

# Publication Report



## **Detect Cancer Early Staging Data**

**Year 3 (2013 and 2014 combined)**

**Publication date – 18 August 2015**

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## Introduction

Cancer is one of the major causes of death in Scotland. In 2013, nearly 15,800 people died of cancer in Scotland and approximately 31,000 people were diagnosed with cancer. The most common causes of cancer death and diagnosis are lung, breast and colorectal cancer<sup>1</sup>.

Cancer staging is the process of determining the extent to which a cancer has developed and spread. For the majority of patients with cancer it is common practice to assign a number from 1 to 4 to a cancer, with 1 indicating the cancer is confined to the original organ in which it occurred and 4 being a cancer which has spread beyond the original organ and its local lymph glands (regional lymph nodes). Patients diagnosed with stage 1 disease tend to have better outcomes and longer survival compared to patients diagnosed with stage 4 disease.

The percentage of patients with cancer diagnosed with stage 1 disease can vary because of a number of factors including the presence and uptake of national screening programmes.

In February 2012 the Cabinet Secretary for Health and Wellbeing formally launched the Detect Cancer Early (DCE) programme<sup>2</sup>. One aim of the DCE programme is to increase the percentage of people who are diagnosed early in the disease process (with stage 1 disease) by 25% by the end of 2015. A HEAT (Health, Efficiency, Access and Treatment) target has been developed to monitor performance in meeting this objective<sup>3,4</sup>. The target will concentrate on breast, colorectal and lung cancers, which collectively account for 44% of all cancers diagnosed in Scotland in 2013<sup>1</sup>.

This publication presents the numbers and percentages of patients diagnosed during 2013 and 2014 (combined) by stage at diagnosis for NHS Board of residence, Cancer Network and Scotland for breast, colorectal and lung cancers combined, as well as individually.

To help monitor performance towards the DCE HEAT target, stage 1 figures for year 3 (2013 and 2014 combined) are compared against the baseline (2010 and 2011 combined).

When making comparisons across Scotland for the breast cancer data, it should be noted that the breast screening mobile unit only visits the island NHS Boards once every three years. In other more rural NHS Boards, especially those without a screening centre such as NHS Borders and NHS Dumfries and Galloway, the breast screening mobile unit may not visit every year. This may cause some variability in the staging figures, as well as the total figures and percentages. This will also affect the combined breast, colorectal and lung cancer data but to a lesser degree.

The variability in the percentages may also be exaggerated in some NHS Boards due small numbers involved in the calculations. This can be seen in many cases with the island NHS Boards. For this reason only the mainland NHS boards are used when quoting the range of the percentage staging figures.

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<sup>1</sup> [http://www.isdscotland.org/Health-Topics/Cancer/Publications/2015-04-28/Cancer\\_in\\_Scotland\\_summary\\_m.pdf](http://www.isdscotland.org/Health-Topics/Cancer/Publications/2015-04-28/Cancer_in_Scotland_summary_m.pdf)

<sup>2</sup> <http://www.scotland.gov.uk/Topics/Health/Services/Cancer/Detect-Cancer-Early>

<sup>3</sup> <http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance>

<sup>4</sup> <http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance/DetectCancerEarly>

## Key points

- In Scotland, for the two year period 2013 and 2014, the percentage of people diagnosed with breast, colorectal and lung cancer (combined) at the earliest stage (stage 1) was 24.7%.
- In Scotland, there was a relative 6.5% increase in the percentage of people diagnosed at stage 1 for breast, colorectal and lung cancer (combined) between the baseline (2010 and 2011 combined) and year 3 (2013 and 2014 combined). This represents a 1.5 percentage point increase from the baseline.
- In interpreting these trends, it is important to consider the reduction in the proportion of cases for which stage is recorded as 'not known'. Part of the improvement in the percentage of cases diagnosed at stage 1 is due to this reduction.

