

# Publication Report



## Prescribing & Medicines: Prescription Cost Analysis

Financial Year – 2012/13

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## Introduction

Prescription cost analysis information is obtained from NHS prescriptions dispensed in Scotland that are prescribed in Scotland and elsewhere in the United Kingdom. All these prescriptions are dispensed by community pharmacies, dispensing doctors, a small number of specialist appliance suppliers and stoma providers. GPs write the vast majority of these prescriptions, with the remainder written by authorised prescribers such as nurses and dentists. Also included are prescriptions written in hospitals that were dispensed in the community, but prescriptions dispensed within hospitals are not included.

## Prescription Cost Analysis

The prescription cost analysis tables show details of the number of items and the gross ingredient cost of all NHS prescriptions dispensed in the community in Scotland. The items dispensed are listed in order by British National Formulary (BNF) therapeutic class or alphabetically within chemical entity (for drugs).

## Top 10 drugs

This report includes statistics on the top 10 drugs. These statistics detail the ten most commonly dispensed drugs in terms of both volume and cost in Scotland during 2012/13.

## Generic Prescribing

This report includes statistics on prescribing of 'generic' drugs. When the patent expires on a branded drug, the manufacturer loses exclusive rights to produce it. Generic drugs are non-branded versions produced by different manufacturers that produce equivalent clinical effects. Normally, the differences in formulation, and the small variation in the amount of drugs absorbed, make no difference clinically. For certain drugs, very small differences in bio-availability<sup>1</sup> can be important, e.g. anticonvulsants, lithium and theophylline. For these drugs the patient should always receive the version produced by a particular company, therefore the drug must be prescribed by brand name.

## Volume and Cost (Summary Statistics)

General medical practitioners prescribe most of the prescriptions dispensed in the community, whilst dentists, nurses and pharmacists prescribe proportionally fewer. In addition to this, some prescriptions written in hospitals may be dispensed within the community. Prescriptions dispensed in the community are processed by [Practitioner Services Division](#). Information from these prescriptions is used to calculate a variety of statistics. The two main statistics are volume, which is the sum of all the prescriptions dispensed, and the cost. There are various ways of calculating the cost: from the cost of the drugs; or from the cost of fees to contractors for dispensing those drugs; and using deductions of patient charges. The cost discussed is the total net cost, which is the cost to

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<sup>1</sup> The bio-availability of a drug is the fraction of the dose administered which reaches the systemic circulation. It is influenced by the physical properties of the drug such as solubility, particle size, the formulation (tablets, capsules, size, enteric coatings etc.) and by the gut environment, i.e. presence of other drugs, temperature, gut transit time etc.

the Scottish Government. This volume and costing information is presented for a ten year trend. Comparisons between NHS Boards are also included.

For the June 2013 publication a change has been made to the way that populations are calculated for the Summary Statistics tables. NRS (formerly GROS) mid-year population estimates have been used where previously GP list sizes were used as a proxy for population. This has been done to give more accurate estimates per person, and to allow inter-UK comparison. The data in the tables (from 2003/04 to 2012/13) has been backdated to allow for time series analysis. Previous publications should not therefore be used for comparison of population level data.

## Key points

- Salmeterol with fluticasone propionate (used for respiratory conditions) was the most expensive drug by gross ingredient cost in 2012/13 at £44.38 million. This was also the case in 2011/12.
- In 2012/13 omeprazole (used for reducing stomach acid) was the most commonly prescribed drug by volume, replacing simvastatin which was the most commonly prescribed drug in 2011/12.
- The rate of generic prescribing was 82.8% in 2012/13. The percentage of generic prescribing has increased steadily since 2003/04, perhaps beginning to plateau from 2007/08.
- The total (net) cost of items dispensed in 2012/13 was £1.12 billion, a decrease of 5.0% compared to 2011/12. This is a break in the trend; prior to 2012/13 the net cost was steadily increasing year on year.
- The total volume of items dispensed in Scotland in 2012/13 was 96.8 million, a rise of 2.3% between 2011/12 and 2012/13. The number of items dispensed has been increasing year on year with a total increase of 34.0% between 2003/04 and 2012/13.

## Results and Commentary

The top 10 drugs, generic prescribing rate, prescribing volume and costs for the financial year 2012/13 have been reviewed.

