

Publication Report



Teenage Pregnancy

Year of conception ending 31 December 2013

Publication date – 7 July 2015



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Introduction

This publication presents data on teenage pregnancies, with the most recent information representing conceptions in 2013. 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 countries¹ and reducing unintended teenage pregnancy is a priority for the Scottish Government.

The term 'abortion', which has been used in previous publications, has been replaced with 'termination' throughout this report for clarity and consistency with other ISD and UK publications.

On 1st April 2014, NHS Board boundaries were changed to align with those of Local Council Areas. The purpose of this change was to help NHS Boards and Local Council Areas to work closer together in the provision of care in the community. These new boundaries are used in this publication for the first time (see [Appendix 1a](#) for more information).

Teenage pregnancies across Scotland have been consistently decreasing and the numbers for individual island NHS Boards are now very low. For this publication the three island NHS Boards, Orkney, Shetland and Western Isles have been combined into the single category of 'Island Boards'.

Information has previously been presented by Community Health Partnership (CHP) and NHS Board. This publication includes NHS Board and Local Council Area (LCA) which are better aligned to the new Health and Social Care Partnerships.

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

Key Points

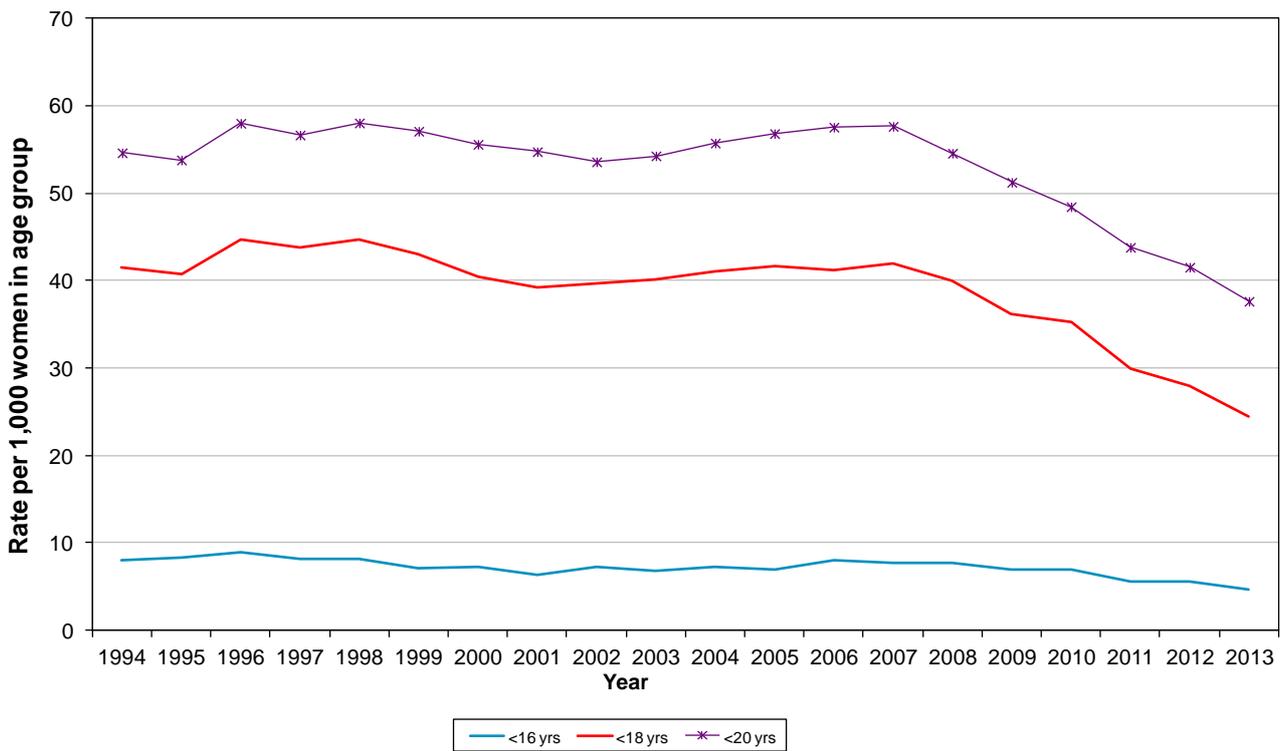
- Teenage pregnancy rates in all age groups have continued to decline in 2013. The teenage pregnancy rate for under 20's has dropped from a recent peak of 57.7 per 1,000 population in 2007 to 37.7 per 1,000 population in 2013. A decrease of 34.7%.
- In mainland NHS Boards, NHS Dumfries & Galloway recorded the lowest rate of teenage pregnancy in the under 18 age group with 18.9 per 1,000 population. NHS Grampian recorded the lowest rate in the under 20 age group with 33.2 per 1,000 population.
- In mainland NHS Boards, NHS Borders recorded the highest rate of teenage pregnancy in the under 16 age group with 5.8 per 1,000 population. NHS Fife recorded the highest rates in both the under 18 and under 20 age groups with rates of 31.6 and 48.4 per 1,000 population respectively.
- Termination rates for the under 16 age group have remained higher than delivery rates since 2002. For the period reported (1994-2013) termination 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.
- There is a strong correlation between deprivation and teenage pregnancy. In the under 20 age group, a teenage female living in the most deprived area is 4.8 times as likely to experience a pregnancy as someone living in the least deprived area and nearly 12 times as likely to deliver their baby.

