Prescribing & Medicines: Minor Ailments Service (MAS)

Financial Year 2016/17

Publication date – 26 September 2017
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Introduction

The Minor Ailments Service (MAS) was introduced to allow community pharmacies to provide direct care for common conditions. MAS went live across Scotland in July 2006, following the success of pilots in NHS Ayrshire & Arran and NHS Tayside.

Background

Minor ailments are generally described as common, often self-limiting, conditions. They normally require little or no medical intervention and are usually managed through self-care and the use of products that are available to buy without a doctor’s prescription.

Consulting and advising on the treatment of minor ailments has always been a core service provided by community pharmacists.

The pharmacist’s role in managing minor ailments was initially formally recognised in “The Right Medicine – A Strategy for Pharmaceutical Care in Scotland”. It made a commitment to introduce schemes between general practitioners and community pharmacists to allow patients to use their pharmacy as the first port of call for the treatment of common illnesses within the NHS. In addition it outlined plans to develop a new system of remuneration for community pharmacy contractors that would provide incentives to modernise and deliver quality services.

The latest Government Strategy “Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland” demonstrates how the Minor Ailments Service is a key delivery tool for achieving excellence in pharmaceutical care.

Service Description

The Minor Ailments Service (MAS) aims to support the provision of direct pharmaceutical care within the NHS by community pharmacists. It allows eligible people to register with the community pharmacy of their choice for the consultation and treatment of common self-limiting conditions. The pharmacist advises, treats or refers the person (or provides a combination of these actions) according to their needs. The eligibility criteria for MAS is detailed in NHS Circular PCA(P)(2016)12 and summarised below. A patient registers for MAS for a period of 12 months. If there is further activity in that time period, the registration is extended for a further 12 months from the date of activity. If the patient is no longer eligible for MAS or there was no further activity centrally recorded, the patient registration will lapse.
Persons eligible for the Minor Ailments Service fall into at least one of the following categories:

<table>
<thead>
<tr>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are under 16 years of age.</td>
</tr>
<tr>
<td>Are under 19 years of age and in full-time education.</td>
</tr>
<tr>
<td>Are 60 years of age or over.</td>
</tr>
<tr>
<td>Have a valid maternity, medical or war pension exemption certificate.</td>
</tr>
<tr>
<td>Get Income Support, Income-based Jobseeker’s Allowance, Income-related Employment and Support Allowance, or Pension Credit Guarantee Credit, and their family members.</td>
</tr>
<tr>
<td>Receive Universal Credit, subject to certain income thresholds, and their family members.</td>
</tr>
<tr>
<td>Receive support because they are asylum-seekers, and their family members.</td>
</tr>
<tr>
<td>Are named on, or entitled to, an NHS tax credit exemption certificate or a valid HC2 certificate</td>
</tr>
</tbody>
</table>

An Extended Minor Ailments Service Pilot commenced in the Inverclyde Health and Social Care Partnership of NHS Greater Glasgow & Clyde on the 30 January 2017. The ongoing pilot involves the current Minor Ailments Service (MAS) being extended to all patients registered with a GP Practice in Inverclyde, as is detailed in NHS Circular PCA(P)(2017)2. Eligible people can register with a participating community pharmacy. Patients in Inverclyde who are not eligible for the extended MAS pilot will be able to continue to access the national MAS, providing they meet the eligibility criteria for that service, which is unchanged.

**Treatments**

During a consultation, a pharmacist has the choice of

- giving advice only
- treating (i.e. supplying an appropriate item)
- referring the patient to another healthcare professional
- a combination of the above.

When a pharmacist chooses to provide a treatment they are informed by their local NHS Board Minor Ailments Service (MAS) formulary which provides a list of recommended drugs and devices used to treat common conditions. Further details of the local NHS Board MAS formularies are available from the community pharmacy website.

**Changes to Data**

In Minor Ailments Service (MAS) publications prior to 2015/16, information was based upon measures from the prescribing dataset that are classed as relating to dispensed items. However, following a review we now report on paid items. This is because paid item information best reflects the activity and costs associated with prescribing and the supply of medicines to patients in NHS Scotland. Paid items exclude items which were not collected by the patient as normally these would result in no cost to NHS Scotland. Comparisons between MAS dispensed and paid items were carried out and the differences were found to be negligible, therefore comparison between dispensed items and paid items between 2016/17 and previous years is valid for these data. Throughout the publication paid items are referred to as ‘supplied items’.
Main points

