

Out of Hours Primary Care Services in Scotland

1 April 2014 – 31 March 2016

28 February 2017

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Introduction

This is the third publication of data on patients attending Out of Hours (OOH) Primary Care Services.

Previous publications were published in August and December 2015 and included information for 1 April 2014 to 31 March 2015 and 1 April to 30 September 2015 respectively.

The current publication presents information on number of patients presenting at OOH Primary Care services during April 2014 to March 2015 and April 2015 to March 2016. This publication also provides activity in Accident & Emergency Services (A&E) during the OOH period to show the demand for urgent and emergency care in these two services.

Out of Hours Primary Care Services

Across Scotland, NHS Boards provide OOH Primary Care services for patients when their registered GP Practice is closed and they are too ill to wait for them to reopen. Out of hours is 6pm to 8 am, Monday to Friday and all day Saturday and Sunday. NHS Boards provide a number of services so that that care and treatment can be delivered during this period. OOH Primary Care Services are mainly accessed following a telephone assessment and referral from NHS 24. NHS 24 will arrange for an ambulance if a patients' condition is serious or life threatening. Other patients may be advised to self manage their condition, visit a pharmacy or wait until their GP Practice reopens. Most OOH Primary Care services operate an appointment system for patients that will be seen at the primary care centre. Patients unable to travel may have a home visit.

Accident and Emergency Services

A&E services should be used when an illness or injury is serious or life-threatening. A&E is a hospital department staffed by doctors and nurses specially trained to assess and treat serious illness and injury. Most A&E departments are open 24 hours a day, 365 days a year. Most patients either self refer or are brought to A&E in an emergency Ambulance. Following triage, priority will be given to those patients with the most serious illness or injury.

Main points

- During 2014/15 and 2015/16, the number of patients contacting OOH Primary Care services has remained fairly steady at just over 890,000 patients seen per year, around 74,000 per month. There are however peaks in attendances e.g. at Easter, May public holidays, Christmas and New Year where the numbers seen can rise to around 90,000 per month.
- During 2015/16 there were just over half a million attendances at Primary Care Emergency Centres (PCEC's) which account for over half of all contacts with OOH Primary Care services. Home visits account for 1 in 5 (190,000) of contacts with OOH Primary Care services. Younger age groups account for higher proportion of attendances at PCEC's, older age groups account for a higher proportion of home visits
- Children under 5, women in their twenties and people aged 75 and over are the most common age groups of patients contacting Out of Hours Primary Care services.
- For just over half of patients their treatment was completed following contact with OOH Primary Care services. Just over 3% of outcomes were a referral to A&E/MIU.
- During the OOH period, when compared to OOH Primary Care, A&E services have more attendances during the summer months when there is more daylight and injuries. OOH Primary Care have a higher number of contacts during the winter months and slight increases in the months which include public holidays.
- During the OOH period, the younger and older age groups have a higher number of contacts with OOH Primary Care services throughout the year, when compared to attendances at A&E services.
- OOH Primary Care services see a larger increase in contacts during four day public holiday weekends than A&E Services.
- The increased contacts at the weekend between OOH Primary Care Services and A&E departments occurs during day time on Saturday and Sunday.

Results and Commentary

Information on the number and rate of patients contacting OOH Primary Care services in Scotland are presented below.

This includes the type of consultation that took place e.g. attending a Primary Care Emergency Centre/Primary Care Centre (PCEC/PCC), a Home Visit or an OOH GP/Nurse Advice Call. The information is also provided by age group, gender, patient outcome and a comparison with attendances at A&E services (OOH time period only).

The information shown includes patients who have had a contact with OOH Primary Care Services. The following data are excluded:

- Patients with no consultation type recorded. This will include patients who did not attend for their appointment as well as when the patient/NHS 24 has cancelled the call or where the patient is directly referred to another service.
- Data which relate to services that the NHS Board have advised ISD are not part of OOH Primary Care e.g. day time attendances at Minor Injuries Unit's, District Nurse.

In addition to the above, it should be noted that ISD do not receive any information on calls passed from NHS 24 to the OOH Primary Care IT system (ADASTRA) 'for information only' i.e. patients who call NHS 24 and are advised to 'self care'. These are excluded prior to the data being returned to ISD.

Data Tables

The data analysis tables can be found at [data tables](#).

Number and rate of patients in contact with OOH Primary Care services

During 2014/15 and 2015/16, the number of patients contacting OOH Primary Care services has remained fairly steady at just over 890,000 patients seen per year, around 74,000 per month.

There are however peaks in attendances e.g. at Easter, May public holidays, Christmas and New Year where the numbers seen can rise to around 90,000 per month.

Chart 1 Number of Patient contacts with OOH Primary Care services by month, 2014/15 and 2015/16^{1,2}

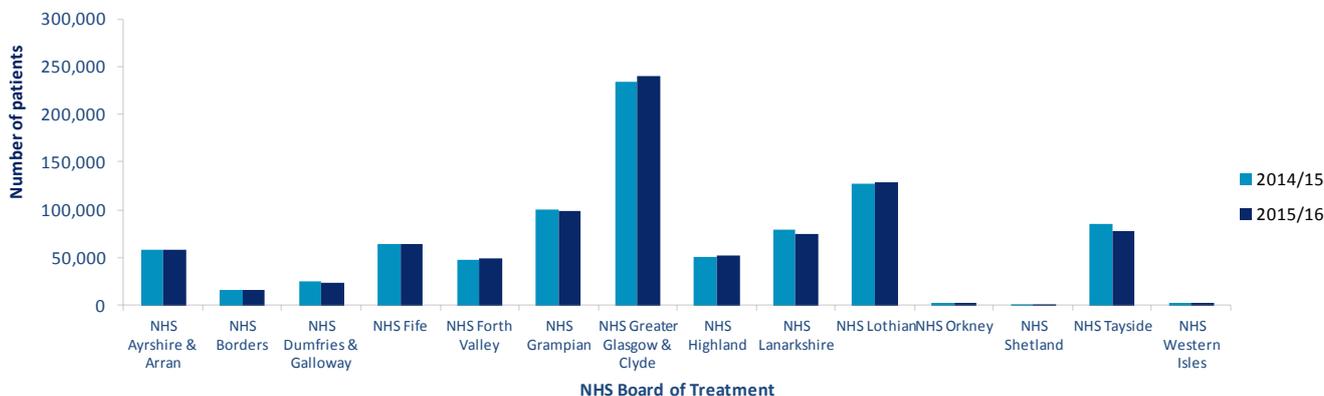


1 Individual patients may have contacted OOH Primary Care Services more than once over the time period shown and therefore will be included more than once in the analysis.

