Publication Report

Scottish Cervical Screening Programme Statistics 2012-13

Annual update to 31st March 2013

Publication date – 27th August 2013

A National Statistics Publication for Scotland

Contents

Introduction

Cervical screening was introduced in Scotland in the 1960s. Although large numbers of women were offered tests, the service at this time was not introduced as a population based programme. In 1978 committees were established by the UK Department of Health and a review was carried out in Scotland resulting in the Strong Report.

The national cervical screening programme was introduced in Scotland in 1988 with the aim of reducing the incidence of invasive cancer of the cervix. Cervical screening is offered routinely to eligible women aged 20-60 every three years. Women with an abnormal screening history will continue to be invited for follow-up as appropriate.

Cervical screening is used to identify cell changes which could develop to be cancerous, in women who otherwise have no symptoms; at this stage, any changes can be easily treated, and treatment is usually very effective.

Within Scotland (as part of the Scottish Cervical Screening Programme) data for publication and management information are compiled by ISD on a quarterly and annual basis. This present release includes data on uptake, laboratory turnaround times, number of cervical screening tests processed and results. The cervical screening year runs from 1st April to 31st March; this current release includes data to 31st March 2013. The Scottish Cervical Screening Programme Statistics for 2012-13 is a National Statistics publication which has been assessed by the UK Statistics Authority as complying with the Code of Practice.

Eligible women are invited to attend cervical screening once every 3 years; uptake statistics are therefore based on women attending in the previous 3.5 years. The additional 0.5 year ensures that all data for women who have attended for screening within that 3 year time period are reported on.

Key points

At 31st March 2013

- Of eligible women, 71.2% had been screened in the previous 3.5 years, a decrease of 1.8 percentage points compared to 31st March 2012.
- Compared to 31st March 2012, uptake rates have decreased slightly in all of the 15 NHS Boards. The majority of NHS Boards continue to have a higher uptake rate compared to 5 years ago, at 31st March 2008.

In 2012-13

- Just over 405,000 cervical screening tests were processed within the programme which is a decrease of just over 3,800 compared to 2011-12. The number of screening tests processed has however increased by approximately 8% in the last 5 years since 2007-08.
- Of all tests processed, 97.5% were of satisfactory quality. Of satisfactory results, 90.3% had a negative result, 8.3% had a low grade cell change and the remaining 1.4% had high grade cell changes.
- The lowest laboratory turnaround time for processing cervical screening tests was found in quarter 4 (January to March), when 95% of tests were processed within 24 working days.

Results and Commentary

Please note that the following tables and charts are based on the pre-2006 Health Board configuration (former Argyll & Clyde). Figures for NHS Highland do not include the Argyll & Bute area and figures for NHS Greater Glasgow do not include the Clyde area.

Details of all cervical screening statistics included within this publication can be found on the Cervical Screening homepage.

Annual data

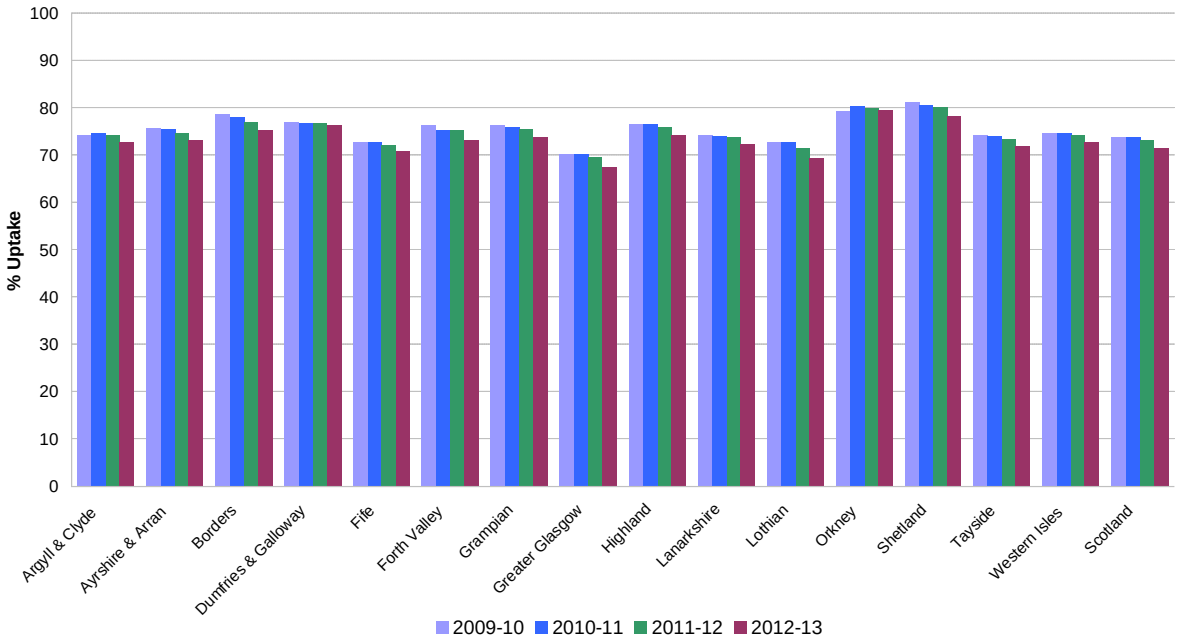
Uptake

The population denominator used for calculating uptake includes women aged 20-60 years (excluding medically ineligible women). The numerator is the number of these women with a record of a previous screening test in the last 3.5 years.