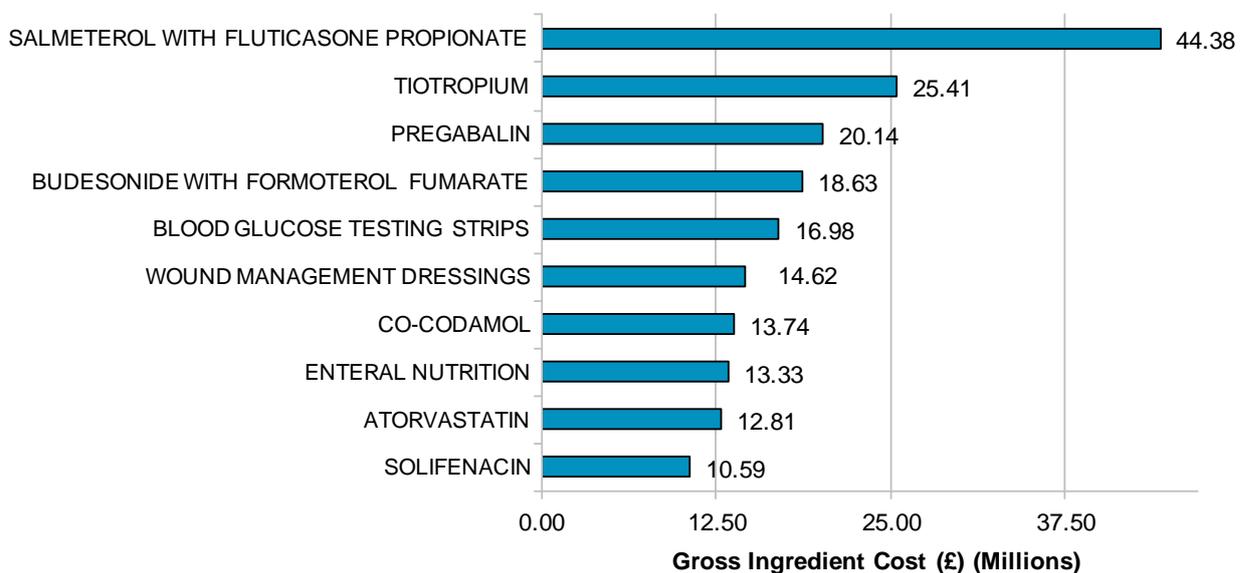
### Top 10

The top ten most commonly dispensed drugs in Scotland during the year 2012/13 varied depending on whether cost or volume is being considered.

#### Gross Ingredient Cost

Figure 1 below shows the top 10 drugs by gross ingredient cost (£), that were dispensed in NHS Scotland during financial year 2012/13.

**Figure 1 – Top 10 drugs by Gross Ingredient Cost (£) dispensed in NHS Scotland – 2012/13**



Source: Prescribing Information System, ISD Scotland

Figure 1 shows that for drugs dispensed in NHS Scotland in 2012/13 financial year, salmeterol with fluticasone propionate had the highest gross ingredient cost (GIC) at £44.38 million.

Table 1 shows the top 10 drugs by gross ingredient cost dispensed during 2012/13 and gives examples of what the drugs might be used for.

**Table 1 – Reason for prescribing – gross ingredient cost (£)**

Chemical Name	Most commonly used
salmeterol with fluticasone propionate	For respiratory conditions
tiotropium	For respiratory conditions
pregabalin	For epilepsy
budesonide with formoterol fumarate	For respiratory conditions
blood glucose testing strips	For home blood glucose monitoring
wound management dressings	For dressing wounds
co-codamol	As a painkiller
enteral nutrition	As nutritional supplements
atorvastatin	For controlling cholesterol
solifenacin	For treatment of prostate conditions

Source: Prescribing Information System, ISD Scotland

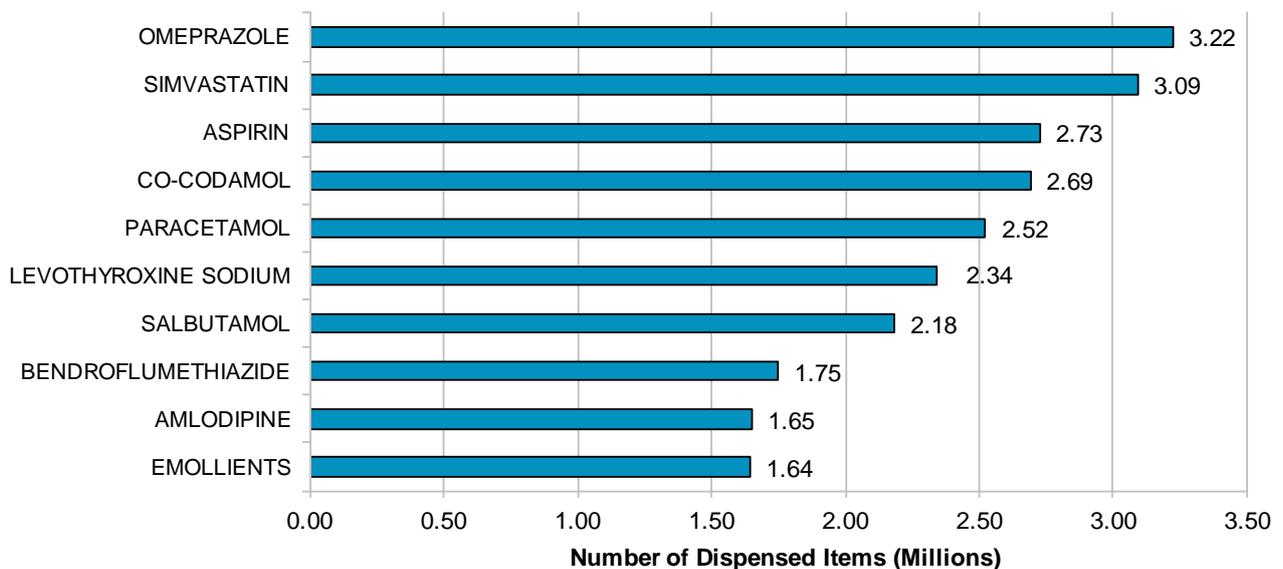
Table 1 shows that drugs used for respiratory conditions feature frequently, being the first, second and fourth most expensive drugs dispensed within Scotland. In recent years atorvastatin routinely had a Gross Ingredient Cost of more than £40 million. This dropped to £12.81 million in 2012/13. This is because it came out of patent in May 2012 and the price subsequently dropped as generic versions became available.