2 The number of monthly OOH contacts in part reflects the differing number of weekend days, public holidays and protected learning time when the OOH Primary Care service provides cover to GP surgeries.

Chart 2 below shows small variations in the number of patient contacts with OOH Primary Care services in NHS Boards between 2014/15 and 2015/16.

Chart 2 Number of patient contacts with OOH Primary Care services by NHS Board, 2014/15 and 2015/16

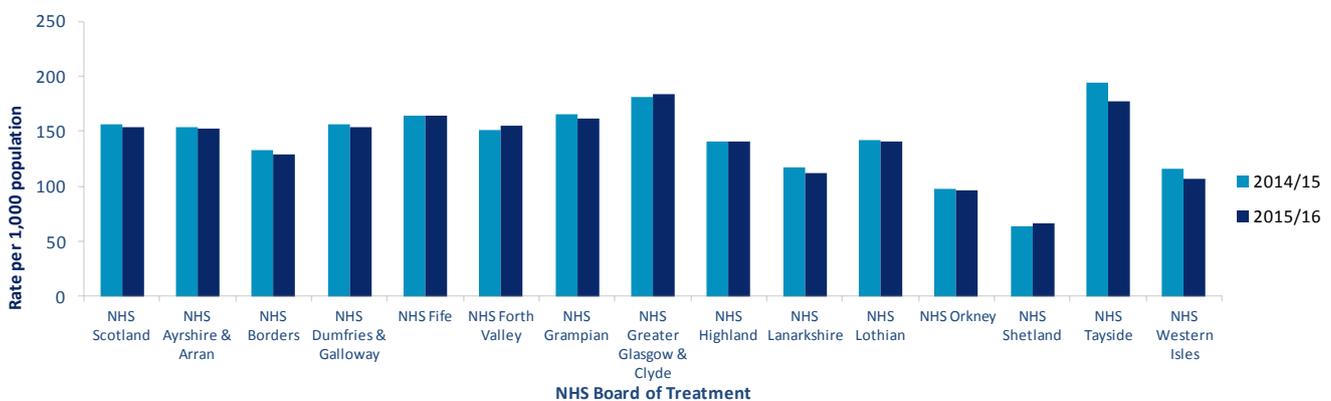


In 2015/16, the 891,227 patients who contacted OOH Primary Care Services equates to a rate of 165.9 patients per 1,000 population. These rates have been calculated using numbers treated in each area regardless of where they are resident. It should be noted that this will impact on the results, particularly for NHS Board areas who routinely treat patients resident in other areas.

The [table](#) also presents population rates based only on patients treated and resident in the same area and shows that rate falls to 154.0 patients per 1,000 population.

Chart 3 shows that in 2015/16 NHS Greater Glasgow and Clyde and NHS Tayside have the highest contact rates at 183.7 and 177.0 per 1,000 population respectively (based on rates calculated for patients treated and resident in the same NHS Board area).

Chart 3 Rate¹ of patient contacts with OOH Primary Care services per 1,000 population by NHS Board, 2014/15 and 2015/16



1 Rates have been calculated by dividing number of patients treated and resident in same NHS Board area with HB residence population

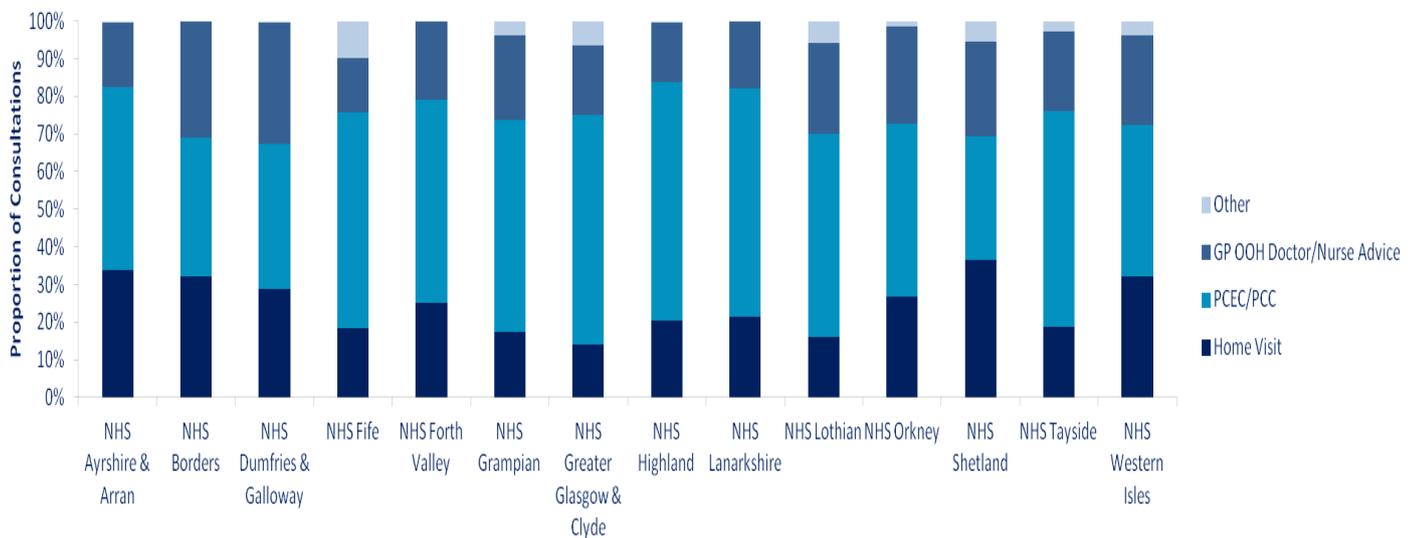
Number and type of consultation

During 2015/16 there were just over half a million attendances at PCEC's which accounts for over half of all contacts with OOH Primary Care services.

Home visits account for 1 in 5 (190,000) of contacts with OOH Primary Care services.

Chart 4 shows the breakdown of consultation types between NHS Boards, it shows that Home Visits account for a higher proportion of contacts within the more rural Boards.

