Publication Report

Alcohol-related Hospital Statistics Scotland 2011/12

Publication date – 24th September 2013

A National Statistics Publication for Scotland

Contents

Introduction

Excessive consumption of alcohol can result in a wide range of health problems. Some may occur after drinking over a relatively short period, such as acute intoxication (drunkenness) or poisoning (toxic effect). Others develop more gradually, only becoming evident after long-term heavy drinking, such as damage to the liver and brain. In addition to causing physical problems, excessive alcohol consumption can lead to mental health problems such as dependency.

The information reported in this publication has been collated using data obtained from the following sources (see Appendix A1 for further information):

- Hospital data from ISD General Acute Inpatient / Day cases Records (SMR01) years 2007/08 to 2011/12;
- Mental Health Inpatient and Day Case Records (SMR04) years 2006/07 to 2010/11.

The majority of data in this report is reported as number of discharges; some information is reported as number of patients. Information is also broken down by age; gender; deprivation category and local area of residence (Health Board and council area).

Key points

- In 2011/12, there were 38,737 alcohol-related discharges from a general acute hospital in Scotland (a rate of 691 discharges per 100,000 population). This is a 0.5% decrease in absolute numbers compared to the previous year (2010/11), when there were 38,924 alcohol-related discharges (a rate of 709 discharges per 100,000 population)
- Over the last five years, there has been a 14% decrease in rates of alcohol related discharges from a general acute hospital in Scotland; from 802 discharges per 100,000 population in 2007/08 to 691 discharges per 100,000 population in 2011/12. The largest decrease was in the 45-49 year age group and the second-largest decrease in those aged 15-19 years.
- For people aged 40-44 years the rate increased from 2010/11 to the latest year (also very small increases were seen in these aged 20-24, 25-29 and 30-34 years of age), although since 2007/08 their rates have dropped markedly as well.
- In all five years, the rate of alcohol-related general acute hospital discharges was approximately seven times greater for patients living in the most deprived areas (category 1) compared to those living in the least deprived areas (category 5).

Results and Commentary

## General Acute Inpatient/Day Case Hospital Discharges

Latest year (2011/12)

- In 2011/12, there were 38,737 alcohol-related discharges from a general acute hospital in Scotland (a rate of 691 discharges per 100,000 population) (Tables 1 & 2). This is a 0.5% decrease in absolute numbers compared to the previous year (2010/11), when there were 38,924 alcohol-related discharges (a rate of 709 discharges per 100,000 population) (Table 2).
- In 2011/12, 72% of alcohol-related discharges involved males (Table 2).
- Rates of alcohol-related discharge were highest in the 50 to 54 years age group with a rate of 1,252 discharges per 100,000 population (Table 2).
- Compared to the previous year (2010/11) the rate of alcohol-related discharges has decreased most in people aged 50-54 years. For people aged 40-44 years the rate increased and very small increases were seen in these aged 20-24, 25-29 and 30-34 years of age. In all other age groups the rates dropped from 2010/11 to the latest year. (Table 2).
- The 38,737 discharges in 2011/12 involved 25,993 patients; an average number of 1.5 alcohol-related discharges per patient (Table 1).
- During 2011/12, the most commonly recorded specific diagnoses relating to alcohol misuse were Harmful Use (10,606 discharges, equating to a rate of 185 discharges per 100,000 population), and Acute Intoxication (10,461 discharges, equating to a rate of 190 discharges per 100,000 population). The third-most common specific diagnosis was for any Alcoholic Liver Disease; 6,464 discharges equating to a rate of 111 discharges per 100,000 population) (Table 3A).
- In 2011/12, the rate of alcohol-related general acute hospital discharges was more than seven times greater for patients living in the most deprived areas (category 1) compared to those living in the least deprived areas (category 5) (Table 4 and Figure 2).
- Of the 38,737 alcohol-related discharges in Scotland during 2011/12, 93% of discharges relate to emergency admissions (Table 5).
- As in previous years, the day of the week with the highest number of alcohol-related emergency admissions is Sunday with 5,617 emergency admissions, although the variation in number of discharges is relatively small across all the days (Table 5).

