

# Publication Report



## Findings from the Balance of Care / NHS Continuing Health Care Census

Census held 31 March 2015

Publication date – 23 June 2015



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## Introduction

This report presents findings from the Balance of Care/NHS Continuing Health Care census held on 31 March 2015. It is important to note that these data represent a snapshot of the position at a certain point in time. The figures do not present the total number of individuals who were in receipt of NHS Continuing Health Care over the whole year.

Information presented in this report covers all patients whom clinicians have assessed to meet the criteria for NHS Continuing Health Care contained in the guidance issued to NHS Boards in CEL 6 (2008). It should be noted that new guidance, effective from 1<sup>st</sup> June 2015 and detailed in DL (2015)11 - Hospital Based Complex Clinical Care (see section below for further information), has since been issued and therefore this will be the final publication of this information in the current format.

This report also covers certain other patients who did not meet the criteria for NHS Continuing Health Care but have been in hospital for over 1 year and for whom no estimated date of discharge has been set.

The report presents:

- figures by age and gender for Scotland, NHS Board of Treatment and Local Authority of Residence
- figures by specialty, length of stay and location of care

Link to tables and charts on the ISD Website - [Link to NHS Continuing Health Care tables](#)

## NHS Continuing Health Care guidance

### Guidance contained in CEL 6 (2008)

NHS Continuing Health Care is a package of health care provided and solely funded by the NHS. Patients normally receive NHS Continuing Health Care in a hospital ward, hospice or a contracted inpatient bed within an independent sector provider e.g. Care Home. The NHS, and not the local authority or individual, pays the total cost of that care. NHS Continuing Health Care may be for prolonged periods but not necessarily for life and entitlement should be subject to regular review.

In February 2008, the Scottish Government issued revised guidance on NHS Continuing Health Care to NHS Boards in CEL 6(2008) which can be found:

[http://www.sehd.scot.nhs.uk/mels/CEL2008\\_06.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2008_06.pdf)

The guidance indicates that continuing inpatient care should be provided where there is a need for ongoing and regular specialist clinical supervision of the patient as a result of:-

- the complexity, nature or intensity of the patient's health needs, being the patient's medical, nursing and other clinical needs overall;
- the need for frequent, not easily predictable, clinical interventions;
- the need for routine use of specialist health care equipment or treatments which require the supervision of specialist NHS staff; or
- a rapidly degenerating or unstable condition requiring specialist medical or nursing supervision.

## June 2015: Revised Guidance – DL (2015)11 - Hospital Based Complex Clinical Care

The guidance on Hospital Based Complex Clinical Care was issued on 28<sup>th</sup> May 2015 and replaces guidance on NHS Continuing Healthcare contained in CEL 6 (2008). The new guidance is effective from 1<sup>st</sup> June 2015.

The new guidance is based on the recommendations from the independent review (<http://www.scotland.gov.uk/Publications/2014/03/2480>) and covers the responsibilities of the NHS in Scotland for providing Hospital Based Complex Clinical Care to the population.

The overall objectives of the new guidance are to:

- Promote a consistent basis for the provision of Hospital Based Complex Clinical Care.
- Provide simplification and transparency to the current system;
- Maintain clinical decision making as part of a multi-disciplinary process;
- Ensure entitlement is based on the main eligibility question “**can this individual’s care needs be properly met in any setting other than a hospital?**”
- Ensure a formal record is kept of each step of the decision process.
- Ensure that patients, their families and their carers have access to relevant and understandable information (particularly if the individual does not need to be in hospital but rather an alternative setting in the community).

**DL (2015) 11 - Hospital Based Complex Clinical Care** guidance can be found:

[http://www.sehd.scot.nhs.uk/dl/DL\(2015\)11.pdf](http://www.sehd.scot.nhs.uk/dl/DL(2015)11.pdf)

## **About the census**

Until 2008 there was no method for identifying all patients who were receiving NHS Care that is on-going, non-acute care, delivered as an inpatient, and often over an extended period, either in hospital, hospice or care home. The Balance of Care / NHS Continuing Health Care census was introduced to gather information on these patients.

In June 2013, in response to concerns raised in the media regarding the application of the guidance contained in CEL 6(2008) by Health Boards in Scotland, the Cabinet Secretary for Health and Wellbeing commissioned an independent panel to review the delivery, monitoring and governance of NHS Continuing Healthcare in Scotland. The independent review document was published in May 2014 and can be found <http://www.scotland.gov.uk/Publications/2014/03/2480>. This made a number of recommendations about how this type of care was provided including recommendations about the data collection method. The Scottish Government accepted the recommendations and committed to review the guidance contained in CEL 6 (2008) and in May 2015 issued new guidance on Hospital Based Complex Clinical Care which is effective from 1<sup>st</sup> June 2015.