Chart 4 Percentage of consultations with OOH Primary Care services by consultation type, 2015/16



It is important to note that different service models have evolved to meet local need and therefore any variation in how local services are organised, including how data are recorded locally, may impact on any potential comparisons between NHS Boards.

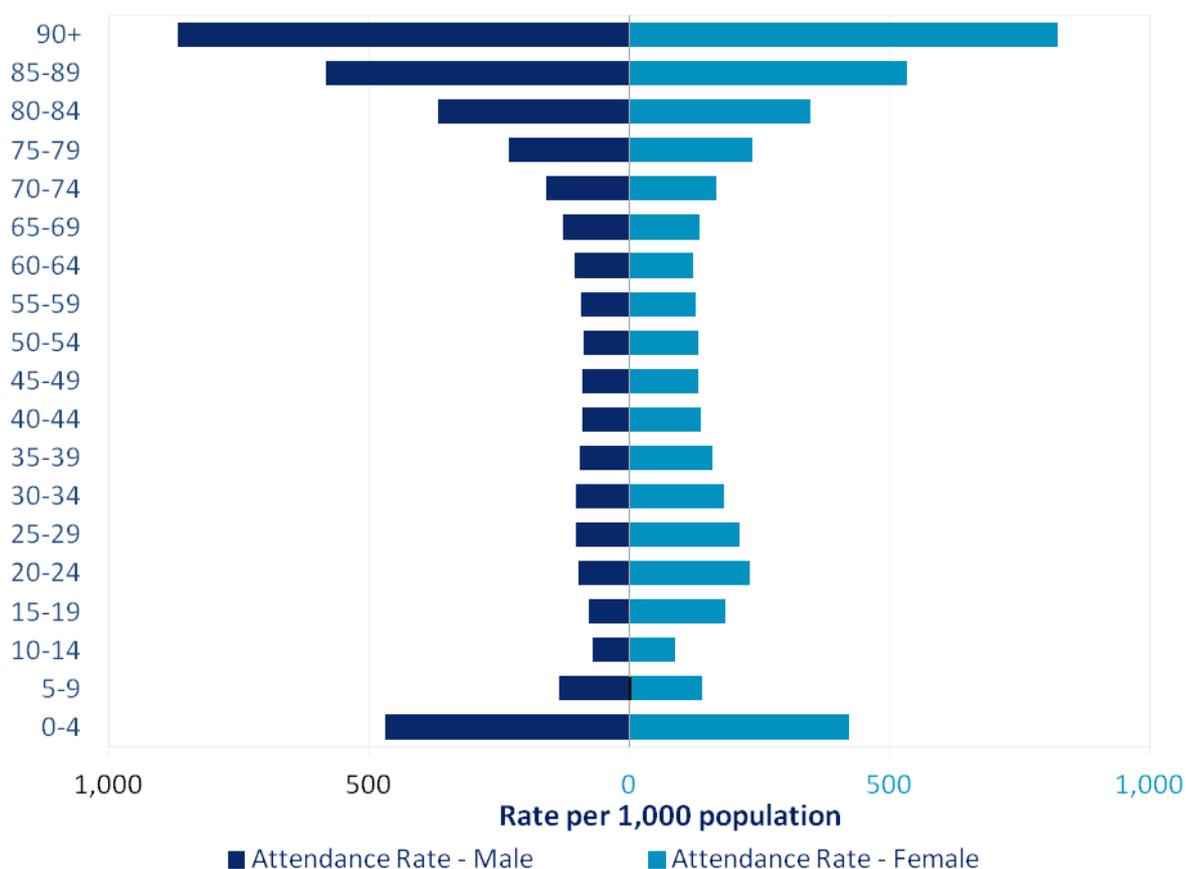
Gender and age group of patients seen

Children under 5, women in their twenties and people aged 75 and over are the most common age groups of patients contacting Out of Hours Primary Care services.

The data shows that the age/gender profile of those contacts OOH Primary Care Services has remained stable between 2014/15 and 2015/16.

Chart 5 presents rates per 1,000 population by age group and gender.

Chart 5 Rates per 1,000 population by age and gender of patients contacting OOH Primary Care services, Scotland, 2015/16



0 – 4 years

The information shows that for the under 5 age group, males are more likely to have contact with OOH Primary Care services than females.

There were 69,874 (54%) males compared to 59,819 (46%) females. For males, 468 patients per 1,000 population contacted OOH Primary Care services compared to 422 per 1,000 population for females.

20 to 29 years

In the 20 to 29 years age group, females are more than twice as likely to contact OOH Primary Care services than males

There were 81,400 (69%) females compared to 36,561 (31%) males. For females, 221 per 1,000 population contacted OOH Primary Care services compared to only 100 per 1,000 population for males.

75 years and over

In the 75 years and over age group, comparing the numbers contacting OOH Primary Care services, there were 101,654 (61%) females compared to 65,105 (39%) males.

It is however, more appropriate to compare rates per 1,000 population as this will take account of the actual size of the population in the age group being considered. When looking at the rates per 1,000 population, it shows that in the 75 years and over age group, both males and females contact OOH Primary Care services at a similar rate. For males, 369 per 1,000 population contacted OOH Primary Care services compared to 389 per 1,000 population for females. If specific older age groups are considered, the data shows that the rate per 1,000 for males contacting OOH Primary Care services is slightly higher.

Consultation type by age group

Younger age groups account for higher proportion of attendances at PCEC's, older age groups account for a higher proportion of home visits

Charts 6a & 6b presents the age profile of patients attending PCECs and those receiving a Home Visit.