Five Year trend – 2007/08 to 2011/12

- Over the period 2007/08 to 2011/12, there was an overall decrease of 14% in the rate of alcohol-related discharges from general acute hospitals in Scotland, from 802 discharges per 100,000 population in 2007/08, to 691 discharges per 100,000 population in 2011/12. The absolute number of discharges decreased from 43,033 in 2007/08 to 38,737 in 2011/12 (Table 2).
- Over this time period, the rate of alcohol-related discharges fell by 14% for men (from 1,152 to 989 per 100,000) and by 13% for women (from 451 to 393 per 100,000) (Table 2 and Figure 1).

Figure 1. General acute inpatient discharges with an alcohol-related diagnosis by sex; 2007/08–2011/12
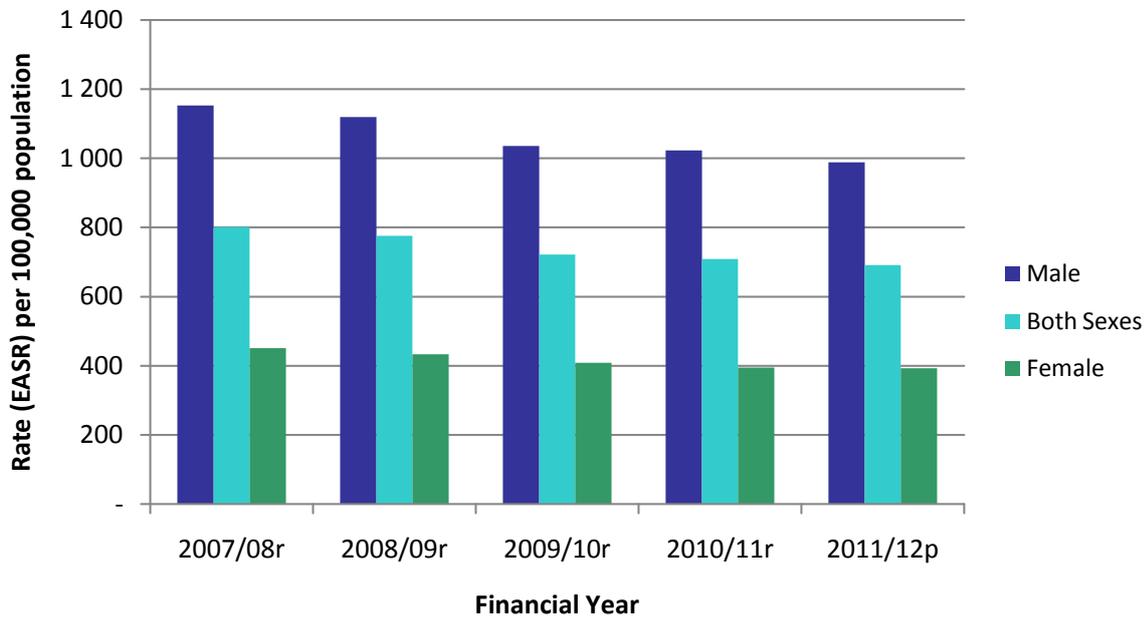
- Between 2007/08 to 2011/12, alcohol-related discharge rates decreased for all age groups. However, in the 20-24, 25-29,30-34 and 40-44 year olds the rate increased slightly from 2010/11 to the latest year (Table 2).
- As in the previous years, rates of alcohol-related discharge are highest in the 50 to 54 years age group with a rate of 1,252 discharges in 2011/12 per 100,000 population (Table 2).
- The largest percentage decrease was in those aged under 15 years age where the rate decreased by 49%, from 39 discharges per 100,000 population in 2007/08 to 20 discharges per 100,000 population in 2011/12. There was also a marked decrease in the 15 to 19 years age group where the rate decreased by 36% from 605 discharges per 100,000 population to 387 discharges per 100,000 population. The other age groups recorded decreases varying between 6 and 17%. (Table 2).
- In all five years, the rate of alcohol-related general acute hospital discharges was approximately seven times greater for patients living in the most deprived areas (category 1) compared to those living in the least deprived areas (category 5). The difference was largest in 2009/10, with the rate being 7.6 times greater for the most deprived, but in 2011/12, the difference had reduced slightly to 7.3 times greater (Table 4 and Figure 2)