Much of the concern of the review was in relation to the interpretation and implementation of the guidance by NHS Boards and their varying data collection methods. Whilst acknowledging the findings of the review it is our opinion that it is of value to release the Balance of Care/NHS Continuing Health Care data based on the 2008 guidance under National Statistics protocols. As for previous years publications, they give the only

nationally available picture of how Boards are interpreting the current guidance, albeit at a single census point within the year.

The data contained in this publication were gathered prior to the revised guidance being issued.

Previous censuses were held in September 2008, March and September 2009, March and September 2010, March 2011, March 2012, March 2013 and March 2014. Following consultation with NHS Boards a decision was taken in 2011 to move the NHS Continuing Health Care census from bi-annual to an annual collection. Trend information presented in this publication is at the March census each year.

### **Shifting the Balance of Care for Older People**

The Scottish Government is committed to a shift in the balance of care to ensure that older people are cared for in their own homes or in a homely setting in the community, wherever possible. Information collected by the Scottish Government on Home Care Services and Care Homes will combine with these data to monitor shifts in the balance of care. Data from the Continuing Care census feeds into the Scotland Performs indicator to “Increase the percentage of people aged 65 and over with high levels of care needs who are cared for at home” - <http://www.scotland.gov.uk/About/scotPerforms/indicator> .

Since 2008 there has been a steady increase in the proportion of people aged 65 and over receiving personal care at home from 57.1% in 2008 to 61.8% in 2014. This information is published by Scotland Performs and can be found here:

<http://www.scotland.gov.uk/About/Performance/scotPerforms/indicator/careneeds>

### **Related Health and Social Care Information**

ISD publishes other information that helps to measure the shift in the balance of care to ensure that older people are cared for in their own homes or in a homely setting in the community, wherever possible. The Scottish Care Home Census (SCHC) publication looks at the provision of care home places throughout Scotland and for individual local authorities. Some patients may receive Continuing Care in a contracted inpatient bed within a care home and the SCHC publication can be used to provide further information about patient characteristics in care homes.

Trend data is available from March 2000. A link to the latest published information can be found here:

<http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Care-Homes/Census/>

For most patients, following completion of health and social care assessments, the necessary care, support and accommodation arrangements are put in place in the community without any delay in the patient's safe and appropriate discharge from hospital. A 'delayed discharge' is a hospital inpatient who has been judged clinically ready for discharge by the responsible clinician, in consultation with all agencies involved in planning the patient's discharge, who continues to occupy a bed beyond the ready for discharge date. These patients are clinically ready to move on to a more appropriate care setting

either within or out with the NHS e.g. patient's home, care home etc. A small number of patients who appear on the Balance of Care / Continuing Health Care census may also be delayed discharges. Further information can be found at the following link:

<http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/>

The Scottish Government publishes other information relating to service provision for older people and this can be found at the following website:

<http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/>

## Data Quality

ISD carries out a number of checks on the census data received to ensure the information is as complete and accurate as possible. These checks include: using National Records Scotland (NRS) deaths information to remove any patients who have died since the last census; querying missing information, such as CHI and location code; and asking for clarification around any unusual trends e.g. a large increase or decrease in patients. A full list of the data checks carried out by ISD can be found at the following link:

<http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/NHS-Continuing-Care/Census-Documentation/>.

The following points should be considered prior to drawing conclusions from the data presented.

- **Comparing data between NHS Boards/Local Authorities**

As described in the findings of the Independent Review of NHS Continuing Care the provision of NHS Continuing Health Care was shown to vary across NHS Boards in Scotland, therefore, comparisons of figures should take this into account when interpreting across NHS Boards.

- **Comparisons between years**

The latest figures as at 31 March 2015 can be treated as being broadly comparable to previous years' census points.

- **Continuing Care Census Guidance**

NHS Boards are asked to provide information as per the Balance of Care/Continuing Care Definitions and Data Recording manual which can be found at the following link:

[http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/NHS-Continuing-Care/NHS-Continuing-Care-Census-Guidance-updated-March-2014\\_final.pdf](http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/NHS-Continuing-Care/NHS-Continuing-Care-Census-Guidance-updated-March-2014_final.pdf)

## Acknowledgements

Thanks go to NHS Boards for their continued help in collating these data from local services and for their assistance in data validation.

