

# Publication Report



## Cancer Mortality in Scotland (2012)

Publication date – 26 November 2013



## Contents

Introduction .....	2
Key points .....	3
Results and Commentary.....	4
Cancer Mortality .....	4
Cancer Incidence and Mortality by Deprivation Quintile .....	8
Glossary.....	10
List of Tables.....	11
Contact.....	13
Further Information.....	13
Rate this publication.....	13
Appendix .....	14
A1 – Background Information .....	14
A2 – Publication Metadata (including revisions details).....	15
A3 – Early Access details (including Pre-Release Access) .....	17
A4 – ISD and Official Statistics.....	18

## Introduction

This publication provides information on deaths from cancer in Scotland, covering the years 1987-2012 for each main type of cancer. Information presented here replaces information previously available on the ISD website. The publication uses death registration data supplied by National Records of Scotland.

This publication also includes an update of cancer incidence and mortality rates by the 2009 Scottish Index of Multiple Deprivation (SIMD) quintiles for 28 major types of cancer. Detailed information on these types of cancer is provided on the [ISD Cancer Information website](#).

Throughout this publication, we refer to all malignant neoplasms (cancers) EXCLUDING non-melanoma skin cancers (NMSC). We use this classification to be consistent with our publication of [cancer incidence](#) information, which also excludes NMSC from the category 'all malignant neoplasms' because their recording is less likely to be complete than for other cancers. NMSC are very common, but do not usually result in death. More information can be found on our [FAQ](#) web page. Exclusion of NMSC from the mortality statistics for 'all malignant neoplasms' has very limited impact because case-fatality is so low. Statistics on deaths from 'all malignant neoplasms' INCLUDING NMSC can be found on [this page](#) or on the website of the [National Records of Scotland](#). From the National Records of Scotland website, it is evident that 'all malignant neoplasms' INCLUDING NMSC accounted for almost 29% of all deaths in Scotland in 2012.

It may be misleading to focus too much attention on any apparent changes in mortality between 2011 and 2012; it is more informative to examine trends in mortality observed over a number of years. Striking changes from one year to the next may occur in the case of rare cancers, but these are likely to reflect random fluctuation caused by small numbers of deaths. In such cases it is even more important to examine mortality rates for a number of years aggregated together, rather than focussing on a single year of mortality.

Please note that the mortality rates in this publication for 2011 and 2012 are based on the 2011 census population. Mortality rates for 2002 to 2010 are based on population estimates that have been carried forward from the 2001 census. These are the most up to date population estimates available at time of publication. The 2002-2010 population estimates are due to be re-calculated based on the 2011 census and are scheduled to be published by National Records of Scotland in December 2013. These updated population estimates may result in slightly different rates for 2002-2010 and slightly altered estimates of 10-year percentage changes when they are re-calculated for future publications.

## Key points

- Over the last ten years, the overall age-standardised cancer (excluding non-melanoma skin cancers) mortality rate has fallen by 11.2%. The rate has fallen by 15.5% for males and 5% for females.
- There is considerable variation in trends for different types of cancer. For example, the rate of female deaths due to breast cancer has decreased by 17.7% over the last 10 years, while female death rates due to lung cancer have increased by 10.1% over the same time period. For males, the death rate due to lung cancer has decreased by 21.7% over the last ten years.
- Although the age-standardised *rate* of death due to cancer has decreased, the actual *number* of deaths due to cancer has increased: this largely reflects an increase in older age groups within the population, and the fact that cancer is a relatively common disease among the elderly.
- Significant patterns exist when examining incidence and mortality rates by deprivation in Scotland. The most deprived areas have higher incidence and mortality rates for all cancers combined (excluding non-melanoma skin cancers). There are variations in this pattern for specific types of cancer. For example, malignant melanoma of the skin has higher incidence and mortality in the less deprived areas of Scotland.

## Results and Commentary

Please note that details of these statistics can be found by cancer site on the [Cancer website](#) and summarised in the [Cancer in Scotland summary report](#).