Figure 2. General acute inpatient discharges with an alcohol-related diagnosis by deprivation; 2007/08-2011/12
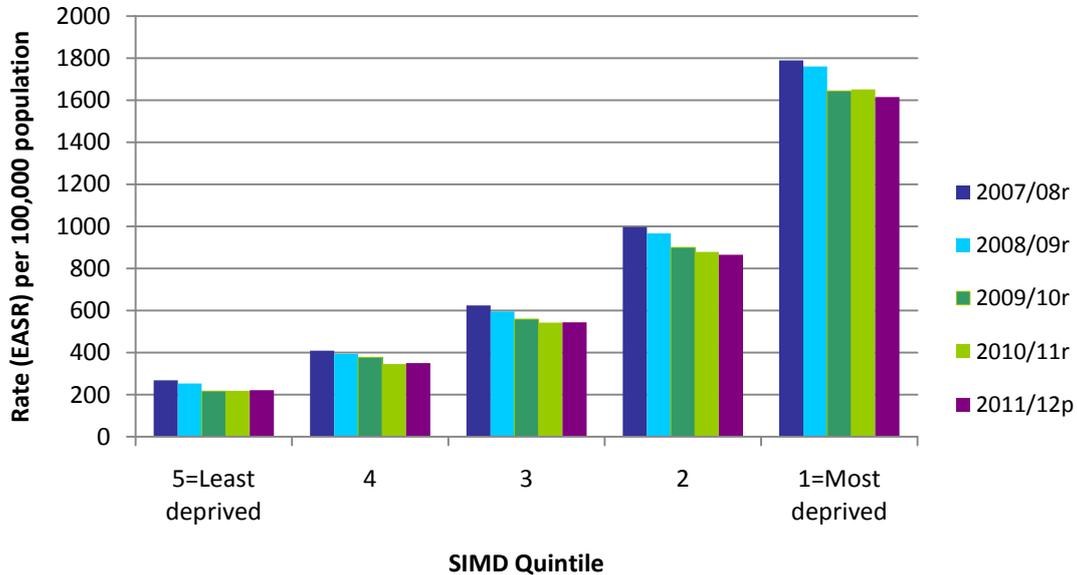
Geographical profile

- The rate of alcohol-related discharges from general acute hospitals in Scotland varied greatly between NHS Boards in all of the five years.
- In the latest year (2011/12) the discharge rate was highest in NHS Orkney with 1,332 discharges per 100,000 population (but based on relatively small numbers), and NHS Greater Glasgow & Clyde had the second-highest rate with 999 discharges per 100,000 population (Table 2).
- The lowest rate in 2011/12 was recorded in NHS Forth Valley, with 420 discharges per 100,000 population. NHS Tayside had the second-lowest rate with 455 discharges per 100,000 population (Table 2).
- Throughout the 5-year time period NHS Greater Glasgow & Clyde and NHS Ayrshire & Arran recorded very high alcohol-related discharge rates. However, both recorded a decrease of around 12% and 10% respectively in discharge rates from 2007/08 to 2011/12.
- NHS Lanarkshire, Forth Valley and Borders all showed a modest increase in alcohol-related discharge rate in 2011/12 compared to the previous year, going up by 7 to 15%.

