

# Publication Report



## Teenage Pregnancy

Year of conception ending 31<sup>st</sup> December 2012

Publication date – 24<sup>th</sup> June 2014



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## Introduction

This publication presents data on teenage pregnancies, with the most recent information representing conceptions in 2012. The main tables and charts show the number and rate of pregnancies in women under the age of 20. The data are derived from registrations of births and stillbirths and from notifications of therapeutic abortions.

A number of teenage girls experience unintended or unwanted pregnancies; although for some people in this age group pregnancy is a positive life decision. Scotland has a higher rate of teenage pregnancy than most other Northern and Western European countries<sup>1</sup> and reducing unintended teenage pregnancy is a priority for the Scottish Government.

The rate of teenage pregnancy is associated with deprivation. A teenage female living in a deprived area is 4.6 times as likely to experience a pregnancy as someone living in one of the least deprived areas.

1 [European Health for All Database](#), [Eurostat Database](#)

## Key points

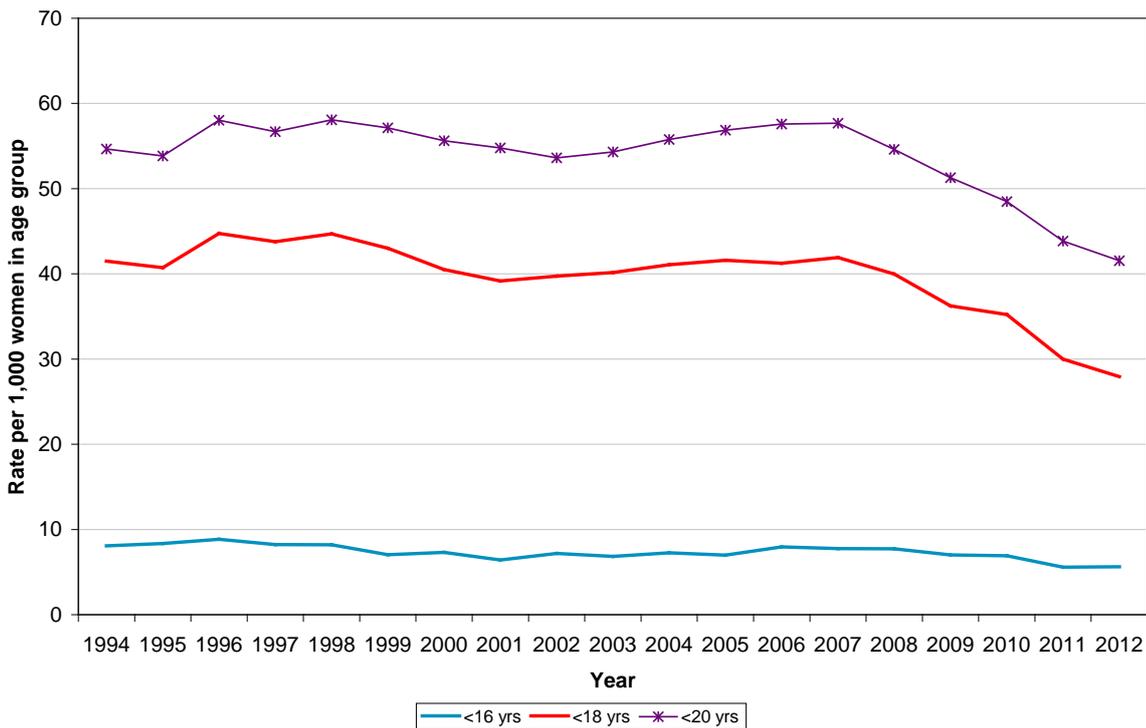
- Teenage pregnancy rates in the older age groups have continued to decline. The rate per 1,000 population for the under 18 age group has dropped from 30.0 in 2011 to 27.9 in 2012 and from 43.8 to 41.5 in the under 20 age group. The rate for the under 16 age group in 2012 is the same as that recorded in 2011 at 5.6 per 1,000 population.
- In mainland NHS boards, NHS Highland recorded the lowest rate of teenage pregnancy in the under 16 age group with 3.0 per 1,000 population. NHS Borders recorded the lowest rates in both the under 18 and under 20 age groups with rates of 20.7 and 31.2 per 1,000 respectively.
- In mainland NHS boards, NHS Tayside recorded the highest rate of teenage pregnancy in the under 16 age group with 7.8 per 1,000 population. NHS Fife recorded the highest rates in both the under 18 and under 20 age groups with rates of 33.7 and 48.4 per 1,000 respectively.
- For the period reported (1994-2012) abortion rates for both the under 18 and under 20 age groups have remained lower than the delivery rates, however, the difference between the rates has narrowed. Abortion rates for the under 16 age group have remained higher than delivery rates since 2002.
- There is a strong correlation between deprivation and teenage pregnancy. In the under 20 age group the most deprived areas have nearly 12 times the rate of delivery compared to the least deprived areas (53.8 compared to 4.6 per 1,000 population) and nearly twice the rate of abortion (21.9 compared to 11.8 per 1,000 population).