- Women are invited to attend cervical screening once every three years. Of eligible women, uptake decreased slightly compared to at 31st March 2012 with 71.2% of women being screened in the previous 3.5 years (Figure 1 and Table 1). Uptake has however increased by 1.5 percentage points in the last 5 years since 31st March 2008.

- Uptake rates, at 31st March 2013, have fallen slightly in all of the NHS Boards, in comparison with those calculated in the previous year. Ten of the 15 NHS Boards have a higher uptake rate compared to 5 years ago, at 31st March 2008.

Figure 1. Percentage uptake rates of females in Scotland aged 20-60[1] with a record of a previous screening test taken within the last 3.5 years[2], by NHS Board of Residence[3]



1. Based on the Scottish Cervical Call Recall System (SCCRS) population denominator (excluding medically ineligible women)
2. Cervical screening year runs from 1st April to 31st March.
3. These data are based on the pre-2006 Health Board configuration (former Argyll & Clyde). Figures for NHS Highland do not include the Argyll & Bute area and figures for NHS Greater Glasgow do not include the Clyde area

Table 1. Percentage uptake rates of females in Scotland aged 20-60[1] with a record of a previous screening test taken within the last 3.5 years[2], by NHS Board of Residence[3]

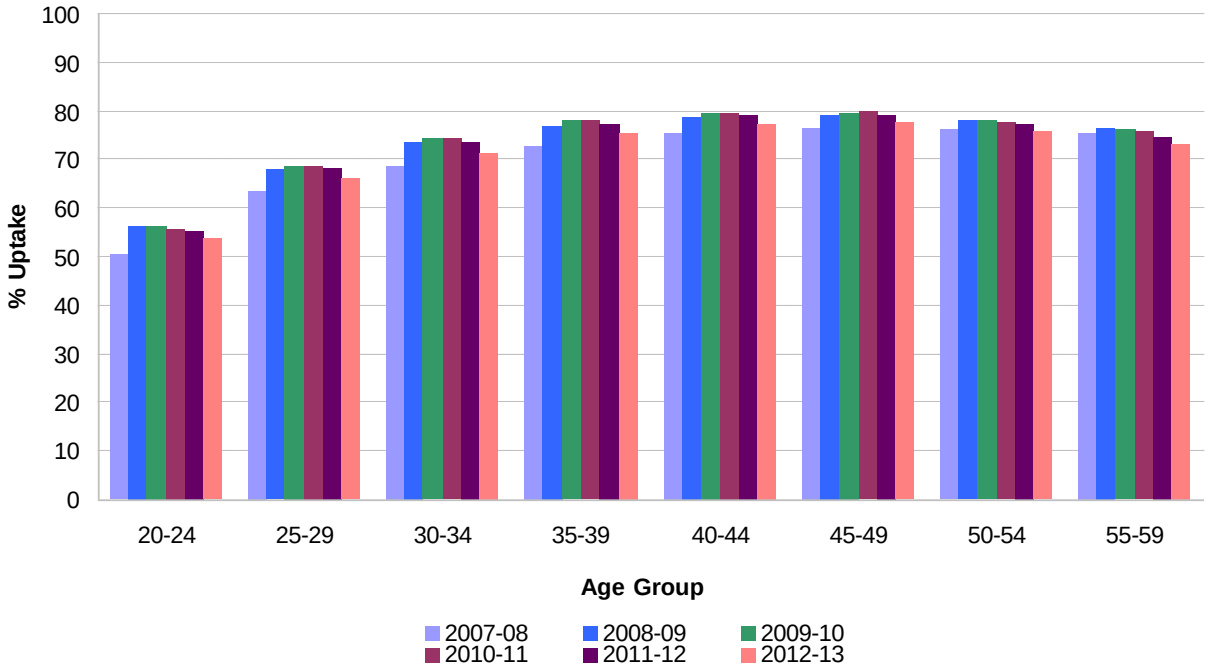
NHS Board of Residence	Percentage uptake					
	2007-08	**2008-09**	**2009-10**	**2010-11**	**2011-12**	**2012-13**
(Former) Argyll & Clyde[3]	67.1	72.4	74.2	74.6	74.2	72.7
Ayrshire & Arran	70.4	75.1	75.6	75.3	74.7	73.0
Borders	75.8	78.4	78.4	77.9	77.0	75.2
Dumfries & Galloway	73.8	76.7	76.8	76.6	76.6	76.1
Fife	71.2	73.8	72.6	72.6	72.1	70.8
Forth Valley	75.5	76.8	76.2	75.1	75.0	73.0
Grampian	72.2	75.7	76.1	75.9	75.3	73.5
Greater Glasgow[3]	64.2	68.7	70.1	70.1	69.5	67.4
Highland[3]	71.4	75.8	76.5	76.4	75.9	74.2
Lanarkshire	67.9	72.6	74.0	73.9	73.7	72.4
Lothian	70.3	73.1	72.5	72.5	71.3	69.2
Orkney	75.7	79.0	79.3	80.2	79.9	79.5
Shetland	77.9	81.4	81.0	80.6	80.1	78.2
Tayside	72.5	75.0	74.2	74.0	73.3	71.8
Western Isles	70.8	74.0	74.7	74.7	74.1	72.6
Scotland	**69.7**	**73.4**	**73.7**	**73.6**	**73.0**	**71.2**