## Results and Commentary

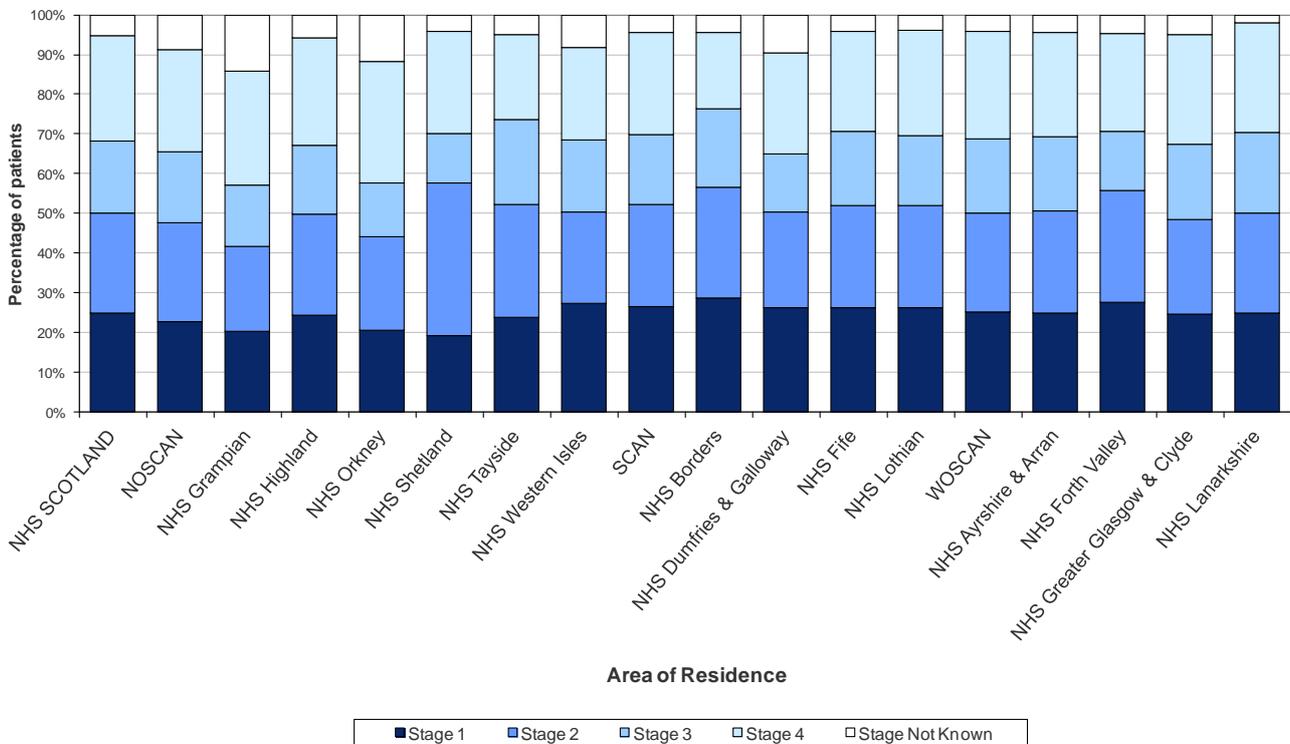
### NHS Board Boundary Changes 2014

On 1 April 2014 NHS Board boundaries were changed to align with those of local authorities. The purpose of the change is to help NHS Boards and local authorities work closer together in the provision of care in the local community<sup>5</sup>. The NHS Board of residence used in this publication report is not based on the new 2014 NHS Board boundaries but on the previous NHS Board boundaries in place since 2006. This is to allow comparison to figures used in previous year’s publications, as well as the baseline set for the DCE HEAT target. The two main tables used in the reporting of the HEAT target have also been prepared in a separate worksheet ([Tables 1b and 5b](#)) using the 2014 NHS Board boundaries solely to show as a comparison. No comments or conclusions about this are presented in this publication.

### Breast, Colorectal and Lung Cancer Combined

For the two-year period 1 January 2013 to 31 December 2014 the percentage of patients with breast, colorectal and lung cancer diagnosed with the earliest stage (stage 1) of disease was 24.7%. In the mainland NHS Boards the percentage diagnosed with the earliest stage varied from 20.2% (NHS Grampian) to 28.5% (NHS Borders), see Figure 1 and [Table 1](#).

**Figure 1: Stage distribution for breast, colorectal and lung cancer by NHS Board of residence for 2013 and 2014 combined.**



Source: ISD Detect Cancer Early data

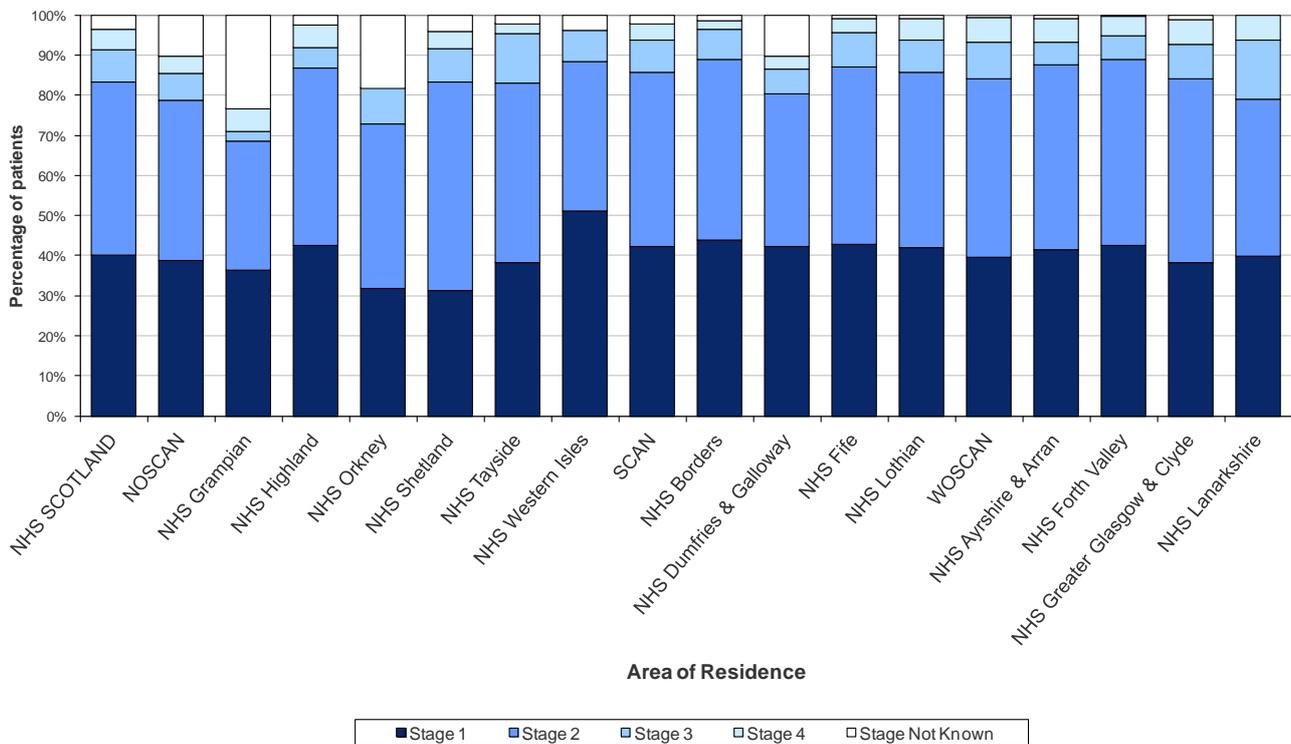
<sup>5</sup><http://news.scotland.gov.uk/News/Health-board-boundaries-d0.aspx>

The variation in the percentage of cancers diagnosed at the earliest stage may reflect, at least in part, variation in the percentage of cancers with a not known stage. For Scotland, the percentage of patients with a not known stage for the three cancers combined is 5.4% (Figure 1 and [Table 1](#)). The range between individual mainland NHS Boards is from 2.0% (NHS Lanarkshire) to 14.3% (NHS Grampian).