Psychiatric Inpatient and Day Case Hospital Discharges

Latest year (2010/11)

- In 2010/11, there were 3,454 alcohol-related discharges from psychiatric hospitals in Scotland, a rate of 65 discharges per 100,000 population (the EASR rate). This is a decrease compared to the previous year (2009/10), when there were 4,063 discharges (equivalent to an EASR of 77 per 100,000 population) (Table 7).
- The alcohol-related discharge rates from psychiatric hospitals in 2010/11 were highest in the 40 to 44 and 45 to 49 years age groups with an EASR of 158 and 155, respectively (Table 6).
- Over two-thirds (69%) of alcohol-related discharges from psychiatric hospitals in Scotland in 2010/11 involved males (Table 6).
- The 3,454 discharges in 2010/11 involved 2,892 patients; an average number of 1.2 alcohol-related discharges from psychiatric hospitals per patient (Table 7).
- In 2010/11, the majority of all alcohol-related discharges from psychiatric hospitals was for Alcohol dependence; this was recorded in 68% of discharges (2,364; a rate of 45 discharges per 100,000 population) (Table 8).
- In 2010/11, the rate of alcohol-related discharges was 9 times higher for patients living in the most deprived areas (category 1) than the least deprived areas (category 5) (Table 9).

Five year trend - 2006/07 to 2010/11

- The rate of alcohol-related discharges from psychiatric hospitals decreased by 16% between 2006/07 and 2010/11. Discharges peaked in 2008/09 (80 discharges per 100,000 population) but have been decreasing since then. (Table 7).
- The decrease from 2006/07 to 2010/11 was seen in every age group, with the largest decrease in those aged 20-24 years, which fell by 37% (53 per 100,000 in 2006/07 to 34 per 100,000 population in 2010/11), and those aged 15-19 years (a drop of 30% from 13 to 9 discharges per 100,000 population). The smallest decrease (2%) was seen in people aged 45-49 years (Table 7).
- In all five years, the most deprived quintile showed an 8-9 times higher discharge rate compared to the least deprived quintile (Table 9).

Geographical profile

- The rate of alcohol-related discharges varies substantially between NHS Boards in all reporting years.
- The rates of alcohol-related discharges from psychiatric hospitals were highest in NHS Tayside and NHS Ayrshire & Arran in 2010/11 with rates of 124 and 114 discharges per 100,000 population respectively (Table 7).
- For most NHS Boards, the discharge rates from psychiatric hospitals have gone down over the five-year period (Table 7).

Glossary

Alcohol-related diagnosis	These refer to conditions known to be a direct consequence of alcohol consumption. Codes used in our analyses are provided in Appendix A1.
Deprivation	The Scottish Index of Multiple Deprivation (SIMD) is used to calculate deprivation rates. SIMD has 38 indicators in 7 domains (income, employment, housing, health, education, skills and training, geographical access and crime) at datazone level, which have been combined into an overall index. Rates are reported by quintiles. Quintiles divide the population into five equal proportions so that 20% of the population falls into each quintile. The 2012 version for SIMD deprivation indicators was used in the analysis for this publication.
EASR	European Age Standardised Rate; standardised rates are used to allow comparisons across geographical areas by controlling for differences in the age structure of local populations. Age standardised rates can be compared across areas and time periods. They give the number of events that would occur in a standard population (per 100,000) if that population had the age-specific rates of a given area. The rates are standardised to the European Standard population. The age groups used for deriving the standardised rates are as defined in the European Standard Population.
Hospital episode of care	This refers to a given period of health care in a hospital setting. An individual (patient) may account for a number of episodes during a given reporting period. Each episode is initiated by a referral (including re-referral) or admission and is ended by a discharge.
ICD-10	International Classification of Diseases and Related Health Problems 10th revision is used to classify hospital admissions and deaths.
Inpatient	This is when a patient occupies an available staffed bed in a hospital and either; remains overnight whatever the original intention or is expected to remain overnight but is discharged earlier.
Provisional data	An indication that the data is provisional means that returns from hospitals are not yet complete and the final figure may be different to that recorded when all returns are in.