Results and Commentary

Teenage Pregnancy Rates by Age Group at Conception

Teenage pregnancy rates in all age groups have shown a decline in recent years. In the under 18 and under 20 age groups there was a noticeable shift, following a pattern of steady increase up to 2007, to a declining trend which has continued year on year. Since 2007, rates in the under 20 age group have decreased by 34.7% (from 57.7 per 1,000 population to 37.7 in 2013). Rates in the under 18 age group have decreased by 41.5% (from 41.9 per 1,000 population in 2007 to 24.5 in 2013) and rates in the under 16 age group have decreased by 39.8% (from 7.8 per 1,000 population in 2007 to 4.7 in 2013).

Chart 1 - Teenage pregnancy rates by age group at conception, 1994-2013



<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.

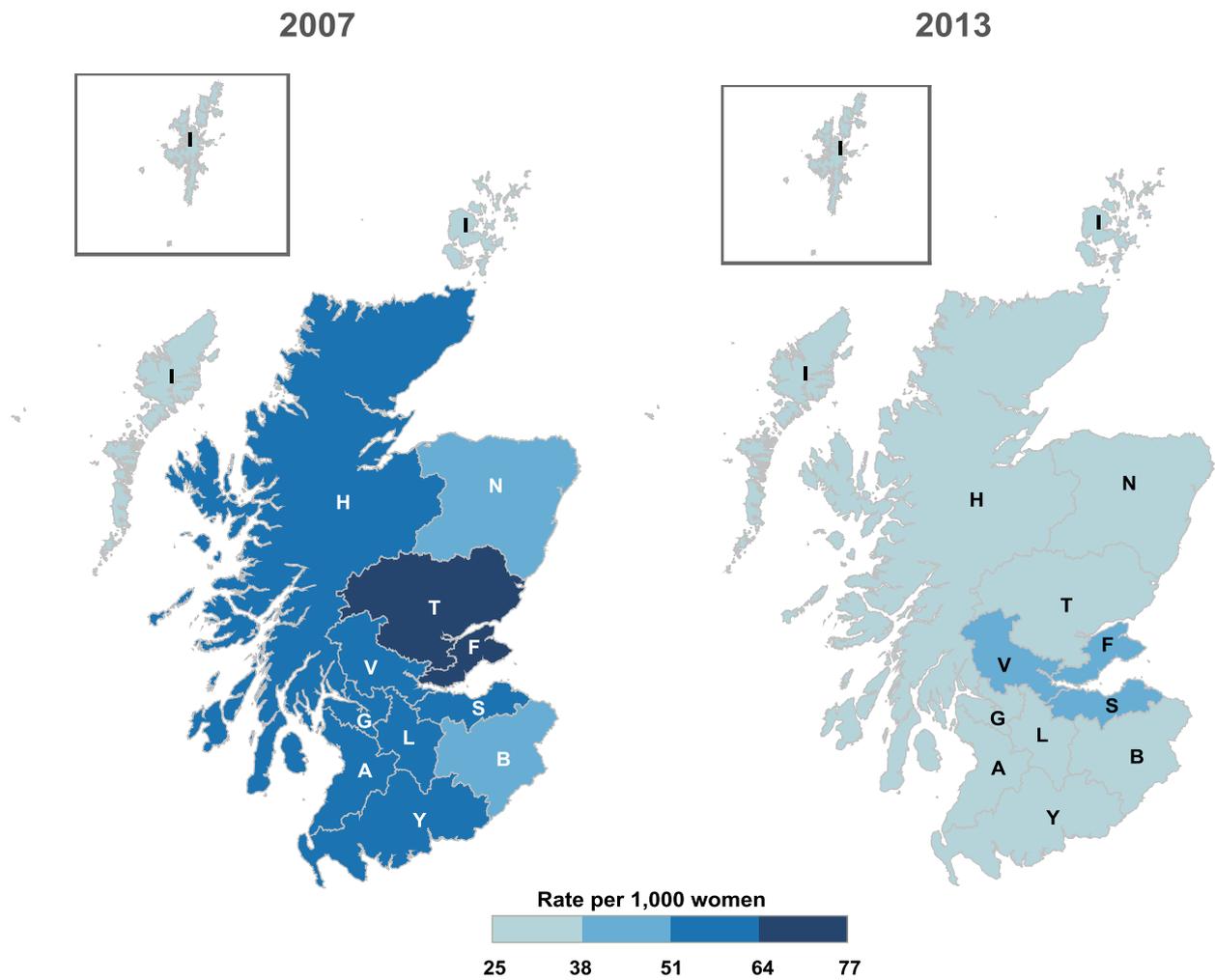
