

# Publication Report



## Prescribing & Medicines: Prescription Cost Analysis

Financial Year – 2014/15

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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, dentists and allied health professionals (AHPs). 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 gross ingredient cost is the cost of drugs and appliances reimbursed before the deduction of any dispenser discount. 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 products in terms of both volume and cost in Scotland during 2014/15. These figures come from the Prescription Cost Analysis data and use number of items dispensed and gross ingredient cost.

## Generic Prescribing

Recent reporting issues mean that we are currently unable to publish information on generic prescribing. We plan to release an updated publication, including the generic prescribing information, once data becomes available.

## Volume and Cost (Summary Statistics)

General medical practitioners prescribe most of the prescriptions dispensed in the community, whilst dentists, nurses, pharmacists and other AHPs 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](#). Information from these prescriptions is used to calculate a variety of statistics. The two main statistics are volume, which is the count of all the prescriptions dispensed, and cost. There are various ways of calculating the cost: from the cost of the drugs; to the cost of fees to contractors for dispensing those drugs, deducting patient charges. The cost discussed in this report is the total net cost, which is the cost to the Scottish Government. This is the gross cost (the net ingredient cost plus dispensing fees and allowances) minus charges paid by patients. This volume and costing information is presented for a ten year trend. Comparisons between NHS Boards are also included.

## Key points

- The total number of items dispensed in 2014/15 was 101.1 million, an increase of 2.4% compared to 2013/14. The number of items dispensed has been increasing year on year with a total increase of 34.9% over the last ten years.
- The total net cost of items dispensed in 2014/15 was £1.19 billion; this is an increase of 4.3% compared to 2013/14. The net cost of items dispensed has increased overall by 27.1% over the last ten years.
- In 2014/15, the drug omeprazole, used for reducing stomach acid, was the most commonly prescribed drug. This has been the most commonly prescribed drug since 2012/13.
- Inhalers that contain the drug salmeterol with fluticasone propionate, prescribed for respiratory conditions such as asthma, had the highest total gross ingredient cost in 2014/15 at £41.0 million. This has been the highest cost drug since 2011/12.

## Results and Commentary

The top 10 drugs, prescribing volume and costs for the financial year 2014/15 have been reviewed, and are reported on in more detail in the following sections.

