription form that can contain up to three items. |
| Prescription Item | An item is an individual product prescribed e.g.100 aspirin tablets of 300mg. |
| Registration | The registration of a single eligible person to register with the community pharmacy of their choice for use of the Minor Ailments Service. A person must be registered with a Scottish GP practice and fulfil certain criteria to be eligible for the service (see the Community Pharmacy website for further details). A patient registers for MAS for a period of 12 months. If there is further activity in that time period, the registration is extended for a further 12 months from the date of activity. If the patient is no longer eligible for free prescriptions or there was no further activity centrally recorded, the patient registration will lapse. |
| Treatment | During a MAS consultation, a pharmacist has the choice of giving advice only, treating, referring the patient to another healthcare professional, or a combination of the above. A treatment refers to a consultation in which a pharmacist dispenses a drug which is approved for MAS dispensing in accordance with the national formulary for MAS, which is |

based on the British National Formulary (BNF) and the Scottish Drug Tariff. Additionally NHS Boards have developed local MAS formularies in line with advice provided to other prescribers.

## List of Tables

| Table No. | Name | Time period | File & size |
|---|---|---|---|
| 1 | MAS Registrations in Scotland | 2015/16 | Excel [72kb] |
| 2 | MAS Treatments in Scotland | 2015/16 | Excel [155kb] |

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## Further Information

ISD holds several decades of information on medicines prescribed within NHSScotland. We currently have data on over one billion prescriptions. All of the information we publish on prescribing is available on our website at: http://www.isdscotland.org/Health-Topics/Prescribing-and-medicines/

All the data contained in this report is also available as downloadable data tables.

## Rate this publication

Please provide feedback on this publication to help us improve our services.

# Appendices

## A1 – Background Information

### Service Outline

The Minor Ailment Service (MAS) was rolled out nationwide in July 2006 and is part of the Community Pharmacy (CP) contract where the aim is to modernise and improve primary and community care services. Individuals who are eligible for MAS can register with the community pharmacy of their choice. In order to be eligible an individual must be registered with a GP and also fulfil at least one of the following criteria[2].

- persons who are under 16 years of age or under 19 years of age and in full-time education
- persons who are aged 60 years or over
- persons who have a valid maternity exemption certificate, medical exemption certificate, or war pension exemption certificate
- persons who get Income Support, Income-based Jobseeker's Allowance, Income-related Employment and Support Allowance, or Pension Credit Guarantee Credit
- persons who are named on, or are entitled to, an NHS tax credit exemption certificate or a valid HC2 certificate.

The MAS specification details that the core objectives of the service include shifting the balance of care from GPs and nurses to community pharmacies where appropriate and to help to address health inequalities. There are three status conditions for MAS; registered, lapsed and withdrawn. Each time a registered individual is treated through MAS their registration is extended for the next 12 months. If after 12 months an individual has had no activity then their registration will lapse. If an individual is no longer eligible for MAS then their registration will be withdrawn. Community pharmacies are remunerated for the fees of providing services and the cost of drugs dispensed and a capitation payment is received for the number of individuals registered.

### Top 10 – Assumptions

A drug may be available in a number of formulations, such as tablets and syrups and produced by different manufacturers. For example, paracetamol includes aggregated data for all preparations of that drug, both branded and generic.

### Boundary Changes April 2014

On the 1st April 2014 a number of changes were made to NHS Health Board boundaries to ease the integration of NHS and Local Authority services. These revisions resulted in small changes to the resident populations of the majority of Scottish NHS Health Boards. NHS Greater Glasgow & Clyde and NHS Lanarkshire saw the largest changes to resident populations, with approximately 72,000 residents being reassigned from NHS Greater Glasgow & Clyde to NHS Lanarkshire. A small number of GP Practices and Community Pharmacies that had previously been affiliated to NHS Greater Glasgow and Clyde were also transferred to

[2] This information was sourced from Community Pharmacy Scotland.

sit within the revised NHS Lanarkshire boundary. The impact of these changes should be taken into consideration when comparing trends in NHS Board activity over time.

## Consultation

In September 2015, ISD conducted a consultation on the publication of prescribing data. Included in this consultation was the question on what amendments could be made to the minor ailments publication to improve its content. Responses are currently being looked at with the potential of expanding the scope of the publication to include other pharmacy care services. The response to the consultation can be found via the following link: Consultation on the publication of prescribing data.

## A2 – Publication Metadata (including revisions details)

| Metadata Indicator | Description |
|---|---|
| Publication title | NHS Scotland Prescribing – Minor Ailment Service (MAS) |
| Description | Summary and detailed statistics on prescribing and dispensing in the community in Scotland for minor ailments service. |
| Theme | Health and Social Care |
| Topic | Health Care Personnel, Finance and Performance |
| Format | Excel workbooks |
| Data source(s) | Prescribing Information System (PIS). All data held in PIS is sourced from Practitioner and Counter Fraud Services (P&CFS) within NHS National Services Scotland who are responsible for the remuneration and reimbursement of dispensing contractors within Scotland.<br><br>National Register for Scotland (formerly GROS): Mid-year population estimates taken from NRS. |
| Date that data are acquired | Data is acquired on a monthly basis from P&CFS following payment, approximately 2 calendar months after the end of the month being claimed for payment by contactors |
| Release date | 28 March 2016 |
| Frequency | Annual |
| Timeframe of data and timeliness | Data covering year to 31 March 2016 |
| Continuity of data | Data is held in PIS for the most recent 16 years and is stored in archive files back to 1993/94. The definition of the main measures such as gross ingredient cost and number of items are unchanged over this period. Types and value of dispensing fees are agreed with the Scottish Government and set annually. Details can be found in the Scottish Drug Tariff and in Primary Care circulars issued by the Government. Drug products are first licensed as proprietary medicines but generic versions often appear once the original patent expires. This can affect the price and uptake of these drugs. The Scottish Government sets the reimbursement price of generic drug products via the Scottish Drug Tariff which is updated and issued quarterly. |
| Revisions statement | Data are sourced from monthly pharmacy payments data on an ongoing basis therefore once published there is no routine requirement to revise historical data. However, occasionally adjustments are made to pharmacy payments retrospectively by P&CFS, for example due to an administrative error. Retrospective revisions can also occur to the classification of drugs in the British National |