## Results and Commentary

### Teenage Pregnancy Rates by Age Group at Conception

Teenage pregnancy rates in the older age groups have continued to decline. The rate per 1,000 population for the under 18 age group has dropped from 30.0 in 2011 to 27.9 in 2012 and from 43.8 to 41.5 in the under 20 age group. The rate for the under 16 age group in 2012 is the same as that recorded in 2011 at 5.6 per 1,000 population.

**Chart 1 - Teenage pregnancy rates by age group at conception, 1994-2012**



<16 yrs includes all pregnancies in women aged under 16. The rate is calculated using the female population aged 13-15.  
 <18 yrs includes all pregnancies in women aged under 18. The rate is calculated using the female population aged 15-17.  
 <20 yrs includes all pregnancies in women aged under 20. The rate is calculated using the female population aged 15-19.  
 Source: (NRS) registered births and stillbirths & Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967.

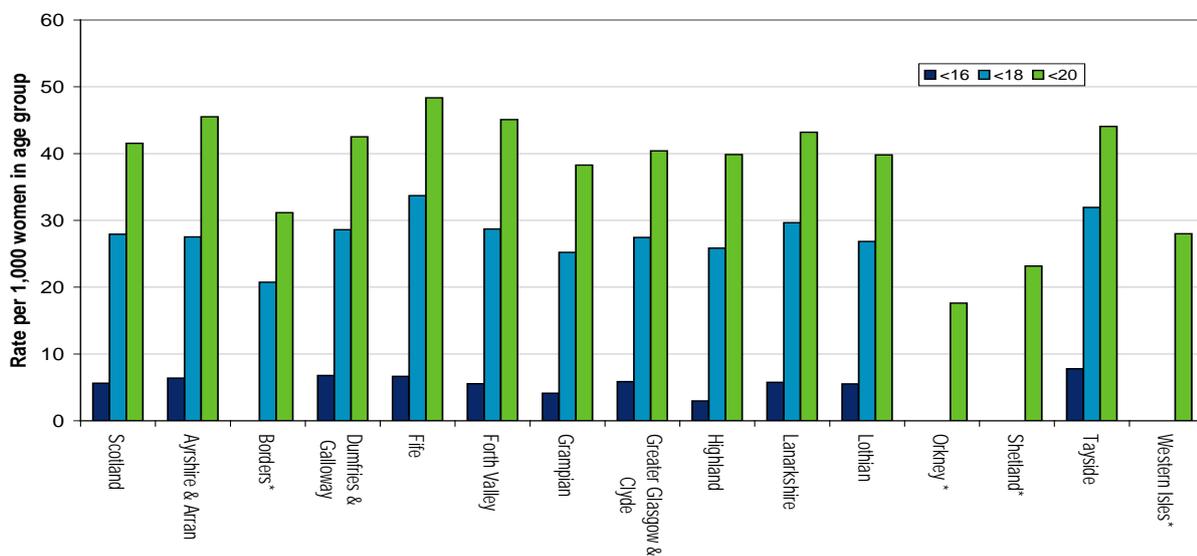
For further information see [Table 1](#).

## Teenage Pregnancies by NHS Board of Residence

In the mainland NHS boards presented, NHS Highland recorded the lowest rate of teenage pregnancy in the under 16 age group with 3.0 per 1,000 population. NHS Borders recorded the lowest rates in both the under 18 and under 20 age groups with rates of 20.7 and 31.2 per 1,000 respectively.

In the mainland NHS boards presented, NHS Tayside recorded the highest rate of teenage pregnancy in the under 16 age group with 7.8 per 1,000 population. NHS Fife recorded the highest rates in both the under 18 and under 20 age groups with rates of 33.7 and 48.4 per 1,000 respectively.