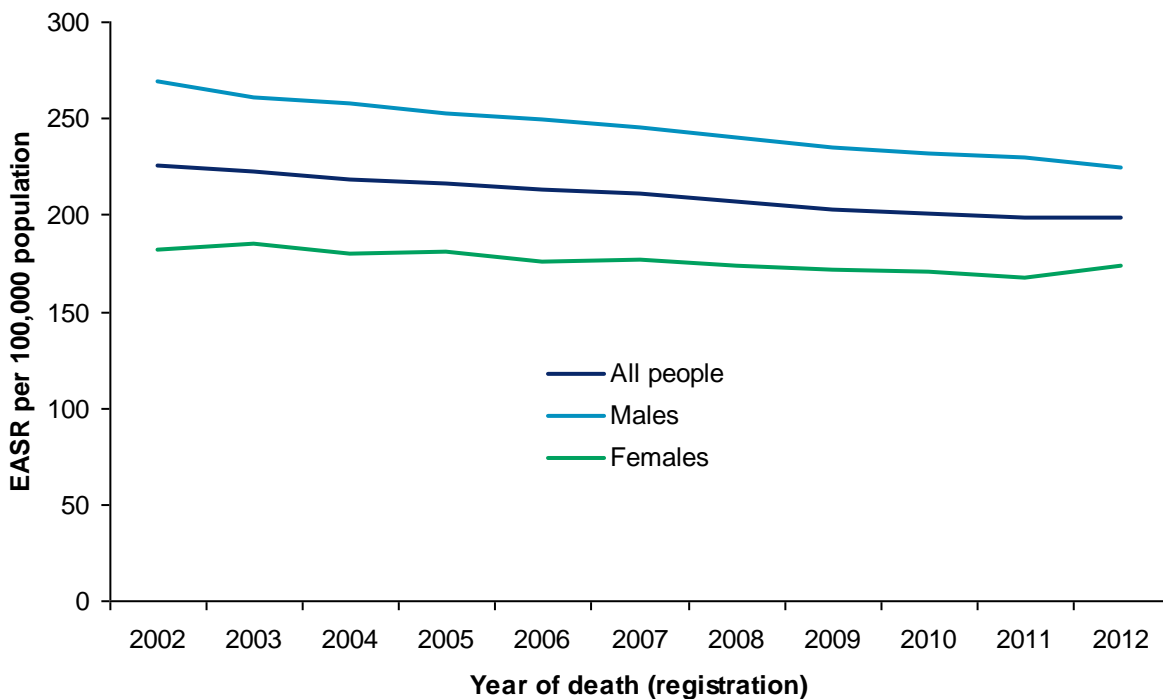
The cancer mortality statistics within this publication are based on the date of registration of the death rather than the date on which the death occurred. This is in order to be consistent with the information published by [National Records of Scotland](#). By law, a death should be registered within 8 days of the date of death.

### Cancer Mortality

In 2012, 15,787 people died from cancer (excluding non-melanoma skin cancers) in Scotland.

Age-standardised cancer mortality rates for all cancers combined have decreased by 11.2% over the 10 year period of 2002-2012 (figure 1), with a greater decrease in males than in females (15.5% and 5% decrease, respectively). The percentage changes in the mortality rate over the ten year period are estimated using Poisson regression.

**Figure 1. Recent trends (2002-2012) in age-standardised mortality rates for cancer<sup>1</sup> in Scotland. (EASR: European Age Standardised Rate)**