## Breast Cancer

For the two-year period, 1 January 2013 to 31 December 2014, the most common stage of disease at diagnosis for breast cancer in Scotland was stage 2 which accounted for 43.0% of all patients. During this period the percentage of patients in Scotland, with breast cancer diagnosed with stage 1 disease was 40.1% (Figure 2 and [Table 2](#)). In the mainland NHS Boards this varied from 36.3% (NHS Grampian) to 43.8% (NHS Borders).

**Figure 2: Stage distribution for breast cancer by NHS Board of residence for 2013 and 2014 combined.**



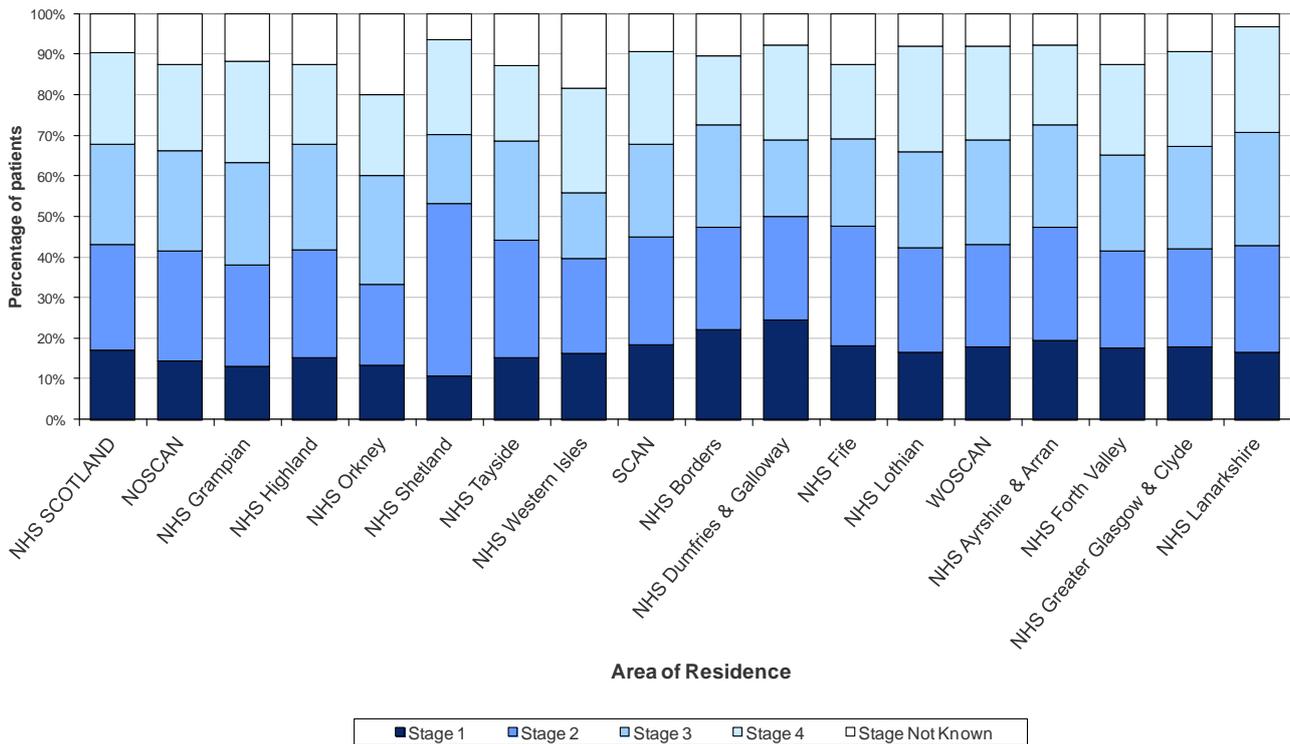
Source: ISD Detect Cancer Early data

For Scotland, 3.5% of breast cancers had a not known stage on diagnosis. This varied for the individual mainland NHS Boards from 0% (NHS Lanarkshire) to 23.3% (NHS Grampian). These differences should be taken into account when comparing the figures.

## Colorectal Cancer

For the two-year period, 1 January 2013 to 31 December 2014, the most common stage of disease at diagnosis for colorectal cancer in Scotland was stage 2 which accounted for 26.1% of all patients. During this period the percentage of patients in Scotland, with colorectal cancer diagnosed with stage 1 disease was 17.0% (Figure 3 and [Table 3](#)). In the mainland NHS Boards this varied from 13.0% (NHS Grampian) to 24.5% (NHS Dumfries & Galloway).