## Key points

Patients who are receiving NHS Continuing Health Care as a result of a decision made under the terms of the 2008 NHS Continuing Health Care guidance are recorded as Category A patients.

- At March 2015, 1,545 Category A patients were reported as receiving NHS Continuing Health Care. The figures have shown a decrease of 5% (89 patients) from the March 2014 census.
- At March 2015, 80% of Category A patients were aged 65 years and over.

Patients who do not specifically meet the criteria for NHS Continuing Health Care but who have been in hospital for over one year and for whom no estimated date of discharge has been set are recorded as Category B patients.

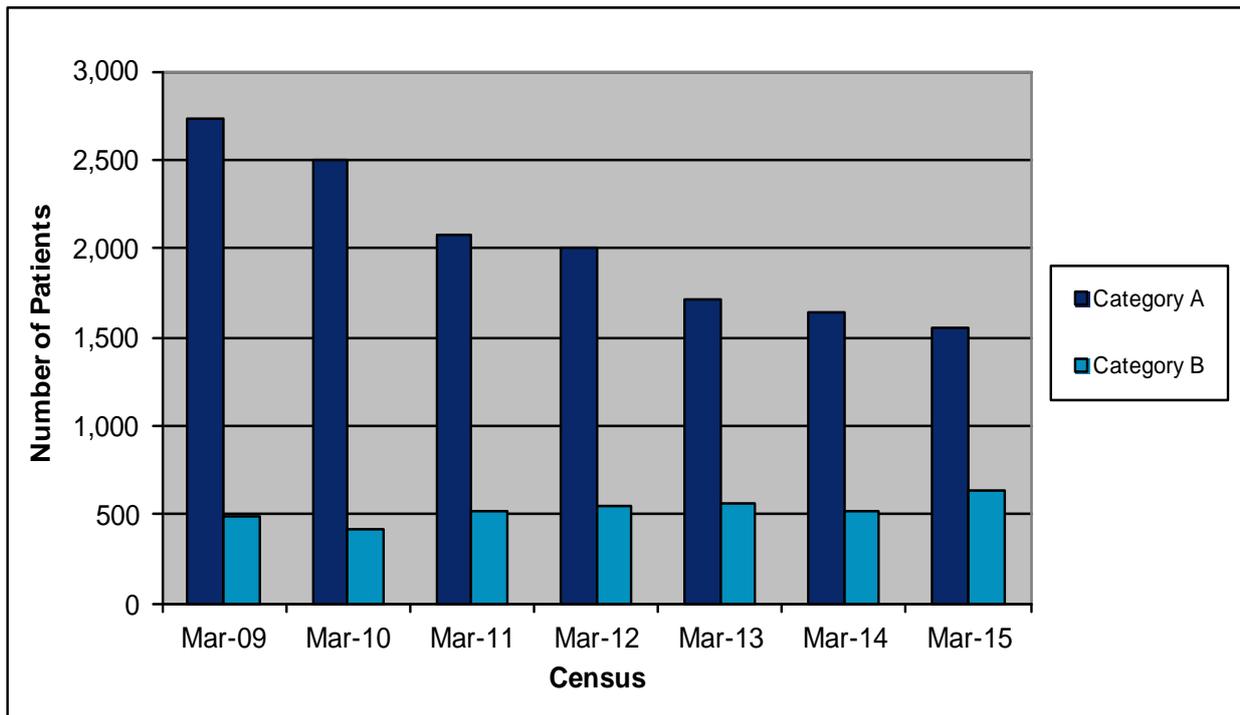
- At March 2015, there were 630 patients who did not meet the criteria for NHS Continuing Health Care but who have been in hospital for over one year and for whom no estimated date of discharge has been set (Category B); this is an increase of 21% (109 patients) from last year.
- 21% of Category B patients were aged 65 years and over.

## Results and Commentary

### Number of Category A and Category B patients

- Overall there were 2,175 patients reported in the Balance of Care / Continuing Care census at March 2015 which is an increase of 1% from the numbers reported at March 2014 (2,155 patients).
- Of these, 71% were classed as Category A patients who were receiving NHS Continuing Health Care and 29% were classed as Category B patients who did not specifically meet the criteria for NHS Continuing Health Care but had been in hospital for more than a year and no estimated date of discharge had been set.
- 1,545 patients were reported as Category A at March 2015, compared to 1,634 at March 2014.
- 630 patients were reported as Category B at March 2015, compared to 521 at March 2014.
- Figure 1 shows a decrease in Category A patients over time and an overall decrease of 43% since March 2009.