Chart 6a Percentage of patients attending OOH Primary Care Emergency Centres by age group, Scotland, 2015/16

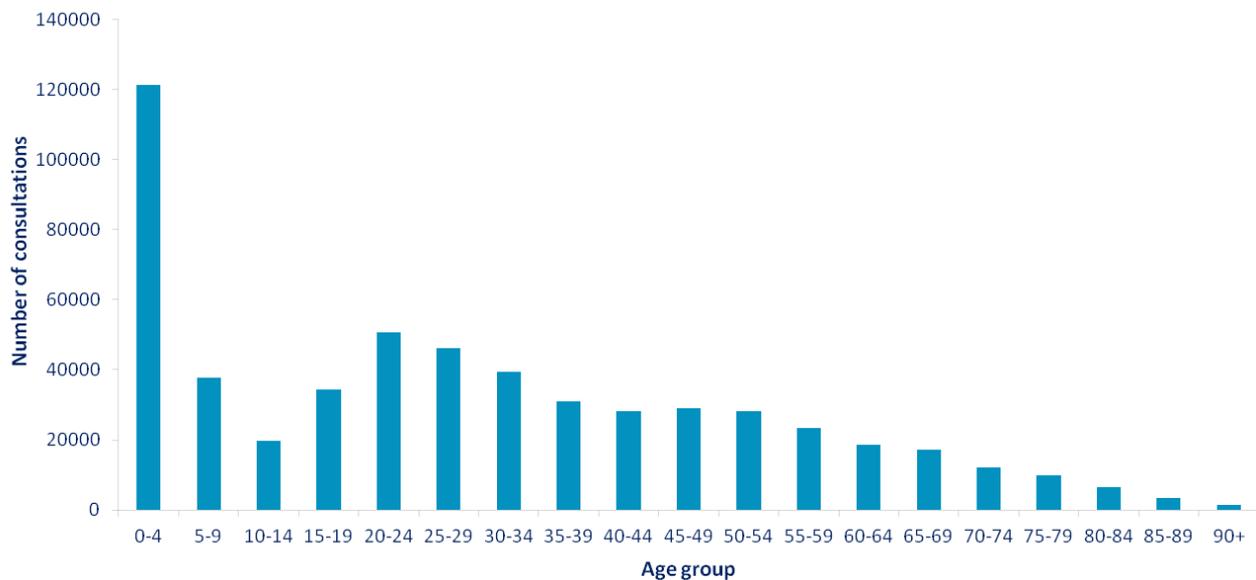
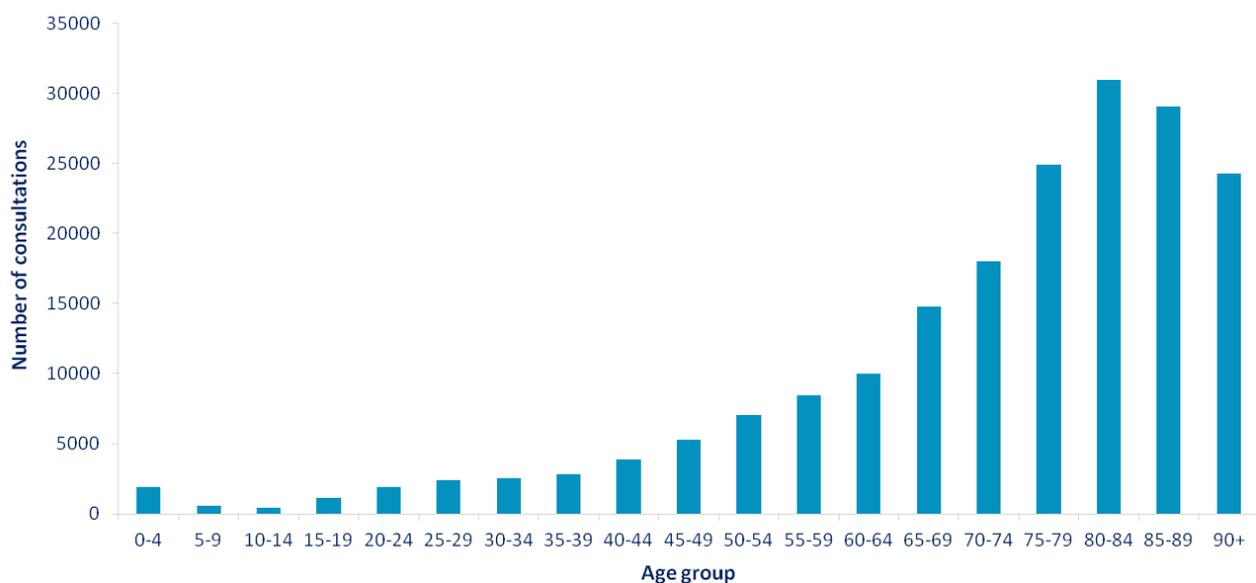


Chart 6b Percentage of patients receiving an OOH Home Visit by age group, Scotland, 2015/16



Patient Outcome

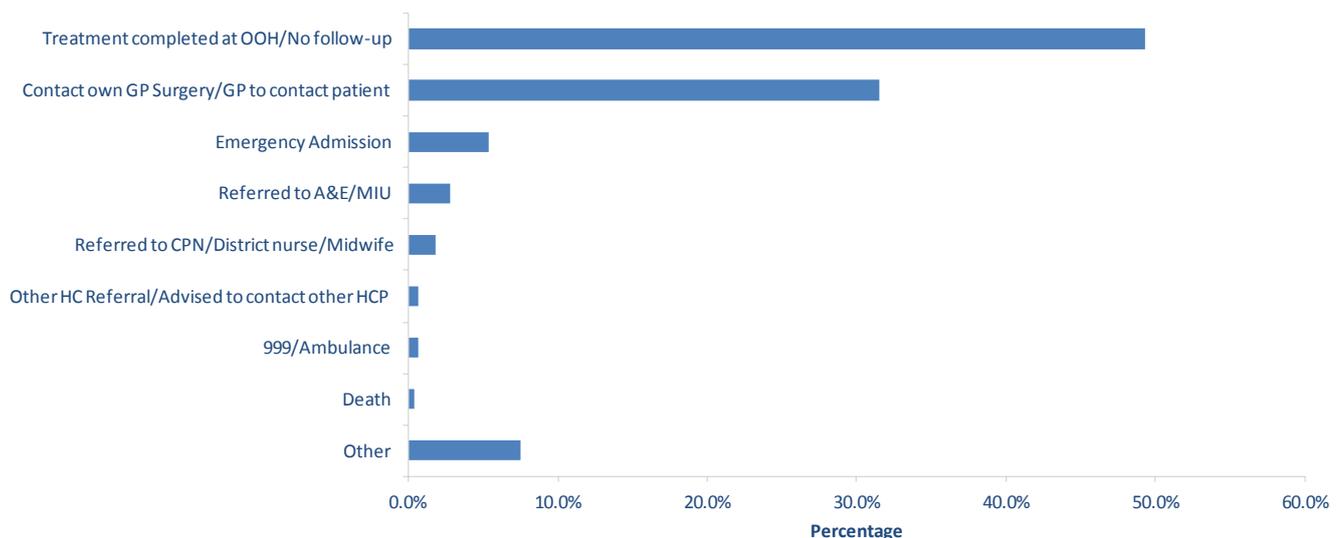
For just over half of patients their treatment was completed following contact with OOH Primary Care services.

