Publication Report

Prescribing of Smoking Cessation Products in Scotland

Financial Years 2005/06 – 2014/15

Publication date – 13 October 2015

A National Statistics Publication for Scotland

Contents

Introduction

Smoking is one of the leading causes of preventable illness and premature death in Scotland and causes, or exacerbates, many different health conditions. As such, a number of measures have been introduced in previous years to reduce the impact smoking has on the health and wellbeing of the Scottish population, and the overall cost to the National Health Service. These measures include the ban on smoking in public places, introduced in March 2006 as part of the Smoking, Health and Social Care (Scotland) Bill to improve public health and the Smoking Cessation Service provided by the Public Health Service.

The Public Health Service (PHS) element of the new Community Pharmacy Contract was introduced in Scotland in August 2008 with the aim of encouraging community pharmacists to have a pro-active role in promoting healthy lifestyles and environments for people in Scotland. This aim is met through the provision of a number of different services from PHS, one of which is a smoking cessation service. This service aims to help smokers successfully stop smoking and provides advice and smoking cessation products free of charge (as with all prescriptions since 1st April 2011) in order to support people in their attempt to stop smoking. This support is provided by a person's local pharmacy over a period of up to twelve weeks, where smoking cessation items will be dispensed if someone has shown a commitment to stop smoking on, or before, a given target date. The Smoking Cessation Guide for Scotland recommends that smoking cessation products should be available on prescription to smokers who have made a commitment to stop on, or before, a target stop date. Prescriptions subsequent to the initial commencement of treatment should only be issued to the person if they can demonstrate that they are still trying to stop smoking.

Information on drugs which are indicative of the treatment of smoking cessation are obtained from NHS prescriptions which have been prescribed in Scotland and are dispensed in either Scotland or elsewhere in the United Kingdom. These prescriptions are dispensed by community pharmacies, dispensing doctors, a small number of speciality appliance suppliers and stoma providers.

This report includes all smoking cessation products dispensed and does not consider which service they were provided through. This means that it includes products dispensed as part of the Public Health Service as well as those that were not. In 2014/15, 65.4% of dispensed smoking cessation items were part of PHS, the remaining 34.6% of prescribing came from Acute Medication Service electronic prescriptions, paper prescriptions and the Urgent Supply of Medicines service.

Information on prescribing for cigarette smoking can be found on the following Internet sites:

- Action on Smoking and Health in Scotland (ASH)
- Clearing The Air, the Scottish Executive's site detailing the ban on smoking in public places
- You Can Stop Smoking, NHS Health Scotland's web site
- The Scottish Public Health Observatory's Tobacco Use Site
- Scottish Medicines Consortium (SMC)
- The National Institute of Clinical Excellence (NICE)

ISD is not responsible for the contents of external Internet sites.

Treatment

Drugs licensed for smoking cessation are given in the British National Formulary (BNF) sub section 4.10.2;

- Bupropion Hydrochloride (also known as Amfebutamone Hydrochloride), (Zyban®)
- Nicotine Replacement Therapy (Nicopass®, Nicopatch®, Nicorette®, Nicotinell®, NiQuitin CQ)
- Varenicline (Champix®)

Bupropion Hydrochloride became available on prescription in June 2000, and is restricted to adults aged 18 and over. Nicotine Replacement Therapy (NRT) became available on prescription in April 2001 and varenicline in January 2007. NRT is licensed to people aged 12 and over, while varenicline is licensed to people aged 18 and over. NRT has been licensed to be prescribed by nurses since May 2001, making it more accessible to patients.