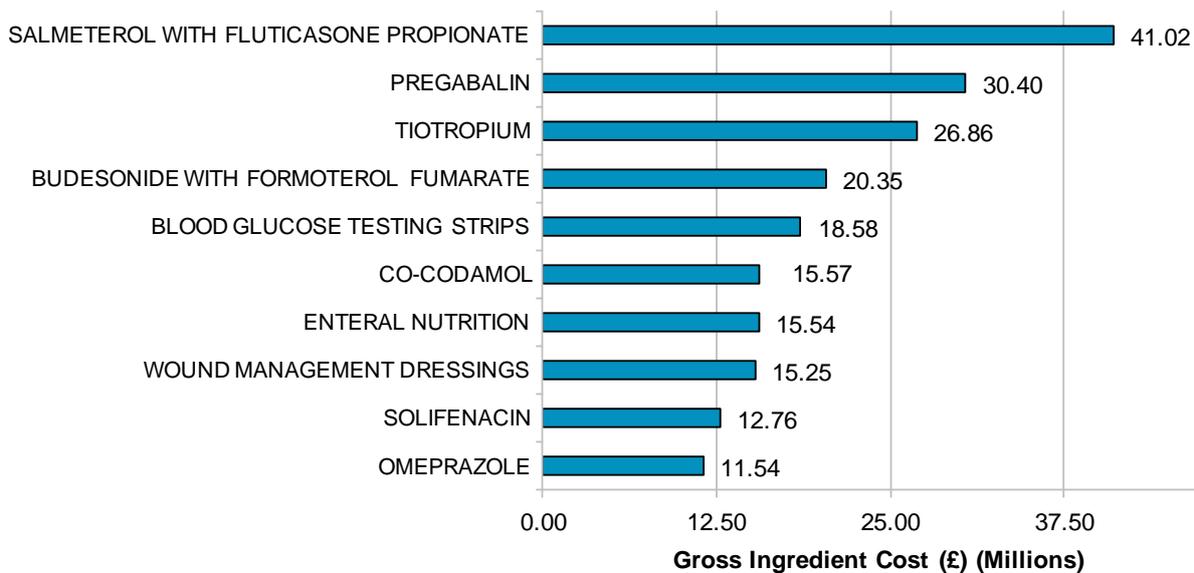
### Top 10

The top ten most commonly dispensed products in Scotland during the year 2014/15 varied depending on whether cost or volume is being considered.

#### Gross Ingredient Cost

The top 10 products by gross ingredient cost (£), dispensed in NHSScotland during financial year 2014/15 are shown in Figure 1. For NHSScotland in this time period, salmeterol with fluticasone propionate had the highest total gross ingredient cost (GIC) at £41.0 million (Figure 1).

**Figure 1 – Top 10 products by Gross Ingredient Cost (£) dispensed in NHSScotland – 2014/15**



Source: Prescribing Information System, ISD Scotland

Table 1 shows the top 10 products by gross ingredient cost dispensed during 2014/15 and gives examples of what the drugs might be used for. Drugs used for respiratory conditions feature frequently in the top ten by gross ingredient cost, being the first, third and fourth highest costs for drugs dispensed within Scotland.

With the exceptions of omeprazole and co-codamol the products in the 2014/15 top 10 by cost are medicines under patent protection or where prescribing is largely by brand (e.g. enteral feeds).

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

Chemical Name	Most commonly used
Salmeterol with fluticasone propionate	For respiratory conditions
Pregabalin	For epilepsy
Tiotropium	For respiratory conditions
Budesonide with formoterol fumarate	For respiratory conditions
Blood glucose testing strips	For blood glucose monitoring
Co-codamol	As a painkiller
Enteral nutrition	As nutritional supplements
Wound management dressings	For dressing wounds
Solifenacin	For bladder conditions
Omeprazole	For reducing stomach acid

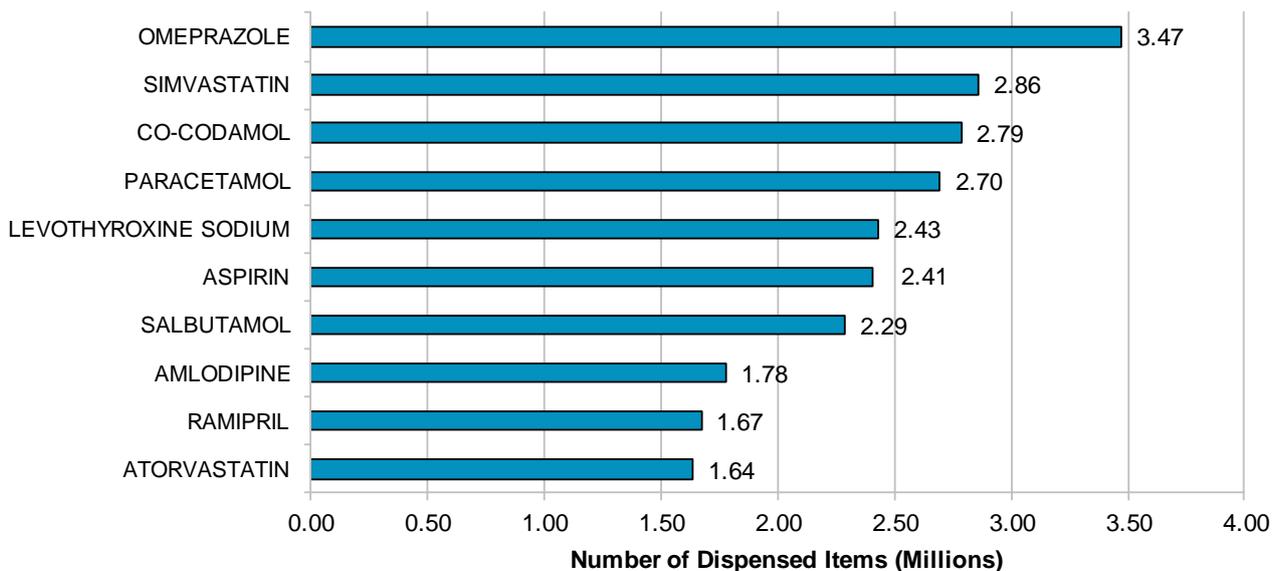
Source: Prescribing Information System, ISD Scotland