- At 31 March 2017, 16.4% of the population of Scotland (around 884,000 people) were registered for the Minor Ailments Service. All but one community pharmacy in Scotland had patients registered for the service. Registrations decreased by 6.6% (from around 947,000 people) between March 2015/16 and March 2016/17.
- Between 2007/8 and 2015/16 the number of items supplied under the Minor Ailments Service increased each year. However, in 2016/17 there has been a decrease, with 5.6% fewer items supplied compared to 2015/16, with a corresponding decrease in cost.
- The service supplied over 2 million items in 2016/17 with a total cost of £4.9 million. This accounted for 2.0% of all items supplied by community pharmacies in Scotland.
- The most common drug supplied was paracetamol, which accounted for 20.7% of items.
- For patients aged under 16 registered for the Minor Ailments Service in 2016/17, those who lived in the most deprived Scottish Index of Multiple Deprivation quintile received the greatest number of items per 1,000 Minor Ailments Service registrations (2,927 items) while those who lived in the least deprived quintile received the least (2,318 items).
Results and Commentary

Registrations

Information on patients registered with the Minor Ailments Service (MAS) has been taken as at 31 March 2017.

NHS Scotland

At 31 March 2017, 16.4% of the population of Scotland (around 884,000 people) were registered for MAS. The number of registrations had been increasing over previous years, however since July 2016 the number of registrations has continuously decreased. This may have been impacted by the new directions in NHS Circular PCA(P)(2016)12 introduced in August 2016 by the Scottish Government.

Figure 1 shows the number of community pharmacies with patient registrations for MAS, banded by number of registrations.

Figure 1 - Number of community pharmacies in Scotland and number of Minor Ailments Service patient registrations; as at 31st March 2017

Source: Prescribing Information System, ISD Scotland
NHS Board

Figure 2 shows the number of Minor Ailments Service (MAS) patient registrations as a percentage of the population by NHS Board. Overall, 16.4% of the population in Scotland were registered with a pharmacy for MAS.

**Figure 2 – Minor Ailments Service patient registrations as a percentage of the population by NHS Board; as at 31st March 2017**

Source: Prescribing Information System, ISD Scotland

Figure 2 shows that NHS Ayrshire and Arran had the highest percentage of the population registered at 20.5% at 31st March 2017, while NHS Western Isles had the lowest at 4.2% of the population for the same time period. These results are similar to last year. More remote areas such as the Western Isles are likely to have lower rates of registration due to higher numbers of dispensing doctors, who cannot provide MAS, and fewer community pharmacies.
Analysis of deprivation: Persons under 16 years of age

An analysis of deprivation is undertaken for registered patients under the age of 16. Other categories of patients who are eligible for the Minor Ailments Service (as defined in the introduction) would, by their nature, introduce bias in deprivation.

Analysis of deprivation uses the Scottish Indices of Multiple Deprivation (SIMD). The SIMD shows where Scotland's most deprived areas are, so organisations know where their work can have the biggest impact. SIMD is a relative measure of deprivation across small areas in Scotland. It looks at multiple factors of deprivation which are ranked to give 20% of the population in each deprivation quintile. SIMD quintile 1 is the 'most deprived' and quintile 5 is the 'least deprived'. ‘Deprived’ does not just mean ‘poor’ or ‘low income’. It can also mean people have fewer resources and opportunities, for example in health and education.

At 31 March 2017, 43.4% of the population under 16 years of age (around 398,000 people) were registered with a pharmacy for the Minor Ailments Service (MAS).

Figure 3 shows the number of MAS registrations as a percentage of the total population of people aged under 16 in that quintile. The most deprived quintile has the highest percentage of people (52%) aged under 16 in Scotland registered for MAS whilst the least deprived quintile has the lowest percentage (36%).

![Figure 3 – Minor Ailments Service registrations as a percentage of population for patients under 16, by SIMD quintile; 31st March 2017](image)

Source: Prescribing Information System, ISD Scotland
Treatments

Treatments carried out under the Minor Ailments Service (MAS) have been analysed for 2016/17. For the purpose of this report treatments are regarded as individual medicines and devices supplied and reimbursed through MAS.

The analysis shows the number of items and the Gross Ingredient Cost (GIC). GIC is the cost of medicines and devices reimbursed at list price.

NHS Scotland

Figure 4 shows the number of items supplied under MAS and the associated GIC paid each month, during financial year 2016/17. In 2016/17, 2.04 million items were supplied for MAS, with the number of items highest in May 2016 (around 187,000 items) and June 2016 (around 190,000 items).

The total GIC for the MAS items supplied during financial year 2016/17 was £4.9 million, with an average cost per item of £2.40. The GIC peaked in June 2016 at around £455,000.