List of Tables

Table No.	Name	Time period	File & size
	The Alcohol Hospital Statistics 2011/12 Tables file includes the following tables:		Excel [750kb]
1	General acute hospital ratio of discharges to patients for alcohol-related diagnoses	2011/12	
2	General acute inpatient and day case discharges with an alcohol-related diagnosis in any position	2007/08-2011/12	
3A	General acute inpatient and day case discharges with an alcohol-related diagnosis in any position; with specific diagnosis	2011/12	
3B	General acute inpatient and day case discharges with an alcohol-related diagnosis in any position; with selected specific diagnosis	2011/12	
4	General acute inpatient and day case discharges with an alcohol-related diagnosis in any position; by deprivation category	2007/08-2011/12	
5	General acute inpatient and day case discharges with an alcohol-related diagnosis in any position	2011/12	
6	Psychiatric hospital ratio of discharges to patients for alcohol-related diagnoses in any position	2010/11	
7	Psychiatric inpatient discharges with an alcohol-related diagnosis in any position	2006/07-2010/11	
8	Psychiatric inpatient discharges with an alcohol-related diagnosis in any position; with specific diagnosis	2010/11	
9	Psychiatric inpatient discharges with an alcohol-related diagnosis in any position; by deprivation category	2006/07-2010/11	

Contact

Stephen Simmons
Information Analyst
stephen.simmons@nhs.net
0131 275 7572

Annemarie van Heelsum
Principal Information Analyst
a.vanheelsum@nhs.net
0131 275 7099

Ian Grant
Principal Researcher
ian.grant@nhs.net
0131 275 6324

Further Information

Further information can be found on the ISD website

Rate this publication

Click here to provide feedback and rate this publication.

Appendix

A1 – Background Information

Hospital activity data are collected across the NHS in Scotland and are based on nationally available information routinely drawn from hospital administrative systems across the country. The principal data sources are the SMR01 (acute inpatient and daycase) and SMR04 (psychiatric inpatient and daycase) returns.

SMR01 – Hospital general and acute inpatients and day cases

SMR01 is an episode based patient record relating to all inpatient and day cases discharged from specialities other than mental health, maternity, neonatal and geriatric long stay specialities in NHS Scotland. A record is generated for each inpatient and day case episode, of which there are about 1,200,000 each year. Attendances at Accident and Emergency that do not result in an admission are not included. Each individual patient may have more than one stay and hence the number of people discharged within a year will be less than the total number of discharges. The SMR01 basic data set encompasses patient identification and demographic information, episode management information and general clinical information. Items such as waiting time for inpatient or day case admission and length of stay may be derived from the episode management information.

When figures are broken down by geographical area or age the numbers in some categories can be very small. In these cases both differences between categories and trends over time should be interpreted with caution because they may be misleading.

The tables presented in the first section of this report are derived from the SMR01, and contain information about patients admitted to general hospitals (mainly for emergency treatment), where alcohol misuse is diagnosed as a factor in the patient's treatment. Up to six diagnoses are recorded per admission, and episodes with either a main or a supplementary diagnosis of alcohol misuse are included. Alcohol misuse is recorded using the International Classification of Diseases 10th Revision (ICD10) Codes. The following codes were used in the analysis presented in this section:

ICD10 code	Description
E24.4	Alcohol induced Pseudo-Cushing's syndrome
E51.2	Wernicke's Encephalopathy
F10	Mental & behavioural disorders due to use of alcohol
G31.2	Degeneration of nervous system due to alcohol
G62.1	Alcoholic polyneuropathy
G72.1	Alcoholic myopathy
I42.6	Alcoholic cardiomyopathy
K29.2	Alcoholic gastritis
K70	Alcoholic liver disease
K86.0	Alcohol-induced chronic pancreatitis
O35.4	Maternal care for (suspected) damage to foetus from alcohol
P04.3	Foetus and newborn affected by maternal use of alcohol
Q86.0	Fetal alcohol syndrome (dysmorphic)
R78.0	Finding of alcohol in blood
T51.0	Toxic effect of ethanol
T51.1	Toxic effect of methanol
T51.9	Toxic effect of alcohol, unspecified

X45	Accidental poisoning by and exposure to alcohol
X65	Intentional self-poisoning by and exposure to alcohol
Y15	Poisoning by and exposure to alcohol undetermined intent
Y57.3	Alcohol deterrents
Y90	Evidence of alcohol involvement determined by blood alcohol level
Y91	Evidence of alcohol involvement determined by level intoxication
Z50.2	Alcohol rehabilitation
Z71.4	Alcohol abuse counselling and surveillance
Z72.1	Alcohol Use

Some caution is necessary when using these data as alcohol misuse may only be suspected and may not always be recorded by the hospital. The tables presented here are based on all alcohol-related diagnoses throughout the hospital stay.