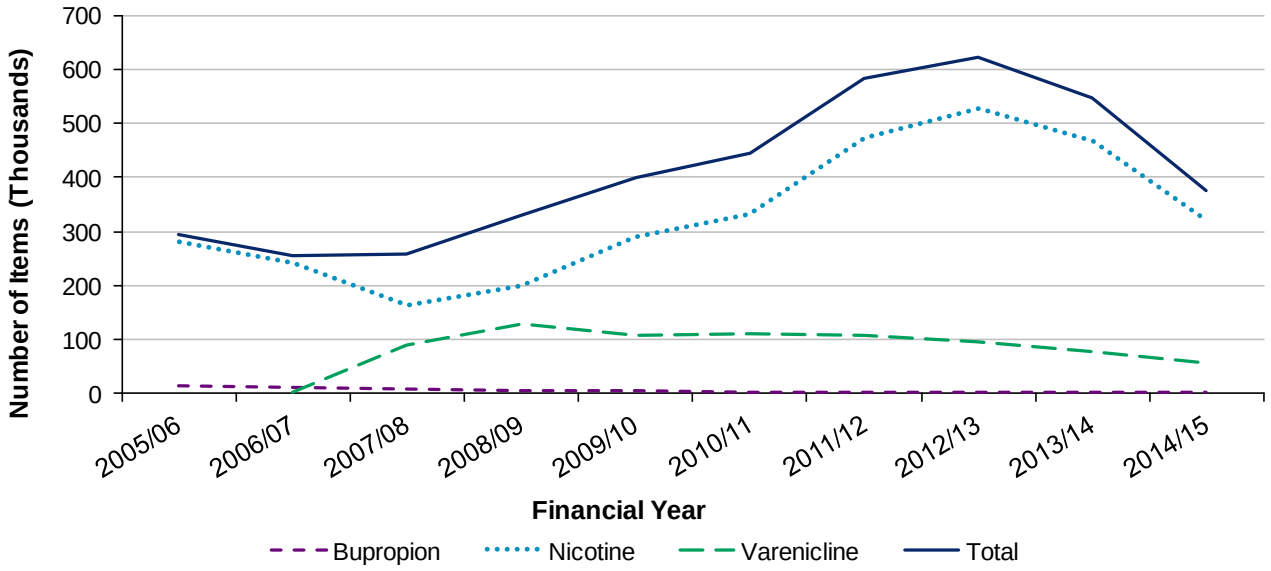
Key points

- 2014/15 was the second consecutive year that dispensing of smoking cessation products decreased since 2006/07. There were 169,967 (31.1%) fewer dispensed items in 2014/15 compared to 2013/14.
- The total cost of smoking cessation items in 2014/15 was £8,057,216, which was a decrease of £4,169,659 (34.1%) from last year. This was the second consecutive year the total cost had decreased since it peaked in 2012/13.
- The overall average cost per item has decreased year on year since 2007, and reached its lowest point (£21.36) in the ten years covered in this report in 2014/15, down from £22.35 in the previous financial year.
- All boards showed a decrease in the number of dispensed items per 1,000 of the population for smoking cessation products dispensed in 2014/15 compared to 2013/14. The Scottish average decreased by 34.6% in this time period.
- For the first time six NHS Boards have seen the number of items per 1,000 of the population fall below the levels seen in 2008/09, the year in which smoking cessation services were introduced in Scottish community pharmacies.

Results and Commentary

NHSScotland

Figure 1 – Number of Dispensed Items, by Substance, for NHSScotland - 2005/06 to 2014/15



Varenicline was not dispensed on the NHS prior to January 2007.

The dispensing of smoking cessation products gradually increased from 2006/07 to 2012/13 where it peaked. Since this peak, dispensing has reduced by 39.6% to 377,198 items in 2014/15 with a 31.1 % reduction in dispensed items from 2013/14 to 2014/15

From Figure 1 it is evident that nicotine containing products have consistently been the most commonly prescribed smoking cessation products over the last 10 years; in 2014/15 nicotine accounted for 84.5% of smoking cessation product dispensing. The dispensing of nicotine decreased with the introduction of varenicline in January 2007 but began rising steadily again until 2012/13. The number of bupropion items dispensed has dropped 84.8% since the start of the ten year period reported however this product has consistently accounted for a small proportion of all smoking cessation products. In 2014/15 bupropion only accounted for 0.5% of total dispensed smoking cessation products. This may be related to the restrictions applied to the product which can be found on the Scottish Medicines Consortium (SMC) website.

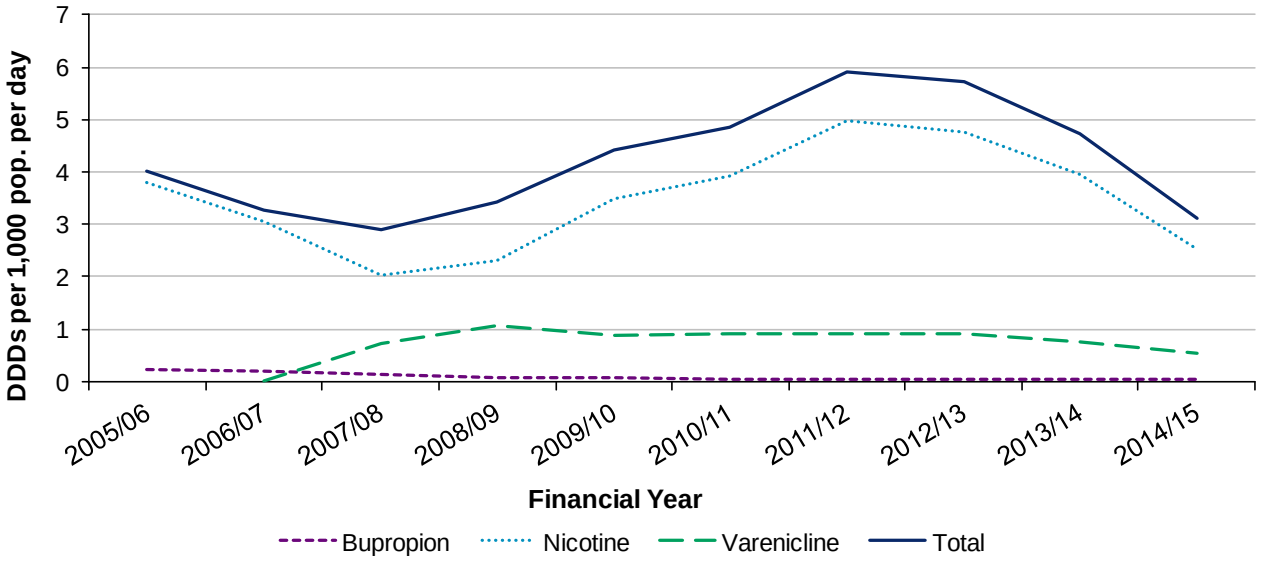
Defined Daily Doses (DDDs) are a measure derived from the international use of the substance in question. They were developed by the World Health Organisation (WHO) and are defined as “the assumed average maintenance dose per day used for its main indication in adults”.