**Chart 2 - Teenage pregnancies by NHS Board of residence, 2012**



\* Rates for <16s in Borders and for <16s and <18s in Orkney, Shetland & Western Isles have been suppressed due to potential risk of disclosure.

<16 yrs includes all pregnancies in women aged under 16. The rate is calculated using the female population aged 13-15.

<18 yrs includes all pregnancies in women aged under 18. The rate is calculated using the female population aged 15-17.

<20 yrs includes all pregnancies in women aged under 20. The rate is calculated using the female population aged 15-19.

Source: (NRS) registered births and stillbirths & Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967.

In mainland Community Health Partnership (CHP) areas over for the three year period 2010/12, the lowest rate of teenage pregnancy for the under 16 age group was recorded in East Dunbartonshire (2.7 per 1,000) while East Renfrewshire recorded the lowest rate for the under 18 age group (14.6 per 1,000). Dundee CHP had the highest teenage pregnancy rate in both these age groups, 11.8 per 1,000 in the under 16 age group and 49.4 per 1,000 in the under 18 age group. In 2012, the mainland CHP areas with the lowest and highest rates for the under 20 age group were East Renfrewshire (20.7 per 1,000) and Kirkcaldy & Levenmouth (75.6 per 1,000).

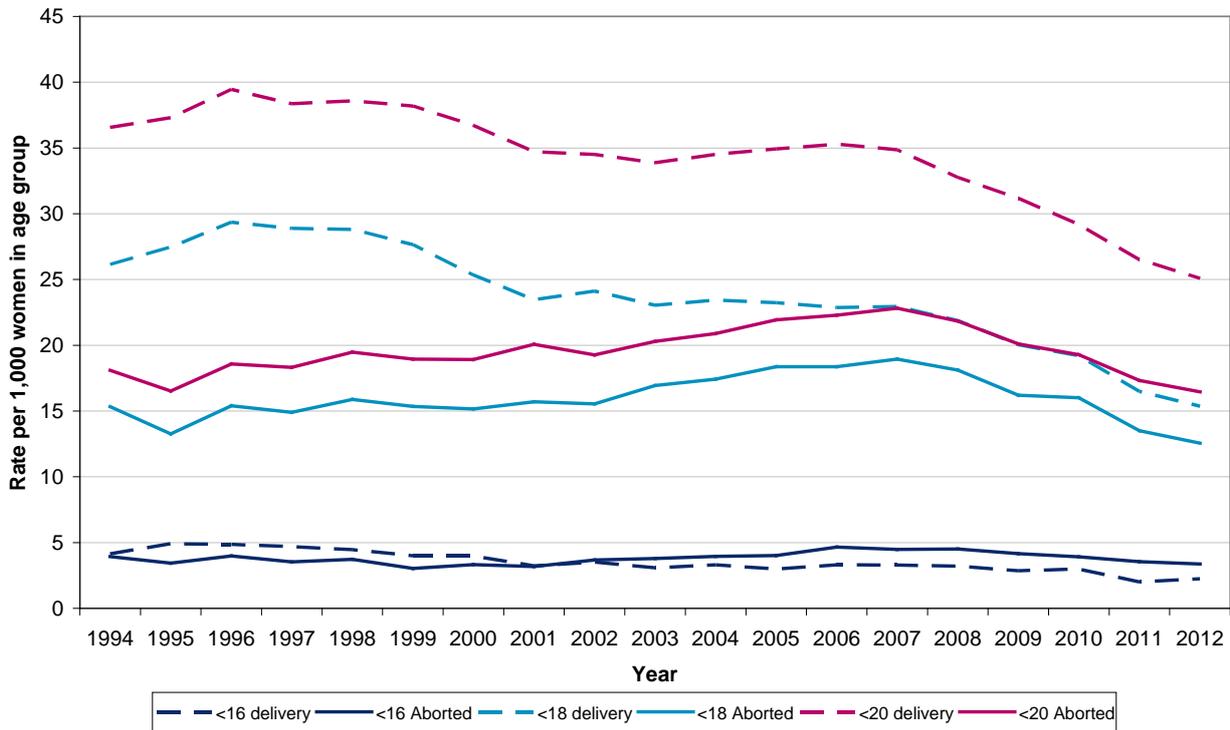
For further information see [Table 2](#) and [Table 3](#).