1. Based on SCCRS population denominator (excluding medically ineligible women).
2. Cervical screening runs from 1st April to 31st March.
3. These data are based on the pre-2006 Health Board configuration (former Argyll & Clyde). Figures for NHS Highland do not include the Argyll & Bute area and figures for NHS Greater Glasgow do not include the Clyde area

- Of those screened in the previous 3.5 years, the number of women attending cervical screening has fallen slightly across all 5 year age bands within the target age group of 20-60 years compared to the previous year (Figure 2).

- Although slight decreases in uptake have been reported in all age bands compared to 31st March 2012, it should be noted that uptake rates remain higher than those achieved at 31st March 2008, except for age bands 50-54 and 55-59. (Figure 2).

Figure 2. Percentage uptake rates of females in Scotland aged 20-60[1] with a record of a previous screening test taken within the last 3.5 years[2], by age group



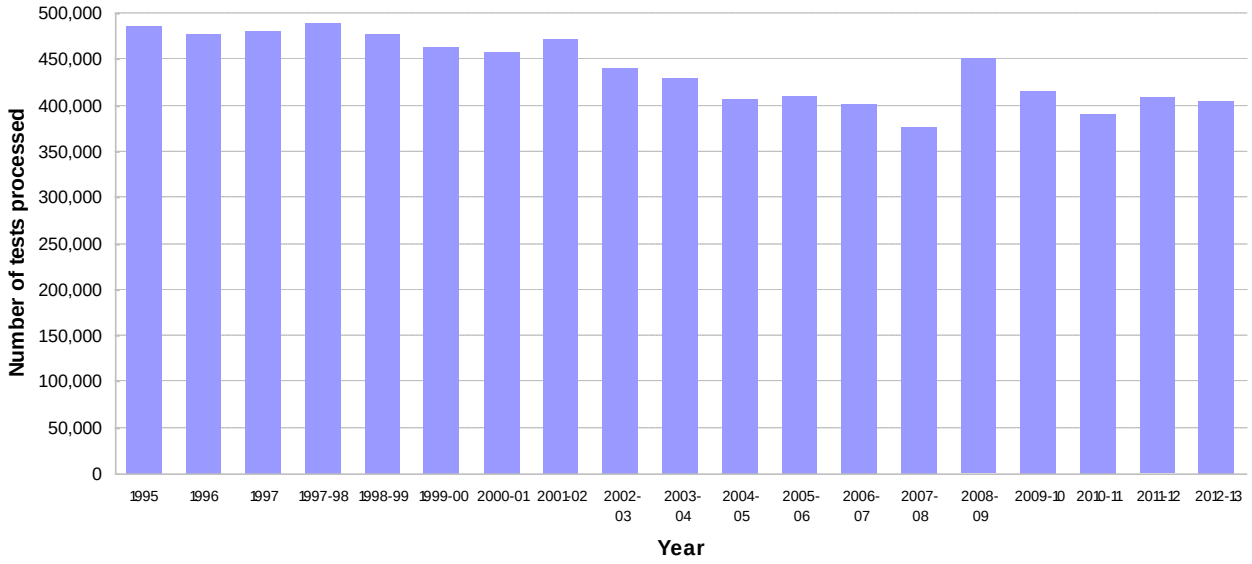
1. Based on SCCRS population denominator (excluding medically ineligible women).
2. Cervical screening year runs from 1st April to 31st March.

Workload statistics

- In 2012-13, approximately 405,000 cervical screening tests were processed within the programme, a decrease of just less than 1% (3,818 tests) compared to the previous year (Figure 3).

- The number of screening tests processed in 2012-13 is approximately 7.9% higher compared to 2007-08 (Figure 3).

Figure 3. Number of cervical screening tests processed[1] at NHS laboratories: Scotland, 1st January 1995[2] to 31st March 2013