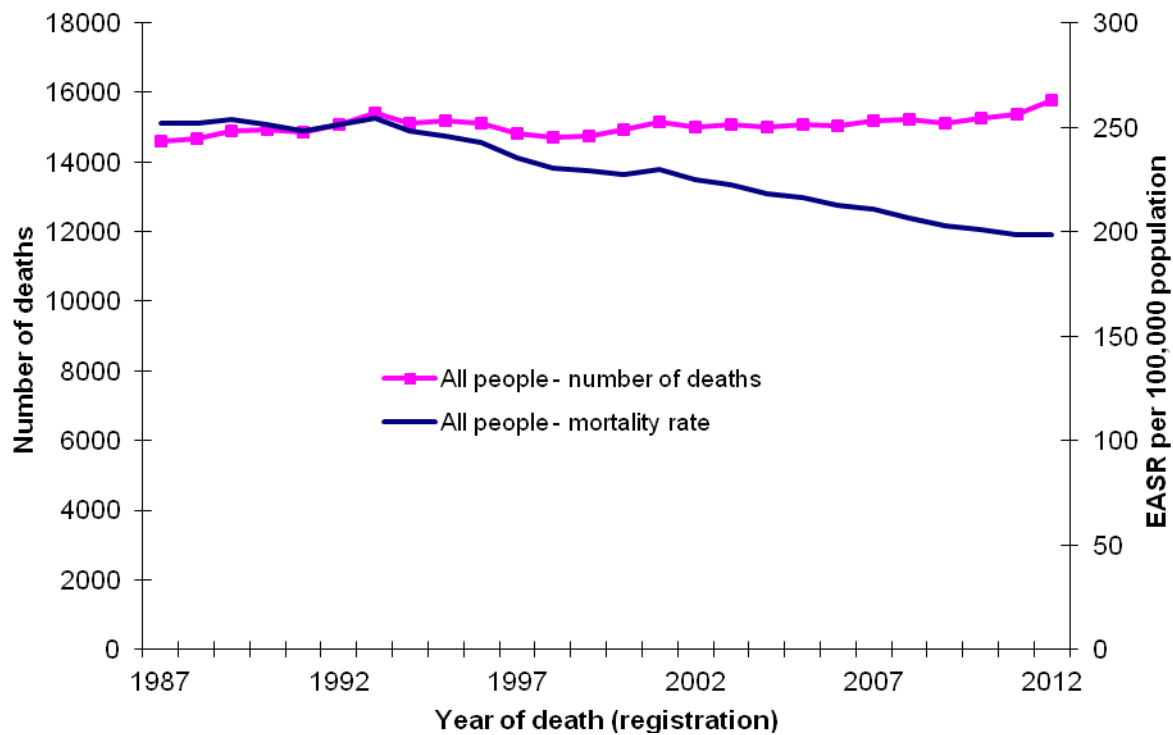


<sup>1</sup> excluding non-melanoma skin cancers  
Source: National Records of Scotland.

Although the age-standardised cancer mortality *rate* has decreased, the actual *number* of deaths due to cancer has increased (figure 2). This largely reflects an increase in older age groups within the population, and the fact that cancer is a relatively common disease among the elderly.

**Figure 2. Cancer<sup>1</sup> mortality in Scotland, 1987-2012:**

**Number of deaths and age-standardised rate<sup>2</sup>**



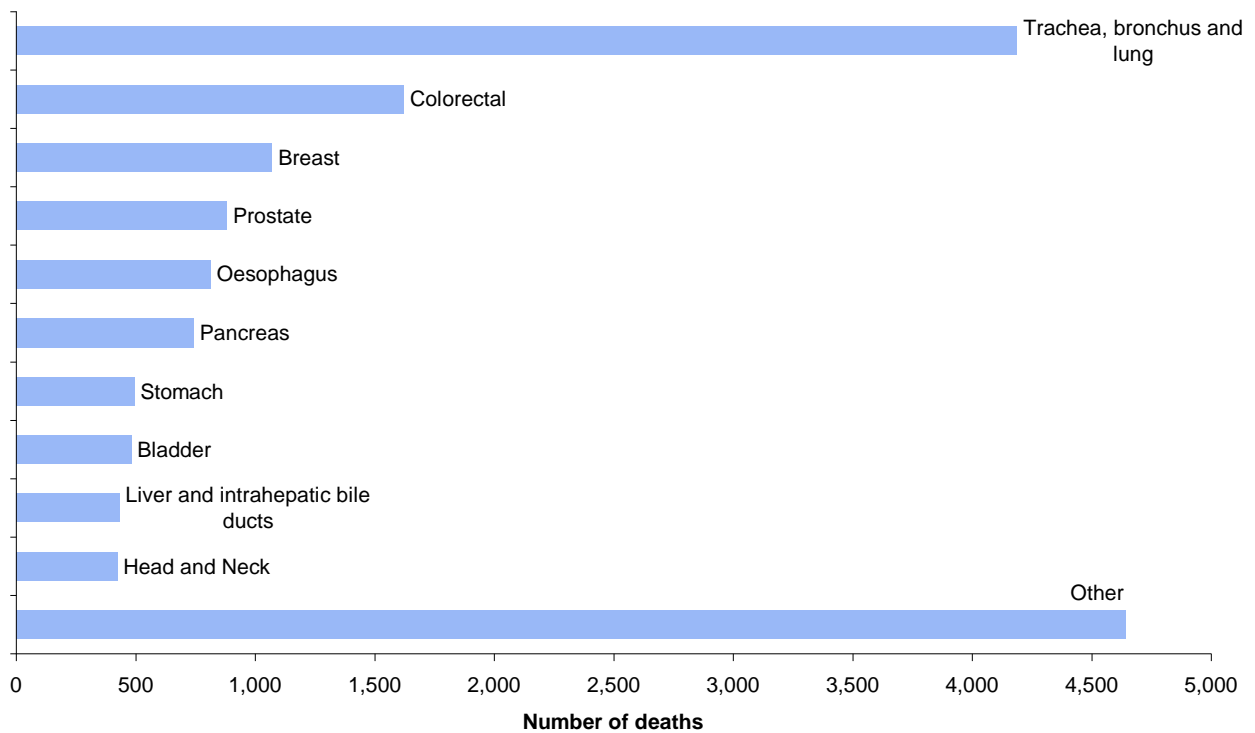
1 All cancers excluding non-melanoma skin cancers (ICD-10 C00-C97 excl C44)

2 European Age Standardised Rate

Source: National Records of Scotland.