In total, all the drugs featured in Figure 1 and Table 1 summed to a gross ingredient cost of £207.9 million, which equated to 20.4% of the community drugs bill for the financial year 2014/15.

### Dispensed Items

The top 10 products dispensed in NHSScotland by volume (the number of dispensed items) during financial year 2014/15 are shown in Figure 2. Omeprazole and simvastatin are the most commonly prescribed drugs in NHSScotland, accounting for a total of 6.3 million items between them (Figure 2).

**Figure 2 – Top 10 products by the number of items dispensed in NHSScotland – 2014/15**



Source: Prescribing Information System, ISD Scotland

Reasons why the top 10 drugs dispensed in NHSScotland by volume might be prescribed are shown in Table 2. All of the drugs featured in Table 2 are no longer in patent and have been in the Scottish Drug Tariff<sup>1</sup> for a number of years. In total, all of the drugs featured in Figure 2 and Table 2 account for 24.0 million items, which equated to 23.7% of the total dispensed volume for financial year 2014/15.

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

Chemical Name	Most commonly used
Omeprazole	For reducing stomach acid
Simvastatin	For controlling cholesterol
Co-codamol	As a painkiller
Paracetamol	As a painkiller
Levothyroxine sodium	To supplement low thyroid levels
Aspirin	As a blood thinning agent
Salbutamol	For respiratory conditions
Amlodipine	For angina and lowering blood pressure
Ramipril	For heart failure and lowering blood pressure
Atorvastatin	For controlling cholesterol

Source: Prescribing Information System, ISD Scotland

Co-codamol and omeprazole appear in both top ten lists in terms of cost and volume; they appear near the top of the top 10 number of items dispensed but towards the bottom of the top 10 for total cost. The disparity between cost and volume suggests that their high total cost is in part due to the high volume of prescribing.

## Volume and Cost

### NHSScotland

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

The number of items dispensed in NHSScotland over a ten year period for financial years 2004/05 to 2014/15 is shown in Figure 3. Prescribing volumes increased by 34.9% from 75.0 million items in 2004/05 to 101.1 million items in 2014/15.

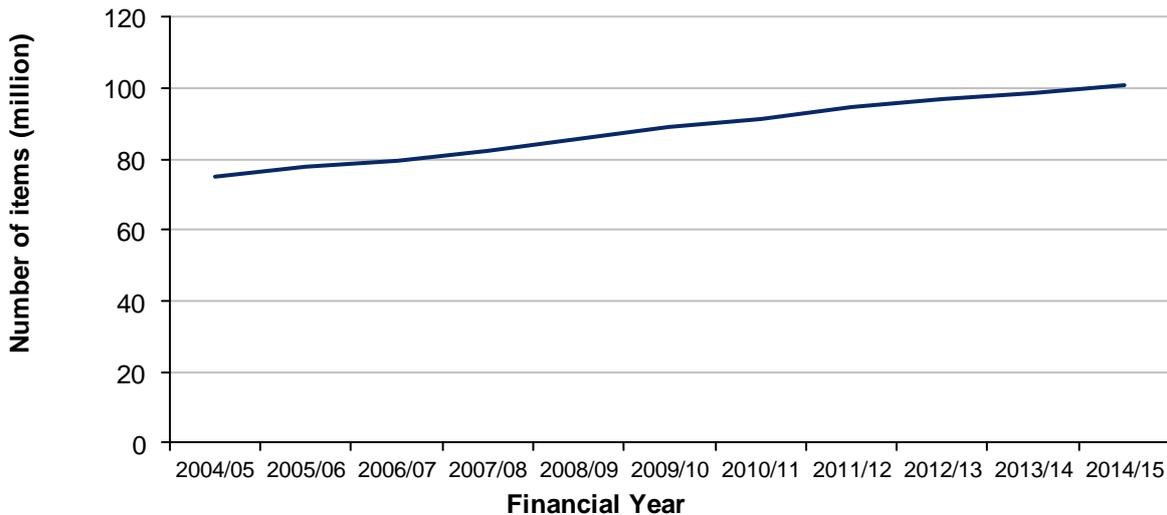
This growth reflects not only the availability of new or more effective medicines, but also prescription processing and demographic changes and most recently the implementation of clinical guidelines and recommendations.<sup>2</sup>