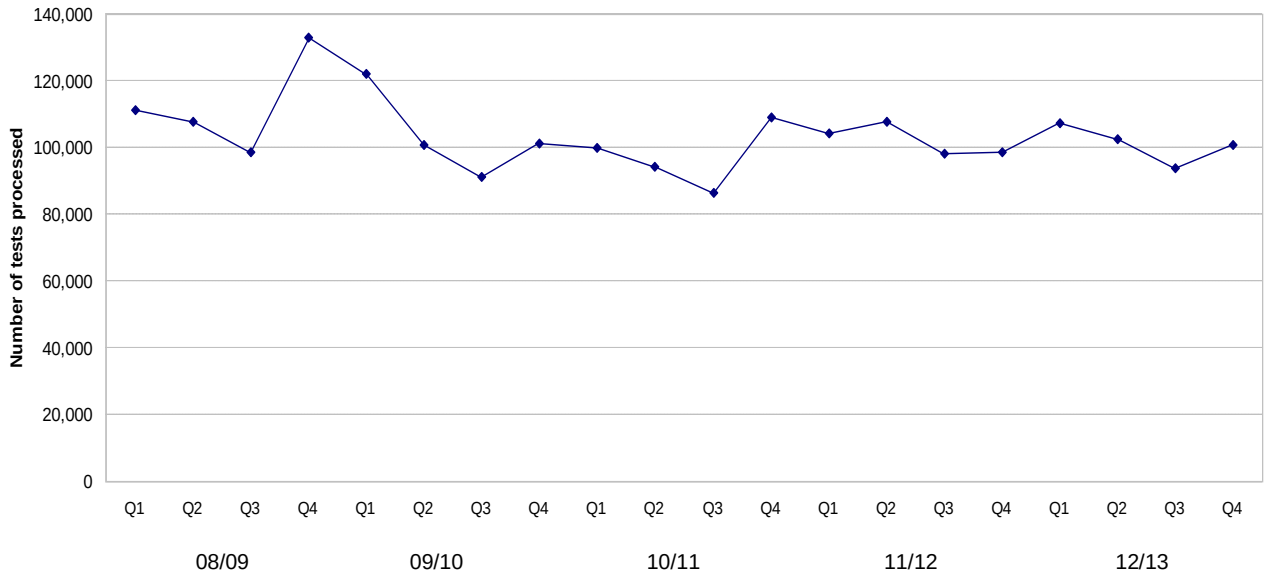
1. Data include unsatisfactory screening tests.
2. Cervical screening year runs from 1st April to 31st March except for years 1995-1997 which are reported by calendar year.

Looking at trends in the number of cervical screening tests processed:

- The highest number of screening tests processed in 2012-13 was in Q1 when 107,475 tests were processed. This is an increase of almost 3% compared to Q1 of 2011-12. The lowest number of screening tests processed in 2012-13 was in Q3. Q1 and Q4 of 2012-13 are higher than the equivalent quarters in 2011-12 (Figure 4).

- Q4 of 2008-09 showed the largest number of screening tests processed in any quarter since the start of the programme (133,000) (Figure 4). The rise in the number of women attending cervical screening most likely reflects the impact of the publicity surrounding the introduction of the HPV vaccination programme and Jade Goody's diagnosis and subsequent death from cervical cancer in March 2009.

Figure 4. Trends in the number of cervical screening tests processed[1] by quarter: Scotland, 1st April 2007[2] to 31st March 2013



1. Data include unsatisfactory screening tests
2. Cervical screening year runs from 1st April to 31st March

Cervical screening results

Please note that during 2012/13 changes were made to screening test result categories in accordance with those agreed by the British Association for Cytopathology. These have been incorporated in all tables and charts which allows comparison to previous years' data. Please see glossary for more information.

- The percentage of screening test results indicating high grade cell changes, which require a further examination, has remained low at around 1.3-1.5% since 2000-01 (Table 2).

Table 2. Total number of satisfactory screening tests and percentage results: Scotland, 1st April 2000[1] to 31st March 2013

Year	Total satisfactory screening tests	Negative	Low grade cell changes	High grade cell changes
2000-01	418 727	92.0	6.6	1.4
2001-02	430 430	91.7	6.8	1.5
2002-03	407 157	92.7	6.0	1.3
2003-04	412 693	92.8	5.8	1.4
2004-05	397 367	92.8	5.9	1.3
2005-06	401 301	92.6	6.1	1.3
2006-07	392 219	92.4	6.2	1.4
2007-08	364 842	92.3	6.4	1.3
2008-09	436 881	91.6	7.0	1.4
2009-10	402 905	91.3	7.4	1.3
2010-11	379 355	90.8	7.9	1.3
2011-12	398 858	90.9	7.8	1.3
2012-13	394 995	90.3	8.3	1.4

1. Cervical screening year runs from 1st April to 31st March.
2. Please refer to the glossary on page 13 to see how low and high grade cell change are categorised