Figure 3 shows the types of cancer that account for the greatest number of deaths in Scotland in 2012. Cancers of the lung (4,189), colorectum (1,621), breast (1,071), prostate (881) and oesophagus (813) are responsible for more than half of the deaths from cancer in Scotland.

Figure 3. Deaths from cancer<sup>1</sup> in Scotland, 2012<sup>2</sup>



1 excluding non-melanoma skin cancers  
 2 based on year of registration of death  
 Source: National Records of Scotland.

Table 1 shows the ten most common causes of death from cancer for both sexes combined and for men and women separately. It also shows the percentage frequency and percentage change over ten years for those types of cancer. A p-value of less than 0.05 for the 10 year change indicates that this is statistically significant.

For men, the largest decreases in mortality rate in the ten most common causes of death from cancer have been in stomach, lung and colorectal cancer (36.3%, 21.7% and 21.3% respectively). Mortality rates from prostate cancer, the most frequently diagnosed cancer in males, have decreased by 11.1% over the 10 years to 2012. The mortality rate from cancer of the liver has increased by 27.1% in men over the last 10 years, a statistically significant trend.

For women, the largest decreases in mortality rates in the ten most common causes of death from cancer were observed in stomach, breast and ovarian cancer (29.9%, 17.7% and 17.3% respectively). Mortality rates from breast cancer, the most frequently diagnosed cancer in females, have decreased in spite of an increase in incidence of female breast cancer. The cervical cancer mortality rate has decreased by 9.4% over the same time period, in keeping with a longer term trend (data not shown in Table 1 as cervical cancer lies outside the ten most common causes of death from cancer).

**Table 1: Most common causes of death from cancer in Scotland in 2012: Rank, number, frequency and change in mortality rate since 2002**

Rank	ICD-10 site grouping	Number	Frequency	10 year % change <sup>1</sup>	p - value <sup>3</sup>
<b>All Persons</b>					
1	Trachea, bronchus and lung (C33-C34)	4,189	26.5%	-10.4	0.008
2	Colorectal (C18-C20)	1,621	10.3%	-15.9	<0.001
3	Breast (C50) <sup>2</sup>	1,071	6.8%	x	x
4	Prostate (C61) <sup>2</sup>	881	5.6%	x	x
5	Oesophagus (C15)	813	5.1%	-9.3	0.004
6	Pancreas (C25)	742	4.7%	+8.0	0.022
7	Stomach (C16)	494	3.1%	-34.4	<0.001
8	Bladder (C67)	482	3.1%	-11.9	0.131
9	Liver and intrahepatic bile ducts (C22)	431	2.7%	+27.8	<0.001
10	Head and Neck (C00-C14, C30-C32)	422	2.7%	-1.3	0.728
	Other malignant neoplasms	4,641	29.4%	x	x
	All malignant neoplasms excluding non-melanoma skin cancer	15,787	100.0%	-11.2	<0.001
Rank	ICD-10 site grouping	Number	Frequency	10 year % change <sup>1</sup>	p - value <sup>3</sup>
<b>Males</b>					
1	Trachea, bronchus and lung (C33-C34)	2,094	26.4%	-21.7	<0.001
2	Prostate (C61)	881	11.1%	-11.1	0.001
3	Colorectal (C18-C20)	837	10.6%	-21.3	<0.001
4	Oesophagus (C15)	533	6.7%	-7.2	0.029
5	Pancreas (C25)	369	4.7%	+7.7	0.171
6	Stomach (C16)	306	3.9%	-36.3	<0.001
7	Bladder (C67)	303	3.8%	-15.8	0.002
8	Head and Neck (C00-C14, C30-C32)	291	3.7%	-4.6	0.367
9	Liver and intrahepatic bile ducts (C22)	249	3.1%	+27.1	<0.001
10	Brain and other CNS (C70-C72, C75.1-C75.3)	230	2.9%	-1.4	0.846
	Other malignant neoplasms	1,838	23.2%	x	x
	All malignant neoplasms excluding non-melanoma skin cancer	7,931	100.0%	-15.5	<0.001
Rank	ICD-10 site grouping	Number	Frequency	10 year % change <sup>1</sup>	p - value <sup>3</sup>
<b>Females</b>					
1	Trachea, bronchus and lung (C33-C34)	2,095	26.7%	+10.1	0.002
2	Breast (C50)	1,063	13.5%	-17.7	<0.001
3	Colorectal (C18-C20)	784	10.0%	-6.2	0.040
4	Ovary (C56)	383	4.9%	-17.3	<0.001
5	Pancreas (C25)	373	4.7%	+8.4	0.113
6	Oesophagus (C15)	280	3.6%	-14.6	0.004
7	Non-Hodgkin's lymphoma (C82-C85)	211	2.7%	-14.3	0.040
8	Stomach (C16)	188	2.4%	-29.9	<0.001
9	Liver and intrahepatic bile ducts (C22)	182	2.3%	+29.5	0.004
10	Bladder (C67)	179	2.3%	-1.3	0.866
	Other malignant neoplasms	2,118	27.0%	x	x
	All malignant neoplasms excluding non-melanoma skin cancer	7,856	100.0%	-5.0	0.002

'x' = not applicable.