The rate of increase in prescribing volumes has risen. In 2014/15 101.1 million items were dispensed compared to 98.8 million in 2013/14 and 97.0 million in 2012/13 (Figure 3). Between 2013/14 and 2014/15 the rate of increase was 2.3% compared to 1.8% between 2012/13 and 2013/14.

<sup>1</sup> For more information on the Scottish Drug Tariff see: <http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/>

<sup>2</sup> Audit Scotland, Prescribing in general practice in Scotland, January 2013 ([http://www.audit-scotland.gov.uk/docs/health/2013/nr\\_130124\\_gp\\_prescribing.pdf](http://www.audit-scotland.gov.uk/docs/health/2013/nr_130124_gp_prescribing.pdf))

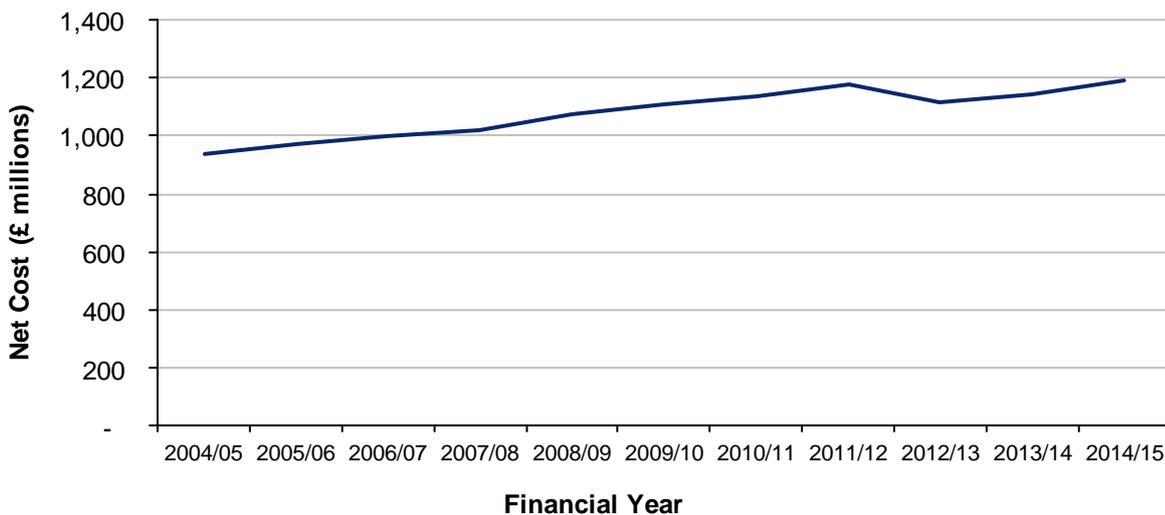
**Figure 3 – Number of items dispensed in NHSScotland, 2004/05 – 2014/15**



Source: Prescribing Information System, ISD Scotland

The total (net) cost of items dispensed in NHSScotland between 2004/05 and 2014/15 is shown in Figure 4. The cost to the Scottish Government is given by the net cost, which is the gross cost less any patient charges. Between 2013/14 and 2014/15 the net cost of items rose by 4.3% to £1.19billion. Between 2004/05 and 2014/15 the net cost increased by 27.1% overall, though there was a break in the upwards trend between 2011/12 and 2012/13 when the net cost of items dispensed fell by 5.0% (Figure 4). This fall is due to a number of widely used lines, e.g. atorvastatin, coming out of patent in 2011/12 and 2012/13.