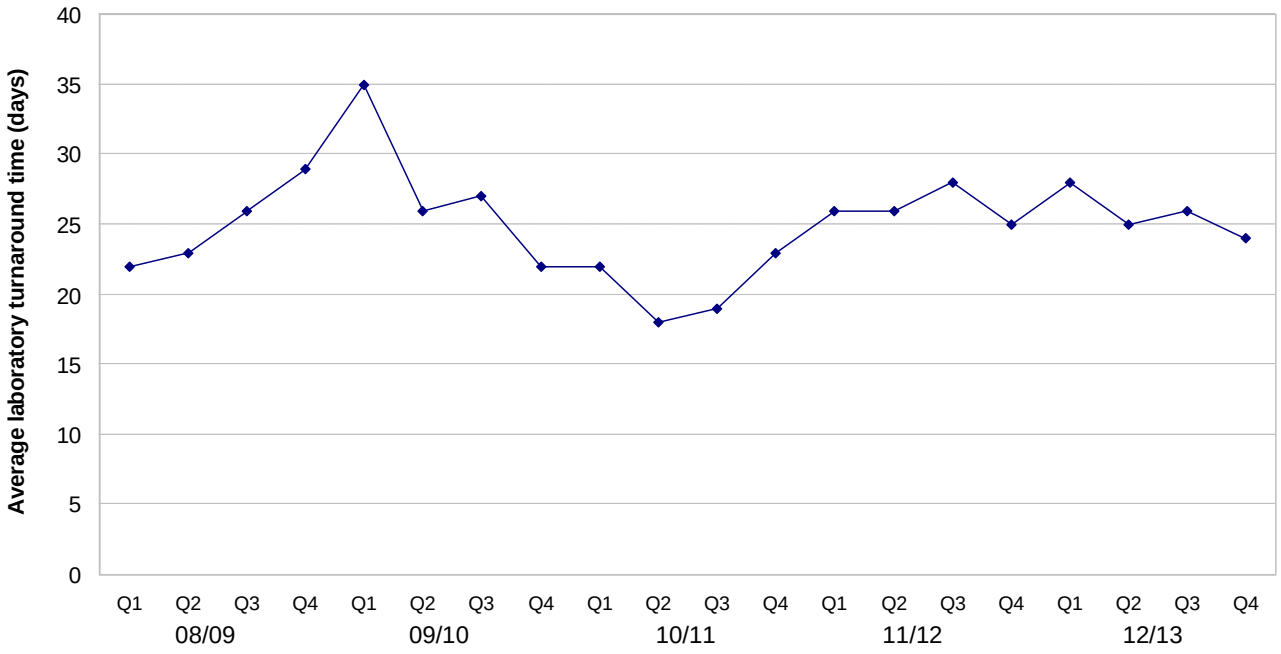
Additional cervical screening statistics

Laboratory turnaround times

It was agreed by members of the Scottish Cervical Screening Programme Quality Assurance Reference Committee (QARC) that turnaround times for 95% of all screening tests processed in Scotland provide a more informative reflection of the time taken to turnaround samples than the mean figure (as previously published). Previously published mean turnaround figures are available here.

- In 2012-13 the laboratory turnaround time for 95% of all cervical screening tests processed in Scotland ranged from 24 days in Q4 to 28 days in Q1 (Figure 5). The figures for 2012-13 show a slight decrease in turnaround times compared to 2011-12.
- The lowest laboratory turnaround time of 24 days for processing 95% of cervical screening tests was in Q4 and was the lowest turnaround time since Q4 of 2010-11.
- The spike in laboratory turnaround times in Q1 of 2009-10, is a direct result of the increase in the number of screening tests processed at that time. The increase in workload is most likely due to the raised public awareness of cervical screening.

Figure 5. Turnaround times[1] (days) for 95% of all cervical screening tests processed by quarter: Scotland, 1st April 2007 to 31st March 2013