Just over 3% of outcomes were a referral to A&E/MIU.

Chart 7 shows that in 2015/16, for the majority of patients their treatment was completed by the OOH service or they were referred on to their own GP. The data shows that just over 6% of patients were an emergency admission, it should be noted that this will be an undercount as this information is not reported by all NHS Boards.

The variation between NHS Boards ([table](#)) will in part be a result of differences in local model of delivery and data recording practices, caution is therefore recommended when comparing data between HB's.

Chart 7 What happens following contact with OOH Primary Care Services¹, Scotland, 2015/16



¹ The Emergency Admission category will be an undercount as this category is not available from all NHS Boards

Comparison between contacts with OOH Primary Care and attendances at A&E Services during the OOH period

During the OOH period, A&E services have more attendances during the summer months when there is more daylight and injuries recorded, than OOH Primary Care. OOH Primary Care have a higher number of contacts during the winter months and slight increases in the months which include public holidays.

During the OOH period, the younger and older age groups have a higher number of contacts with OOH Primary Care services throughout the year. A&E Services have more attendances from the working adult ages.

OOH Primary Care services see a larger increase in contacts during four day public holiday weekends than A&E Services.

The increased contacts at the weekend between OOH Primary Care Services and A&E departments occurs during day time on Saturday and Sunday.

Information is presented on the number of patient contacts with OOH Primary Care services along with attendances at Accident & Emergency services.

Comparison of data in OOH period

To allow comparison between the two sets of data, we have selected the time period when both services are open i.e. the out of hours time period, this has been defined as:

Evenings	Mon to Fri, 18:00 hrs until 08:00 hrs
Weekends	18:00 on Fridays until 08:00 on Monday
Easter, Christmas and New Year	Public holidays

Any activity which takes place on other local public holidays or protected learning time is not included. This means that the figures presented below for OOH Primary Care services will slightly differ from those presented in the report above which included all OOH Primary Care activity, including during the day, Monday to Friday.

It should also be noted that in the areas where only [aggregate](#) A&E data is returned to ISD (typically NHS Grampian and NHS Highland), there will be an undercount of patients seen. This will not make a significant difference to the overall results.

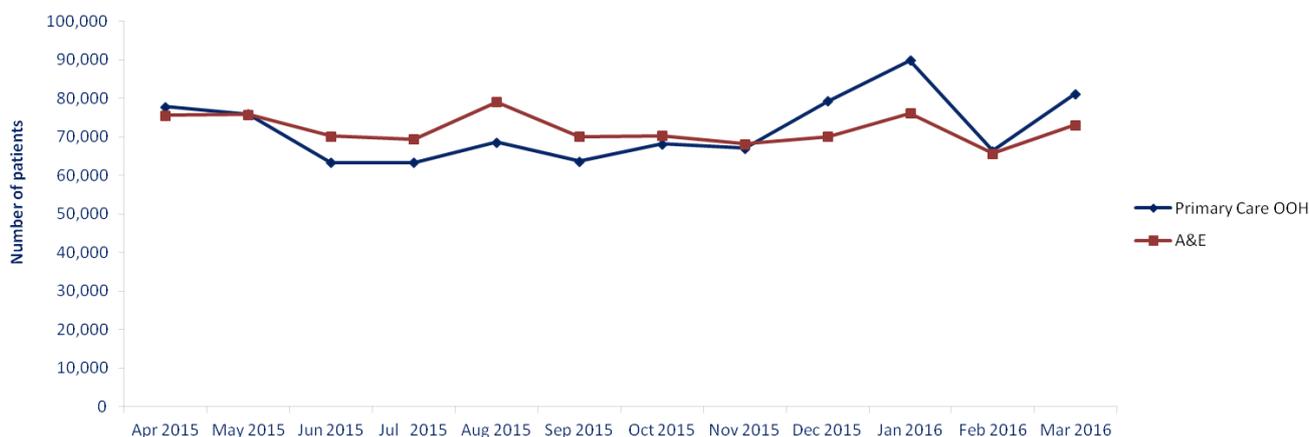
In 2015/16, during the out of hours time period defined above, there were 864,643 patient contacts at OOH Primary Care services (this includes attendances at PCECs, home visits, GP Advice calls etc.), compared to 863,600 attendances at A&E services.

Chart 8 shows the activity in each month during 2015/16.

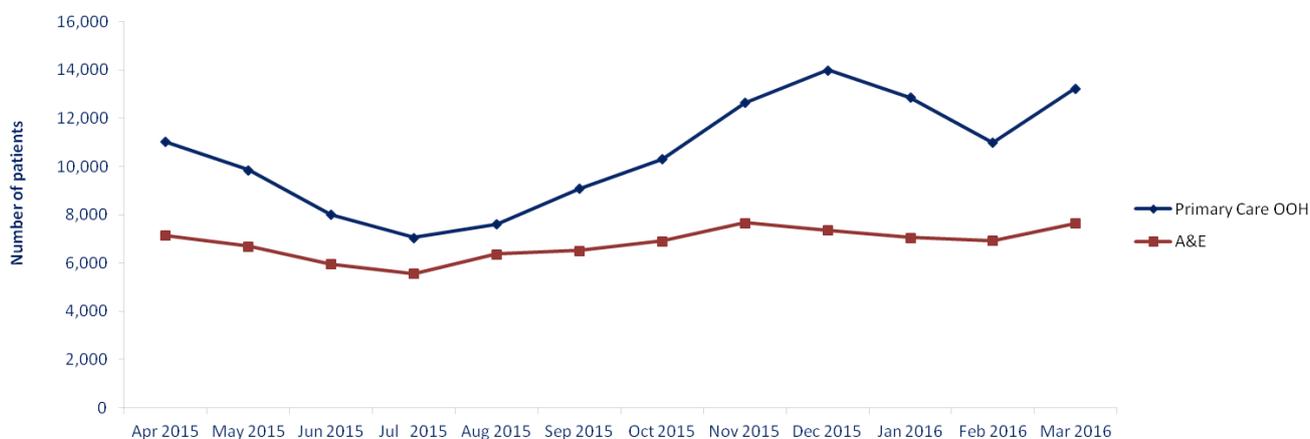
In general during the OOH period, A&E services have more attendances during the summer months of June to September which may be due to more daylight, OOH Primary Care shows a higher number of contacts during the winter months and slight increases in the months which include public holidays. When this information is broken down by age group the data shows that for the younger and older age groups, the OOH Primary Care services see higher numbers throughout the year when compared to attendances at A&E.