In total, all the drugs featured in Figure 1 and Table 1 summed to a gross ingredient cost of £190.64 million, which equated to 19.9% of the community drugs bill for the financial year 2012/13.

### Dispensed Items

Figure 2 below shows the top 10 drugs dispensed in NHS Scotland by volume (the number of dispensed items) during financial year 2012/13.

**Figure 2 – Top 10 drugs by the number of items dispensed in NHS Scotland – 2012/13**



Source: Prescribing Information System, ISD Scotland

The data presented in Figure 2 show that omeprazole and simvastatin are the most commonly prescribed drugs in NHS Scotland, accounting for a total of 6.3 million items. Reasons why the top 10 drugs dispensed in NHS Scotland by volume might be prescribed are shown in table 2.

**Table 2 – Reason for prescribing – number of dispensed items**

Chemical Name	Most commonly used
omeprazole	For reducing stomach acid
simvastatin	For controlling cholesterol
aspirin	As a blood thinning agent
co-codamol	As a painkiller
paracetamol	As a painkiller
levothyroxine sodium	Sodium for thyroid hormone
salbutamol	For respiratory conditions
bendroflumethiazide	For lowering blood pressure
amlodipine	For angina and lowering blood pressure
emollients	For skin conditions

Source: Prescribing Information System, ISD Scotland

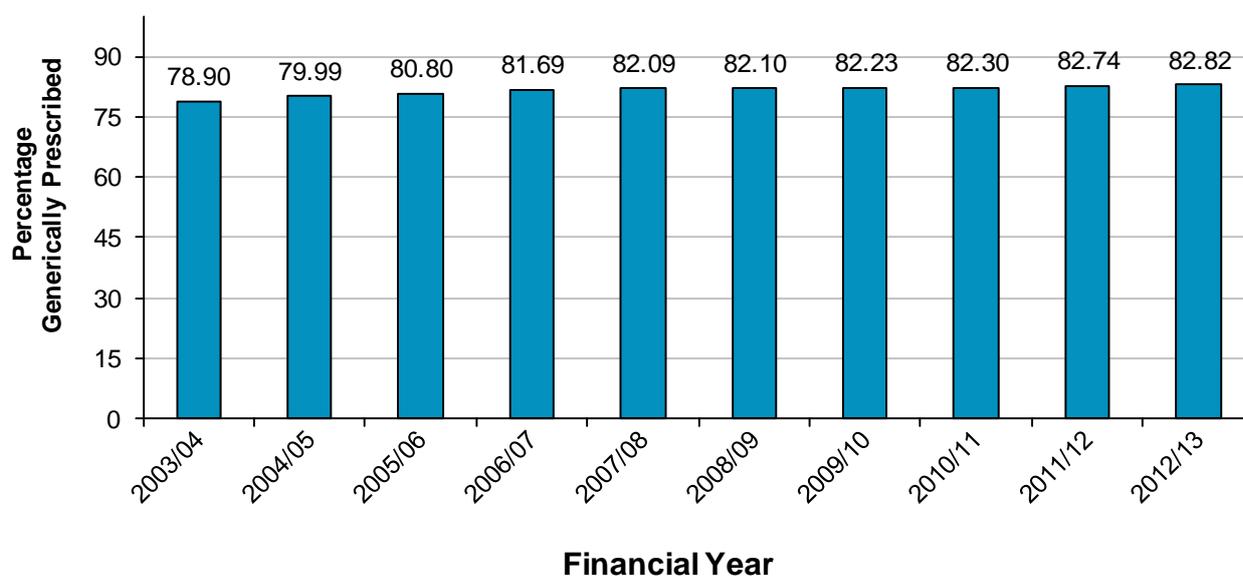
All of the drugs featured in Table 2 are no longer in patent and have been in the Scottish Drug Tariff for several years. In total, all of the drugs featured in Figure 2 and Table 2 account for 23.8 million items, which equated to 24.6% of the total dispensed volume for financial year 2012/13.

Co-codamol appeared in both top ten lists for number of dispensed items and gross ingredient cost. As it is within the [Scottish Drug Tariff](#), it is likely that the high cost is due to the high volume of dispensing.