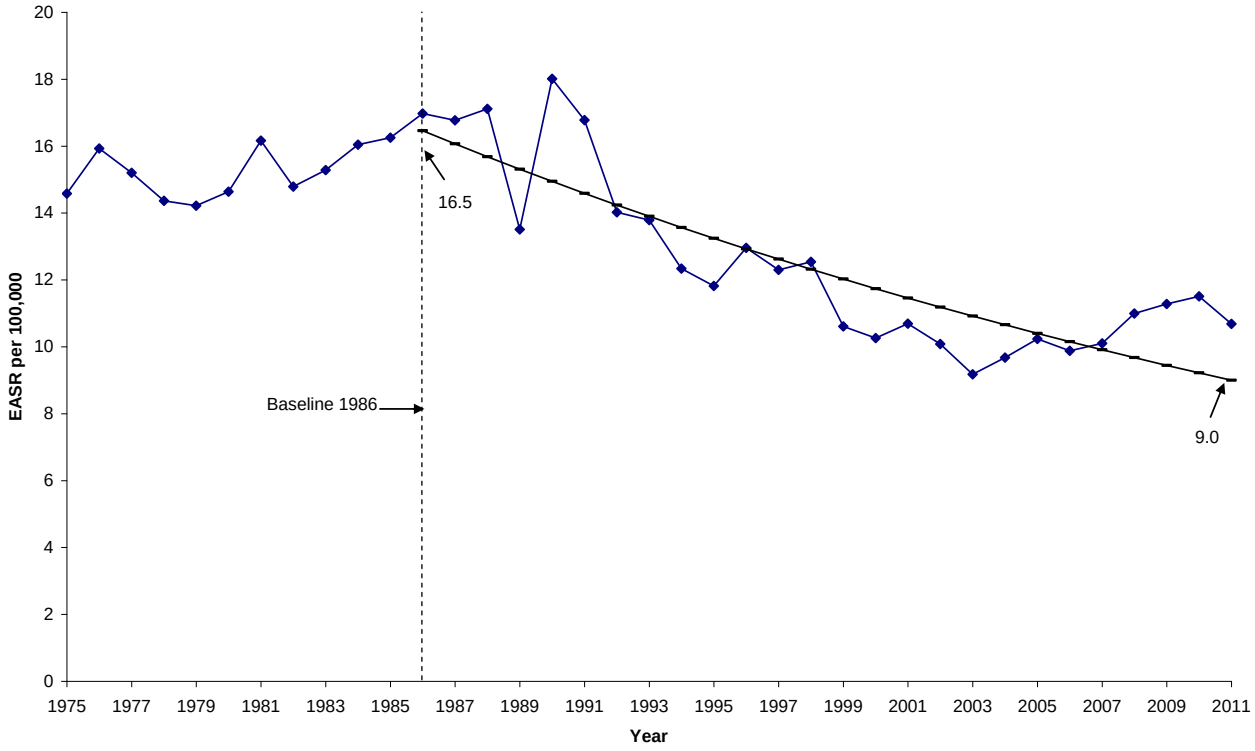


1. The turnaround time is defined as the number of days from the date the sample was received by the laboratory to the date the report was issued by the laboratory.
2. Cervical screening year runs from 1st April to 31st March.

Invasive cervical cancer incidence

- Between 2010 and 2011 cervical cancer incidence decreased from 11.5 to 10.7 (European Age Standardised Rate per 100,000 females).
- Overall, the incidence rate of invasive cancer of the cervix has decreased by approximately 45% between 1986 and 2011 (Figure 6).
- Over the last 33 years, European age-standardised rates have fallen from 14.4 diagnoses of cervical cancer per 100,000 persons in 1978, to 10.7 in 2011 (Figure 6), as expected in the presence of a cervical screening programme.

Figure 6. Cervical Cancer Incidence (European Age Standardised Rates[1]) Females of all ages, Scotland 1975 – 2011



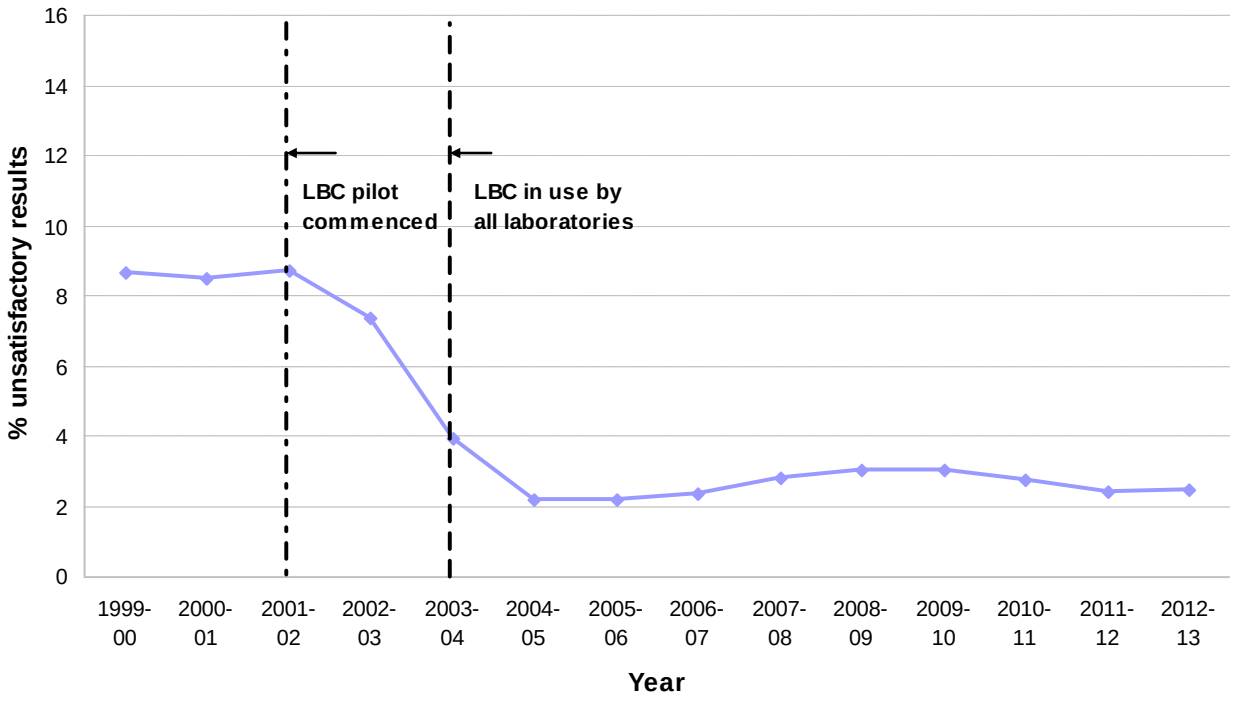
1. Incidence rates have been age-standardised to the European Standard Population and cover females of all ages.
2. Best fit line produced using Poisson regression.