1 Calculated using Poisson regression analyses.

2 Percentage change in mortality is not shown in the 'All Persons' table for cancers occurring mainly or only in one sex.

3 p-value is the probability that the 10 year percentage change occurred by chance. A p-value of less than 0.05 indicates that the change is statistically significant.

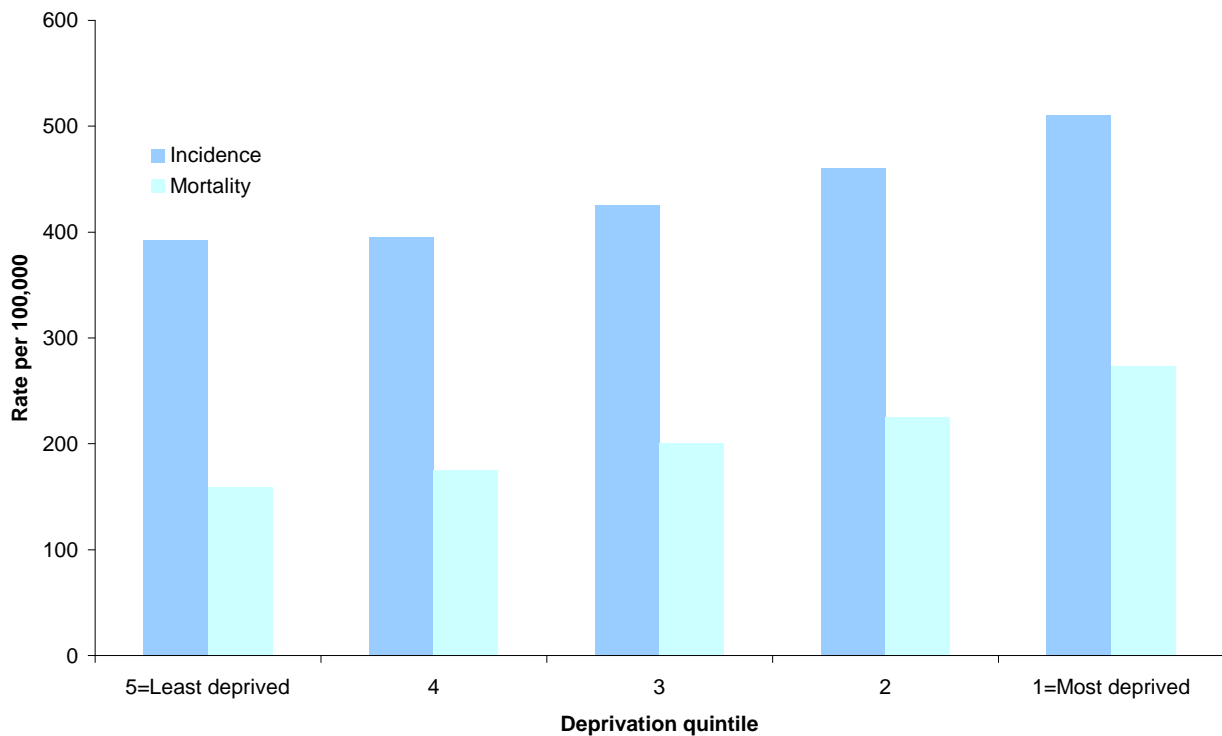
Source: National Records of Scotland (NRS)



## Cancer Incidence and Mortality by Deprivation Quintile

Significant patterns exist when examining incidence and mortality rates by deprivation in Scotland. Considering all cancers combined, the most deprived areas have incidence rates approximately 30% higher than the least deprived areas; mortality rates for all cancers combined are approximately 72% higher in the most deprived than the least deprived areas (figure 4).