Source: (NRS) registered births and stillbirths & Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967.

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

Teenage Pregnancies by NHS Board of Residence

All NHS Board areas have seen a reduction in their rate of teenage pregnancies since the recent peak in 2007. The maps in chart 2 show the extent of the decline in the under 20 age group. Chart 2 also indicates that the variability in rates across NHS Boards has decreased since 2007 with lower and more consistent rates of teenage pregnancy across NHS Boards in 2013.

Chart 2 - Teenage Pregnancies, Under 20s, by NHS Board of residence, 2007 and 2013



NHS Boards

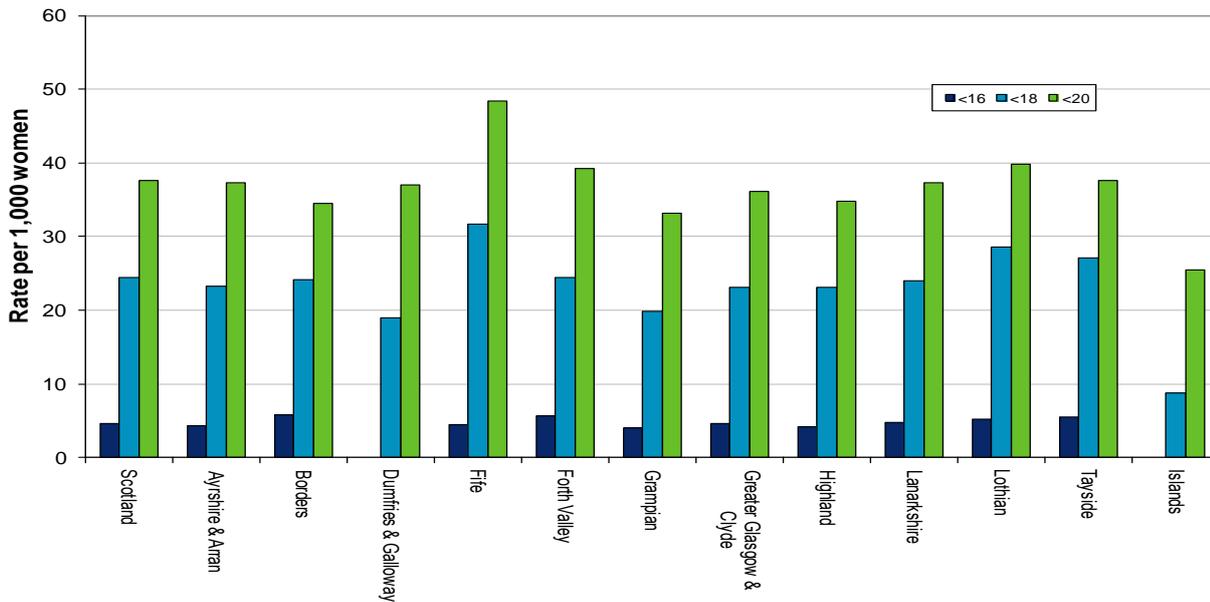
A Ayrshire & Arran	B Borders	Y Dumfries & Galloway	F Fife
N Grampian	G Greater Glasgow & Clyde	H Highland	L Lanarkshire
I Island Boards	S Lothian	T Tayside	V Forth Valley