| | |
|---|---|
| | Formulary (BNF). Where either of these occur and are deemed to be significant in line with ISD's Revisions policy, a revision will be made to published data. This will be notified on the website. |
| Revisions relevant to this publication | On the 1st April 2014 a number of changes were made to NHS Health Board boundaries to ease the integration of NHS and Local Authority services. These revisions resulted in small changes to the resident populations of the majority of Scottish NHS Health Boards. NHS Greater Glasgow & Clyde and NHS Lanarkshire saw the largest changes to resident populations, with approximately 72,000 residents being reassigned from NHS Greater Glasgow & Clyde to NHS Lanarkshire. A small number of GP Practices and Community Pharmacies that had previously been affiliated to NHS Greater Glasgow and Clyde were also transferred to sit within the revised NHS Lanarkshire boundary. The impact of these changes should be taken into consideration when comparing trends in NHS Board activity over time. |
| Concepts and definitions | The data published in all these releases correspond to prescriptions that have been dispensed by community pharmacies in Scotland. This includes prescriptions which were issued in another UK country but dispensed in Scotland. These data do not include prescription drugs that were supplied and administered to patients in a hospital setting. |
| Relevance and key uses of the statistics | These statistics are the primary source of data used to monitor the national community drugs bill within Scotland and the pharmacy contract agreed with dispensing contractors. They are also used to monitor national and local prescribing indicators covering both the quality and efficiency of prescribing in general practice. |
| Accuracy | The data is sourced from a payment system and routine monthly checks are carried out by P&CFS on a random sample of approximately 5% of prescription payments. These check all data captured for payment and the accuracy of the payment calculation and have a target accuracy of 98% which is routinely met. Data that is captured but is not mandatory for payment purposes can be of lower quality. Principally this includes the prescriber code which links a prescription back to the individual prescriber e.g. GP and their organisation including NHS Board. Routine monitoring of unallocated prescriptions is carried out and correct codes are applied before publication. This ensures that unallocated prescriptions account for fewer than 2% of all prescriptions. For remaining unallocated prescriptions, the prescribing NHS Board is assumed to be the same as the dispensing NHS Board. |
| Completeness | The Prescribing Information System holds information on 100% of NHS Scotland prescriptions dispensed within the community and claimed for payment by a pharmacy |

| | |
|---|---|
| | contractor (i.e. pharmacy, dispensing doctor or appliance supplier). It does not include data on prescriptions dispensed but not claimed (likely to be very small) or prescriptions prescribed but not submitted for dispensing by a patient. Some research has estimated these latter prescriptions account for around 6% of all prescriptions issued to patients. It is not possible to determine from payment data how much of the medicine dispensed to patients is actually taken in accordance with dosage instructions. |
| Comparability | The main measures of drug ingredient cost and volumes of items dispensed by community pharmacies are comparable across the UK countries. However it should be noted that the Gross Ingredient Cost (GIC) within Scotland is equivalent to the Net Ingredient Cost (NIC) in England, i.e. the reimbursement cost of drugs before any pharmacy discounts are applied. Also each country determines its own dispensing fees based on separate contractual arrangements with dispensing contractors in each country. A common formulary called the British National Formulary (BNF) is used to classify drugs based on therapeutic use. NRS (formerly GROS) mid-year population estimates have been used where previously GP list sizes were used as a proxy for population. Publications before 2013 should not be used for comparison of population level data. |
| Accessibility | It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines. |
| Coherence and clarity | All prescribing tables are available via the ISD website. Prescribing statistics are presented within excel spreadsheets for NHS Scotland and where appropriate broken down by NHS Board. |
| Value type and unit of measurement | The main units of measure of drug reimbursement costs are Gross Ingredient Cost (GIC) and Net ingredient cost (NIC) quantity. The latter takes account of pharmacy discounts, the rates for which are set by the Scottish Government in the Scottish Drug Tariff. There are a large number of individual dispensing remuneration fees paid to dispensing contractors details of which can be found in the Scottish Drug Tariff. Further details and definitions can be found in the glossary. |
| Disclosure | The ISD protocol on Statistical Disclosure Protocol is followed. |
| Official Statistics designation | National Statistics. |
| UK Statistics Authority Assessment | Completed assessment by UK Statistics Authority. Report published December 2011. |
| Last published | 30-06-2015 |
| Next published | 26-09-2017 |

| | |
|---|---|
| Date of first publication | 28-06-2011 |
| Help email | NSS.isdprescribing@nhs.net |
| Date form completed | 08/03/2017 |

## A3 – Early Access details (including Pre-Release Access)

### Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

### Standard Pre-Release Access:

Scottish Government Health Department

NHS Board Chief Executives

NHS Board Communication leads

## A4 – ISD and Official Statistics

### About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

**Purpose:** To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

**Mission:** Better Information, Better Decisions, Better Health

**Vision:** To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

### Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the ISD website.

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.