**Figure 4 – The number of Minor Ailments Service items supplied and Gross Ingredient Cost paid in Scotland; 2016/17**

Source: Prescribing Information System, ISD Scotland
Figure 5 shows the number of items supplied under the Minor Ailments Service and the associated Gross Ingredient Cost (GIC) paid between financial years 2007/8 and 2016/17. Between 2007/8 and 2015/16 the number of supplied items increased each year, however in 2016/17 there has been a decrease. The number of supplied items was 5.6% lower in 2016/17 than in 2015/16.

As with the number of supplied items, the GIC increased each year between 2007/8 and 2015/16, and in 2016/17 it has decreased 4.9% from £5.1 million to £4.9 million.

Figure 5 – The number of Minor Ailments Service items supplied and Gross Ingredient Cost paid in Scotland; 2007/8 to 2016/17

Source: Prescribing Information System, ISD Scotland
NHS Board

Figure 6 shows the average cost (GIC) per Minor Ailment Service item supplied by NHS Boards in 2016/17. The average cost per item varied slightly between NHS Boards. NHS Fife had the highest average cost per item (£2.68), while NHS Greater Glasgow & Clyde had the lowest average cost per item (£2.18).

Figure 6 – The average cost (GIC) per Minor Ailments Service item supplied by NHS Board; 2016/17

Source: Prescribing Information System, ISD Scotland
Figure 7 shows the number of items supplied per 1,000 Minor Ailments Service (MAS) registrations by NHS Board in 2016/17. Across Scotland, 2304 items were supplied per 1,000 MAS registrations, with MAS accounting for 2.02% of all items supplied in Scotland by community pharmacists. NHS Greater Glasgow & Clyde supplied the greatest number of items per 1,000 MAS registrations (2,631) while NHS Dumfries & Galloway supplied the least (1,692 items).

**Figure 7 – Items supplied in Scotland per 1,000 Minor Ailments Service registrations by NHS Board; 2016/17**

![Bar chart showing items supplied per 1,000 MAS registrations by NHS Board across Scotland]

Source: Prescribing Information System, ISD Scotland
Figure 8 shows the percentage of all items supplied by NHS Boards that can be attributed to the Minor Ailments Service (MAS) during the last financial year. The highest proportion of MAS dispensing was in NHS Greater Glasgow & Clyde (2.4% of items), followed by NHS Ayrshire & Arran (2.2%). MAS dispensing as a proportion of all dispensing was lowest in NHS Western Isles (0.8% of items).

**Figure 8 – Minor Ailments Service items as a percentage of all items supplied by NHS Board; 2016/17**

Source: Prescribing Information System, ISD Scotland
Analysis of deprivation: Persons under 16 years of age

Figure 9 shows the average cost (measured by Gross Ingredient Cost (GIC)) per Minor Ailments Service item supplied, by Scottish Index of Multiple Deprivation (SIMD) quintile, to patients under the age of 16 in 2016/17. The average cost per item varied slightly between SIMD quintiles. The least deprived quintile had the highest average cost per item (£2.39), while the most deprived quintile had the lowest average cost per item (£2.32). However, the difference between the highest and lowest quintile was not notable.

Figure 9 - The average cost (GIC) per Minor Ailments Service item supplied to persons under 16 years of age, by SIMD quintile; 2016/17

Source: Prescribing Information System, ISD Scotland
Figure 10 shows the number of items supplied per 1,000 Minor Ailments Service (MAS) registrations by SIMD quintile, to patients under the age of 16 in 2016/17. Those who lived in the most deprived quintile received the greatest number of items per 1,000 MAS registrations (2,927 items) while those who lived in the least deprived quintile received the least (2,318 items).

**Figure 10 - Items supplied in Scotland per 1,000 Minor Ailments Service registrations to persons aged under 16, by SIMD quintile; 2016/17**

Source: Prescribing Information System, ISD Scotland
Table 1 below shows the top 10 Minor Ailments Service (MAS) items supplied for 2016/17 and gives examples of what the drugs might be used for.