**Figure 1 Number of patients in Scotland reported in the Balance of Care / Continuing Care Census, March 2009 to March 2015**



Category A: Patients who are receiving NHS Continuing Health Care as a result of a decision made under the terms of the guidance detailed in CEL 6 (2008) – see page 2 for further information.

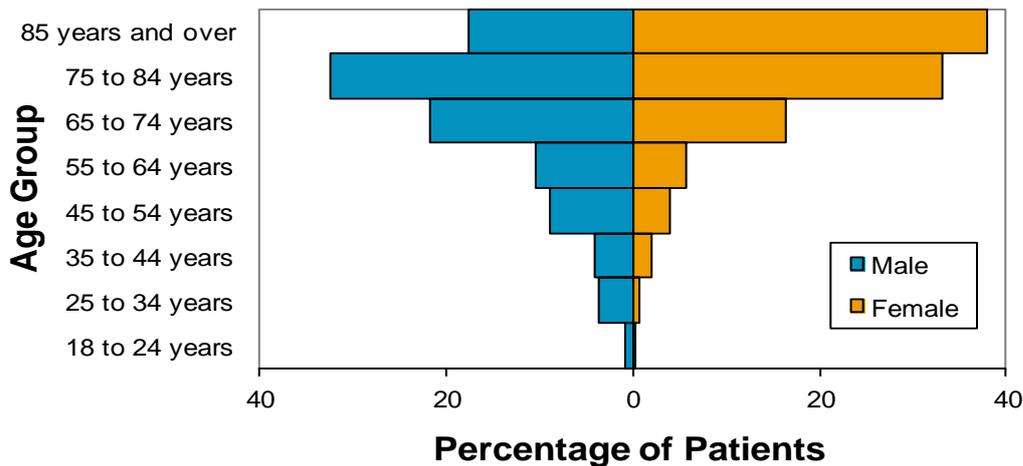
Category B: Patients not eligible to receive NHS Continuing Health Care but who have been in hospital for over a year and have no date of discharge set.

- Eight NHS Boards showed an increase in Category B patients between March 2014 and March 2015, leading to an overall increase of 109 Category B patients in Scotland between March 2014 and March 2015.

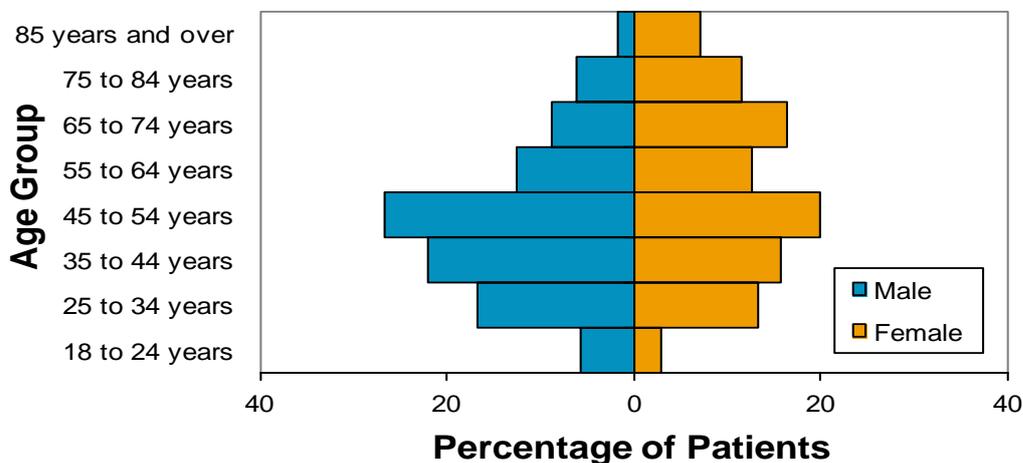
### Age and gender

- At March 2015, 46% of Category A patients and 74% of Category B patients were male.
- The majority (80%) of Category A patients were aged 65 years and over. In contrast only 21% of Category B patients were 65 years and over at the census date.
- Figures 2 & 3 present data by age group and gender at the March 2015 census:
  - Compared to males, there is a relatively higher proportion of female Category A patients in the older age groups.
  - For Category B patients, when compared to females, the distribution of males is more concentrated at the younger end of the age spectrum. 44% of all male Category B patients are aged between 18 and 44 while 17% are aged 65 and over. By comparison, 32% of all female Category B patients are aged between 18 and 44 while 35% are aged 65 and over.