Varenicline and bupropion are licensed for patients aged 18 years and over however nicotine is licensed for patients aged 12 years and above. Due to nicotine accounting for

84.5% of dispensing, population data for ages 12 years and over has been used in this publication.

Figure 2 shows the number of DDDs per 1,000 population per day for the years 2005/06 to 2014/15.

Figure 2 – Defined Daily Doses per 1,000 Population (aged 12+) per Day, by Substance, for NHSScotland - 2005/06 to 2014/15



Varenicline was not dispensed on the NHS prior to January 2007.

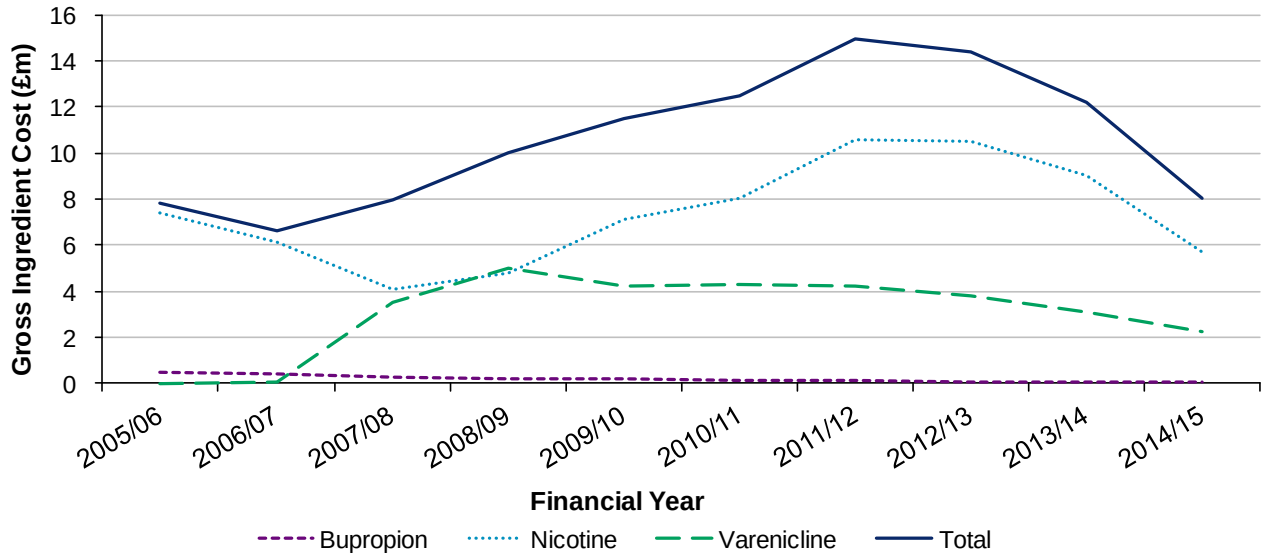
Figure 2 shows a similar pattern in trend for defined daily doses per 1,000 population per day as the trend shown in Figure 1 for the number of dispensed smoking cessation items. In 2012/13 the data showed a slight drop in total DDDs for the first time since 2007/08. This decreasing trend continued throughout 2013/14 and 2014/15 with a steeper decrease in DDDs occurring each year. It is expected that this decrease is linked to the drop in the number of people attempting to quit smoking in general in Scotland, further details of this can be found in the Public Health NHS Smoking Cessation Services Report.