## Generic Prescribing

Prescribers are strongly encouraged to write prescriptions generically. This is because generic drugs (those within the [Scottish Drug Tariff](#)) are generally cheaper than proprietary drugs. It is also best practice; when generic substitutes become available at a cost lower than the proprietary drug, the prescriber is already used to writing the generic name.

Figure 3 below shows the generic prescribing rate for items prescribed in NHS Scotland, between financial years 2003/04 and 2012/13.

**Figure 3 – Generic prescribing rates, NHS Scotland, 2003/04 - 2012/13**

Source: Prescribing Information System, ISD Scotland

The data shows a very slight increase in generic prescribing from 82.7% in 2011/12 to 82.8% in 2012/13. The percentage of generic prescribing has increased steadily since 2003/04, perhaps beginning to plateau from 2007/08.

Data are presented by the NHS Board from which the prescription originated. Table 3 below shows the generic prescribing rate for each NHS Board for 2011/12, 2012/13 and the change between the years.

**Table 3 – Generic Prescribing Rate by NHS Board, 2011/12 and 2012/13**

NHS Board	Percentage of Generic Prescribed 2011/12	Percentage of Generic Prescribed 2012/13	Percentage change between 2011/12 and 2012/13 (percentage points)
NHS Borders	85.1	85.4	+ 0.34
NHS Ayrshire & Arran	84.4	85.0	+ 0.64
NHS Greater Glasgow & Clyde	84.3	84.7	+ 0.42
NHS Shetland	85.8	84.6	- 1.24
NHS Orkney	84.5	84.4	- 0.10
NHS Western Isles	83.4	84.3	+ 0.91
NHS Dumfries & Galloway	83.2	83.6	+ 0.39
NHS Forth Valley	82.6	83.4	+ 0.90
NHS Lothian	82.8	82.4	- 0.40
NHS Fife	81.4	81.8	+ 0.45
NHS Highland	82.1	81.8	- 0.36
NHS Tayside	81.6	81.1	- 0.45
NHS Grampian	81.4	81.1	- 0.32
NHS Lanarkshire	80.5	80.2	- 0.31

Note: Table ranked in descending order of generic prescribing rate for 2012/13

Source: Prescribing Information System, ISD Scotland

Table 3 shows that NHS Borders and NHS Ayrshire & Arran had the highest percentage of generic prescribing with rates over 85%. NHS Lanarkshire had the lowest rate at 80.2%. Half the NHS Boards have shown an increase in generic prescribing since 2011/12, while the other half have shown a decline.

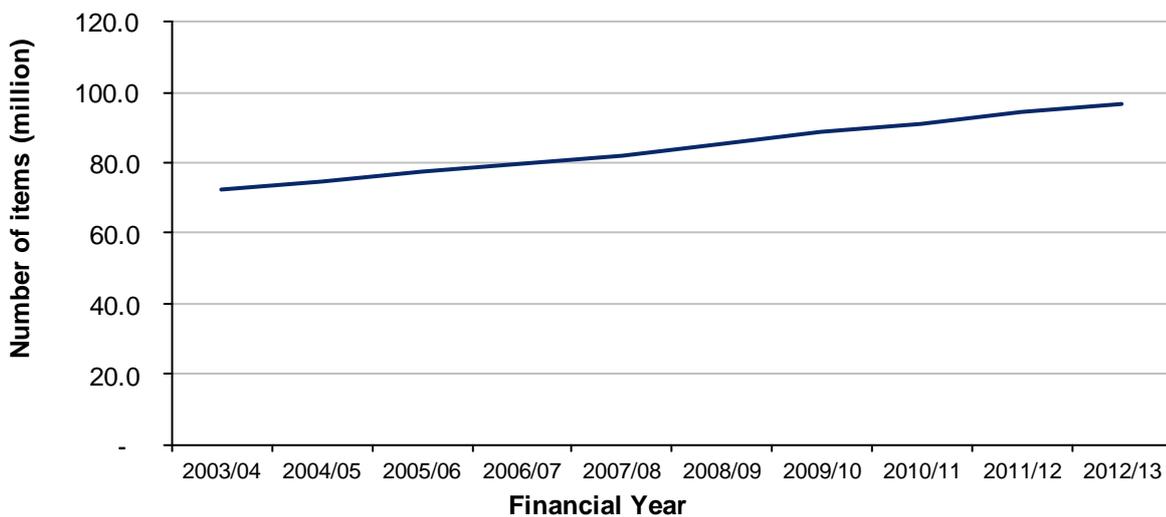
## Volume and Cost

### NHS Scotland

Information on the number of dispensed items (volume) and the total (net) cost has been analysed over a ten year period.

Figure 3 below shows the number of items dispensed in NHS Scotland over a ten year trend for financial years 2003/04 to 2012/13.