**Figure 2 Percentage of Category A patients by age group, March 2015**

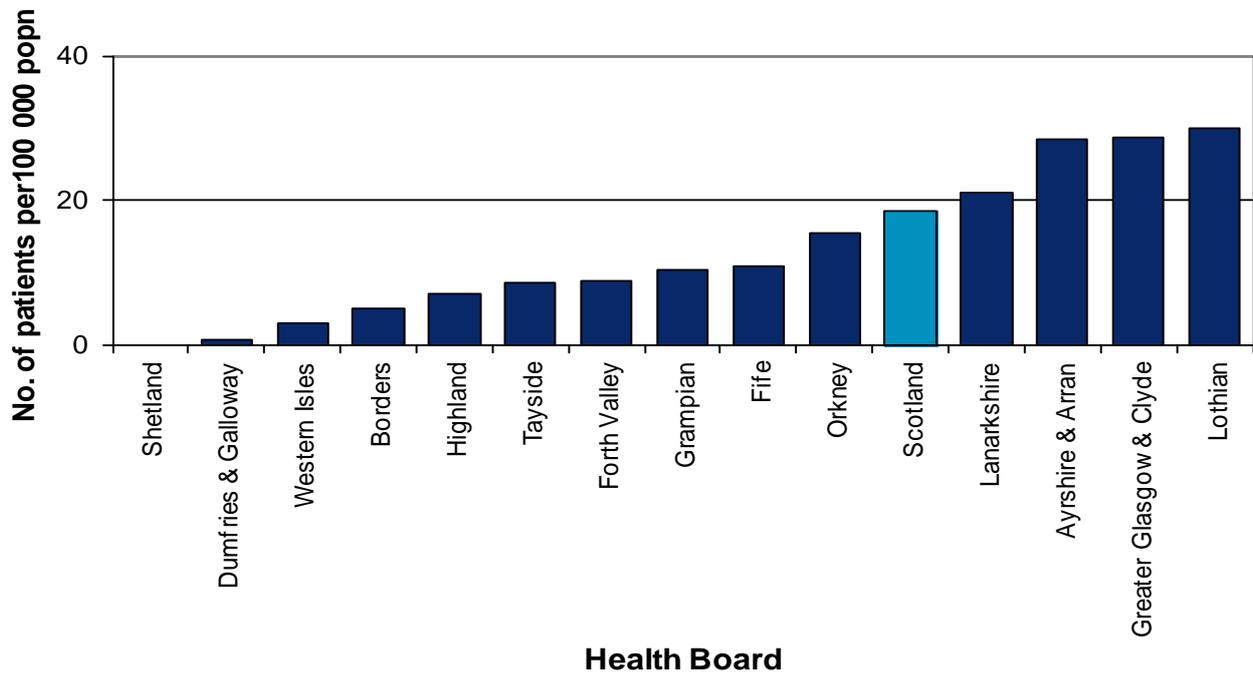


**Figure 3 Percentage of Category B patients by age group, March 2015**



- Figure 4 shows the Scottish rate for Category A patients at March 2015 by Health Board. The 1,545 patients reported as receiving NHS Continuing Health Care at March 2015, corresponds to a Scottish rate of 18 patients per 100,000 Scotland population.
- There is a significant variation in the rate for each NHS Board. NHS Lothian and NHS Greater Glasgow and Clyde have the highest rates of Category A patients per 100,000 population, at 30 and 29 respectively, compared with 1 patient per 100,000 population in NHS Dumfries & Galloway.