Chart 8 Number of contacts in OOH Primary Care and attendances at A&E Services¹, Out of Hours period only², Scotland, 2015/16

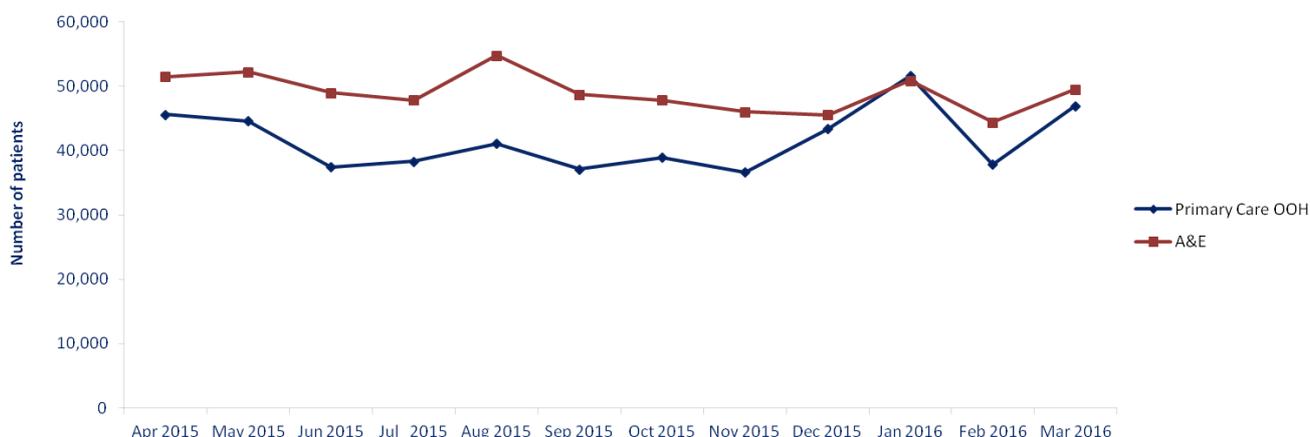
All ages



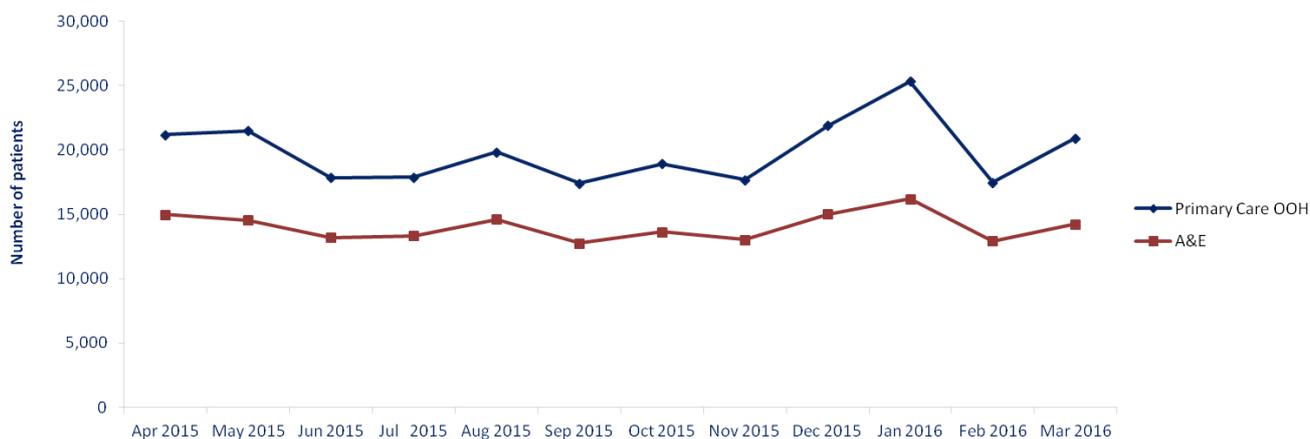
Under 5's



5 – 64 years



65 + years



1 It should be noted that in the areas where only aggregate A&E data is returned to ISD (typically NHS Grampian and NHS Highland), there will be an undercount of patients seen. This will not make a significant difference to the overall results.

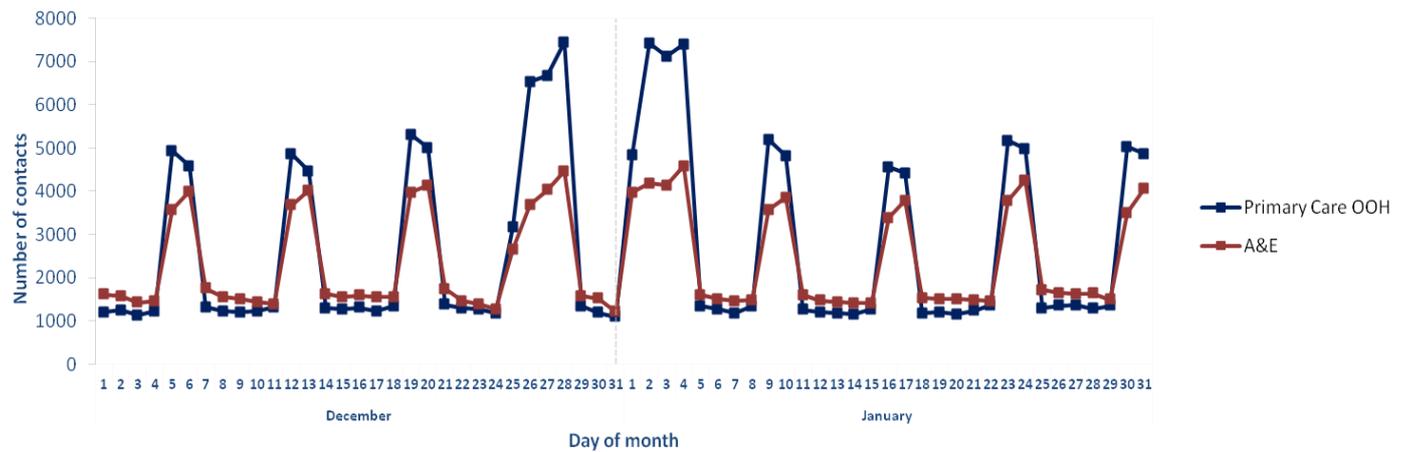
2 Out of hours time period include evenings, weekends and Easter, Christmas and New Year public holidays