**Figure 4 – Number of items dispensed in NHS Scotland, 2003/04 – 2012/13**

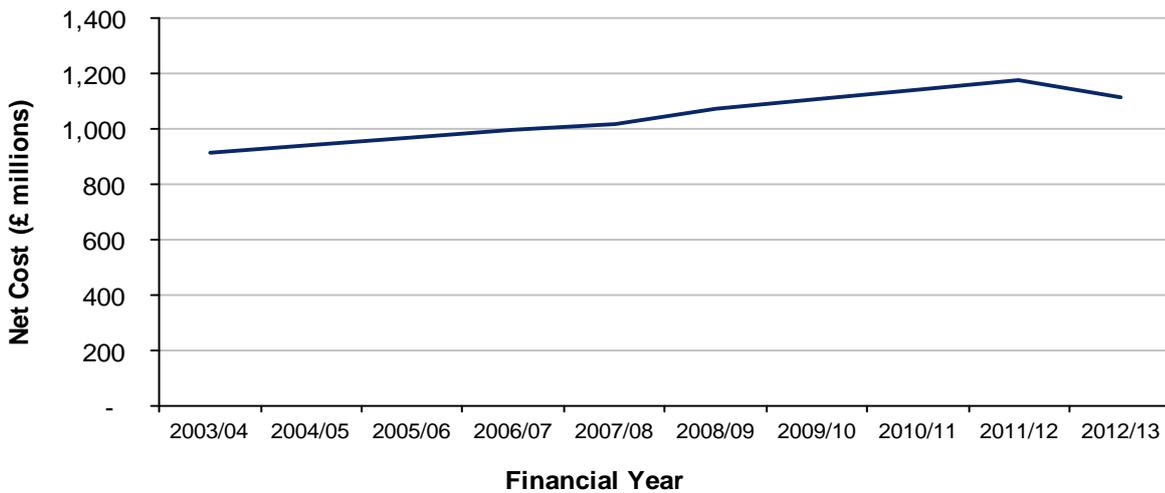


Source: Prescribing Information System, ISD Scotland

Prescribing volumes increased from 72.2 million items in 2003/04 to 96.8 million items in 2012/13. This growth reflects not only the availability of new or more effective medicines, but also increasing patient expectation, demographic changes and latterly the implementation of clinical guidelines and recommendations. The rate of increase in prescribing volumes between 2011/12 and 2012/13 was 2.3% compared to 3.8% between 2010/11 and 2011/12.

Figure 5 shows the total (net) cost of items dispensed in NHS Scotland between 2003/04 and 2012/13.

**Figure 5 – Total (Net) cost (£) of items dispensed in NHS Scotland, 2003/04 – 2012/13**



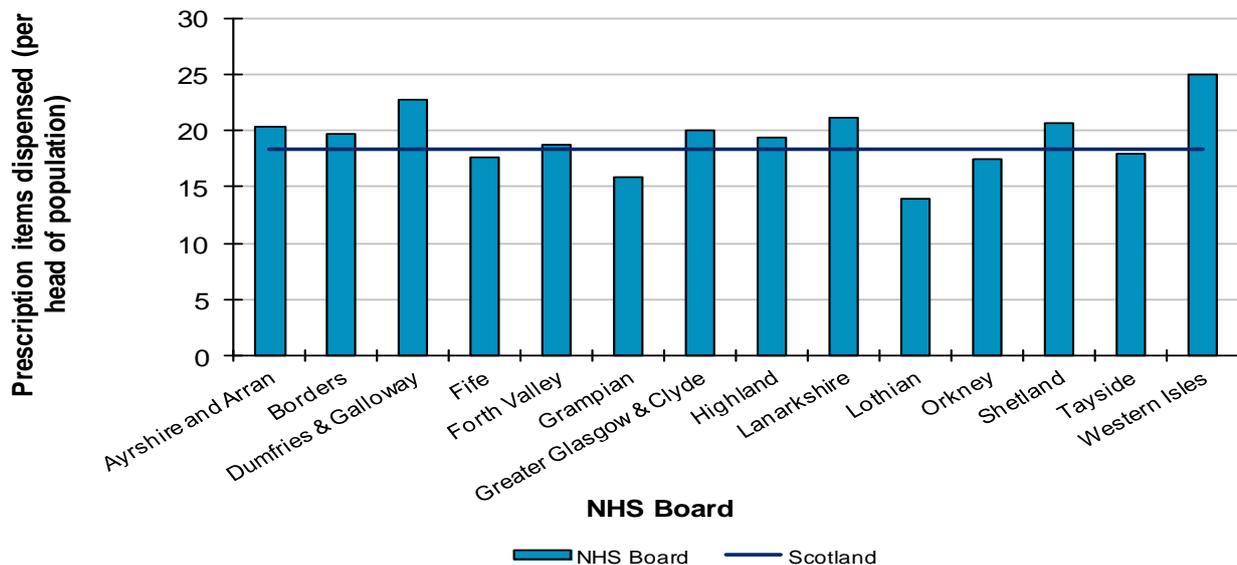
Source: Prescribing Information System, ISD Scotland

The cost to the Scottish Government is given by the net cost, which is the gross cost less any patient charges. Between 2011/12 and 2012/13 the net cost of items dispensed fell by 5.0% to £1,118 million. This is a break in the trend; prior to 2012/13 the net cost had been increasing year on year. Between 2003/04 and 2012/13 the net cost increased by 22.1% overall.