### Outcome of Teenage Pregnancy by Age Group at Conception

For the period reported (1994-2012) abortion rates for both the under 18 and under 20 age groups have remained lower than the delivery rates, however, the difference between the rates has narrowed. Abortion rates for the under 16 age group have remained higher than delivery rates since 2002.

In 2012, in mainland NHS board areas, the delivery rate in the under 20 age group was highest in NHS Ayrshire & Arran and lowest in NHS Lothian (30.7 and 21.5 per 1,000, respectively). The abortion rate was highest in NHS Fife and lowest in NHS Borders (19.4 and 9.5 per 1,000 respectively).

**Chart 3 - Outcome of teenage pregnancy by age group at conception, 1994-2012**



<16 yrs includes all pregnancies in women aged under 16. The rate is calculated using the female population aged 13-15.  
 <18 yrs includes all pregnancies in women aged under 18. The rate is calculated using the female population aged 15-17.  
 <20 yrs includes all pregnancies in women aged under 20. The rate is calculated using the female population aged 15-19.  
 Source: (NRS) registered births and stillbirths & Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967.

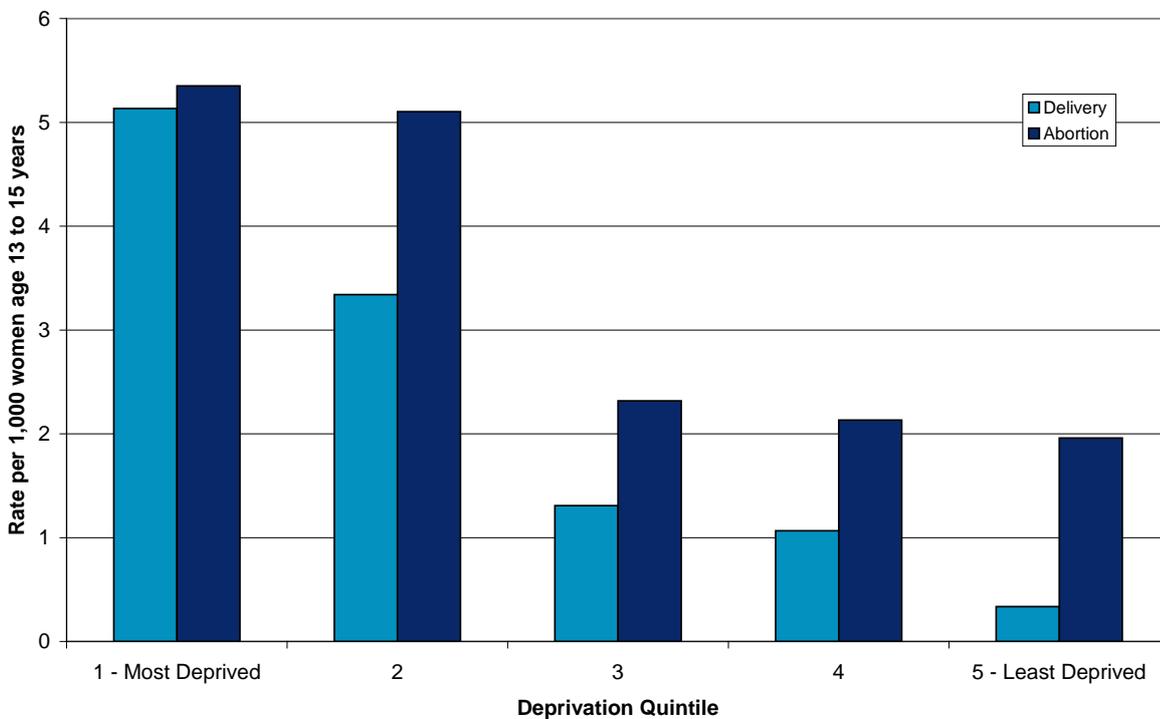
For further information see [Table 4](#) and [Table 5](#).

## Teenage Pregnancies by Deprivation Quintile and Outcome

There is a strong correlation between deprivation and teenage pregnancy. In the under 20 age group the most deprived areas have nearly 12 times the rate of delivery compared to the least deprived areas (53.8 compared to 4.6 per 1,000 population) and nearly twice the rate of abortion (21.9 compared to 11.8 per 1,000 population).