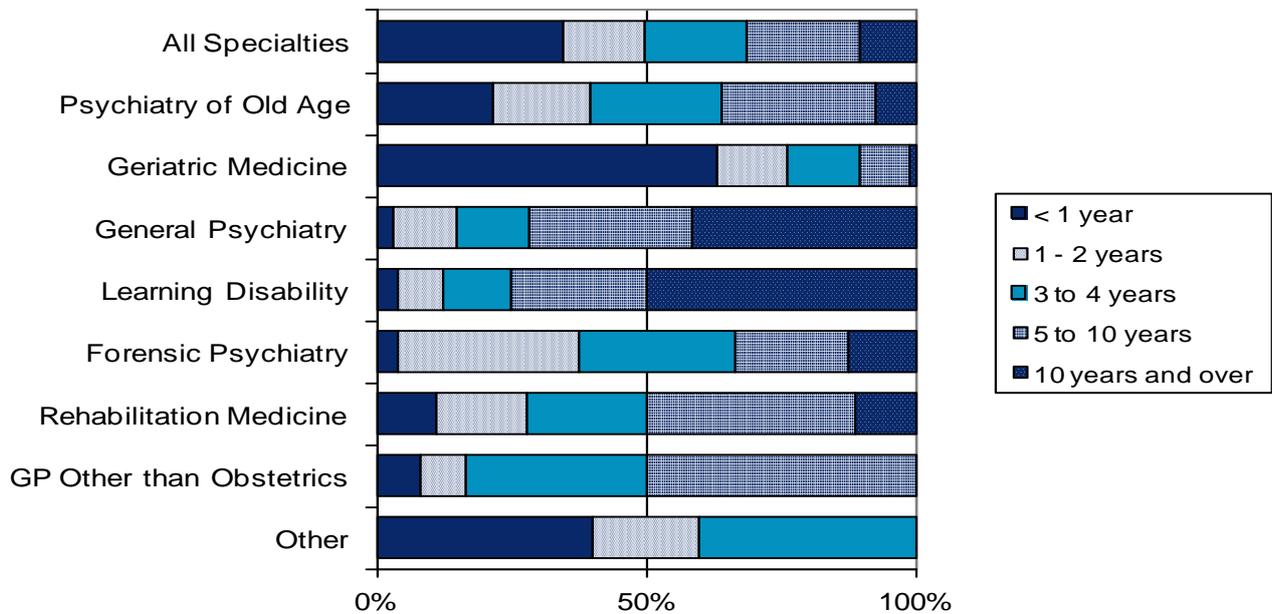
**Figure 4 Number of Category A patients expressed as rate per 100,000 Scotland population, by NHS Board, March 2015**



### Specialty, Location of Care and Length of Stay for Category A patients

- The majority of all Category A patients were in either Psychiatry of Old Age (41%, 640 patients) or Geriatric Medicine (39%, 599 patients) specialties at March 2015.
- The reported fall in the number of Category A patients is a consequence of a decrease in the number of patients in Psychiatry of Old Age and General Psychiatry specialties.
- Of the 1,545 Category A patients, 1,187 (77%) were resident in hospital, 342 (22%) in a Care Home and 16 (1%) in other locations.
- Figure 5 shows the variation in length of stay for each specialty. The length of stay varies between specialties. Scotland level figures are dominated by the numbers in three specialties (Psychiatry of Old Age, Geriatric Medicine and General Psychiatry), each of which has a different profile for length of stay.

**Figure 5 Length of Stay and Specialty<sup>1</sup> for Category A patients, March 2015**

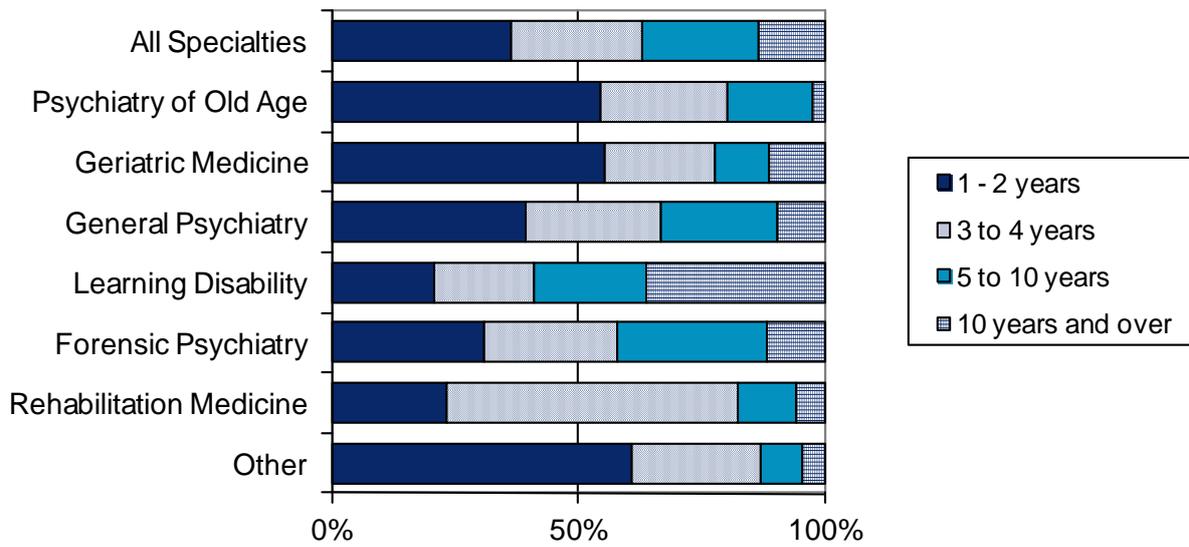


<sup>1</sup> Specialties are not shown where length of stay is based on 5 patients or less.