### NHS Board

Information on the NHS Board that the prescriptions were dispensed within has also been analysed. Data is shown per head of population and both volume and the total (net) cost have been evaluated.

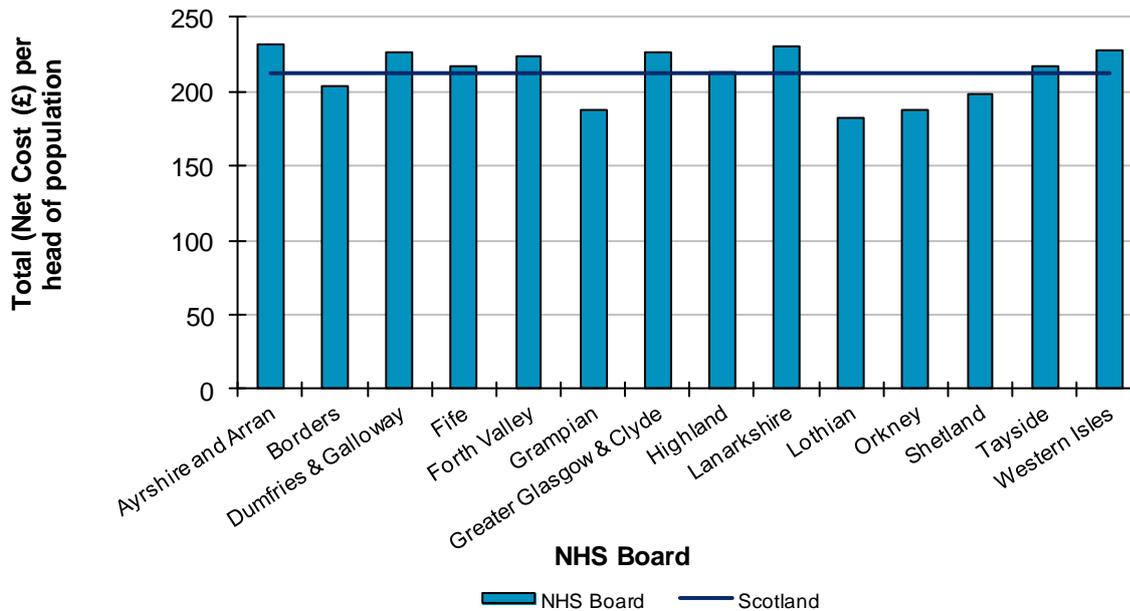
**Figure 6 – Number of prescription items dispensed per head of population by NHS Board, 2012/13**



Source: Prescribing Information System, ISD Scotland

Figure 6 shows that there is some variation between the NHS Boards. Nine NHS Boards are above the Scottish average of 18.4 prescription items dispensed per person with NHS Western Isles the highest at 25.0 items per person and NHS Lothian the lowest at 14.0 items per person. The reason for this is not entirely understood, but suggests regional variations in prescribing practice.

**Figure 7 – Average total (net) cost (£) per head of population by NHS Board, 2012/13**



Source: Prescribing Information System, ISD Scotland

The average total (net) cost per person varies between the NHS Boards. There are eight NHS Boards whose average cost was over that of the Scottish average of £212.77. These are not the same NHS Boards that had a high number of items per person. For example NHS Shetland dispensed 20.6 items per person (over the Scottish average) yet their spend was £198.72 (well under the Scottish average). As in previous years, NHS Lothian had the lowest cost per person and as for 2011/12 NHS Ayrshire & Arran had the highest cost per person.