Detailed cervical cancer incidence and mortality data, lifetime risk, prevalence and survival statistics can be found on the cervical cancer statistics page of the Cancer website. Information on the most recent cancer incidence publication can be found here

Unsatisfactory screening results

- In 2012-13 the percentage of unsatisfactory screening tests, where insufficient cells have been taken for testing, has risen slightly by 0.1 percentage points to 2.5% compared to 2011-12 and has fallen by 4.9 percentage points in the last 10 years (Figure 7). The main reason for this improvement is the introduction of Liquid Based Cytology (LBC) as a new method of processing tests during the screening year 2003-04. LBC reduces the rate of unsatisfactory tests and low grade results, and therefore the need for repeat examinations.

Figure 7. Percentage of unsatisfactory screening results: Scotland, 1st April 1999[1] to 31st March 2013



1. Cervical screening year runs from 1st April to 31st March

Glossary

Cytology - the study of cells

Dyskaryosis - cell changes which could develop to be cancerous

Low grade cell changes - result grouping which covers borderline change in squamous cells/endocervical cells and low grade dyskaryosis results

High grade cell changes - result grouping which covers high grade dyskaryosis (moderate and severe), high grade dyskaryosis ?invasive, glandular abnormality and endocervical adenocarcinoma results

Cervical screening test - a test which detects changes in the cells of the cervix and enables affected women to have treatment early

Adenocarcinoma - a particular type of malignant tumour arising from glands

Liquid Based Cytology (LBC) - a method of assessing cell changes

Satisfactory screening test - a test that is of sufficient quality to enable the cytopathologist to interpret the findings and provide a working diagnosis

Cervical screening terms relating to the data within this publication can be found within our Glossary document on the Cervical Screening homepage

List of Tables

Table No.	Name	Time period	File & size
1	Annual uptake data	1st January 1995 to 31st March 2013	Excel [121kb]
2	Annual workload data	1st January 1995 to 31st March 2013	Excel [101kb]
3	Number of screening tests processed	1st April 2003 to 31st March 2013	Excel [51kb]
4	Turnaround times	1st April 2003 to 31st March 2013	Excel [74kb]
5	Reporting times	1st April 2007 to 31st March 2013	Excel [40kb]
6	Workload with turnaround times	1st April 2007 to 31st March 2013	Excel [28kb]
7	Percentage of unsatisfactory screening tests	1st April 1999 to 31st March 2007	Excel [33kb]
8	Screening test results by quarter (numbers)	1st April 1999 to 31st March 2007	Excel [274kb]
9	Screening test results by quarter (percentages)	1st April 1999 to 31st March 2007	Excel [296kb]
10	Crosstabulation by quarter	1st April 1999 to 31st March 2007	Excel [281kb]
11	Cervical cancer incidence and mortality	1st January 1975 to 31st December 2011	Excel [78kb]

Contact

Laura Dobbie
Senior Information Analyst
laura.dobbie@nhs.net
0131 275 7694

Douglas Clark
Information Analyst
douglasclark@nhs.net
0131 275 7182

Further Information

Further information can be found on the ISD website

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Appendix

A1 – Background Information

The use of cervical screening to detect changes in cells, which could develop to be cancerous, has been shown to reduce cervical cancer incidence and mortality. The test involves analysing cells which have been taken from the neck area of the womb, also known as the cervix. Routine checks ensure that any changes in cells can be picked up, monitored and treated if necessary.

In Scotland, eligible women between 20 and 60 years of age are invited routinely to attend cervical screening once every 3 years. Uptake rates are therefore based on women attending in the previous 3.5 years, with the additional 0.5 year to ensure that all data for women, who have attended for screening within that 3 year time period, have been reported.

Cervical screening uptake data are also reported based on a 5.5 year period. The main reason for this is to reference against indicators from the Quality and Outcomes Framework (QOF), a voluntary source of potential income for general practices across the UK. The indicator in question (CS1) measures the percentage of patients aged from 21 to 60 whose notes record that a cervical screening test has been performed in the last 5 years. As above, the 0.5 year is to ensure that data on all women who have attended within the previous 5 years have been reported. For further information on QOF please visit here. The uptake data for 5.5 years are also used to compare against other cervical screening programmes within the United Kingdom.

Until May 2007, Cervical Cytology Statistics were collected quarterly from laboratories on form ISD(D)1Q and annually from health boards on form ISD(D)4, with data being compiled by ISD Scotland. More information can be found on our Data Sources page.

In May 2007, following a review of local call recall arrangements in Scotland, a new national IT system, the Scottish Cervical Call Recall System (SCCRS), was introduced across NHS Scotland. Cervical screening data are currently collected by each of the laboratories in Scotland and retained on the Scottish Cervical Call Recall System (SCCRS). SCCRS collects information relating to each step as a woman moves through her screening episode. More information on SCCRS can be found on the National Services Division website at www.nsd.scot.nhs.uk.

For publication and management turnaround, ISD extracts data from SCCRS on cervical screening tests carried out in Scotland on a quarterly basis, for periods ending 31st March, 30th June, 30th September and 31st December. In addition to this, ISD also extract information on cervical screening uptake figures on an annual basis, for years ending 31st March. Until 31st March 2008, uptake rates for those women invited to attend cervical screening in the previous 3.5 years had declined year on year across Scotland. The majority of the decrease, almost 7%, occurred between 31st March 2007 and 31st March 2008. This decline coincided with the implementation of a new standardised recording system, which has improved the quality of the data collected and could explain some of the decrease.