Defined Daily Doses (DDD) are commonly used as a proxy measure of how many patients in the population are receiving a particular drug. An alternative method would be to provide patient-based analysis using unique Community Health Index (CHI) numbers. These CHI numbers make it possible to identify which prescription items have been dispensed to individual patients. This type of patient-based analysis is a far more accurate method of examining patient numbers compared to estimating using DDDs, however it is not always possible to carry out this type of analysis.

A high proportion of nicotine prescriptions are dispensed through the Public Health Service, prescriptions dispensed through PHS do not currently log patients' CHI numbers. This means that the CHI-capture rate for this drug is not sufficient to perform accurate patient-based analysis, for example in 2014/15 the CHI-capture rate for nicotine was only 57.6%. Given that nicotine is the most commonly prescribed smoking cessation drug any patient-

based analysis included in this publication would be based on incomplete data and could produce unreliable findings.

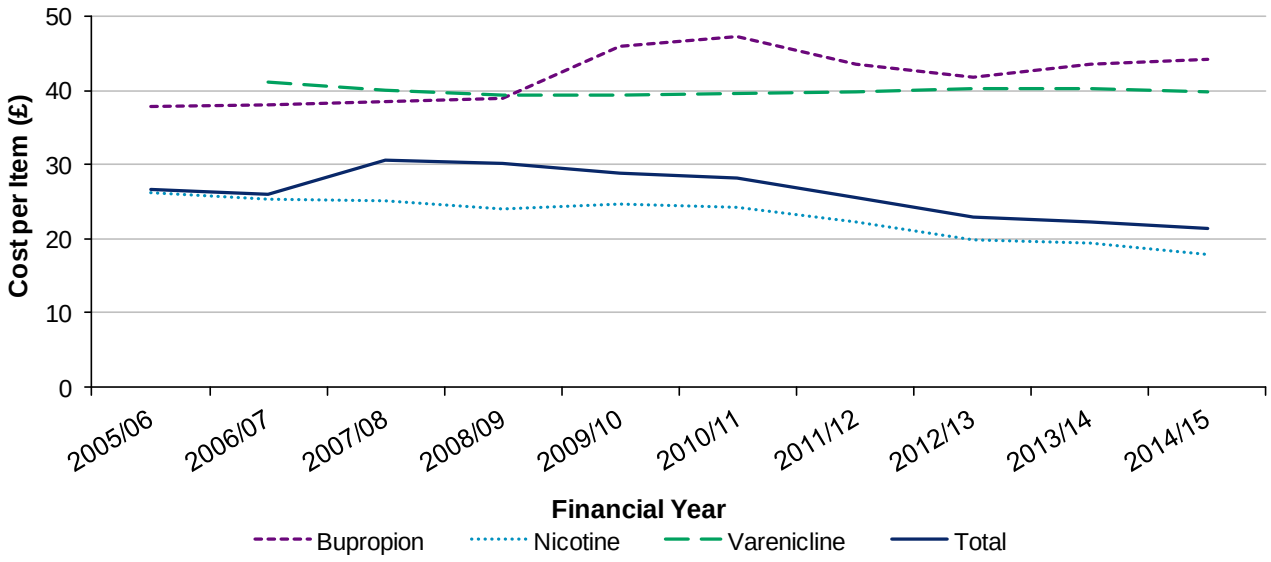
Figure 3 – Gross Ingredient Cost (GIC), by Substance, for NHSScotland - 2005/06 to 2014/15



Varenicline was not dispensed on the NHS prior to January 2007.

The total gross ingredient cost (GIC) for smoking cessation products followed a similar trend to the patterns observed in Figures 1 and 2. The first decrease in GIC since 2006/07 was observed in 2012/13 and was followed by two more consecutive decreases in 2013/14 and 2014/15. In 2014/15 the total gross ingredient cost of smoking cessation products fell by £4,169,659 (34.1%) from the previous financial year.