## Glossary

Appliance Supplier (AS)	Appliance suppliers are a specific sub-set of NHS dispensing contractors who are contracted to supply approved medical devices on prescriptions (e.g. stoma).
Approved Drug Name	As listed in BNF, being the recognised official non-proprietary title (recommended International Non-Proprietary Name - rINN).
British National Formulary (BNF)	A standard classification of drugs into conditions of primary therapeutic use, the aim is to provide prescribers, pharmacists and other healthcare professionals with sound up-to-date information about the use of medicines.
Community Pharmacy (CP)	A retail pharmacy outlet holding a contract with a Health Board to provide NHS pharmaceutical services
Dispensing Doctor (practice)	Dispensing practices exist in those areas of Scotland where the population density is considered too low to support a pharmacy and where the NHS Board has determined that a dispensing service should be supplied.
Dispensing Health Board	The NHS Board with which the dispenser holds a dispensing contract, i.e. Community Pharmacy, Dispensing Doctor or Appliance Supplier.
Dummy items	Items which were not recognised by the prescription pricing system or where payment was rejected.
Generic drugs	An item that has lost its patent. When the patent expires on a branded drug, the manufacturer loses exclusive rights to produce it. Generic drugs are non-branded versions produced by different manufacturers that produce equivalent clinical effects.
Generic prescribing	An item written with its non-proprietary name, also referred to as the approved name. Approved [generic] names may be used for items in patent where only 1 brand exists and it is clinically safe to use the non-proprietary title.
Gross cost	Net Ingredient Cost plus dispensing fees plus other fees and allowances centrally paid.
Gross Ingredient Cost (GIC)	Cost of drugs and appliances reimbursed before deduction of any dispenser discount (note: this definition differs from other parts of the UK).
Net Ingredient Cost (NIC)	Cost of drugs and appliances reimbursed after deduction of any dispenser discount (note: this definition differs from other parts of the UK).
Over the counter	A drug for which a prescription is not needed.
Patient Charges	Income generated from paid prescriptions (£0.0 per item as at 1 <sup>st</sup> April 2011) excludes prepayment certificates.
Prescribed Health Board	The NHS Board with which the prescriber holds a contract to prescribe, i.e. GP, Dentist, Non-medical prescriber.
Prescription form	A prescription form that can contain up to three items.
Prescription item	An item is an individual product prescribed e.g. 100 aspirin tablets of 300mg. Also called a dispensed item.
Prescribable Item Name	The drug name written on the prescription - can be by approved name or a brand name.

Quantity

Total (net) cost

Quantity dispensed of an individual item e.g. 100 tablets.  
Gross cost minus charges paid by patients. Previously called exchequer cost.

## List of Tables

Table No.	Name	Time period	File & size
1	<a href="#">Top 10 drugs</a>	FY 2012/13	Excel [155kb]
2	<a href="#">Prescription Cost Analysis</a>	FY 2012/13	Excel [2,320kb]
3	<a href="#">Generic Prescribing</a>	FY 2003/04 – 2012/13	Excel [159kb]
4	<a href="#">Summary Statistics (NHS Board)</a>	FY 2003/04 – 2012/13	Excel [346kb]
5	<a href="#">Summary Statistics (NHS Scotland)</a>	FY 2003/04 – 2012/13	Excel [177kb]

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## Further Information

Further information can be found on the [Prescribing and Medicines](#) area of the ISD website.

Further information on other ISD publications and datasets can be found the on the [ISD website](#).

## Rate this publication

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Appendix

## **A1 – Background Information**

### **How the data is obtained**

[Practitioner Services](#), a division of NHS National Services Scotland, processes all NHS prescriptions for payment of pharmacists, dispensing doctors and appliance suppliers. This gives a full record from which trends in prescribing can be investigated at a detailed level. The data includes prescribing by GPs, nurses, dentists, pharmacists and hospitals, where the latter was dispensed in the community. Hospital dispensed prescriptions are not included in the figures. The Information Services Division (ISD) cannot ascertain what proportion of the drug dispensed is actually consumed. These data do not include products purchased "over the counter". Prescriptions processed internally by Boards for payment purposes are not included in these data.

### **Top 10 – assumptions**

A drug may be available in a number of formulations, such as tablets and syrups, produced by different manufacturers. For example, co-codamol includes aggregated data for all preparations of that drug, both branded and generic.

## A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	NHSScotland Prescribing Statistics - covering main annual publication series including; prescribing cost analysis, Top 10, generic prescribing and volume & cost.
Description	Summary and detailed statistics on prescribing and dispensing in the community in Scotland including: drug costs and volumes, generic prescribing rates and detailed information on drugs dispensed for particular therapeutic areas.
Theme	Health and Social Care
Topic	Health Care Personnel, Finance and Performance
Format	Excel workbooks
Data source(s)	<p>Prescribing Information System (PIS). All data held in PIS is sourced from Practitioner Services Division (PSD) within NHS National Services Scotland who are responsible for the remuneration and reimbursement of dispensing contractors within Scotland.</p> <p>NRS (formerly GROS): Mid-year population estimates taken from NRS.</p> <p>General Practice Team, ISD: Numbers of GPs and Dispensing Practices taken from GP pages of ISD website</p>
Date that data are acquired	Data is acquired on a monthly basis from PSD following payment approximately 2 calendar months after the end of the month being claimed for payment by contactors
Release date	25 June 2013
Frequency	Annual
Timeframe of data and timeliness	Data covering year to 31 March 2013.
Continuity of data	Data is held in PIS for the most recent 10 years and is stored in archive files back to 1993/94. The definition of the main measures such as gross ingredient cost and number of items are unchanged over this period. Types and value of dispensing fees are agreed the Scottish Government and set annually. Details can be found in the Scottish Drug Tariff and in <a href="#">Primary Care circulars</a> issued by the Government. Drug products are first licensed as proprietary medicines but generic versions often appear once the original patent expires. This can affect the price and uptake of these drugs. The Scottish Government sets the reimbursement price of generic drug products via the <a href="#">Scottish Drug Tariff</a> which is updated and issued quarterly.
Revisions statement	Data are sourced from monthly pharmacy payments data on an ongoing basis therefore once published there is no routine requirement to revise historical data. However occasionally adjustments are made to pharmacy payments