**Figure 4 – Total (Net) cost (£) of items dispensed in NHSScotland, 2004/05 – 2014/15**



Source: Prescribing Information System, ISD Scotland

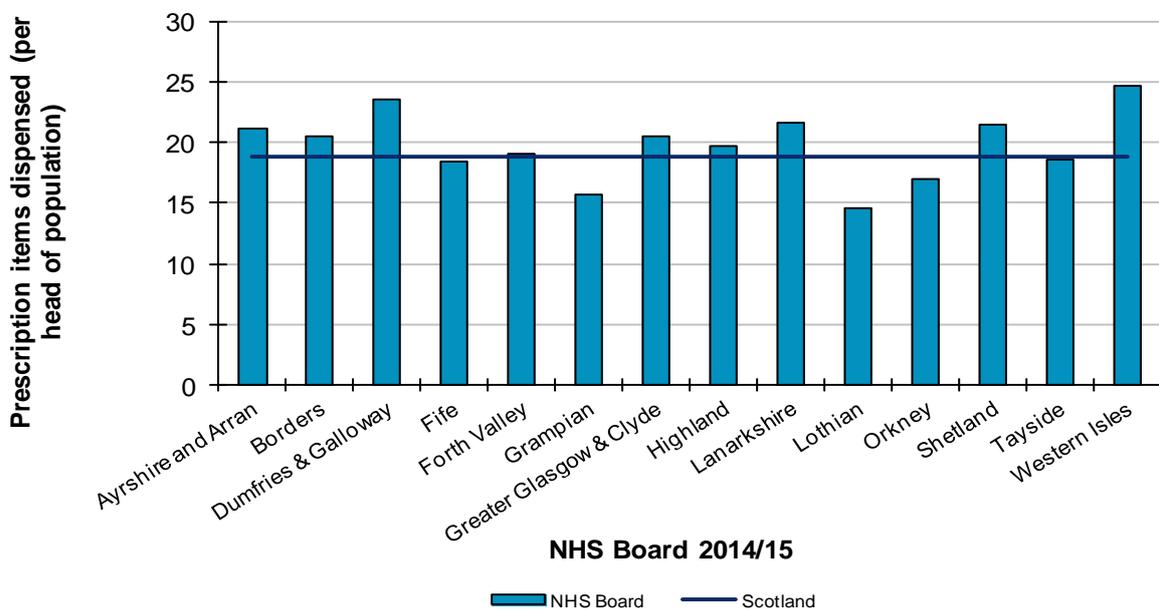
### NHS Board

Information on the NHS Board that the prescriptions were dispensed within has also been analysed. The information provided on NHS Boards in this section of the publication is based on the boundaries that became effective in April 2014. Due to the boundary

changes, the figures for some NHS Boards in the publication will not be directly comparable to previous publications, in particular this will affect NHS Greater Glasgow and Clyde and NHS Lanarkshire. Data are shown per head of population and both volume and the total (net) cost have been evaluated.

Figure 5 shows some variation between the NHS Boards in terms of the number of prescription items dispensed per head of population. Nine NHS Boards are above the Scottish average of 18.9 prescription items dispensed per person with NHS Western Isles the highest at 24.7 items per person and NHS Lothian the lowest at 14.7 items per person (Figure 5). There are multiple factors that contribute to regional variation in prescribing practice; these would include factors such as frequency of repeat prescribing, population demographics and prevalence of chronic disease.