### Specialty, Location of care and Length of stay for Category B patients

- For Category B patients, the most common specialties were General Psychiatry (34%, 212 patients), Forensic Psychiatry (29%, 178 patients) and Learning Disability (17%, 105 patients).
- Of the 630 Category B patients, 605 (96%) were resident in hospital and 23 patients (4%) were located in care homes (including NHS Beds on a contracted basis).
- Figure 6 shows the variation in length of stay for Category B patients by specialty.

**Figure 6 Length of Stay and Specialty for Category B patients, March 2015**



## Glossary

### Category A

Patients who are receiving NHS Continuing Health Care as a result of a decision made under the terms of the NHS Continuing Health Care guidance (see page 2). Note that although NHS Continuing Health Care may be provided in a hospital ward it may also be provided on a contractual basis in a hospice or care home.

### Category B

Patients who do not specifically meet the criteria for NHS Continuing Health Care but who have been in hospital for over one year and for whom no estimated date of discharge has been set.

### NHS Continuing Health Care guidance

NHS Continuing Health Care is a package of health care provided and solely funded by the NHS. Patients normally receive NHS Continuing Health Care in a hospital ward, hospice or a contracted inpatient bed within an independent sector provider e.g. Care Home. The NHS, and not the local authority or individual, pays the total cost of that care. NHS Continuing Health Care may be for prolonged periods but not necessarily for life and entitlement should be subject to regular review.

The 2008 guidance indicates that continuing inpatient care should be provided where there is a need for ongoing and regular specialist clinical supervision of the patient as a result of:-

- (a) the complexity, nature or intensity of the patient's health needs, being the patient's medical, nursing and other clinical needs overall;
- (b) the need for frequent, not easily predictable, clinical interventions;
- (c) the need for routine use of specialist health care equipment or treatments which require the supervision of specialist NHS staff; or
- (d) a rapidly degenerating or unstable condition requiring specialist medical or nursing supervision.

Further detail around the guidance can be found on page 2 of this report.

### Standardisation

The use of standardisation allows for fairer comparison between study populations with differing age/sex structures. A directly age/sex standardised rate is a theoretical rate, based on the rates observed in the study populations within the chosen age/sex groups, and the relative frequencies of these age/sex groups within a standard population. The replacement of the age/sex group frequencies in the study populations with those in the standard population gives the rates that would be observed if the age structure of the study populations were the same as that of the standard population.

Historically the data presented in this census report has used the European Standard population however this is a younger population than the Scottish population and the interest in this census is mainly older people. The data in this publication have been age/sex standardised to the Scottish population.

## List of Tables

Table No.	Name	Time period	File & size
Workbook	<b>CC_mar15_tables.xls (<a href="#">Tables</a>)</b>	<b>See below</b>	<b>Excel [149kb]</b>
Table 1	Number of Patients in Category A and B by NHS Health board of Treatment.	March 2009 to March 2015	
Table 2	Number of Patients in Category A and Category B by Gender and Age Group.	March 2009 to March 2015	
Table 3	Patients aged 65 years and over and Under 65 years, by NHS Health board of Treatment.	March 2009 to March 2015	
Table 4	Number of Patients aged under 65 years and 65 years and over by Local Authority of Residence.	March 2015	
Table 5a	Number of Patients in Category A by NHS Health board of Treatment with Rate per 100 000 Scotland population.	March 2009 to March 2015	
Table 5b	Number of Patients in Category B by NHS Health board of Treatment with Rate per 100 000 Scotland population.	March 2009 to March 2015	
Table 6	Specialty of Category A patients, by NHS Health Board of Treatment.	March 2009 to March 2015	
Table 7	Length of Stay for Category A, patients by Specialty.	March 2009 to March 2015	
Table 8	Location of care for Category A patients by Specialty.	March 2009 to March 2015	
Table 9	Speciality for Category B patients, by NHS Health Board of Treatment.	March 2009 to March 2015	
Table 10	Length of Stay for Category B, patients by Specialty.	March 2009 to March 2015	
Table 11	Location of care for Category B patients by Specialty.	March 2009 to March 2015	

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## Further Information

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

## Rate this publication

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Appendix

## **A1 – Background Information**

The patients who were included in the census were:

Category A: Patients who are receiving NHS Continuing Health Care as a result of a decision made under the terms of the guidance referred to on pages 2 and 3 of this report. Note that although NHS Continuing Health Care may be provided in a hospital ward it may also be provided on a contractual basis in a hospice or care home.