In the most deprived areas in 2012 the rate of teenage pregnancies in the under 16 age group is 4.6 times the rate in the least deprived areas (10.5 per 1,000 and 2.3 per 1,000 respectively). Rates for the under 18 age group in the most deprived areas are nearly 5 times greater than the least deprived, with 51.6 per 1,000 compared to 10.6 per 1,000. Within the under 20 age group the rates are 75.7 within the most deprived areas, 4.6 times greater than the least deprived at 16.3 per 1,000.

**Chart 4 - Teenage pregnancies by deprivation quintile and outcome for <16 years, 2012**



Includes all pregnancies in women aged <16. The rate is calculated using the female population aged 13-15.

Deprivation quintiles are based on the Scottish Index of Multiple Deprivation (SIMD) 2012.

Source: (NRS) registered births and stillbirths & Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967.

For further information see [Table 6](#) and [Table 7](#).

## Glossary

- Mainland NHS Boards - NHS Boards in Scotland excluding the three Island NHS Boards; Orkney, Shetland and Western Isles.
- Datazone - A small geographical area with a population between 500-1,000 household residents. They are based on groups of the 2001 Census output areas.
- Deprivation quintiles - Deprivation quintiles each contain 20% of the total population in Scotland. Quintile 1 contains the 20% of the population living in the most deprived datazones, while quintile 5 contains the 20% of the population living in the least deprived datazones.
- SIMD - Deprivation for individuals is estimated from aggregated data derived from the Census and other routine sources. These are used to estimate the deprivation of small geographical areas. The Scottish Index of Multiple Deprivation (SIMD) has seven domains (income, employment, education, housing, health, crime and geographical access) at datazone level, which have been combined into an overall index to pick out area concentrations of multiple deprivation. See notes in tables as to which version of SIMD is used.

## List of Tables

Table No.	Name	Time period	File & size
1	<a href="#">Teenage Pregnancy by mothers age at conception: Scotland</a>	1994-2012	Excel [32kb]
2	<a href="#">Teenage Pregnancy by age group of mother at conception: NHS Board</a>	1994-2012	Excel [77kb]
3 – revised on 30 <sup>th</sup> October 2014	<a href="#">Teenage Pregnancy by age group of mother at conception: Community Health Partnership</a>	1994-2012	Excel [108kb]
4	<a href="#">Teenage Pregnancy by age group of mother at conception and outcome: Scotland</a>	1994-2012	Excel [29kb]
5	<a href="#">Teenage Pregnancy by age group of mother at conception and outcome: NHS Board</a>	1994-2012	Excel [127kb]
6	<a href="#">Teenage Pregnancy by age group of mother at conception, deprivation and outcome: Scotland</a>	2000-2012	Excel [60kb]
7	<a href="#">Teenage Pregnancy by age group of mother at conception and deprivation: NHS Board</a>	2000-2012	Excel [353kb]

## List of Charts

Chart No.	Name	Time period	File & size
1	<a href="#">Teenage Pregnancy by age of mother at conception</a>	1994-2012	Excel [23kb]
2	<a href="#">Teenage Pregnancy by age of mother at conception and NHS board of Residence</a>	2012	Excel [25kb]
3	<a href="#">Teenage Pregnancy by age of mother at conception and outcome</a>	1994-2012	Excel [35kb]
4	<a href="#">Teenage Pregnancy by age of mother at conception, deprivation and outcome</a>	2012	Excel [66kb]
5	<a href="#">Teenage Pregnancy by age of mother at conception, Scotland compared to England/Wales</a>	1994-2012	Excel [35kb]

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## Further Information

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

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## Appendix

### A1a – Background Information

The source data are registrations of live and still births from the National Records of Scotland (NRS) with multiple births counted as one event, and number of legal abortions notified in accordance with the Abortion Act 1967.

The data presented are based on year of conception and age at conception and are shown from 1994.

The date of conception for each pregnancy is calculated from the recorded gestation minus fourteen days for stillbirths and abortions. The correction is because the period of gestation is traditionally measured from the first day of the last menstrual period, and it is assumed that conception starts two weeks after this date. For live births, as gestation is not available, the date of conception is presumed to be 38 weeks before birth.