**Figure 4. Cancer<sup>1</sup> Incidence and Mortality by deprivation quintile in Scotland**



<sup>1</sup> All cancers excluding non-melanoma skin cancers (ICD-10 C00-C97 excl C44)  
 Incidence: 2007-2011; Mortality 2008-2012; deprivation quintile SIMD2009  
 Source: Scottish Cancer Registry, ISD (registrations); National Records of Scotland (deaths)

There are variations in this pattern when looking at specific types of cancer. For example, while lung cancer incidence and mortality rates are higher in the most deprived areas of Scotland, incidence and mortality rates of malignant melanoma of the skin (melanoma skin cancer) are higher in the least deprived areas of Scotland.

Cancers associated with smoking tend to be strongly correlated with deprivation by having the highest incidence and mortality rates in the most deprived areas; these include cancers of the trachea, bronchus and lung, oral cavity and larynx. For cancer of the trachea, bronchus and lung, incidence and mortality rates are over three times higher in the most deprived areas compared to the least deprived areas.

The incidence of (and mortality from) cervical cancer tends to be higher in more deprived women, reflecting socio-economic differences in exposure to risk factors, and lower attendance for cervical screening which aims to prevent cervical cancer by diagnosing and treating pre-cancerous changes.

In contrast, the incidence of breast cancer tends to be higher in less deprived areas. Again, this is likely to reflect differences in exposure to risk factors, and higher rates of attendance at breast screening in less deprived areas, since breast screening is not designed to prevent breast cancer, but rather to diagnose the disease as early as possible, when treatment is more likely to be effective. Despite a lower incidence of breast cancer in more deprived areas, the mortality rate in these areas is not correspondingly lower – this is consistent with the observation that survival from breast cancer tends to be lower in patients from deprived areas.

For prostate cancer, incidence is higher in the less deprived areas but mortality has no correlation with deprivation quintile. The higher incidence of prostate cancer in less deprived areas may reflect higher rates of prostate specific antigen (PSA) testing of the populations in these areas.

## Glossary

Cancer registry	The Scottish Cancer Registry is responsible for the collection of information on all new cases of cancer arising in residents of Scotland. More detailed information is available on the ISD website <a href="#">here</a> .
Crude rate	The number of cases divided by the population. The crude rate does not attempt to adjust for differences in age and sex structures between different populations (see European age-standardised rate below). Typically expressed as the number of cases per 100,000 population.
European age-standardised rate	Apparent differences in disease rates in populations may be partly or entirely due to the fact that one population is older than the other. Standardised rates adjust for differences in age and sex structures between different populations or in the same population over time and allow fair comparisons to be made.
ICD-10	The 10 <sup>th</sup> revision of the International Classification of Diseases produced by the World Health Organisation (WHO). It assigns codes to particular diseases and conditions.
Incidence	Incidence refers to the number of new cases of a condition in a defined population during a defined period and is typically expressed as the number of new cases per 100,000 population per year (or other suitable units).
Malignant tumour	Cancerous growth.
Mortality rate	The number of deaths as a rate per 100,000 population.
Neoplasm	Abnormal growth
NMSC	Non-melanoma skin cancer. A type of cancer that develops slowly in the upper layers of the skin.
Percentage	A rate, number or amount in each hundred.
PSA	Prostate specific antigen – a protein made in the prostate gland.

## List of Tables

Table No.	Cancer Mortality by year	Time period	File & size
0	<a href="#">Cancer in Scotland Summary</a>	2002-2012	PDF [264 kb]
1	<a href="#">All Cancers</a>	1987-2012	Excel [996 kb]
2	<a href="#">Bladder</a>	1987-2012	Excel [954 kb]
3	<a href="#">Bone and Connective Tissues</a>	1987-2012	Excel [2003 kb]
4	<a href="#">Brain and CNS</a>	1987-2012	Excel [1546 kb]
5	<a href="#">Breast</a>	1987-2012	Excel [943 kb]
6	<a href="#">Colorectal</a>	1987-2012	Excel [2106 kb]
7	<a href="#">Female Genital Organs</a>	1987-2012	Excel [1483 kb]
8	<a href="#">Head and Neck</a>	1987-2012	Excel [4637 kb]
9	<a href="#">Hodgkins Disease</a>	1987-2012	Excel [921 kb]
10	<a href="#">Kidney</a>	1987-2012	Excel [958 kb]
11	<a href="#">Leukaemias</a>	1987-2012	Excel [3155 kb]
12	<a href="#">Liver</a>	1987-2012	Excel [952 kb]
13	<a href="#">Lung and Mesothelioma</a>	1987-2012	Excel [1412 kb]
14	<a href="#">Male Genital Organs</a>	1987-2012	Excel [921 kb]
15	<a href="#">Multiple Myeloma</a>	1987-2012	Excel [946 kb]
16	<a href="#">Non-Hodgkins Lymphoma</a>	1987-2012	Excel [965 kb]
17	<a href="#">Oesophagus</a>	1987-2012	Excel [963 kb]
18	<a href="#">Pancreas</a>	1987-2012	Excel [963 kb]
19	<a href="#">Skin</a>	1987-2012	Excel [1471 kb]
20	<a href="#">Stomach</a>	1987-2012	Excel [964 kb]