Figure 4 – Cost per Item (£), by Substance, for NHSScotland - 2005/06 to 2014/15



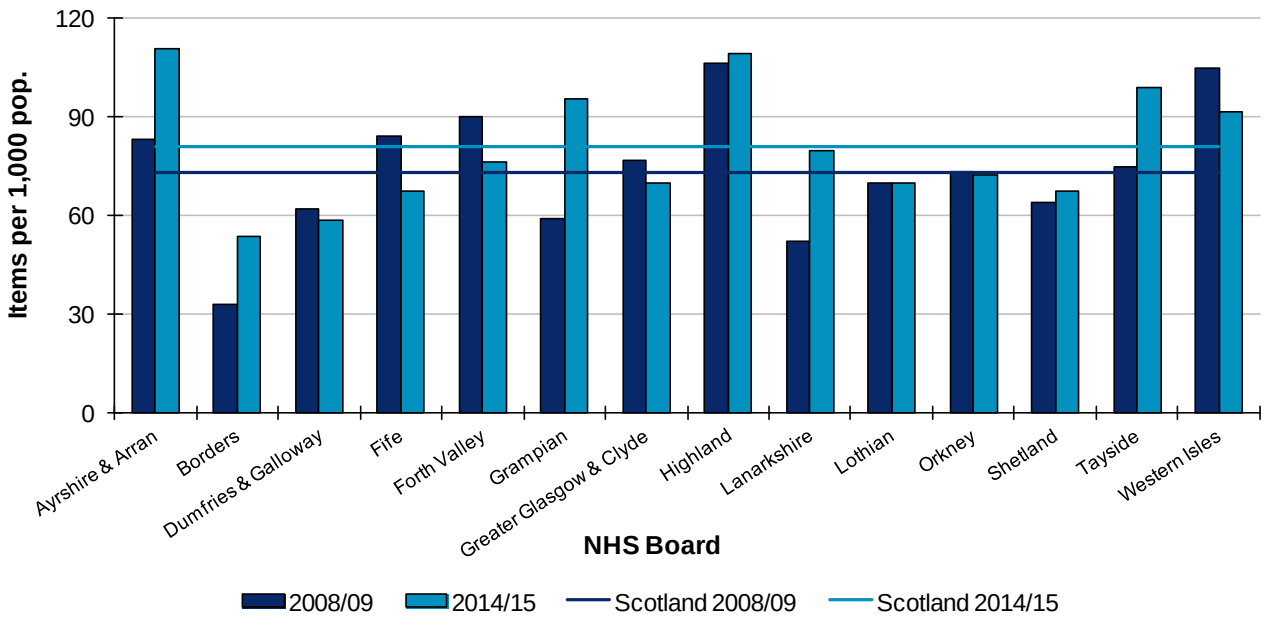
Varenicline was not dispensed on the NHS prior to January 2007.

Figure 4 shows that the average cost per item for smoking cessation products has been gradually decreasing since 2007/08 where it peaked at £30.59. In 2014/15 the average cost per item was the lowest it has been in the ten year time period reported, at £21.36. All individual smoking cessation products have shown a decrease in cost per item except bupropion which has shown a slight increase of £0.50 (1.1%) from 2013/14 to 2014/15. Additionally, bupropion has had the highest cost per item since 2009/10. Since the introduction of varenicline in January 2007, the cost per item has remained relatively constant and has only decreased by 3.4% from 2006/07 to 2014/15.

NHS Board

Information on the prescribing of smoking cessation products within individual NHSScotland health boards has also been analysed. Figures 5 and 6 show prescribing of smoking cessation products by NHS board in terms of the number of dispensed items per 1,000 population and by the number of defined daily doses per 1,000 population per day, respectively. These figures show data for the most recent financial year compared to 2008/09, the year in which the Public Health Service (PHS) was introduced.

Figure 5 – Number of Dispensed Items per 1,000 Population (aged 12+), by NHS Board – 2008/09 and 2014/15



Considerable variation exists among the fourteen NHS Boards in 2014/15. Eight of the fourteen Scottish health boards have shown an increase in the number of dispensed items per 1,000 population from 2008/09 to 2014/15. NHS Dumfries and Galloway, Fife, Forth Valley, Greater Glasgow and Clyde, Orkney and the Western Isles all showed a decrease in items per 1,000 population per day and NHS Lothian had the same rate of items in 2008/09 compared to 2014/15. NHS Borders showed the highest proportional increase (63.9%) in items per 1,000 population and NHS Lothian the lowest (0.0%). The overall percentage increase in the number of dispensed items per 1,000 population for NHSScotland was 10.6%.

Figure 6 – Defined Daily Doses per 1,000 Population (aged 12+) per Day, by NHS Board - 2008/09 and 2014/15