**Figure 3: Stage distribution for colorectal cancer by NHS Board of residence for 2013 and 2014 combined.**



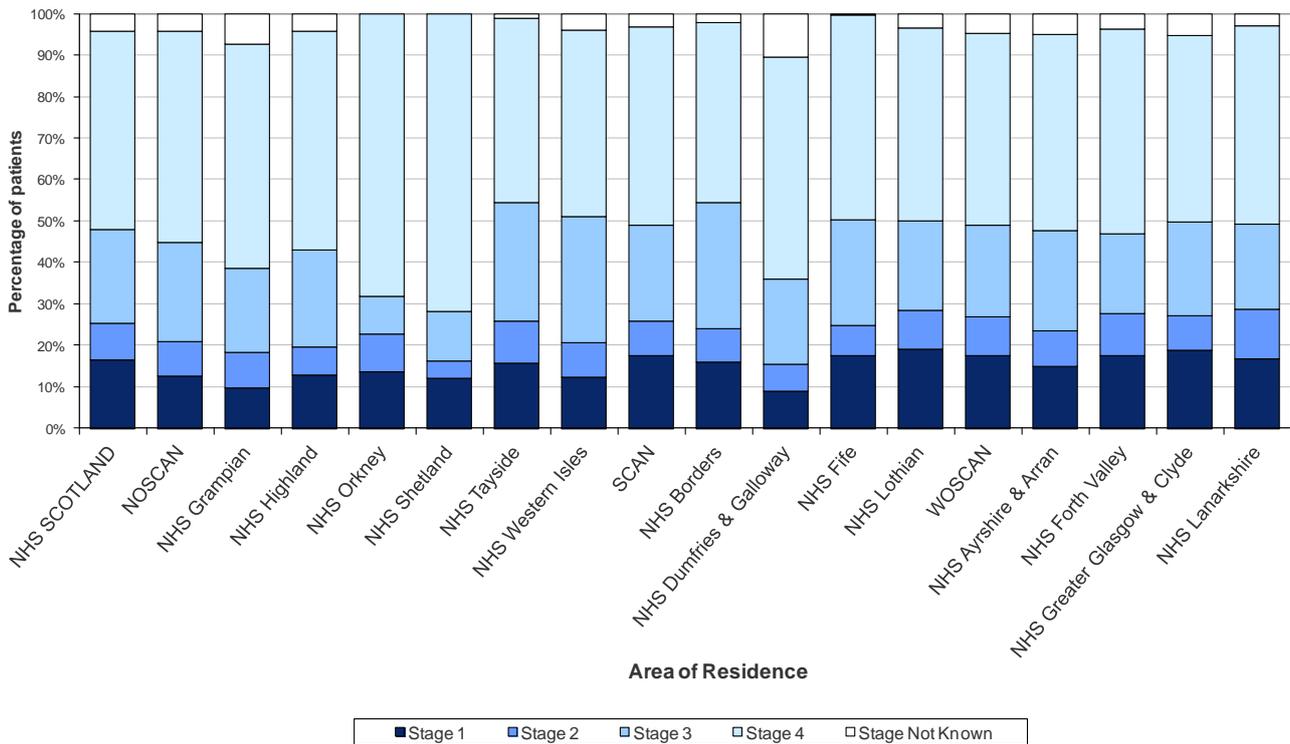
Source: ISD Detect Cancer Early data

For Scotland, 9.6% of colorectal cancers had a not known stage on diagnosis. This varied for the individual mainland NHS Boards from 3.3% (NHS Lanarkshire) to 12.9% (NHS Tayside). These differences should be taken into account when comparing the figures.

## Lung Cancer

For the two-year period, 1 January 2013 to 31 December 2014, the most common stage of disease at diagnosis for lung cancer in Scotland was stage 4 which accounted for 47.8% of all patients. During this period the percentage of patients in Scotland, with lung cancer diagnosed with stage 1 disease was 16.4% (Figure 4 and [Table 4](#)). In the mainland NHS Boards this varied from 8.8% (NHS Dumfries & Galloway) to 19.1% (NHS Lothian).

**Figure 4: Stage distribution for lung cancer by NHS Board of residence for 2013 and 2014 combined.**



Source: ISD Detect Cancer Early data

For Scotland, 4.2% of lung cancers had a not known stage on diagnosis. This varied for the individual mainland NHS Boards from 0.4% (NHS Fife) to 10.6% (NHS Dumfries & Galloway). These differences should be taken into account when comparing the figures.

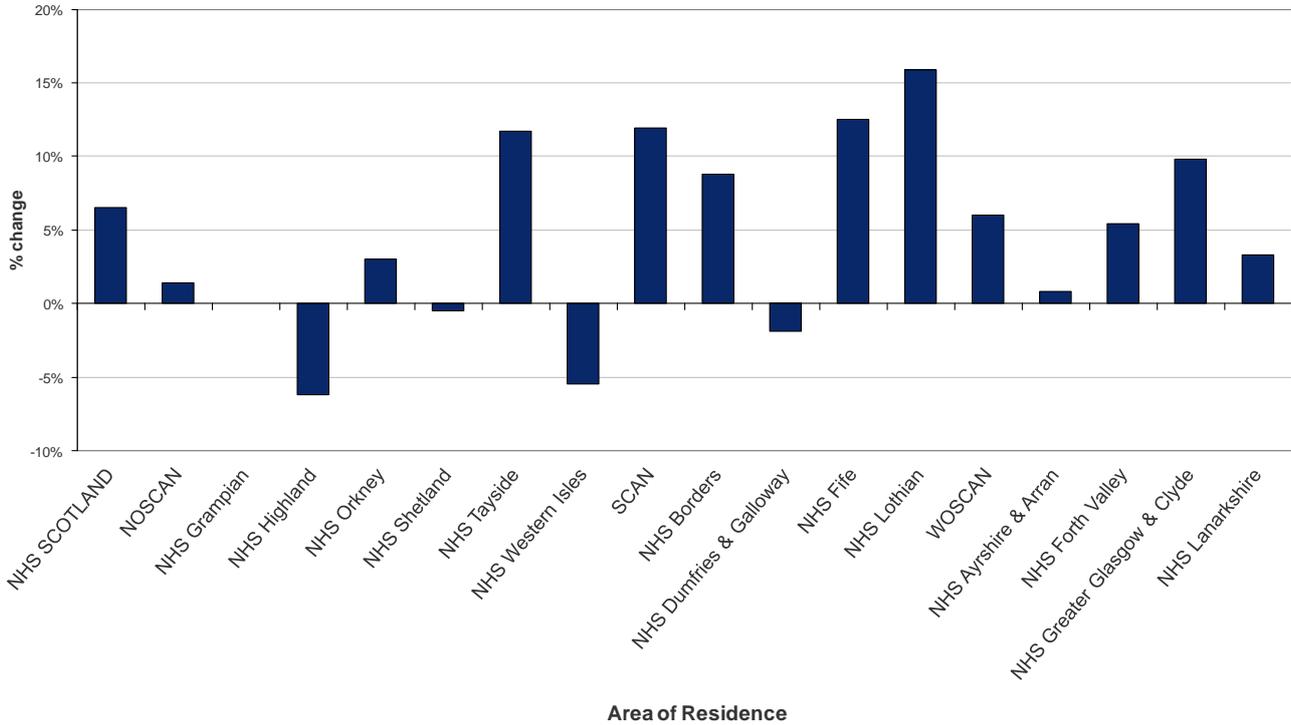
### DCE HEAT target - Year 3

The numbers and percentages of patients diagnosed with stage 1 disease for breast, colorectal and lung cancer are presented in [Table 5](#). The figures are shown for Scotland, Cancer Network and by NHS Board of residence for the baseline (2010 and 2011 combined) and subsequent years; including the latest figures for year 3 (2013 and 2014 combined).