Table No.	Summarised Cancer Mortality	Time period	File & size
21	<a href="#">All Cancers</a>	2008-2012	Excel [192 kb]
22	<a href="#">Bladder</a>	2008-2012	Excel [187 kb]
23	<a href="#">Bone and Connective Tissues</a>	2008-2012	Excel [289 kb]
24	<a href="#">Brain and CNS</a>	2008-2012	Excel [244 kb]
25	<a href="#">Breast</a>	2008-2012	Excel [187 kb]
26	<a href="#">Colorectal</a>	2008-2012	Excel [290 kb]
27	<a href="#">Female Genital Organs</a>	2008-2012	Excel [236 kb]
28	<a href="#">Head and Neck</a>	2008-2012	Excel [524 kb]
29	<a href="#">Hodgkins Disease</a>	2008-2012	Excel [185 kb]
30	<a href="#">Kidney</a>	2008-2012	Excel [187 kb]
31	<a href="#">Leukaemias</a>	2008-2012	Excel [382 kb]
32	<a href="#">Liver</a>	2008-2012	Excel [188 kb]
33	<a href="#">Lung and Mesothelioma</a>	2008-2012	Excel [237 kb]
34	<a href="#">Male Genital Organs</a>	2008-2012	Excel [185 kb]
35	<a href="#">Multiple Myeloma</a>	2008-2012	Excel [187 kb]
36	<a href="#">Non-Hodgkins Lymphoma</a>	2008-2012	Excel [189 kb]
37	<a href="#">Oesophagus</a>	2008-2012	Excel [188 kb]
38	<a href="#">Pancreas</a>	2008-2012	Excel [187 kb]
39	<a href="#">Skin</a>	2008-2012	Excel [236 kb]
40	<a href="#">Stomach</a>	2008-2012	Excel [188 kb]

Table No.	Cancer Incidence and Mortality by deprivation quintile	Time period	File & size
41	<a href="#">All Cancers</a>	2007-2012	Excel [36 kb]
42	<a href="#">Bladder</a>	2007-2012	Excel [36 kb]
43	<a href="#">Bone and Connective Tissues</a>	2007-2012	Excel [36 kb]
44	<a href="#">Brain and CNS</a>	2007-2012	Excel [36 kb]
45	<a href="#">Breast</a>	2007-2012	Excel [35 kb]
46	<a href="#">Cervix</a>	2007-2012	Excel [32 kb]
47	<a href="#">Colon</a>	2007-2012	Excel [36 kb]
48	<a href="#">Colorectal</a>	2007-2012	Excel [36 kb]
49	<a href="#">Corpus Uteri</a>	2007-2012	Excel [32 kb]
50	<a href="#">Head and Neck</a>	2007-2012	Excel [36 kb]
51	<a href="#">Hodgkins Disease</a>	2007-2012	Excel [36 kb]
52	<a href="#">Kidney</a>	2007-2012	Excel [36 kb]
53	<a href="#">Larynx</a>	2007-2012	Excel [36 kb]
54	<a href="#">Leukaemias</a>	2007-2012	Excel [36 kb]
55	<a href="#">Liver</a>	2007-2012	Excel [36 kb]
56	<a href="#">Lung and Mesothelioma</a>	2007-2012	Excel [36 kb]
57	<a href="#">Multiple Myeloma</a>	2007-2012	Excel [36 kb]
58	<a href="#">Non-Hodgkins Lymphoma</a>	2007-2012	Excel [36 kb]
59	<a href="#">Oesophagus</a>	2007-2012	Excel [36 kb]
60	<a href="#">Oral</a>	2007-2012	Excel [36 kb]
61	<a href="#">Ovary</a>	2007-2012	Excel [32 kb]
62	<a href="#">Pancreas</a>	2007-2012	Excel [36 kb]
63	<a href="#">Prostate</a>	2007-2012	Excel [32 kb]
64	<a href="#">Rectum &amp; Rectosigmoid junction</a>	2007-2012	Excel [36 kb]
65	<a href="#">Skin</a>	2007-2012	Excel [36 kb]
66	<a href="#">Stomach</a>	2007-2012	Excel [35 kb]
67	<a href="#">Testis</a>	2007-2012	Excel [32 kb]
68	<a href="#">Thyroid</a>	2007-2012	Excel [36 kb]

Table No.	Other updated files	Time period	File & size
69	<a href="#">All Cancers in under 75s</a>	1995-2012	Excel [248 kb]
70	<a href="#">Breast cancer screening</a>	1979-2012	Excel [31 kb]

## Contact

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## Further Information

Further information on cancer statistics can be found on the [ISD Cancer Information website](#).