**Table 1 – Top ten MAS items supplied and uses, 2016/17**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Examples of use in MAS</th>
<th>Number of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paracetamol</td>
<td>Pain, Fever</td>
<td>422,243</td>
</tr>
<tr>
<td>Ibuprofen</td>
<td>Pain, Fever, Inflammation</td>
<td>132,445</td>
</tr>
<tr>
<td>Simple Linctus²</td>
<td>Cough</td>
<td>103,366</td>
</tr>
<tr>
<td>Dimeticone</td>
<td>Head lice</td>
<td>94,644</td>
</tr>
<tr>
<td>Chlorphenamine Maleate</td>
<td>Allergic reactions, Chicken Pox</td>
<td>80,999</td>
</tr>
<tr>
<td>Emollients</td>
<td>Dry scaly skin</td>
<td>71,985</td>
</tr>
<tr>
<td>Chloramphenicol</td>
<td>Bacterial conjunctivitis</td>
<td>65,937</td>
</tr>
<tr>
<td>Compound Alginic Acid Preparations</td>
<td>Indigestion / Heartburn</td>
<td>60,314</td>
</tr>
<tr>
<td>Cetirizine</td>
<td>Hay fever, Other allergic reactions</td>
<td>57,456</td>
</tr>
<tr>
<td>Clotrimazole</td>
<td>Vaginal thrush, Athlete's foot</td>
<td>55,822</td>
</tr>
</tbody>
</table>

Note: 1. The reason for prescribing is not captured on a prescription form. This section identifies the potential use of these drugs when prescribed in MAS.

2. Chemical name is citric acid but is commonly known as simple linctus.

Source: Prescribing Information System, ISD Scotland

The top ten remains unchanged for 2016/17 compared to 2015/16 although the position of chlorphenamine and emollients swapped. Paracetamol was once again the most frequently supplied MAS item, representing 21% of all MAS items. These ten drugs represent 56% of all MAS supplied items.
Glossary

British National Formulary 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 A retail pharmacy outlet holding a contract with an NHS Board to provide NHS pharmaceutical services.

Dispensing NHS Board The NHS Health Board with which the dispenser holds a dispensing contract, i.e. Community Pharmacy, Dispensing Doctor or Appliance Supplier.

Gross Ingredient Cost (GIC) Cost of drugs and devices reimbursed before deduction of any dispenser discount (note this definition differs from other parts of the UK).

Minor Ailments Service (MAS) Allows eligible people to register with the community pharmacy of their choice for the consultation and treatment of common self-limiting conditions. The pharmacist advises, treats or refers the person (or provides a combination of these actions) according to their needs.

Over The Counter A drug which is available to purchase without a prescription.

Prescription Form A prescription form that can contain up to three items.

Prescription Item An item is an individual product prescribed e.g. 32 paracetamol tablets of 500mg.

Registration The registration of a single eligible person with the community pharmacy of their choice for use of the Minor Ailments Service (MAS). A person must be registered with a Scottish GP practice and fulfil certain criteria to be eligible for the service (see the NHS National Services Scotland website for further details). A patient registers for MAS for a period of 12 months. If there is further activity in that time period, the registration is extended for a further 12 months from the date of activity. If the patient is no longer eligible for free prescriptions or there was no further activity centrally recorded, the patient registration will lapse.

Treatment During a MAS consultation, a pharmacist has the choice of giving advice only, treating, referring the patient to another healthcare professional, or a combination of the above. When a pharmacist chooses to provide a treatment they are informed by their local NHS Board MAS formulary which provides a list of recommended drugs and devices used to treat common conditions.
## List of Tables

<table>
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<th>Table No.</th>
<th>Name</th>
<th>Time period</th>
<th>File &amp; size</th>
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<td>MAS Registrations in Scotland</td>
<td>2016/17</td>
<td>Excel [158kb]</td>
</tr>
<tr>
<td>2</td>
<td>MAS Treatments in Scotland</td>
<td>2016/17</td>
<td>Excel [543kb]</td>
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Further Information
ISD holds several decades of information on medicines prescribed within NHSScotland. We currently have data on over one billion prescriptions. All of the information we publish on prescribing is available on our website at: http://www.isdscotland.org/Health-Topics/Prescribing-and-medicines/

All the data contained in this report is also available as downloadable data tables.

Rate this publication
Please provide feedback on this publication to help us improve our services.
Appendices

A1 – Background Information

Service Outline

The Minor Ailments Service (MAS) was rolled out nationwide in July 2006 and is part of the Community Pharmacy (CP) contract where the aim is to modernise and improve primary and community care services. Individuals who are eligible for MAS can register with the community pharmacy of their choice. In order to be eligible an individual must be registered with a GP and also fulfil at least one of the following criteria¹.

- persons who are under 16 years of age or under 19 years of age and in full-time education
- persons who are aged 60 years or over
- persons who have a valid maternity exemption certificate, medical exemption certificate, or war pension exemption certificate
- persons who get Income Support, Income-based Jobseeker’s Allowance, Income-related Employment and Support Allowance, or Pension Credit Guarantee Credit
- persons who are named on, or are entitled to, an NHS tax credit exemption certificate or a valid HC2 certificate.