SMR04 – Mental health inpatient and day case return

The statistics in the second section of this report are derived from data collected through the mental health inpatient and day case return (SMR04), which records information at any stage from admission to discharge. On the SMR04 form up to six separate diagnoses can be recorded on discharge. A diagnosis in the first position is the main diagnosis on discharge. A diagnosis 'in any position' refers to the occurrence of a diagnosis in any of the six positions (including main and supplementary).

Figures for all discharges relate to the number of episodes not to the number of individual patients admitted or discharged. Each individual may have more than one episode. When figures are broken down by geographical area or age the numbers in some categories can be very small. In these cases both differences between categories and trends over time should be interpreted with caution because they may be misleading.

Diagnosis is recorded at all stages of the hospital stay from admission to discharge diagnosis on discharge may differ from diagnosis on admission. The tables presented here are based on diagnosis on discharge. In these cases both differences between categories and trends over time should be interpreted with caution because they may be misleading.

Data Quality

The ISD Data Quality Assurance (DQA) team is responsible for evaluating and ensuring SMR datasets are accurate, consistent and comparable across time and between sources. Details of the quality assurance process for SMRs are published on the DQA methodology webpage http://www.isdscotland.org/Products-and-Services/Data-Quality/Methodology/. Information on SMR data completeness can be found on the Hospital records Data webpage http://www.isdscotland.org/Products-and-Services/Hospital-Records-Data-Monitoring/SMR-Completeness/, while information on the timeliness of SMR data submissions can be found on the SMR Timeliness webpage http://www.isdscotland.org/Products-and-Services/Hospital-Records-Data-Monitoring/SMR-Timeliness/.

Note of Revisions

The Health Improvement Alcohol & Drugs Team aims to continually improve the interpretation of the data and therefore analysis methods are reviewed and sometimes

updated. For the publication of 28 May 2013 a number of changes have been made with a minor but appreciable impact on the estimates:

Each continuous hospital inpatient stay (CIS) can include more than one 'episode' because (for example) a patient can move from one speciality to another. The codes recorded at admission may not be the same as the codes recorded later on in the CIS by another speciality. Where previously only the first episode with an alcohol-related diagnosis was used to define patient demographics and admission and discharge date for the patient's hospital stay, for this publication all records (episodes) relating to the hospital stay were included if one or more of these (but not necessarily all) had an alcohol-related diagnosis in any position in the record. This has a number of implications:

- The new method will result in potentially more codes being used in the analysis.
- The discharge date that defines the year in which the CIS is grouped in, is defined as the discharge date for the last episode of the CIS that has at least one episode with a alcohol-related diagnosis. This date may be later than the last episode with an alcohol-related diagnosis (which was used in previous years) and could be in the next financial year. Therefore some hospital stays that were previously included in the figures for Year A, will now be included in the figures for the following year (Year A+1).
- Because a single CIS can include numerous episodes, the length of stay (calculated as the period between the first admission date and the last discharge date) may have increased.

In addition, for the current report, the version of the deprivation score (SIMD) has been updated in line with ISD guidance. For discharges in 2004/05, 2005/06 or 2006/07 SIMD version 2006 was used; for discharges in 2007/08, 2008/09 or 2009/10 the SIMD 2009 version 2 was used; for 2010/11 and 2011/12 SIMD version 2012 was used. Previously the same version (2009-v2) was used for all years, so this change may result in some records having shifted to a different deprivation quintile compared to last year's publication. Also some minor inconsistencies in the programs used for the analysis have been rectified to ensure methods used for both alcohol and drug-related hospital discharges follow the same logic.

All tables are revised annually to take into account any changes in analytical methods like these outlined above and to include data that may have been missing at the time of the previous publication. The level of submission at the time of publication was sufficiently high to produce reliable statistics; therefore any revisions due to incomplete data returns are expected to be relatively small and are not expected to impact on long-term trends.