To help monitor performance towards the DCE HEAT target (to increase the percentage of people diagnosed at the first stage of breast, colorectal and lung cancer by 25%), [Table 5](#) also shows the percentage change in stage 1 (% change) for each year after the baseline.

The latest figures show that in Scotland there was a 6.5% increase in stage 1 diagnoses for breast, colorectal and lung cancer between the baseline and year 3 ([Table 5](#) and Figure 5). In the mainland NHS Boards this varied from -6.2% (NHS Highland) to 15.9% (NHS Lothian).

**Figure 5: Percentage change in stage 1 at diagnosis from baseline to year 3 for breast, colorectal and lung cancer by NHS Board of residence.**



Note: The percentage change used is the relative percentage change and is calculated as  $(\text{year 3 percentage} - \text{baseline percentage}) / \text{baseline percentage} \times 100$

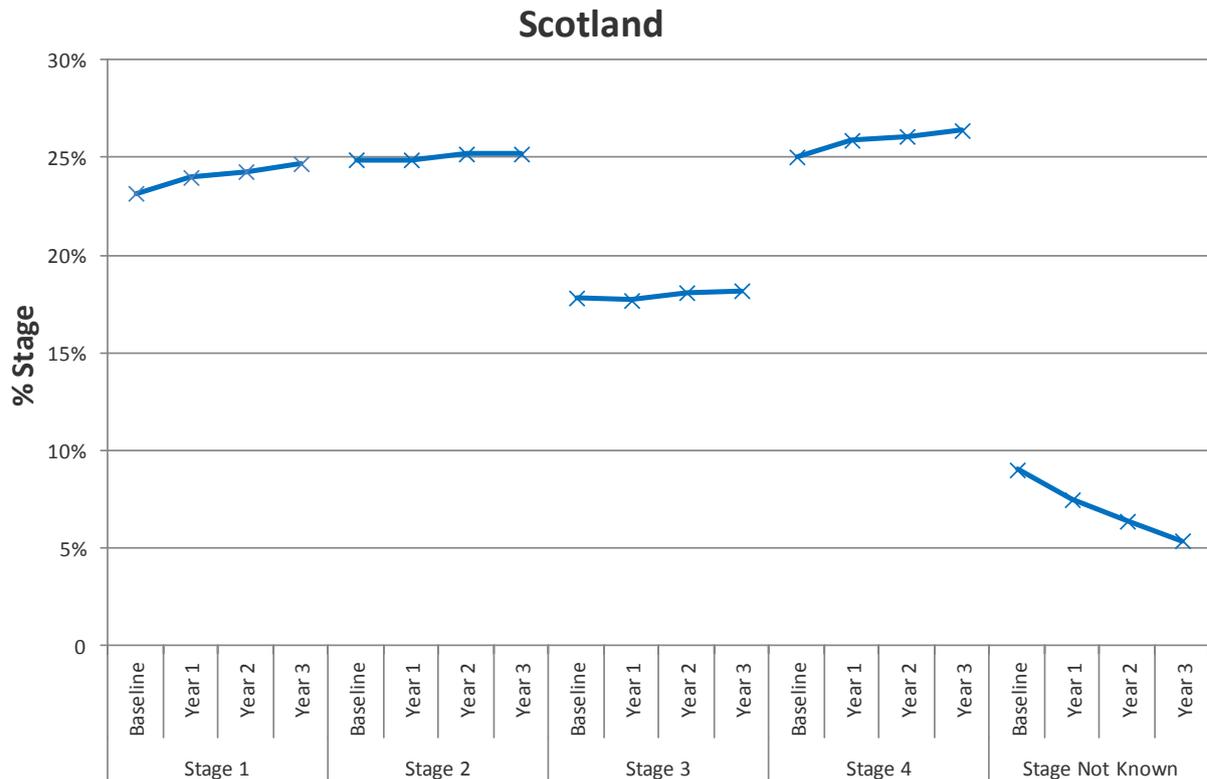
Source: ISD Detect Cancer Early data

Scotland as a whole and nine of the fourteen individual NHS Boards have seen an increase in stage 1 diagnoses (a positive % change in Figure 5). For NHS Grampian there has been no change (0%) while for NHS Highland, NHS Western Isles and NHS Dumfries & Galloway there has been a decrease in stage 1 diagnoses (a negative % change in Figure 5) from the baseline.

## Trend in Cancer Stage

The trend in the percentage of patients diagnosed at each stage of disease for breast, colorectal and lung cancer in Scotland is presented in Figure 6.

**Figure 6: Trend in percentage of patients diagnosed at each stage for breast, colorectal and lung cancer in Scotland.**