The data are presented for the age groups under 20, under 18 and under 16. For under 20 conception rates all conceptions under 20 are included in the calculation. However, the 15-19 age group is used as the denominator as less than 3% of under 20 conceptions are to girls aged under 15 and including the younger age groups in the base population may produce misleading results. The same principle applies for under 18 and under 16 rates, which use females aged 15-17 and 13-15 respectively. The denominators are NRS mid-year populations (based on updates of Census data).

Data are presented at Scotland, NHS Board and Community Health Partnership area. However, data for the under 16 and under 18 age groups at Community Health Partnership have been aggregated (3 years) to increase the robustness of the data and lessen the possibility of small numbers. Suppression has been applied throughout these data in line with ISD's Statistical Disclosure Control Protocol.

This methodology was adopted in 2007 and applied retrospectively to older data to allow easier comparisons with data from the rest of the UK. See explanation to changes in methodology and data sources in A1b.

Tables presenting information by deprivation category have been based on the Scottish Index of Multiple Deprivation (SIMD) 2012 quintiles. Quintile 1 represents most deprived and 5 represents least deprived. Deprivation for individuals is estimated from aggregate data derived from the census and other routine sources. These are used to estimate the deprivation of individuals in small geographical areas. The Scottish Index of Multiple Deprivation has seven domains (income, employment, education, housing, health, crime, and geographical access), which have been combined into an overall index to pick out area concentrations of multiple deprivation.

Further information about SIMD can be found at: <http://www.isdscotland.org/Products-and-Services/Deprivation/Deprivation-Overview/>

**Local Council Area**

Information has previously been presented by local council area and NHS Board. This publication includes Community Health Partnership (CHP) and NHS Board. Information by local council area can be obtained by combining relevant CHP data (see table below).

	<b>Community Health Partnership (CHP)</b>	<b>Local Council Area (LCA)</b>	<b>Best fit NHS Board<sup>1</sup></b>
1	East Ayrshire Community Health Partnership	East Ayrshire	Ayrshire & Arran
2	North Ayrshire Community Health Partnership	North Ayrshire	
3	South Ayrshire Community Health Partnership	South Ayrshire	
4	Scottish Borders Community Health & Care Partnership	Scottish Borders	Borders
5	Dumfries & Galloway Community Health Partnership	Dumfries & Galloway	Dumfries & Galloway
6	Dunfermline & West Fife Community Health Partnership	Fife	Fife
7	Glenrothes & North East Fife Community Health Partnership		
8	Kirkcaldy & Levenmouth Community Health Partnership		
9	Clackmannanshire Community Health Partnership	Clackmannanshire	Forth Valley
10	Falkirk Community Health Partnership	Falkirk	
11	Stirling Community Health Partnership	Stirling	
12	Aberdeen City Community Health Partnership	Aberdeen City	Grampian
13	Aberdeenshire Community Health Partnership	Aberdeenshire	
14	Moray Community Health & Social Care Partnership	Moray	
<i>Continued...</i>			

Community Health Partnership (CHP)		Local Council Area (LCA)	Best fit NHS Board <sup>1</sup>
<i>Continued...</i>			
15	East Dunbartonshire Community Health Partnership	East Dunbartonshire	Greater Glasgow & Clyde
17	East Renfrewshire Community Health & Care Partnership	East Renfrewshire	
18	Inverclyde Community Health & Care Partnership	Inverclyde	
20	Renfrewshire Community Health Partnership	Renfrewshire	
23	West Dunbartonshire Community Health & Care Partnership	West Dunbartonshire	
25	Argyll & Bute Community Health Partnership	Argyll & Bute	Highland
29	North Lanarkshire Community Health Partnership	North Lanarkshire	Lanarkshire
30	South Lanarkshire Community Health Partnership	South Lanarkshire	
31	East Lothian Community Health Partnership	East Lothian	Lothian
32	Midlothian Community Health Partnership	Midlothian	
35	West Lothian Community Health & Care Partnership	West Lothian	
36	Orkney Community Health Partnership	Orkney Islands	Orkney
37	Shetland Community Health Partnership	Shetland Islands	Shetland
38	Angus Community Health Partnership	Angus	Tayside
39	Dundee Community Health Partnership	Dundee City	
40	Perth & Kinross Community Health Partnership	Perth & Kinross	
41	Western Isles Community Health and Social Care Partnership	Eilean Siar	Western Isles
42	Edinburgh Community Health Partnership	Edinburgh, City of	Lothian
43	Glasgow City Community Health Partnership	Glasgow City	Greater Glasgow & Clyde
44	Highland Health and Social Care Partnership	Highland	Highland

<sup>1</sup>On 1<sup>st</sup> April 2014 NHS Board boundaries aligned with Local Council Areas. Until then there are several discrepancies with NHS Board/LCA boundaries and the table above shows the NHS Boards that are the 'best fit' to the current LCA boundaries.