Further information

Information on ISD Scotland's national datasets can be found on our website at: www.isdscotland.org/isd/4306.html.

Further statistics on general acute hospital discharges are available at: www.isdscotland.org/acute_hospital_care.

Further statistics on psychiatric admissions and discharges are available at www.isdscotland.org/isd/962.html.

Further information on analysis methods used on the SMR01 dataset is available at: www.drugmisuse.isdscotland.org/publications/abstracts/cis_faq.htm.

If you would like further information on hospital discharges relating to drug misuse then please contact the Health Improvement – Drug & Alcohol Team at nss.isdsubstancemisuse@nhs.net.

For information about the completeness, timeliness and other data quality issues regarding SMR01/SMR04 data submissions contact the Data Management Team at nss.isdDMT@nhs.net.

Further information on alcohol related hospital statistics in the United Kingdom are available at the following URLs:

England: http://www.hscic.gov.uk/pubs/alcohol12
Wales: www.wales.nhs.uk/sitesplus/888/news/16563
Northern Ireland: http://www.dhsspsni.gov.uk/index/stats_research/stats-public-health/stats-drug-alcohol.htm

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Alcohol Misuse Hospital Statistics Scotland 2012
Description	Data relating to both hospital (SMR01) & psychiatric (SMR04) discharges with diagnosis of Alcohol misuse. These data are presented at a national level and also broken down by certain demographics.
Theme	Health and Social Care
Topic	Substance Misuse
Format	PDF report with Excel tables
Data source(s)	ISD SMR01 and SMR04
Date that data are acquired	April 2013
Release date	Tuesday 28th May 2013
Frequency	Annual
Timeframe of data and timeliness	SMR01 – covers information from the period 01/04/2007-31/03/2012 and SMR04 for the period 01/04/2006-31/03/2011.
Continuity of data	See background information
Revisions statement	Where previously only the first episode with an alcohol-related diagnosis within a continuous inpatient stay was used to define patient demographics, diagnostic codes and admission and discharge date for the patient's hospital stay, for this publication all records (episodes) relating to the hospital stay were included as long as at least one of these (but not necessarily all) had an alcohol-related diagnosis in any position in the record. This results in more diagnostic codes being included in the analysis, a potentially later date of discharge used, and a longer time of stay. More details are given in the Note of Revisions (Appendix A1). Also there were minor revisions to data within this publication due to incomplete data returns at the time of the previous publication. All tables are revised annually to reflect the latest thinking on analysis methods and to use the most complete information. This file is a revised version of the Alcohol-related Hospital Statistics Scotland 2012 publication, originally issued on the 30th May 2013.
Revisions relevant to this publication	In general, revisions & methodology changes have minimal effect on the statistics.
Concepts and definitions	See Hospital Care: Background Information http://www.isdscotland.org/Health-Topics/Hospital-Care/
Relevance and key uses of the statistics	Relevant to understanding problem drug use in Scotland. Statistics will be used for policy making and service planning.
Accuracy	Quality checks are conducted by ISD. Figures are compared to previously published data and expected trends.
Completeness	Details of these data submissions issues are available on the Hospital Records Data Monitoring SMR Completeness

	web page
Comparability	The NHS Health and Social Care Information Centre (HSCIC) publishes figures on Hospital admissions for alcohol-related mental health and behavioural disorders in England but should not be directly compared with published data from Scotland. For more information see the Background information on the ISD Hospital Care website.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.
Coherence and clarity	The report is available as a PDF file with tables clearly linked for ease of use.
Value type and unit of measurement	Numbers, percentages and European age-standardised rates per 100,000.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	National Statistic
UK Statistics Authority Assessment	Completed assessment by UK Statistics Authority, report published 4th April 2012.
Last published	30th May 2013
Next published	May 2014
Date of first publication	1998
Help email	mailto:nss.isdsubstancemisuse@nhs.net
Date form completed	24th September 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:

Early Access for Quality Assurance

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

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.