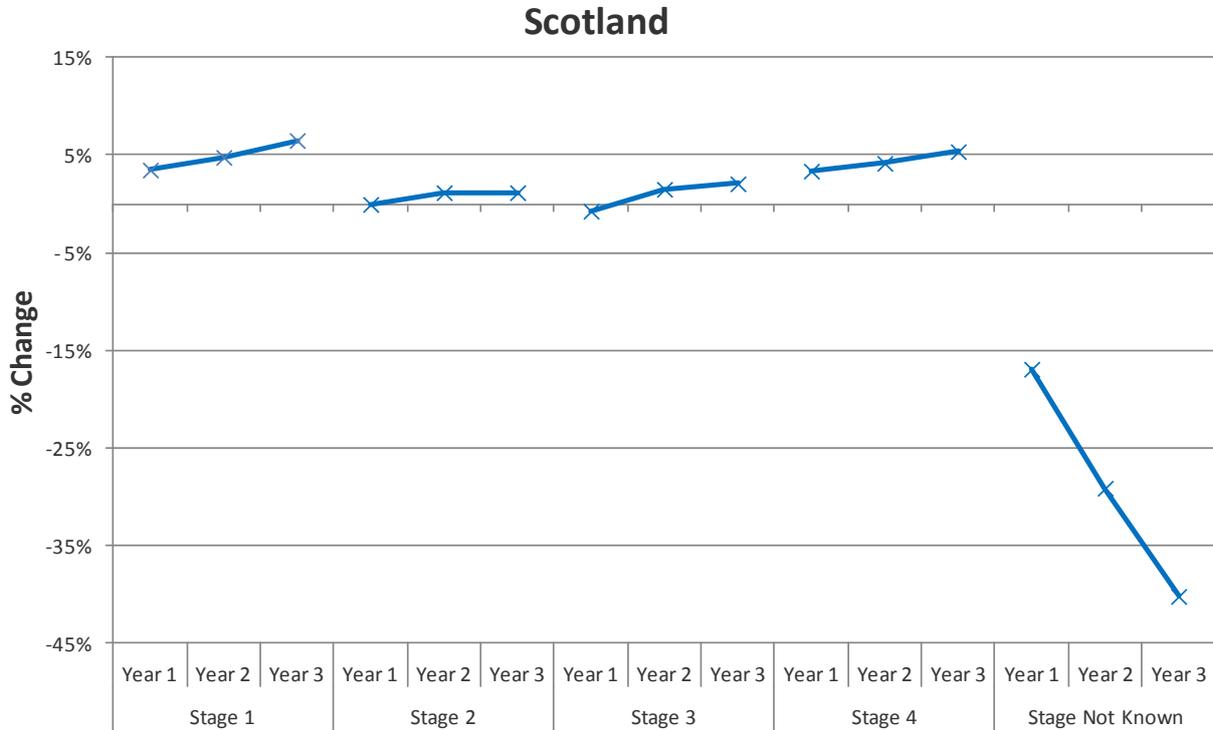
Source: ISD Detect Cancer Early data

There has been an increase in the percentage of patients diagnosed with stage 1 disease from the baseline to year 3, from 23.2% to 24.7%. There have also been increases in the percentage of patients diagnosed with stages 2 to 4; for example stage 4 diagnoses have increased from to 25.1% to 26.4%. At the same time, patients with a stage recorded as not known has decreased from 9.0% to 5.4%.

As we don't know anything about the distribution of stage for the previously "not known category" patients it is not possible to separate out increases in the stage diagnosed due to better recording or from a potential shift from more advanced stages of disease.

It is useful to look at these figures as the percentage change from the baseline. The percentage change in stage 1 is used to monitor the progress towards the DCE HEAT target. The trend in the percentage change (% change) for all stages (stage 1 to 4 and stage not known) in Scotland is shown in Figure 7.

**Figure 7: Trend in percentage change from baseline for each stage for breast, colorectal and lung cancer in Scotland.**



Note: The percentage change used is the relative percentage change and is calculated as  $(\text{year 3 percentage} - \text{baseline percentage}) / \text{baseline percentage} * 100$

Source: ISD Detect Cancer Early data

The data show the increase in stage 1 diagnoses from year 1 to year 3, from 3.4% to 6.5% (the DCE HEAT target being 25%). There is also an increasing trend shown for stages 2 to 4. At the same time the stage not known diagnoses shows a sharp reduction of -16.7% in year 1 to -40.0% in year 3. As before, this suggests that the increase in stages 1 to 4 are due largely to the improvement in recording of stage.

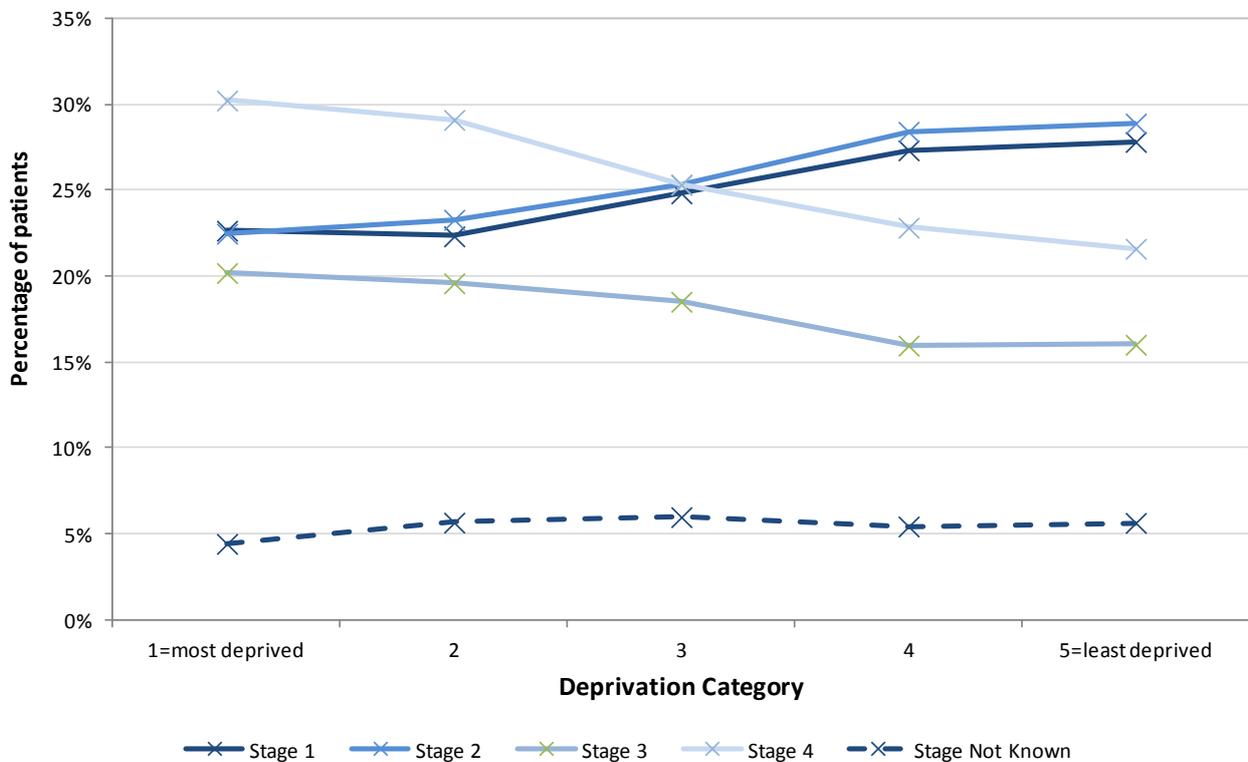
All the data used in Figure 6 and 7 are given in previous publications; [Baseline](#), [Year 1](#) and [Year 2](#) data tables, as well as the current [Year 3](#) publication.