	retrospectively by PSD for example due to an administrative error. Retrospective revisions can also occur the classification of drugs in the <a href="#">British National Formulary</a> (BNF). Where either of these occur and are deemed to be significant in line with ISD's Revisions policy, a revision will be made to published data. This will be notified on the website.
Revisions relevant to this publication	In this publication a change has been made to the way that populations are calculated for the Summary Statistics tables. GROS Mid-year population estimates have been used where previously GP list sizes were used as a proxy for population. This has been done to give more accurate estimates per person, and to allow inter-UK comparison. The data in the tables (from 2003/04 to 2012/13) has been backdated to allow for time series analysis. Previous publications should not be used for comparison of population level data.
Concepts and definitions	The data published in all these releases correspond to prescriptions that have been dispensed in the community in Scotland, i.e. dispensed by a pharmacy, dispensing doctor or appliance supplier. This includes prescriptions which were issued in another UK country but dispensed in Scotland. These data do not include prescription drugs that were supplied and administered to patients in a hospital setting. Prescriptions issued in hospital to patients on discharge and dispensed in the community are however included. Each excel workbook contains further detailed definitions of the main measures and links to a glossary.
Relevance and key uses of the statistics	These statistics are the primary source of data used to monitor the national community drugs bill within Scotland and the pharmacy contract agreed with dispensing contractors. They are also used to monitor national and local prescribing indicators covering both the quality and efficiency of prescribing in general practice.
Accuracy	The data is sourced from a payment system and routine monthly checks are carried out by PSD on a random sample of approximately 5% of prescription payments. These check all data captured for payment and the accuracy of the payment calculation and have a target accuracy of 98% which is routinely met. Data that is captured but is not mandatory for payment purposes can be of lower quality; principally this includes the prescriber code which links a prescription back to the individual prescriber (e.g. GP) and their organisation (e.g. practice or NHS Board). Routine monitoring of unallocated prescriptions is carried out and correct codes are applied before publication. This ensures that unallocated prescriptions account for under 2% of all prescriptions. For remaining unallocated prescriptions, the prescribing NHS Board is assumed to be the same as the dispensing NHS Board.
Completeness	The Prescribing Information System holds information on 100% of NHS Scotland prescriptions dispensed within the

	community and claimed for payment by a pharmacy contractor (i.e. pharmacy, dispensing doctor or appliance supplier). It does not include data on prescriptions dispensed but not claimed (likely to be very small) or prescriptions prescribed but not submitted for dispensing by a patient. Some research has estimated these latter prescriptions to account for around 6% of all prescriptions issued to patients. It is not possible to determine from payment data how much of the medicine dispensed to patients is actually taken in accordance with dosage instructions.
Comparability	The main measures of drug ingredient cost and volumes of items dispensed in the community are comparable across the UK countries. However it should be noted that the Gross Ingredient Cost (GIC) within Scotland is equivalent to the Net Ingredient Cost (NIC) in England, i.e. the reimbursement cost of drugs before any pharmacy discounts are applied. Also each country determines its own dispensing fees based on separate contractual arrangements with dispensing contractors in each country. A common formulary called the <a href="#">British National Formulary (BNF)</a> is used to classify drugs based on therapeutic use.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to <a href="#">published guidelines</a> .
Coherence and clarity	All prescribing tables are accessible via the <a href="#">ISD website</a> . Prescribing statistics are presented within excel spreadsheets for NHS Scotland and where appropriate broken down by NHS Board.
Value type and unit of measurement	The main units of measure of drug reimbursement costs are Gross Ingredient Cost (GIC) and Net ingredient cost (NIC) quantity. The latter takes account of pharmacy discounts, the rates for which are set by the Scottish Government in the Scottish Drug Tariff. There are a large number of individual dispensing remuneration fees paid to dispensing contractors details of which can be found in the Scottish Drug Tariff. The main measures of drug volume are items (the number of individual drug items on a prescription form), quantity (the total number of tablets, capsules etc), and defined daily doses (DDDs - estimated average daily maintenance doses for a total quantity of prescribed). Further details and definitions can be found in the glossary.
Disclosure	The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.
Official Statistics designation	National Statistics.
UK Statistics Authority Assessment	Completed assessment by UK Statistics Authority. Report published December 2011.
Last published	26 June 2012
Next published	24 June 2014
Date of first publication	March 2000
Help email	<a href="mailto:NSS.isdprescribing@nhs.net">NSS.isdprescribing@nhs.net</a>
Date form completed	5 <sup>th</sup> June 2013

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

### **Pre-Release Access**

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

#### **Standard Pre-Release Access:**

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

#### **Extended Pre-Release Access**

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)

## A4 – ISD and Official Statistics

### About ISD

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

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

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

**Mission:** Better Information, Better Decisions, Better Health

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

### Official Statistics

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

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

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

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

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.