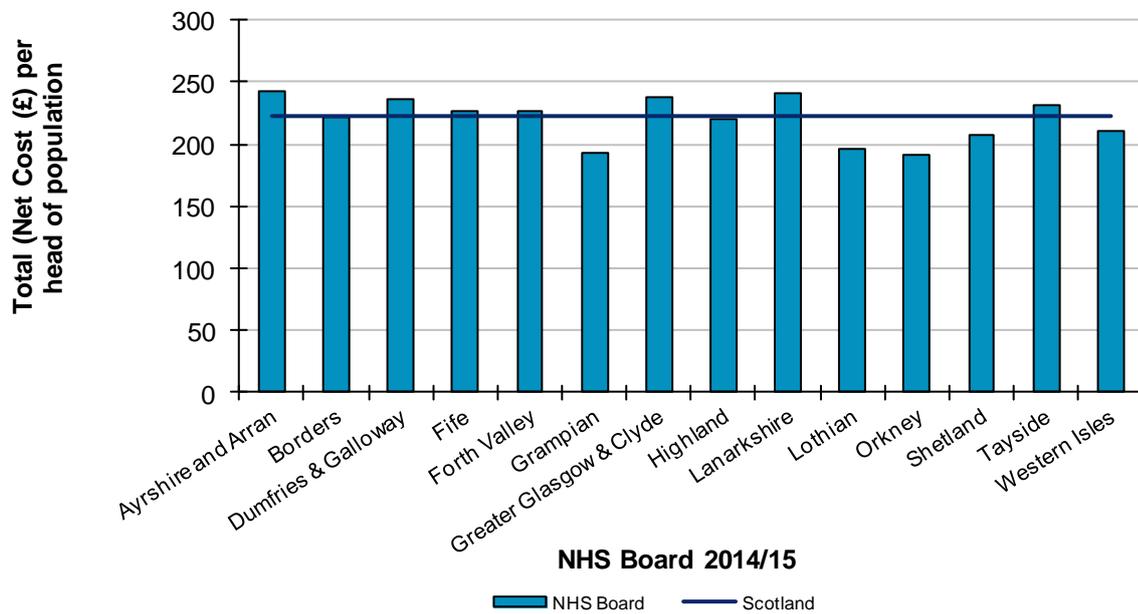
**Figure 5 – Number of prescription items dispensed per head of population by NHS Board, 2014/15**



Source: Prescribing Information System, ISD Scotland

The average total (net) cost per person by NHS Board is shown in Figure 6. This varies between the NHS Boards with seven NHS Boards whose average cost was over that of the Scottish average of £223.41. These are not necessarily the same NHS Boards that had a high number of items per person. For example NHS Western Isles dispensed 24.7 items per person (over the Scottish average) yet their spend per person was £210.92 (considerably under the Scottish average). NHS Orkney has the lowest cost per person for 2014/15 and NHS Ayrshire & Arran had the highest cost per person (Figure 6).

**Figure 6 – Average total (net) cost (£) per head of population by NHS Board, 2014/15**



Source: Prescribing Information System, ISD Scotland

## 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). This is presented as 'Chemical name' in the PCA tables
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 1st 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, they are also called a dispensed item.
Prescribable Item Name	The drug name written on the prescription - can be by approved name or a brand name. This is presented as 'Drug name' in the PCA tables.
Prescribing Information System	NSS Scotland's national prescribing dataset. Known as PIS.
Quantity	Quantity dispensed of an individual item e.g. 100 tablets.
Scottish Drug Tariff	The <a href="#">Scottish Drug Tariff</a> contains information regarding the prescribing, dispensing and reimbursement of medicines and appliances on primary care NHS prescriptions.
Total (net) cost	Gross cost minus charges paid by patients. This was previously called the exchequer cost.

## List of Tables

Table No.	Name	Time period	File & size
1	<a href="#">Prescription Cost Analysis</a>	FY 2014/15	Excel [1,441kb]
2	<a href="#">Top 10 Drugs</a>	FY 2014/15	Excel [36kb]
3	<a href="#">Summary Statistics (NHSScotland)</a>	FY 2004/05 - 2014/15	Excel [89kb]
4	<a href="#">Summary Statistics (NHS Board)</a>	FY 2006/07 - 2014/15	Excel [232kb]

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## Further Information

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

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## Appendix

### A1 – Background Information

#### How the data are obtained

[Practitioner Services](#) process 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.