### Cancer Stage by Deprivation

The percentages of patients diagnosed with breast, colorectal and lung cancer in Scotland at each stage of disease by deprivation category are presented in Figure 8. The figure shows that diagnosis at the earlier stages (stage 1 and 2) is more common in people living in least deprived areas than in the most deprived areas. In contrast, diagnosis with more advanced stages (stage 3 and 4) is more common in the most deprived areas.

The largest proportion of people living in the most deprived areas are being diagnosed at stage 4. While the largest proportion of people living in the least deprived areas are being diagnosed at stage 2 or stage 1.

**Figure 8: Percentage of patients in Scotland diagnosed with breast, colorectal and lung cancer by stage and deprivation category (year 3 – 2013 and 2014 combined).**



Note: Deprivation category shown is as Scottish Index of Multiple Deprivation (SIMD) quintiles for 2012

Source: ISD Detect Cancer Early data

However, there are some differences in these patterns by cancer site. For example, while the proportion of stage 1 cancers is higher among the least deprived category for breast and colorectal cancer (both of which have well-established screening programmes, with higher uptake among the least deprived), the ‘deprivation gradient’ tends to operate in the opposite direction in patients with lung cancer.

## Glossary

HEAT	HEAT stands for Health Improvement, Efficiency, Access to Services and Treatment. It is an internal NHS performance management system that includes targets that support National Outcomes. NHS Boards are accountable to the Scottish Government for achieving HEAT targets.
ICD-10	The 10th revision of the International Classification of Diseases produced by the World Health Organisation (WHO). It assigns codes to particular diseases and conditions.
Imaging	Examination of organs or tissue using a variety of techniques including x-ray, CT (Computerised Tomography) scan, MRI (Magnetic Resonance Imaging) scan etc.
Mainland NHS Boards	Health Boards in Scotland excluding the three Island Health Boards (Orkney, Shetland and Western Isles)
NOSCAN	North of Scotland Cancer Network.
Pathological Information	This information is obtained when a sample of tissue is examined by a pathologist.
Percentage	A rate, number or amount in each hundred. This is calculated by dividing the number of patients with each stage by the total number of patients, and multiplying by 100.
SCAN	South East of Scotland Cancer Network
WOSCAN	West of Scotland Cancer Network

## List of Tables

Table No.	Name	Time period	File & size
1	<a href="#">Number and percentage of patients by stage at diagnosis for Breast, Colorectal and Lung cancer by NHS Board of residence for 2013 and 2014 combined.</a>	2013 and 2014	Excel [183kb]
2	<a href="#">Number and percentage of patients by stage at diagnosis for Breast cancer by NHS Board of residence for 2013 and 2014 combined.</a>	2013 and 2014	Excel [183kb]
3	<a href="#">Number and percentage of patients by stage at diagnosis for Colorectal cancer by NHS Board of residence for 2013 and 2014 combined.</a>	2013 and 2014	Excel [183kb]
4	<a href="#">Number and percentage of patients by stage at diagnosis for Lung cancer by NHS Board of residence for 2013 and 2014 combined.</a>	2013 and 2014	Excel [183kb]
5	<a href="#">Number and percentage of stage 1 patients for breast, colorectal and lung cancer by NHS Board of residence, with percentage change from baseline to subsequent year.</a>	Baseline: 2010 and 2011 Year 1: 2011 and 2012 Year 2: 2012 and 2013 Year 3: 2013 and 2014	Excel [183kb]
1b	<a href="#">Number and percentage of patients by stage at diagnosis for Breast, Colorectal and Lung cancer by NHS Board of residence for 2013 and 2014 combined.</a>	2013 and 2014	Excel [183kb]
5b	<a href="#">Number and percentage of stage 1 patients for breast, colorectal and lung cancer by NHS Board of residence, with percentage change from baseline to subsequent year.</a>	Baseline: 2010 and 2011 Year 3: 2013 and 2014	Excel [183kb]

## Contact

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## Further Information

The Information Services Division published a wide range of cancer statistics. You can find all our cancer information at [www.isdscotland.org/Health-Topics/Cancer/](http://www.isdscotland.org/Health-Topics/Cancer/).

## Rate this publication

Please [provide feedback](#) on this publication to help us improve our services.

## Appendix

### A1 – Background Information

#### Data collection

Data to support the Detect Cancer Early (DCE) initiative are collected by Cancer Audit staff across NHS Scotland and are part of the Scottish National Prospective Cancer Audit data sets, which are recorded onto the NHS Boards' prospective cancer audit systems.

These data are collected locally by individual NHS Boards using national data standards. The information is collected as patients progress through their pathway of care from initial referral, investigations and diagnosis, to staging, treatments and follow-up. Further information on prospective cancer audit data definitions can be found under [QPI data sets](#) in the Cancer Audit section of the website.

Quarterly data are submitted to ISD before being validated and loaded onto the Detect Cancer Early database to allow interrogation and reporting.

#### Data completeness

When the number of tumours recorded by National Prospective Cancer Audit in 2010 and 2011 were compared to an equivalent period in the Scottish Cancer Registry they were found to be approximately 90% complete.

#### Data Quality

The quality of these statistics are considered fit for publication. The data received were validated against the national data definitions to ensure that codes were consistent.

By utilising both clinical and pathological information from across the patient record all attempts have been made to produce the most accurate staging information possible. However, some patients will legitimately never be staged, and it will not be possible to derive a stage category for some other patients owing to the complexities around data capture. Both these categories of patients will have their stage recorded as Not Known.