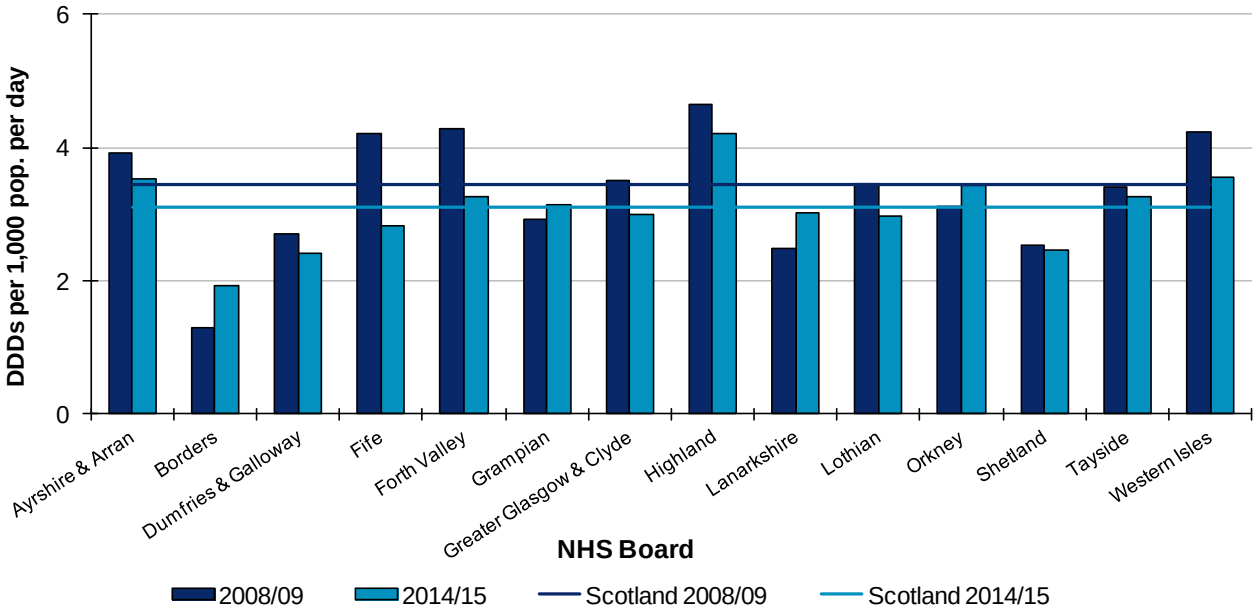


Figure 6 shows a comparison of prescribing data in terms of the number of DDDs per 1,000 population aged 12 and over per day for the most recent financial year and the year in which PHS was introduced. NHS Shetland showed the smallest proportional change between these two time points with a decrease of 3.3% in DDDs per 1,000 population. The largest proportional change from 2008/09 to 2014/15 was evident in NHS Borders with an increase of 49.5%. Despite this increase, NHS Borders had the lowest rate of DDDs per 1,000 population per day at 1.93 compared to all other health boards. In 2014/15 the highest recorded rate was in NHS Highland at 4.20 DDDs per 1,000 population per day.

Ten of the fourteen Scottish health boards showed a decrease in DDDs per 1,000 of the population from 2008/09 compared to 2014/15. The following boards showed an increase in the rate of DDDs between these time points: NHS Borders, NHS Grampian, NHS Lanarkshire and NHS Orkney.

The overall Scotland average of DDD's per 1,000 of the population decreased by 9.7% from 3.44 in 2008/09 to 3.10 in 2014/15. From Figure 6 it can be seen that half of all Scottish health boards fall below the respective Scottish average in both years.

Figure 7 – Defined Daily Doses per 1,000 Population (aged 12+) per Day, by NHS Board - 2013/14 and 2014/15