For further details on revisions to publications please see '[ISD revisions policy](#)'.

## A1b – Changes in Methodology

### Method of deriving information adopted from 2007

#### Introduction

Prior to the October 2007 update, there were substantial differences between Scotland and England & Wales in the ways in which teenage pregnancy rates are calculated. These differences meant that the data were not directly comparable; although there was often an assumption by some users that published data from the countries of the UK could be compared. In the past this has led to misreporting and misinterpretation.

#### Background

Description of the methodology used by ISD prior to the 2007 update:

- Scottish data usually included miscarriages derived from SMR01, although a table excluding miscarriages was included in some publications. Miscarriages increase the level of teenage pregnancies by approximately 6% for the 13-15 age group and approximately 8% for the 16-19 group (and the 13-19 group overall because the small proportion in the 13-15 group are swamped by the numbers in the older teenage group). In recent years the proportion of miscarriages has decreased slightly. This probably reflects an increasing preparedness to manage miscarriage without hospital admission.
- SMR02 (data returns from maternity hospitals) were used to derive the number of births and stillbirths. This allowed the actual gestation at birth to be used, which is important since more than 10% of babies are born either three weeks or more before their due date or more than one week after it. But this advantage is offset by the fact that approximately 2% of births are not recorded on SMR02 and there had been substantial delays and incompleteness of SMR02 returns from certain areas in the later publications.
- The abortions data were derived from SMR01 and SMR02 returns rather than notifications of legal abortions.
- The data were usually presented in specific age bands (13-15; 16-19, and 13-19), with both numerator and denominator within these bands.
- The data were usually presented by financial year rather than calendar year.
- The Scottish data were presented by date of the measured event rather than the date of the conception. Thus a woman who conceived in 2003 and had her baby in 2004 would be included in the data for 2004 in Scotland, but 2003 in England & Wales.

Description of the method of calculation of teenage pregnancy rates used in England and Wales

- The source data are registrations of one or more live births and stillbirths (note that births of multiple babies should be counted as one event), and notifications of legal abortions.
- The date of conception for each pregnancy is calculated from the recorded gestation minus fourteen days for stillbirths and abortions. The correction is because the period of gestation is traditionally measured from the first day of the last menstrual period, and it is assumed that conception starts two weeks after this date. For live births, the date of conception is presumed to be 38 weeks before birth.
- The date of conception is used as the "event date" for the numerator.

- The geographical location of the woman at conception is approximated by using the postcode recorded at the time of the end of the pregnancy. For abortion data, missing postcodes are imputed with a random postcode from within the main Primary Care Trusts (PCTs) of other residents attending the same hospital or clinic.
- For abortion data, the method of abortion is checked against the recorded gestation for compatibility.
- Where the gestation is not recorded on the abortion form, either 7, 8, 9 or 10 weeks is randomly assigned. If the gestation is stated as three weeks, this is recoded to four weeks.
- If age is missing on the abortion forms, it is assigned to the 20-24 year group.
- If the gestation is more than 24 weeks, the "grounds" for abortion are checked.
- Confirmation of date of birth is sought for all women where the age is either under 15 or over 50.
- The data are usually presented as under 20, under 18 and under 16, but the denominators chosen for these rates are 15-19, 15-17 and 13-15 respectively.
- The denominators are ONS mid-year populations (based on updates of Census data).

### **Approach since 2007 update**

As far as possible, we have emulated the approach used in England & Wales. Registration data are obtained from the National Records of Scotland (NRS) for live and stillbirths. These are processed to ensure that multiple births were treated as a single conception. For all live births, the date of conception is calculated as being 38 weeks prior to the date of delivery. For stillbirths, the recorded gestation in weeks is used, and two weeks are subtracted from this number to produce the estimated time between conception and birth. This number is used to derive the likely conception date. For the very small numbers of stillbirths in which the gestation is not recorded, 32 weeks is assumed.

The completeness and accuracy of the abortion data is assessed, and the gestation is used to calculate the date of conception. For the small number of cases where gestation is missing, nine weeks is assumed. Although this approach is not absolutely identical to the approach used in England and Wales it is considered to be as close as practicable and satisfactory for direct comparisons.