- 1 Rate per 1,000 women aged 15-19.
- 2 The Island Boards are NHS Orkney, Shetland and Western Isles. NHS Shetland is inset.
- 3 2013 data are provisional and 2007 data have been revised.

In mainland NHS Boards, NHS Dumfries & Galloway recorded the lowest rate of teenage pregnancy in the under 18 age group with 18.9 per 1,000 population. NHS Grampian recorded the lowest rate in the under 20 age group with 33.2 per 1,000 population.

In mainland NHS Boards, NHS Borders recorded the highest rate of teenage pregnancy in the under 16 age group with 5.8 per 1,000 population. NHS Fife recorded the highest rates in both the under 18 and under 20 age groups with rates of 31.6 and 48.4 per 1,000 population respectively.

Chart 3 - Teenage pregnancies by NHS Board of residence, 2013



* Rates for <16s in Dumfries & Galloway and the Island Boards 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.

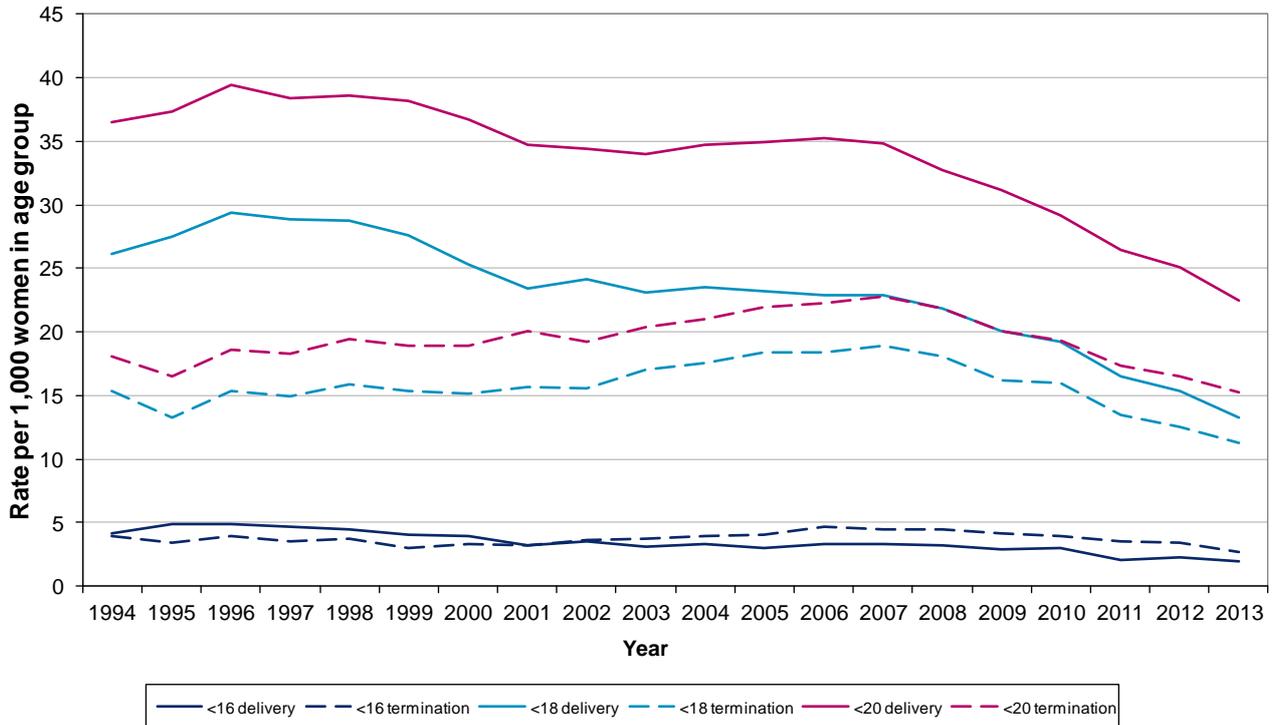
In mainland Local Council Areas over the three year period 2011/13, the lowest rate of teenage pregnancy for the under 16 age group was recorded in Stirling (1.9 per 1,000) while East Renfrewshire recorded the lowest rate for the under 18 age group (11.4 per 1,000) and both East Renfrewshire and East Dunbartonshire recorded the lowest rate in the under 20 age group (19.9 per 1,000). Clackmannanshire recorded the highest rate in both the under 16 and under 20 age groups with 11.5 per 1,000 and 63.2 per 1,000 respectively. Dundee City had the highest rate in the under 18 age group with 43.9 per 1,000.