Category B: Patients who do not specifically meet the criteria for NHS Continuing Health Care but who have been in hospital for over one year and for whom no estimated date of discharge has been set.

The following data items were collected:

- Location Code
- Location Name
- CHI Number
- Patient Identifier (if CHI unavailable)
- Patient Name
- Gender
- Date of Birth
- Date of Admission
- Ethnicity
- Specialty
- Patient's postcode of residence

NHS Boards were instructed to carry out the census on the 31<sup>st</sup> March 2015. However, if there was local benefit in undertaking the national census on a date other than the 31<sup>st</sup> March NHS Boards could select a date up to 3 calendar days prior to the census date.

## A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Findings from the Balance of Care / NHS Continuing Health Care Census
Description	Annual publication presenting data on all patients whom clinicians had assessed to meet the criteria for NHS Continuing Health Care and certain other patients who did not meet the criteria for NHS Continuing Health Care but had been in hospital for over 1 year and for whom no estimated date of discharge had been set.
Theme	Health and Social Care
Topic	NHS Continuing Care
Format	PDF and Excel Tables
Data source(s)	Balance of Care / NHS Continuing Health Care Census
Date that data are acquired	31 March 2015 (most recent census)
Release date	23rd June 2015
Frequency	Annual publication
Timeframe of data and timeliness	Annual census as at 31st March. Information is published annually. No delays between data availability and processing of data for publication. In 2013, one area provided part of their data as at 13 <sup>th</sup> May in order to tie in with other local reporting. These figures are included in this publication and relevant notes have been added to the tables.
Continuity of data	Within the publication relevant notes are added to tables to explain any data discrepancies.
Revisions statement	Previously published data are on occasion revised following comparison with more recent data received which highlight inconsistencies with historic data. These revisions are unplanned. Examples of errors are wrong dates of admission, incorrect categorisation of patients (NHS continuing care vs. in hospital for over 1 year), postcode of institution instead of original residence of patient. Due to the length of time that some of these patients have been in hospital it has not always been possible to obtain original records and for this reason queries may still be included.
Revisions relevant to this publication	No revisions have been made in this publication to previous figures.
Concepts and definitions	A copy of the <a href="#">Definitions and Data Recording</a> manual can be found on our website.
Relevance and key uses of the statistics	Findings from the Census support the Scottish Government to monitor Shifting the Balance of long term care for older

	people and also to inform on the application of the NHS Continuing Health Care guidance. The data can be used by NHS Boards to monitor patients in receipt of NHS Continuing Care and also to highlight those patients who have been in hospital for over 1 year, to ensure that they are in the most appropriate care setting.
Accuracy	Census data are subject to validation when data files are received by ISD. Validation reports are returned to NHS Boards for correction of data/verification of queries. Reported data are compared to previous Census figures.
Completeness	As part of the validation process, NHS Boards are provided with numbers reported from each hospital/care home and Specialty. They are invited to review and amend as required.
Comparability	There are currently no comparable/consistent sources of data available for UK comparison.  Some patients may receive Continuing Care in a contracted inpatient bed within a care home and the Scottish Care Home Census publication could be used to provide further information about patient characteristics in care homes (see page 3 for further information).
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to <a href="#">published guidelines</a> .
Coherence and clarity	The publication includes sections on Introduction/background, data quality, key findings (including charts) and then tables.
Value type and unit of measurement	Number, percentage and Scottish rate
Disclosure	The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.
Official Statistics designation	Official Statistics
UK Statistics Authority Assessment	Designated as National Statistics By UKSA in November 2012
Last published	24 <sup>th</sup> June 2014
Next published	Due to release of guidance around Hospital Based Complex Clinical Care, this is the final publication of the NHS Continuing Health Care census in the current format.
Date of first publication	February 2009
Help email	<a href="mailto:Nss.continuingcare@nhs.net">Nss.continuingcare@nhs.net</a>
Date form completed	10/06/2015

## **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:

- Policy Manager responsible for NHS Continuing Care and Delayed Discharges within the Primary & Community Care Directorate, Partnership Improvement & Outcomes Division at Scottish Government.

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

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

- Policy Manager responsible for NHS Continuing Care and Delayed Discharges within the Primary & Community Care Directorate, Partnership Improvement & Outcomes Division at Scottish Government.

## 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.