The numerators and denominators are derived in the same way as those used in England and Wales.

### **Comparative Information**

A comparison of teenage pregnancies in Scotland and those in England and Wales is available in [Chart 5](#).

## A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Teenage Pregnancy.
Description	Update of annual statistical information on teenage pregnancies in Scotland. Includes data by age and year of conception.
Theme	Health and Social Care.
Topic	Maternity and pregnancy services.
Format	Excel workbooks.
Data source(s)	National Records of Scotland (NRS) birth registrations and notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967.
Date that data are acquired	Data extracted at end of April.
Release date	24 <sup>th</sup> June 2014.
Frequency	Annual.
Timeframe of data and timeliness	Delays not expected. NRS birth registrations are finalised March/April and provided to ISD and abortion data is published in the month prior to the release of teenage pregnancy statistics.
Continuity of data	Reports data from 1994.
Revisions statement	Data are considered final. Receipt of late abortion notifications (generally <30) may be received after publication, with figures being revised at next update.
Revisions relevant to this publication	<p>Change from Local Council Area to Community Health Partnership.</p> <p>An error has recently been identified in the data presented in Table 3 of the Teenage Pregnancy publication. The numbers presented for teenage pregnancies by CHP in 2012 were actually the numbers for 2011 with the exception of the Scotland figure, which was correct. This issue affects only the under 20 age group. The under 16 and under 18 age groups are not affected. The magnitude of the change varies by CHP. This change has resulted in a decrease in the number of pregnancies for 24 CHPs, an increase in 9 CHPs and 1 CHP had no change. The largest change to the numbers of teenage pregnancies affects Edinburgh CHP with a decrease of 72 pregnancies. North Ayrshire CHP is the only CHP where the numbers have not changed. The percentage of teenage pregnancies in the under 20 age group by CHP is also affected. The largest change to the percentage of teenage pregnancies is in Glasgow City CHP where the percentage changed from 44.9% to 48.4%. The table has now been updated to show the correct numbers</p>
Concepts and definitions	See A1a and A1b.

Relevance and key uses of the statistics	Making information publicly available for planning, epidemiology, provision of services and the statistics provide comparative information.
Accuracy	Abortion notification information on forms is clerically checked and also validated at data entry and NRS birth registrations data are not supplied to ISD until considered final. Statistics are compared to previous year's figures.
Completeness	Considered complete. There may be a very small number of late abortion notification forms received (generally <30). Data are then revised at following year's update.
Comparability	Scottish data are directly comparable with data for England and Wales. See appendix 1b or online at: <a href="http://www.ons.gov.uk/ons/rel/vsob1/conception-statistics--england-and-wales/2012/2012-conceptions-statistical-bulletin.html">http://www.ons.gov.uk/ons/rel/vsob1/conception-statistics--england-and-wales/2012/2012-conceptions-statistical-bulletin.html</a> .
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to <a href="#">published guidelines</a> .
Coherence and clarity	Teenage Pregnancy tables and charts are accessible via the ISD website at <a href="http://www.isdscotland.org/Health-Topics/Maternity-and-Births/Teenage-Pregnancy">http://www.isdscotland.org/Health-Topics/Maternity-and-Births/Teenage-Pregnancy</a> .
Value type and unit of measurement	Numbers and crude rates are presented.
Disclosure	The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.
Official Statistics designation	National Statistics.
UK Statistics Authority Assessment	Assessed by UK Statistics Authority. <a href="http://www.statisticsauthority.gov.uk/assessment/assessment/assessment-reports/index.html">http://www.statisticsauthority.gov.uk/assessment/assessment/assessment-reports/index.html</a> (Assessment Report 110).
Last published	June 2013.
Next published	June 2015.
Date of first publication	First published in this format in June 2008.
Help email	<a href="mailto:NSS.isdmaternity@nhs.net">NSS.isdmaternity@nhs.net</a>
Date form completed	June 2014.

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

### **Pre-Release Access**

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

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

Scottish Government Health Department

NHS Board Chief Executives

NHS Board Communication leads

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

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

Scottish Government Health Department (Analytical Services Division)

## A4 – ISD and Official Statistics

### About ISD

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

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

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

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

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

### Official Statistics

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

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

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

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

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

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

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