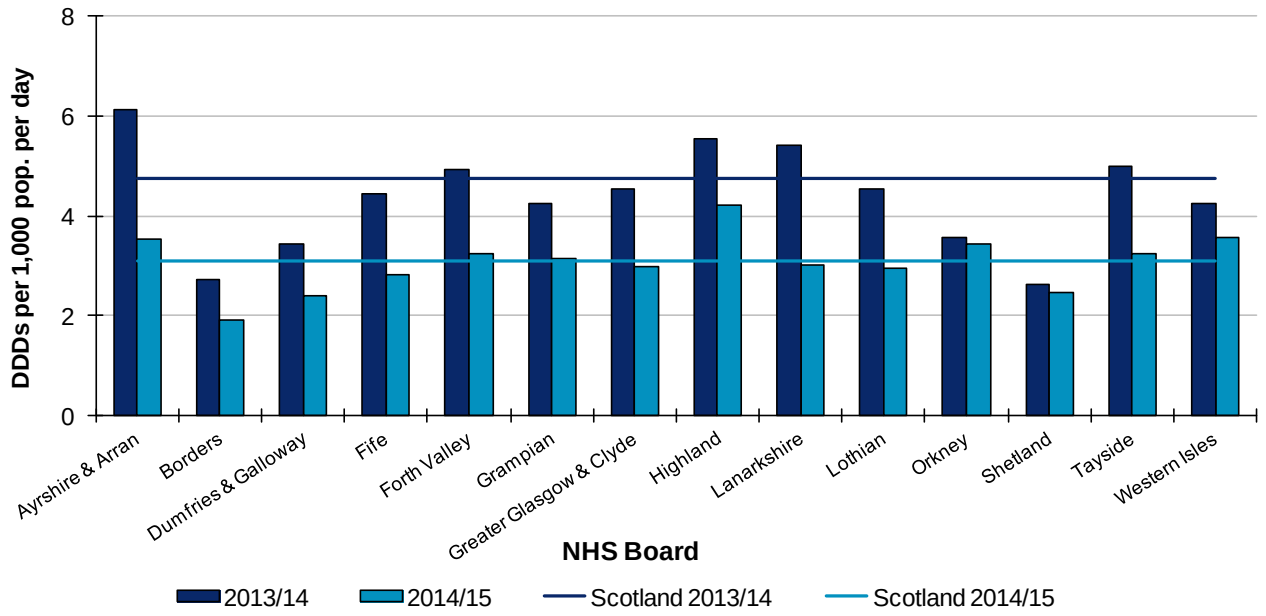
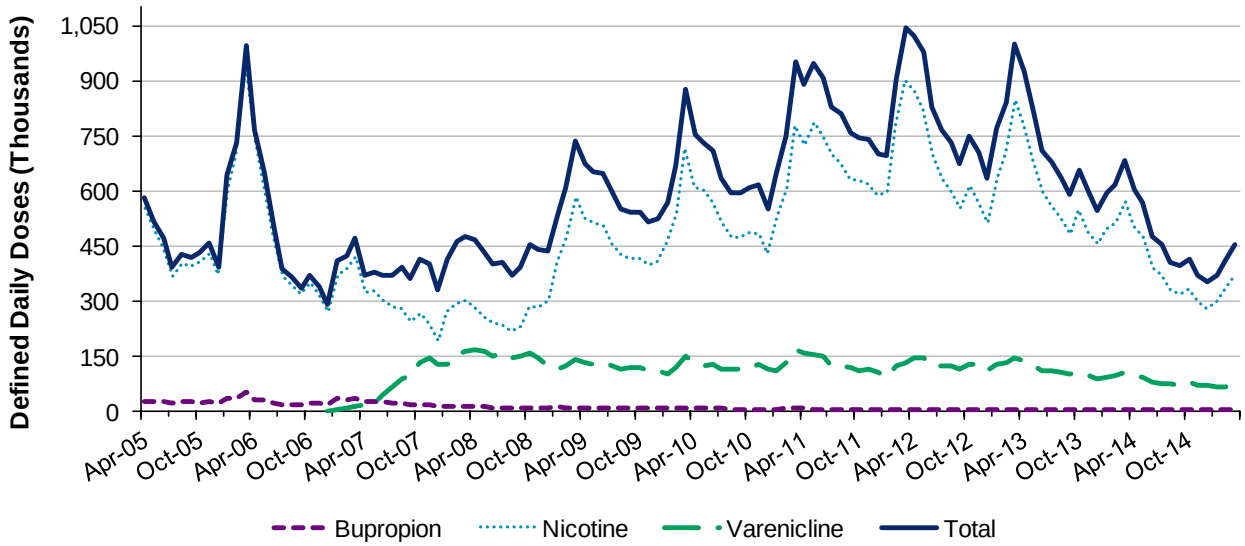


Figure 7 compares the latest dispensing of smoking cessation DDDs per 1,000 population against the previous financial year. All health boards show a decrease in the number of DDDs per 1,000 population per day. The greatest proportional decrease occurred in NHS Lanarkshire (43.9%) and the smallest occurred in NHS Orkney (3.9%). The Scotland average decreased from 4.74 DDDs per 1,000 population to 3.10, this was a 34.6% decrease from the previous financial year.

Seasonal Variation

Figure 8 below shows the seasonal effect on total DDDs of smoking cessation products by giving a monthly breakdown of prescribing between April 2005 and March 2015.

Figure 8 – Total Defined Daily Doses by Month for all Smoking Cessation Products - April 2005 to March 2015



The seasonal trend for the total of all products in Figure 8 shows a sharp peak which rises from January into February, culminating in March; this could be due to people opting to stop smoking as their New Year's resolution. The high peak in March 2006 coincided with the introduction of the smoking ban in public places.

There appears to be an underlying upward trend from 2006/07 to 2012/13, after this point the underlying trend appears to be decreasing. Additionally, the seasonal peaks and troughs present in the trend appear less pronounced in the latest financial year compared to previous years shown in Figure 8. The maximum total monthly DDD level in 2014/15 was 605,584 compared to the monthly maximum of 924,916 in 2013/14, a decrease of 34.5%.

When looking at product level, the trend for nicotine closely follows the total trend pattern, indicating that nicotine prescribing drives the seasonal trend. Nicotine replacement therapy declined in December 2007 when varenicline prescribing started to grow. Varenicline has remained relatively constant over the last five years with some slight decrease in the last couple of years. During this time, nicotine had been increasing and it could be that this increase is attributed to the introduction of the Public Health Service in September 2008. The dispensing figures for bupropion are too small to show up well in this chart; however bupropion has been decreasing since the introduction of varenicline in 2007.