Further information can be found on the [ISD website](#)

## Rate this publication

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## Appendix

### A1 – Background Information

#### ***Source of data***

Cancer mortality data are provided by the National Records of Scotland, as released on [their website](#) in August 2013.

The cancer mortality statistics within this publication are based on the date of registration of the death rather than the date on which the death occurred. This is in order to be consistent with the information published by [National Records of Scotland](#). By law, a death should be registered within 8 days of the date of death.

Please note that the mortality rates in this publication for 2011 and 2012 are based on the 2011 census population. Mortality rates for 2002 to 2010 are based on population estimates that have been carried forward from the 2001 census. These are the most up to date population estimates available at time of publication. The 2002-2010 population estimates are due to be re-calculated based on the 2011 census and are scheduled to be published by National Records of Scotland in December 2013. These updated population estimates may result in slightly different rates for 2002-2010 and slightly altered estimates of 10-year percentage changes when they are re-calculated for future publications.

#### ***Note on trends***

The cancer mortality rates for the less common cancers may be highly variable from year to year; this is due in part to random fluctuation due to small numbers. As such, cancer mortality trends are more stable when assessed over longer time periods, such as decades.

All time trends were estimated using Poisson regression in SPSS (IBM®, Inc)

#### ***Comparisons***

Comparisons of cancer statistics across the UK are regularly produced by the Office for National Statistics (ONS). The most recent [comparison of incidence and mortality statistics](#) can be found on their website.

Comparisons are also produced by Cancer Research UK, and the most recent [mortality report](#) can be found on their [CancerStats page](#). The interactive, web-based [Cancer e-Atlas](#) produced by the National Cancer Intelligence Network is also a good source of information.

## A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	<b>Cancer Mortality</b>
Description	Annual and 5 year summaries of deaths from cancer in Scotland, by Cancer Network Region and Health Board. Within Scotland and Network levels of reporting, the mortality figures are broken down by age group and sex. Summary of incidence and mortality by deprivation quintile.
Theme	Health and Social Care
Topic	Conditions and Diseases
Format	Excel workbooks
Data source(s)	National Records of Scotland (NRS), Scottish Cancer Registry (SMR06)
Date that data are acquired	September 2013
Release date	26 November 2013
Frequency	Annual
Timeframe of data and timeliness	Data up to 31 December 2012 for mortality data. No delays between receipt and processing of data for publication. Data up to 31 December 2011 for incidence.
Continuity of data	Reports data since 1987. NRS moved from ICD-9 to ICD-10 in 2000. ICD codes have been back-mapped to 1987 as accurately as possible for continuity of reporting.
Revisions statement	No revisions have occurred and there are no revisions planned.
Revisions relevant to this publication	None
Concepts and definitions	<a href="#">Cancer Information FAQs</a>
Relevance and key uses of the statistics	The number and type of cancer deaths, by sex and geography, allow planning for provision of cancer treatment services and palliative care planning. Permits indirect measure of success of public health measures and interventions over the longer term.
Accuracy	For coding of deaths see the website of the <a href="#">National Records of Scotland</a> . Reported data are compared to previous years' figures and to expected trends.
Completeness	At time of extraction, data for the most recent year are considered to be complete.
Comparability	Cancer mortality data are regularly compared with other UK countries and the UK as a whole (eg NCIS) and international reports (eg EUROCIM). In such comparisons, data are provided only at national (Scotland) level.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to <a href="#">published guidelines</a> .
Coherence and clarity	All Cancer tables are accessible via the <a href="#">Cancer section of the ISD website</a> . Cancer sites are presented within Excel spreadsheets of cancer groupings, where appropriate. This should minimise the number of spreadsheets a user has to go through to find data, as well as ensure that they are selecting the correct data. Geographical hierarchies are



	also presented using drop down menus.
Value type and unit of measurement	Number of deaths from cancer as count; rates of deaths from cancer as crude, European age standardised, World Age standardised, and as Standardised mortality ratios. Number, eg 1.1
Disclosure	The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.
Official Statistics designation	National Statistics
UK Statistics Authority Assessment	May 2010
Last published	30 October 2012
Next published	28 October 2014
Help email	<a href="mailto:nss.isdcancerstats@nhs.net">nss.isdcancerstats@nhs.net</a>
Date form completed	17 October 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)

## 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.