#### Changes to publications

##### **Changes to publications – June 2014**

Changes were made to the PCA publication in June 2014, which should be noted when comparing data from publications produced prior to 2013/14.

Changes were made to the way the number of items is calculated for the Summary Statistics publication to bring it into line with other publications. Additionally, the populations used were updated to the National Records of Scotland (NRS) re-based estimates based on the 2011 census. Both changes were applied to all data in the accompanying tables.

Changes were also made to dispensed items in the PCA, Top Ten and Generic Prescribing tables, to improve the accuracy of the information available. Data for 2013/14 has been updated but no previous data will be revised.

Please see the [2013/14 PCA Report](#) for further information about all these changes.

##### **NHS Health Board boundary changes**

On the 1st April 2014 a number of changes were made to NHS Health Board boundaries to ease the integration of NHS and Local Authority services. These revisions resulted in small changes to the resident populations of the majority of Scottish NHS Health Boards. NHS Greater Glasgow & Clyde and NHS Lanarkshire saw the largest changes to resident populations, with approximately 72,000 residents being reassigned from NHS Greater Glasgow & Clyde to NHS Lanarkshire. A small number of GP Practices and Community Pharmacies that had previously been affiliated to NHS Greater Glasgow and Clyde were also transferred to sit within the revised NHS Lanarkshire boundary. The impact of these changes should be taken into consideration when comparing trends in NHS Board activity over time.

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

<b>Metadata Indicator</b>	<b>Description</b>
Publication title	Prescribing & Medicines: Prescription Cost Analysis
Description	Summary and detailed statistics on prescribing and dispensing in the community in Scotland including: drug costs and volumes and generic prescribing rates and detailed information on drugs dispensed by BNF Hierarchy and individual preparation level.
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 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 are acquired on a monthly basis from Practitioner Services following payment approximately 2 calendar months after the end of the month being claimed for payment by contractors
Release date	30 June 2015
Frequency	Annual
Timeframe of data and timeliness	Data covering financial year to 31 March 2015

<p>Continuity of data</p>	<p>Data are held in PIS for the most recent 13 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.</p>
<p>Revisions statement</p>	<p>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 Practitioner Services, for example due to an administrative error. Retrospective revisions can also be made to 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.</p>
<p>Revisions relevant to this publication</p>	<p>Statistics on prescribing of 'generic' drugs will be delayed until recent reporting issues have been resolved.</p> <p>The figures for NHS Boards used in this publication are based on the Board boundaries that took effect on 1 April 2014. The effect of these boundary changes should be taken into account when considering time series data or comparing figures from publications released before the new boundaries took effect, NHS Greater Glasgow and Clyde and NHS Lanarkshire are the two NHS boards particularly affected.</p> <p>Changes were made in June 2014 to the publication which should be noted when comparing figures from publications released prior to 2013/14.</p> <p>Please see appendix 1 for further information on these changes.</p>
<p>Concepts and definitions</p>	<p>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.</p>

<p>Relevance and key uses of the statistics</p>	<p>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.</p>
<p>Accuracy</p>	<p>The data are sourced from a payment system and routine monthly checks are carried out by Practitioner Services 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 fewer than 2% of all prescriptions. For remaining unallocated prescriptions, the prescribing NHS Board is assumed to be the same as the dispensing NHS Board.</p>
<p>Completeness</p>	<p>The Prescribing Information System holds information on 100% of NHSScotland 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.</p>
<p>Comparability</p>	<p>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</a> (BNF) is used to classify drugs based on therapeutic use.</p>
<p>Accessibility</p>	<p>It is the policy of ISD Scotland to make its web sites and products accessible according to <a href="#">published guidelines</a>.</p>

Coherence and clarity	All prescribing tables are accessible via the <a href="#">ISD website</a> . Prescribing statistics are presented within excel spreadsheets for NHSScotland 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	24 June 2014
Next published	28 June 2016
Date of first publication	March 2000
Help email	<a href="mailto:Nss.isdprescribing@nhs.net">Nss.isdprescribing@nhs.net</a>
Date form completed	01 June 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

## 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.