All analytical support of the Scottish Cervical Screening Programme is provided by ISD Scotland.

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Scottish Cervical Screening Programme Statistics 2012-13
Description	Annual and quarterly cervical screening statistics including uptake by age group and NHS Board, average reporting and laboratory turnaround times, number of cervical screening tests processed and results of tests, all reported by NHS Board/laboratory.
Theme	Health and Social Care
Topic	Conditions and Diseases
Format	Excel workbooks
Data source(s)	Scottish Cervical Call Recall System (SCCRS) from 2007-08. Any data previous to May 2007 were collected from laboratories using ISD(D) forms 4 and 1Q.
Date that data are acquired	July 2013
Release date	28th August 2013
Frequency	Annual
Timeframe of data and timeliness	Data up to 31st March 2013. No delays between receipt and processing of data for publication.
Continuity of data	Annual uptake figures (of females who had a record of a previous screening test taken within last 3.5 years) by NHS Board are reported from 1995. Annual uptake figures (of females who had a record of a previous screening test taken within last 5.5 years) by NHS Board are reported from 1995. Annual uptake figures (of females who had a record of a previous screening test taken within the last 3.5 years) by age group are reported from 2001. Annual uptake figures (of females who had a record of a previous screening test taken within the last 5.5 years) by age group are reported from 2001. Annual workload data showing the number of cervical screening tests processed by NHS Board/laboratory are reported from 1995. Annual workload data showing the results and % results of cervical screening tests by NHS Board are reported for 2010/11. Annual workload data showing the results and % results of cervical screening tests processed in Scotland are reported from 1999. Annual workload data showing the % of unsatisfactory screening tests by NHS Board/laboratory are reported from

	1999. Quarterly workload data on the number of cervical screening tests processed by NHS Board/laboratory are reported from 2003. Turnaround times for completion of 95% of screening tests by quarter and laboratory are reported from 2008. Number of cervical screening tests processed and turnaround times for completion of 95% of screening tests by quarter are reported on from 2008 Historical quarterly data on the number of cervical screening tests processed and the corresponding results are reported on from 1999.
Revisions statement	A new national IT system, the Scottish Cervical Call Recall System (SCCRS), was introduced across Scotland in May 2007 to standardise the recording of cervical screening information. The SCCRS system has improved the quality of the data collected. Data included in this publication prior to May 2007 is compiled from legacy applications.
Revisions relevant to this publication	It was agreed by members of the Scottish Cervical Screening Programme Quality Assurance Reference Committee (QARC) that turnaround times for 95% of all screening tests processed in Scotland provide a more informative reflection of the time taken to turnaround samples than the mean figure (as previously published). Previously published mean turnaround figures are available here.
Concepts and definitions	Please see Cervical Screening FAQ and Glossary document found at the bottom of the Cervical Screening homepage.
Relevance and key uses of the statistics	ISD's Scottish Cervical Screening Programme statistics are designed for monitoring and evaluating the effectiveness of the Scottish Cervical Screening Programme. The statistics are used for a variety of purposes, including: • informing Scottish Government planning, including NHS spending and the development of the Scottish cancer care action plan; • informing Health Boards' planning and commissioning of cancer services; • health services research and clinical audit; • promoting changes in societal behaviour, such as increasing screening uptake rates; and • providing information to compare with UK and international health data.
Accuracy	All cervical screening data are subject to validation when entered onto SCCRS. Further checks on figures are carried out by individual

	laboratories on a quarterly basis. Any inaccuracies are then reported back for investigation and correction, if necessary.
Completeness	At time of extraction, data for the most recent year are estimated to be complete. See above note on Revisions.
Comparability	Currently, cervical screening statistics are not generally compared with other areas of the UK & NI. The eligible age range for invitation to cervical screening varies within the UK.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.
Coherence and clarity	All cervical screening tables are accessible via the Cervical Screening homepage. Cervical screening data are presented within Excel spreadsheets for each table.
Value type and unit of measurement	Number of cervical screening tests, results of tests and average turnaround times are reported as a count; uptake and % results are reported as a percentage.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	National Statistics
UK Statistics Authority Assessment	Assessment by UK Statistics Authority for National Statistics designation completed.
Last published	28th August 2012
Next published	26th August 2014
Date of first publication	3.5 & 5.5 year uptake information by NHS Board of Residence is available from 1st January 1995. Annual workload information, for the number of cervical screening tests processed, is available from 1st January 1995.
Help email	nss.isdcancerstats@nhs.net
Date form completed	13th August 2013

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 and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads

Extended Pre-Release Access

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)

Early Access for Management Information

These statistics will also have been made available to those who needed access to ‘management information’, ie as part of the delivery of health and care:

NHS Board Screening Coordinators

Early Access for Quality Assurance

These statistics will also have been made available to those who needed access to help quality assure the publication:

Scottish Cervical Screening Programme National Coordinator and Programme Manager – National Service Division

Scottish Government Health Directorate, CMO and Public Health Directorate

NHS Board Cervical Screening Laboratory contacts

Cervical screening Quality Assurance Reference Committee (QARC)

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.