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

Outcome of Teenage Pregnancy by Age Group at Conception

Termination rates for the under 16 age group have remained higher than delivery rates since 2002. For the period reported (1994-2013) termination 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.

Chart 4 - Outcome of teenage pregnancy by age group at conception, 1994-2013



<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 2013, in mainland NHS Board areas, the delivery rate in the under 20 age group was highest in NHS Fife and lowest in NHS Grampian (28.4 and 19.6 per 1,000, respectively). The termination rate was highest in NHS Fife and lowest in NHS Dumfries & Galloway (20.0 and 11.8 per 1,000 respectively).

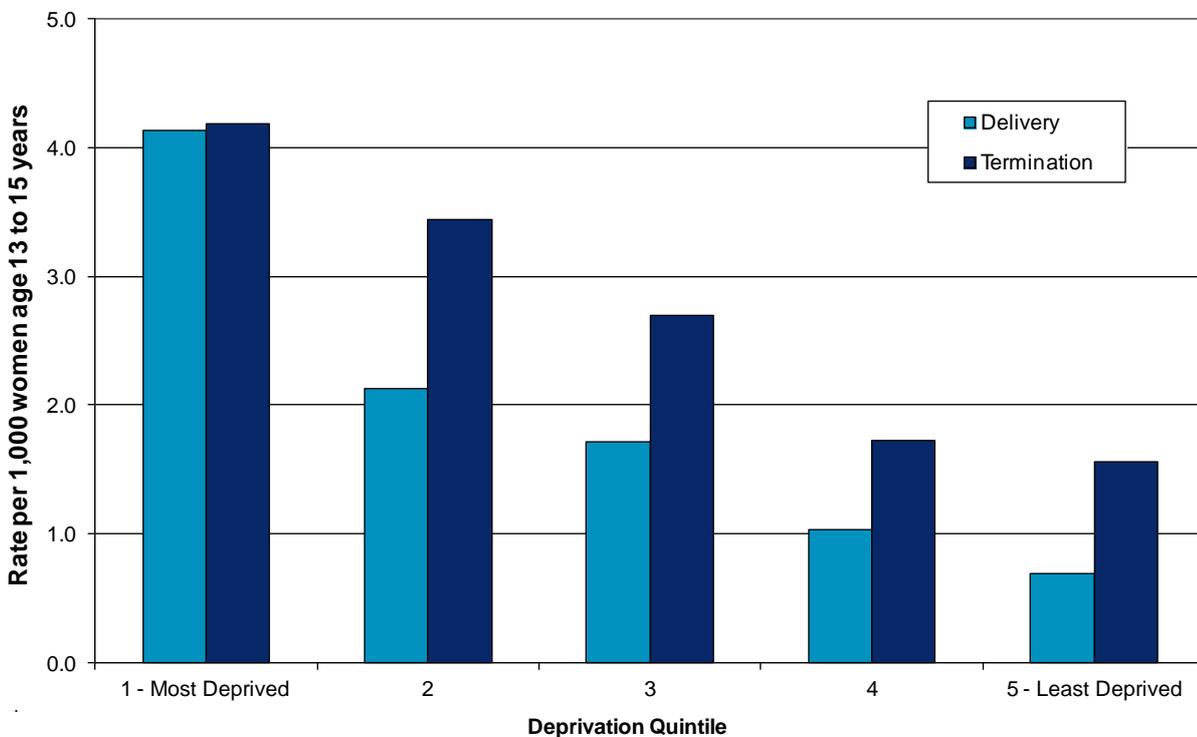
For further information see [Table 4](#) and [Table 5](#).