The [data tables](#) also present OOH Primary Care contacts and OOH attendances at A&E during the OOH period broken down by day of month. It should be noted that local geographies, configuration of local services and people’s choices and behaviours e.g. in urban areas there are more options on where to attend, may in part explain the variation between NHS Boards.

In general, during the OOH period, there is higher A&E activity during weekdays but higher OOH primary care activity at the weekend.

The information presented in the chart below compares activity during December 2015 and January 2016 for the OOH period only. The graph shows increased activity at the weekend and highlights an increase in the number of contacts during the public holidays.

Chart 9 Number of contacts OOH Primary Care and attendances at A&E, out of hours period only^{1,2}, all ages, each day during December 2015 and January 2016

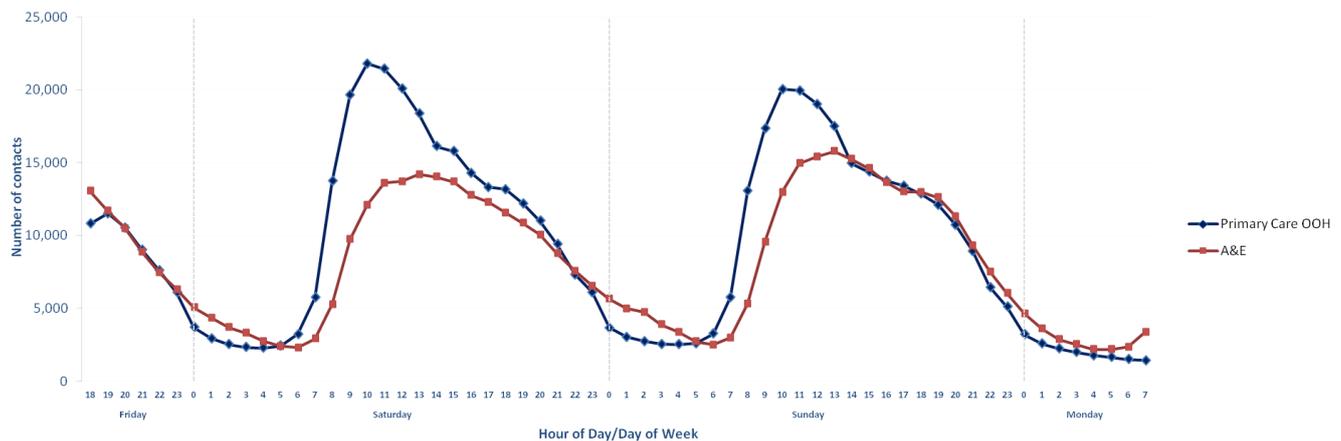


1 Out of hours time period include evenings, weekends and Easter, Christmas and New Year public holidays

2 It should however be noted that in the areas where only aggregate A&E data is returned to ISD (typically NHS Grampian and NHS Highland), there will be an undercount of patients seen. This will not make a significant difference to the overall results.

Also presented are data for weekend period only (18:00 Friday to 08:00 Monday) during 2014/15 and 2015/16, including the time of day that the contact was made. It shows that in general, the increase in number of contacts which occur at the weekend happens during the day time on Saturday and Sunday.

Chart 10 Number of contacts to service by day of week and hour of day during weekends, Scotland, 2015/16



Glossary

Acronym/Word	Description
Adastra	The patient administration system for the primary care out of hours service.
A&E Attendance	The presence of a patient in an A&E service seeking medical attention.
Accident & Emergency (A&E) Services	Collectively the term Accident and Emergency (A&E) Services includes the following site types: Emergency Departments; Minor Injury Units, community A&Es or community casualty departments that are GP or nurse led.
AHC	Advanced Health and Care. The company responsible for development and maintenance of the Adastra system.
Case	A case is used to identify a patient's single encounter (service contact) with the OoH service. Within a single case a patient may have multiple consultations with OoH health care professionals.
CDD	Common Dimensions Database – the database which holds all of the common dimension tables used by the data marts within the Corporate Data Warehouse.
CDW	The Corporate Data Warehouse is a central data store maintained by NSS IT. It is made up of a collection of independent data marts which share a common database for reference information.
CHI	Community Health Index number – a unique patient identifier which is issued to residents in Scotland when they register with NHS Scotland.
Consultation	A consultation is an interaction between the patient and a health care professional. A case may have multiple consultations e.g. Home Visits, Attendance at Primary Care Emergency Centre.
Data mart	A subset of a data warehouse which has been designed to satisfy a particular function or reporting area within an organisation. A data mart can be designed and developed independently of other data marts. A data warehouse will contain multiple data marts.
Emergency Department	A larger A&E service that typically provides a 24-hour consultant led service.
OOH	Out of Hours
Protected Learning Time	Protected Learning Time (PLT) is an opportunity for practice staff to address their own learning and professional development needs. Put simply, practices in a locality or within a Community Health Partnership (CHP) close for an afternoon to allow for Continuing Professional Development (CPD) learning activities.

List of Tables

Table No.	Name	Time period	File & size
1 - 8	Excel tables	April 2014 – March 2016	Excel [1,710kb]

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Further Information

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

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Appendices

A1 – Background Information

Across Scotland, NHS Boards provide Primary Care OOH services for patients when their registered GP Practice is closed. All NHS Boards use the Adastra patient management system to collect information about this activity.

Scottish Government commissioned the Information Services Division to develop and introduce a dataset to collect information on Primary Care Out of Hours patients across Scotland. National data collection began in April 2014.