Glossary

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 Health Index (CHI)	This is a 10-digit number which is a unique identifier of individual patients.
Defined Daily Dose (DDD)	Assumed average maintenance dose per day for a drug when used for its main indication in adults, as defined by World Health Organisation.
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).
Nicotine Replacement Therapy (NRT)	Nicotine replacement therapy works by releasing Nicotine steadily into the bloodstream at much lower levels than in a cigarette, without the tar, carbon monoxide and other poisonous chemicals present in tobacco smoke.
Prescribable Item Name	The drug name written on the prescription - can be by approved name or a brand name.
Prescribed Health Board	The NHS Board with which the prescriber holds a contract to prescribe, i.e. GP, Dentist, Non-medical prescriber.
Prescription Item	An item is an individual product prescribed e.g.100 aspirin tablets of 300mg.
Prescription Form	A prescription form that can contain up to three items.
Public Health Service (PHS)	The PHS aims to support the community pharmacist's contribution to health protection, health improvement and medicine safety, by encouraging a more pro-active involvement of pharmacists and their staff in supporting self care, providing a health promoting environment across the network of community pharmacies, offering opportunistic opportunities to promote healthy lifestyles and contributing to national and local campaigns.
Quantity	Quantity dispensed of an individual item e.g. 100 tablets.
Target Population	The population which are eligible to receive the medication, i.e. aged 12 and over.

List of Tables

Table No.	Name	Time period	File & size
1	Prescribing of Smoking Cessation Products in Scotland	Financial years 2005/06 to 2014/15	Excel [165kb]

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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, 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 say 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.

Defined Daily Doses

A method of examining prescribing levels using different formulations of products (for example chewing gum, patches and tablets) are Defined Daily Dose (DDD) as developed by the World Health Organisation (WHO).

A defined daily dose is defined as “the assumed average maintenance dose per day for a drug used on its main indication in adults”. DDDs are a measure derived from the international use of the substance in question. As British prescribing patterns may differ from the accepted international value, each DDD should be regarded as a technical value, a close approximation of an average of the actually used doses. The DDDs are therefore not necessarily the most frequently prescribed or used doses. Each drug is assigned a DDD value, based on its active ingredient. It should be noted, however, that it is an arbitrary unit for measurement purposes and makes no pretence to be a therapeutic recommendation. The value is derived from literature, manufacturer's recommendations and experience gained in the field. An international committee from twelve countries, including Britain, consider the evidence and assign a DDD value for a drug in its main indication. All new DDDs are reviewed after three years; existing DDDs after five years.

Changes to publications – October 2015

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)

Metadata Indicator	Description
Publication title	NHSScotland Prescribing – Prescribing of Smoking Cessation Products
Description	Summary and detailed statistics on prescribing and dispensing in the community in Scotland including smoking cessation products presented by financial years for NHSScotland. Data presented shows: number of items, defined daily doses and gross ingredient cost.
Theme	Health and Social Care
Topic	Health Care Personnel, Finance and Performance
Format	Excel workbooks
Data source(s)	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.
Date that data are acquired	Data are acquired on a monthly basis from PSD following payment approximately two calendar months after the end of the month being claimed for payment by contactors.
Release date	13th October 2015
Frequency	Annual
Timeframe of data and timeliness	Data covering financial years ending March 31st, 2005/06 to 2014/15 inclusive.
Continuity of data	Data are held in PIS for the most recent 11 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 Primary Care circulars 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 Scottish Drug Tariff 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

	with the classification of drugs in the British National Formulary (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	Some changes have been made to health board boundaries which may affect populations used in this report. See Appendix A1 for further details.
Concepts and definitions	The data published in all these releases correspond to prescriptions that have been prescribed in Scotland and dispensed in the community in Scotland, or elsewhere in the UK i.e. dispensed by a pharmacy, dispensing doctor or appliance supplier. 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 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 on prescribing for Smoking Cessation within Scotland. They are also used to compare prescribing patterns across Health Boards and over time.
Accuracy	The data are sourced from a payment system and routine monthly checks are carried out by Practitioners 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 including 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.
Completeness	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.
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 British National Formulary (BNF) 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 published guidelines.
Coherence and clarity	All prescribing tables are accessible via the ISD website. 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 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 ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	National Statistics
UK Statistics Authority Assessment	Assessment by UK Statistics Authority completed and assessment report issued October 2010.
Last published	29-Sep-14
Next published	29-Sep-16
Date of first publication	n/a
Help email	NSS.isdprescribing@nhs.net
Date form completed	21/09/15

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.