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 (47.0 compared to 4.0 per 1,000 population) and twice the rate of termination (19.8 compared to 9.9 per 1,000 population).

In the most deprived areas in 2013 the rate of teenage pregnancies in the under 16 age group is 3.7 times the rate in the least deprived areas (8.3 per 1,000 and 2.3 per 1,000 respectively). Teenage pregnancy rates for the under 18 age group in the most deprived areas are 4.2 times greater than the least deprived, with 43.0 per 1,000 compared to 10.2 per 1,000. Within the under 20 age group the rates are 66.8 within the most deprived areas, 4.8 times greater than the least deprived at 13.9 per 1,000.

Chart 5 - Teenage pregnancies by deprivation quintile and outcome for <16 years, 2013



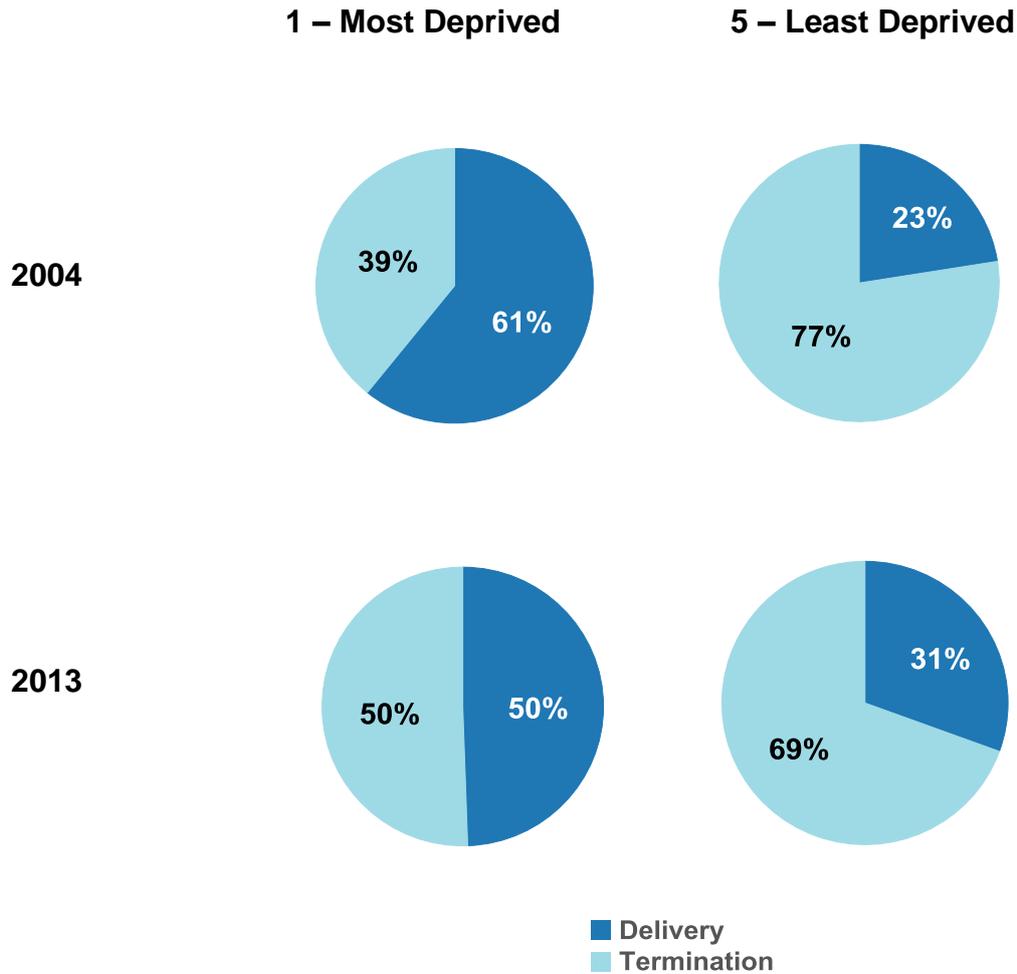
Includes all pregnancies in women aged <16. The rate is calculated using the female population aged 13-15. Deprivation quintiles are based on the Scottish Index of Multiple Deprivation (SIMD) 2012.