An Extended Minor Ailments Service Pilot commenced in the Inverclyde Health and Social Care Partnership of NHS Greater Glasgow & Clyde on the 30 January 2017. The ongoing pilot involves the current MAS being extended to all patients registered with a GP Practice in Inverclyde, as is detailed in NHS Circular PCA(P)(2017)2. Eligible people can register with a participating community pharmacy. Patients in Inverclyde who are not eligible for the extended MAS pilot will be able to continue to access the national MAS, providing they meet the eligibility criteria for that service, which is unchanged.

The MAS specification details that the core objectives of the service include shifting the balance of care from GPs and nurses to community pharmacies where appropriate and to help to address health inequalities. There are three status conditions for MAS; registered, lapsed and withdrawn. Each time a registered individual is treated through MAS their registration is extended for the next 12 months. If after 12 months an individual has had no activity then their registration will lapse. If an individual is no longer eligible for MAS then their registration will be withdrawn. Community pharmacies are remunerated for the fees of providing services and the cost of drugs supplied and a capitation payment is received for the number of individuals registered.

Top 10 – Assumptions

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

¹ This information was sourced from NHS Circular PCA(P)(2016)12.
Boundary Changes April 2014

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)

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<td>Publication title</td>
<td>NHS Scotland Prescribing – Minor Ailment Service (MAS)</td>
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<tr>
<td>Description</td>
<td>Summary and detailed statistics on prescribing and dispensing in the community in Scotland for minor ailments service.</td>
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<tr>
<td>Theme</td>
<td>Health and Social Care</td>
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<tr>
<td>Topic</td>
<td>Health Care Personnel, Finance and Performance</td>
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<tr>
<td>Format</td>
<td>Excel workbooks</td>
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<tr>
<td>Data source(s)</td>
<td>Prescribing Information System (PIS). All data held in PIS is sourced from Practitioner and Counter Fraud Services (P&amp;CFS) within NHS National Services Scotland who are responsible for the remuneration and reimbursement of dispensing contractors within Scotland. National Register for Scotland (formerly GROS): Mid-year 2016 population estimates taken from NRS. Deprivation analysis based on Scottish Index of Multiple Deprivation 2016 postcode allocations.</td>
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<tr>
<td>Date that data are acquired</td>
<td>Data is acquired on a monthly basis from P&amp;CFS following payment, approximately 2 calendar months after the end of the month being claimed for payment by contractors.</td>
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<tr>
<td>Release date</td>
<td>26 September 2017</td>
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<tr>
<td>Frequency</td>
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<td>Timeframe of data and timeliness</td>
<td>Data covering year to 31 March 2017.</td>
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<td>Continuity of data</td>
<td>Data is held in PIS for the most recent 16 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 with 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 <a href="#">Scottish Drug Tariff</a> which is updated and issued quarterly. A change was made to the way populations were calculated for the MAS tables in the June 2013 publication</td>
</tr>
</tbody>
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which continues this year. National Records of Scotland (NRS) mid-year population estimates as at June 2016 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 cross-Board comparison. Publications before June 2013 should not be used for comparison of population level data.

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.

### 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 P&CFS, for example due to an administrative error. Retrospective revisions can also occur to 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
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.

### Concepts and definitions
The data published in all these releases correspond to prescriptions that have been dispensed by community pharmacies in Scotland. 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.

### 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 P&CFS 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 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 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 by community pharmacies 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. NRS (formerly GROS) mid-year population estimates have
been used where previously GP list sizes were used as a proxy for population. Publications before 2013 should not be used for comparison of population level data.

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<th>It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.</th>
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<tr>
<td>Coherence and clarity</td>
<td>All prescribing tables are available via the ISD website. Prescribing statistics are presented within excel spreadsheets for NHS Scotland and where appropriate broken down by NHS Board.</td>
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<tr>
<td>Value type and unit of measurement</td>
<td>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. Further details and definitions can be found in the glossary.</td>
</tr>
<tr>
<td>Disclosure</td>
<td>The ISD protocol on Statistical Disclosure Protocol is followed.</td>
</tr>
<tr>
<td>Last published</td>
<td>28-03-2017</td>
</tr>
<tr>
<td>Next published</td>
<td>25-09-2018</td>
</tr>
<tr>
<td>Date of first publication</td>
<td>28-06-2011</td>
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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.