From April 2014, data on patient contacts at OOH Primary Care Services across Scotland are collected and maintained by ISD in the national data warehouse known as the GP OOH datamart. Data is collected on local IT system (Adastra), then extracted and submitted to the datamart on a weekly basis. Data validation is then applied with any files that fail validation being returned to AHC for amendment and resubmission. Fully validated information is loaded on the datamart at ISD.

Completeness of A&E data

The following tables provides data on % of A&E data that is submitted as episode level data i.e. not aggregate and therefore does not provide details on day and time of attendance.

Percentage of submitted data which is episode level data by Health Board of Treatment and Financial Year

HB of Treatment	Financial Year	
	2014	2015
NHS Scotland	94%	94%
NHS Ayrshire & Arran	96%	97%
NHS Borders	94%	95%
NHS Dumfries & Galloway	98%	98%
NHS Fife	93%	94%
NHS Forth Valley	100%	100%
NHS Grampian	71%	71%
NHS Greater Glasgow & Clyde	100%	100%
NHS Highland	54%	56%
NHS Lanarkshire	99%	99%
NHS Lothian	99%	99%
NHS Orkney	100%	100%
NHS Shetland	100%	100%
NHS Tayside	100%	100%
NHS Western Isles	80%	76%

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Out of Hours Primary Care Services in Scotland
Description	<p>This publication reports statistics on patient contacts at OOH Primary Care Services across Scotland during 1 April 2014 to 31 March 2016.</p> <p>The information presented includes numbers of contacts at OOH Primary Care, consultation type, age group and patient outcome. Day of week and time of day is also included along with comparative Emergency Department activity data. Information is presented for Scotland and each NHS Board.</p>
Theme	Health and Social Care
Topic	Urgent and Emergency Care
Format	Excel workbook, PDF and charts in Tableau Public
Data source(s)	GP OOH Data mart
Date that data are acquired	January 2017
Release date	28 th February 2017
Frequency	<p>To be agreed.</p> <p>Depending on publication feedback, also recommendations from national review of OOH services</p>
Timeframe of data and timeliness	Data presented for 1 April 2014 to 31 March 2016
Continuity of data	National data collection began in April 2014. No continuity problems have been identified.
Revisions statement	<p>Figures contained within each publication may also be subject to change in future publications. See ISD Statistical Revisions Policy.</p> <p>If NHS boards discover that data submitted for publication is incorrect, or that data are missing, further re-submissions can be made up until the publication submission deadline date. Any revised figures will then be reflected within the current publication. Figures contained within each publication may also be subject to change in future releases as submissions may be updated to reflect a more accurate and complete set of data.</p>

<p>Revisions relevant to this publication</p>	<p>No revisions are required</p>
<p>Concepts and definitions</p>	<p>Details of data items, codes and definitions along with background information and glossary are available on the ISD web page http://www.isdscotland.org/Health-Topics/Emergency-Care/GP-Out-of-Hours-Services/</p>
<p>Relevance and key uses of the statistics</p>	<p>The following uses of the data have been identified:</p> <ul style="list-style-type: none"> • Information available to OOH to support local delivery of their services • Information to support monitoring of Health Improvement Scotland Quality Indicators for Primary Care Out of Hours Services. http://www.healthcareimprovementscotland.org/our_work/primary_care/out-of-hours_services/oo_h_quality_indicators.aspx • Enhance information on patient journeys through unscheduled care services i.e. include data from OOH Primary Care services. • More comprehensive information on Patient outcomes following their unscheduled care journey and any subsequent planned procedures. <p>Other uses of the data include information requests, freedom of information requests, information support to Boards; parliamentary questions.</p>
<p>Accuracy</p>	<p>For April 2014 to March 2015 data were initially submitted as ISD's GP OOH Interim data files. The information was only validated to ensure correct coding had been used.</p> <p>With the introduction of the GP OOH Datamart in April 2015, the data now undergoes full validation which ensures that the data is in the correct format and only contains accepted codes; refer to OOH dataset document which provides a list of accepted format.</p> <p>http://www.isdscotland.org/Health-Topics/Emergency-Care/GP-Out-</p>

	<p>of-Hours-Services/</p> <p>If the submission file does not meet all of the validation rules then the whole file is rejected. The resulting errors are reported back to AHC where they must be amended and the file resubmitted. Once the file passes validation it is loaded into the datamart where it is then available for analysis and reporting. ISD works closely with colleagues in the NHS boards to improve the validation and accuracy of the data and to ensure that the appropriate data standards are understood and applied by all Health Boards.</p>
Completeness	<p>Ongoing monitoring of the quality of data covers the completeness, timeliness and accuracy of data recorded.</p> <p>ISD are not responsible for training issues affecting completion and understanding of ADAstra. ISD do however monitor data quality, contacting HB's as required.</p>
Comparability	<p>The published statistics for the other parts of the UK are not comparable. Further investigation to clarify differences is ongoing.</p> <p>England Public Health England have a GP OOH Surveillance System which provides national weekly data on GP OOH contacts with specific conditions (started in August 2014). https://www.gov.uk/government/publications/gp-out-of-hours-syndromic-surveillance-bulletin</p> <p>Northern Ireland Not published</p> <p>Wales Do not publish information on GP Out of Hours services in Wales directly. Prior to July 2011 some information was collected on GP Out of Hours services by NHS Direct Wales: http://gov.wales/statistics-and-research/nhs-direct-wales/?lang=en. However after this date NHS Direct Wales was no longer responsible for any GP out-of-hours services in Wales and callers were directed to their Local Health Board. Therefore some current data may be available direct from HBs, eg see p6: http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/143/1.142.pdf.</p>
Accessibility	<p>It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.</p>
Coherence and clarity	<p>Statistics are presented within an excel spreadsheet with graphical display to aid interpretation.</p>
Value type and unit of measurement	<p>Count of numbers of patient contacts at OOH Primary Care services with corresponding resulting consultations (attendance as primary care emergency centre, home visit, advice from OOH</p>

	GP/Nurse etc.)
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	Yes
UK Statistics Authority Assessment	No
Last published	December 2015
Next published	To be agreed
Date of first publication	4 th August 2015
Help email	nss.isdunscheduledcare@nhs.net
Date form completed	18 January 2017

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

Pre-Release Access

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

Standard Pre-Release Access:

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

A4 – ISD and Official Statistics

About ISD

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

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

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

Mission: Better Information, Better Decisions, Better Health

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

Official Statistics

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

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

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

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