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](#).

The diagrams in chart 6 show that teenagers in the under 16 age group from more deprived areas are more likely to deliver their baby than to have a termination compared to their peers from less deprived areas. In 2004 these differences across deprivation categories are quite prominent, whereas in 2013 the differences have reduced and the proportions having a delivery or a termination across deprivation categories are more consistent.

Chart 6 - Outcome of Teenage Pregnancies, Under 16s, by SIMD, 2004 and 2013



Revision note: the title of Chart 6 was amended on 27/10/2015.

Glossary

Pregnancy -	Pregnancies include maternities (the number of pregnant women who give birth) and terminations. This information is obtained from administrative sources: abortion notifications and birth registrations. Pregnancy statistics included in this publication do not include miscarriages or illegal terminations.
Termination -	Refers to a therapeutic termination of pregnancy notified in accordance with the Abortion Act 1967.
Delivery -	Refers to a single maternity producing one or more live or still births.
Mainland NHS Boards -	NHS Boards in Scotland excluding the three Island NHS Boards; Orkney, Shetland and Western Isles.
Island NHS Boards -	Orkney, Shetland and Western Isles.
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	Teenage Pregnancy by mothers age at conception: Scotland	1994-2013	Excel [45kb]
2	Teenage Pregnancy by age group of mother at conception: NHS Board	2004-2013	Excel [76kb]
3	Teenage Pregnancy by age group of mother at conception: Local Council Area	2002/04-2011/13	Excel [133kb]
4	Teenage Pregnancy by age group of mother at conception and outcome: Scotland	1994-2013	Excel [44kb]
5	Teenage Pregnancy by age group of mother at conception and outcome: NHS Board	2004-2013	Excel [56kb]
6	Teenage Pregnancy by age group of mother at conception, deprivation and outcome: Scotland	2004-2013	Excel [92kb]
7	Teenage Pregnancy by age group of mother at conception and deprivation: NHS Board	2004-2013	Excel [97kb]

List of Charts

Chart No.	Name	Time period	File & size
1	Teenage Pregnancy by age of mother at conception	1994-2013	Excel [48kb]
2	Teenage Pregnancy maps by age of mother at conception and NHS Board	2007 & 2013	Excel [2537kb]
3	Teenage Pregnancy by age of mother at conception and NHS Board	2013	Excel [60kb]
4	Teenage Pregnancy by age of mother at conception and outcome	1994-2013	Excel [41kb]
5	Teenage Pregnancy by age of mother at conception, deprivation and outcome	2013	Excel [82kb]
6	Teenage Pregnancy pie charts by age of mother at conception, deprivation and outcome	2004 & 2013	Excel [2538kb]
7	Teenage Pregnancy by age of mother at conception, Scotland compared to England/Wales	1994-2013	Excel [42kb]

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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 the 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 terminations. 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 Local Council Area. However, data for the under 16 and under 18 age groups at Local Council Area 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 to allow easier comparison with data from the rest of the UK. See explanation to changes in methodology and data sources in A1b.