The number and percentage of Not Known stage should be taken into account when comparing stage distribution figures for individual cancers across geographical areas.

ISD routinely seeks clarification from NHS Boards on their data where there may be large changes in numbers, unusual patterns in the data or changes in trends. These changes may be influenced by a variety of factors including service changes/reconfiguration or data recording changes. NHS Boards are given the opportunity to review their submitted records during a quality assurance stage prior to publication. There are several quality assurance reports built in the DCE datamart where NHS Boards can assess the data quality after uploading.

## Staging definitions

The method of defining stage can vary depending on the type of cancer. While the detail of the methods used here are different for breast, colorectal and lung cancer, in general they use a combination of the clinical and pathological information recorded for each patient. Clinical may include information about the cancer obtained by physical examination, imaging, and endoscopy, while pathological information is obtained when a sample of tissue is examined by a pathologist.

It should also be noted that it is not always possible to assign a stage of disease for every cancer patient. There will, therefore, always be a percentage of patients where their stage of disease remains unknown. In order to provide a more stable baseline the figures for two consecutive years, 2010 and 2011, have been combined.

**A2 – Publication Metadata (including revisions details)**

<b>Metadata Indicator</b>	<b>Description</b>
Publication title	Detect Cancer Early Staging Data
Description	Two years of data (2013 and 2014 combined) presented for three cancers (breast, colorectal and lung) by stage of disease at diagnosis. Comparison between baseline and year 3 figures for monitoring the DCE HEAT target.
Theme	Health and Social Care.
Topic	Conditions and Diseases.
Format	Excel workbooks and PDF.
Data source(s)	Prospective Cancer Audit data collected by Cancer Audit staff across NHS Scotland. Data are collected as the patient progresses through their pathway from referral, investigations, staging, treatment and follow-up. Quarterly data are submitted to ISD before being validated and loaded onto the Detect Cancer Early database to allow interrogation and reporting.
Date that data are acquired	Quarterly data submission files for the individual cancers were submitted to ISD up to 1 May 2014 for 2013 data and up to 8 May 2015 for 2014 data. Some resubmissions occur during quality assurance prior to publication.
Release date	18 August 2014.(This year's publication was delayed 3 weeks due to a technical issue with the DCE datamart)
Frequency	Annual.
Timeframe of data and timeliness	Data on patients diagnosed from 1 January 2013 to 31 December 2014.
Continuity of data	While the national prospective cancer audit data sets for the individual cancers have changed since 2010 every effort has been made to ensure that the specific data items used to report on DCE have remained stable. For example the guidance around the approach to coding Dukes' stage for polyp colorectal cancers has been revised to align with the recent Scottish Bowel Screening guidance. This change was applied retrospectively to the 2010 and 2011 data and NHS Boards were given the opportunity to revisit their audit records and, where appropriate, update information prior to submitting their data to ISD.
Revisions statement	Figures contained within each publication may also be subject to change in future publications. See ISD Statistical Revisions Policy.
Revisions relevant to this publication	None.
Concepts and definitions	See Glossary and Appendix A1 contained within this report.

<p>Relevance and key uses of the statistics</p>	<p>The DCE team, within ISD, will work in partnership with the SG Cancer Delivery Team and NHS Boards to collate data to facilitate the monitoring of NHSScotland’s performance against the DCE HEAT target. Other uses of the data include support of NHS Boards, researchers, charities, media, and public, and to fulfil Freedom of Information requests and Parliamentary Questions.</p>
<p>Accuracy</p>	<p>The quality of these statistics are considered fit for publication. Data were validated against the national data definitions to ensure that codes were consistent. NHS Boards were given the opportunity to review and amend all codes which did not appear in the national definitions. By utilising both clinical and pathological information from across the patient record all attempts have been made to produce the most accurate staging information possible. However, some patients will legitimately never be staged, and it will not be possible to derive a stage category for some other patients owing to the complexities around data capture. Both these categories of patients will have their stage recorded as Not Known.</p>
<p>Completeness</p>	<p>When the number of tumours recorded by Prospective Cancer Audit in 2010 and 2011 were compared to an equivalent period in the Scottish Cancer Registry they were found to be approximately 90% complete.</p>
<p>Comparability</p>	<p>Owing to the pragmatic approach taken for deriving stage based on a combination of clinical and pathological information it may not be possible to directly compare these results with other cancer staging data.</p>
<p>Accessibility</p>	<p>It is the policy of ISD Scotland to make its web sites and products accessible according to <a href="#">published guidelines</a>.</p>
<p>Coherence and clarity</p>	<p>Statistics are presented within Excel spreadsheets and PDF. Data are reported on a national, NHS Board and Regional Cancer Network level, broken down by cancer type. The distribution of stage at diagnosis is reported on for the three cancers combined and by cancer type. For completeness the number and percentage of patients with a not known stage at diagnosis are also included.</p> <p>Further features to aid clarity:</p> <ol style="list-style-type: none"> <li>1. All tables are printer friendly.</li> <li>2. Figures for the three cancers combined and the three cancers separately are available in separate tables to enable users to select a single cancer</li> </ol>
<p>Value type and unit of measurement</p>	<p>Distribution of stage (number and %) for NHS Scotland, Regional Cancer Network and NHS Board level, broken down by cancer type. The percentage change (% change)</p>

	used is the relative percentage change - more specifically this is the difference in the stage 1 percentage between a particular year and the baseline relative to the baseline, expressed as a percentage.
Disclosure	The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.
Official Statistics designation	Official statistics.
UK Statistics Authority Assessment	Not currently put forward for assessment.
Last published	29 July 2014
Next published	26 July 2016
Date of first publication	28 May 2013
Help email	<a href="mailto:nss.isdDetectCancerEarly@nhs.net">nss.isdDetectCancerEarly@nhs.net</a>
Date form completed	July 2014

## **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

### **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:

- Scottish Government Health Department (Cancer Access Delivery Team)

### **Early Access for Quality Assurance**

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

- NHS Board Detect Cancer Early Executive Leads and Cancer Audit staff.

## 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](#).