NHS Board boundary changes

On 1st April 2014, NHS Board boundaries were changed to align with those of Local Council Areas. The purpose of the change was to help NHS Boards and Local Council Areas work closer together in the provision of care in the local community. To allow direct comparisons over time between NHS Boards this alignment has also been applied to pre-2014 data. The main impact of the re-alignment affected NHS Lanarkshire and NHS Greater Glasgow and Clyde (approx. 2,600 postcodes changed from Greater Glasgow and Clyde to Lanarkshire). Further information including a list of those postcodes affected by the boundary changes is available at: <http://www.isdscotland.org/Products-and-Services/GPD-Support/Geography/NHS-Board-Boundary-Changes/>

Scottish Index of Multiple Deprivation (SIMD)

Deprivation for individuals is estimated from aggregated data derived from the Census and other routine sources (see glossary).

There have been SIMD releases in 2004, 2006, 2009 and 2012. This report uses the most appropriate SIMD for each year: the years 2004 to 2006 use SIMD 2006; years 2007 to 2009 use SIMD 2009V2; and years 2010 to 2014 use SIMD 2012.

Further information on SIMD is available at:

<http://www.isdscotland.org/Products-and-Services/GPD-Support/Deprivation/SIMD/>

A more detailed explanation about the application of SIMD, its advantages and disadvantages is available at:

<http://www.isdscotland.org/Products-and-Services/GPD-Support/Deprivation/docs/PHI-Deprivation-Guidance-version-2.2-100615.pdf>

Local Council Area

Information has previously been presented by Community Health Partnership (CHP) and NHS Board. This publication includes NHS Board and Local Council Area (LCA) which are better aligned to the new Health and Social Care Partnerships.

LCA	HB	LCA	HB
East Ayrshire	Ayrshire & Arran	Argyll & Bute	Highland
North Ayrshire		Highland	
South Ayrshire		Borders	North Lanarkshire
Scottish Borders	South Lanarkshire		
Dumfries & Galloway	Dumfries & Galloway	East Lothian	Lothian
Fife	Fife	Edinburgh City	
Clackmannanshire	Forth Valley	Midlothian	
Falkirk		West Lothian	
Stirling		Orkney Islands	Orkney
Aberdeen City	Grampian	Shetland Islands	Shetland
Aberdeenshire		Tayside	Angus
Moray			Dundee City
East Dunbartonshire	Greater Glasgow & Clyde	Perth & Kinross	Western Isles
East Renfrewshire		Eilean Siar	
Glasgow City			
Inverclyde			
Renfrewshire			
West Dunbartonshire			

¹On 1st April 2014 NHS Board boundaries aligned with Local Council Areas as per the table above.

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 abortion 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 termination 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 7](#).

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 th June 2015.
Frequency	Annual.
Timeframe of data and timeliness	Delays not expected. NRS birth registrations are finalised March/April and provided to ISD and termination 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	Change to Table 3, from Community Health Partnership to Local Council Area. Island Boards have been combined rather than presented separately. The term 'abortion' has been replaced with 'termination'.
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: http://www.ons.gov.uk/ons/rel/vsob1/conception-statistics--england-and-wales/2013/index.html
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	Teenage Pregnancy tables and charts are accessible via the ISD website at http://www.isdscotland.org/Health-Topics/Maternity-and-Births/Teenage-Pregnancy .
Value type and unit of measurement	Numbers and crude rates are presented.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	National Statistics.
UK Statistics Authority Assessment	Assessed by UK Statistics Authority. http://www.statisticsauthority.gov.uk/assessment/assessment/assessment-reports/index.html (Assessment Report 110).
Last published	June 2014.
Next published	July 2016.
Date of first publication	First published in this format in June 2008.
Help email	nss.isdmaternity@nhs.net
Date form completed	June 2015.

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

Pre-Release Access

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

Standard Pre-Release Access:

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

Early Access for Quality Assurance

These statistics will also have been made available to those who needed access to help quality assure the publication:

- NHS Dumfries and Galloway

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.