Publication Report

Cancer Waiting Times in Scotland

October - December 2012

Publication date – 26 March 2013

An Official Statistics Publication for Scotland

Contents

Introduction

In October 2008, the Scottish Government (SG) published Better Cancer Care - An Action Plan, which would:

- Extend the 62-day urgent 'referral to treatment' target from patients previously subject to cancer waiting times targets to include patients that had had a positive cancer screening test, and to all patients referred urgently with a suspicion of cancer.

- Introduce a new 31-day target for all patients diagnosed with cancer (whatever their route of referral) from decision to treat to treatment.

The statements in the Action Plan formed the basis for new targets for cancer waiting times, where 95% of all eligible patients should wait no longer than 31 or 62 days. Performance against these targets was achieved by December 2011, the timescale agreed by the SG. These targets have been treated as National Standards from 1st April 2012 and continue to be published quarterly.

The Information Services Division works in partnership with the Scottish Government Cancer Performance Support Team and NHS Boards to measure NHSScotland's performance against the National Standards, and to provide a wide range of users with faster access to the statistics they need.

The cancer waiting times standards are applicable to adult (over 16 years of age at date of diagnosis) NHSScotland patients with a newly diagnosed primary cancer; and performance is monitored on the following cancer types:

- Breast
- Colorectal
- Head & Neck
- Lung
- Lymphoma
- Ovarian
- Melanoma
- Upper Gastro-Intestinal (hepato-pancreato-biliary (HPB) and oesophago-gastric (OG))
- Urological (prostate, bladder, other)
- Cervical

The 5% tolerance level (i.e. 95% rather than 100%) is applied to these standards, as for some patients it may not be clinically appropriate for treatment to begin within the standard's time.

When making comparisons across Scotland, it should be noted that in smaller NHS Boards, particularly Island Boards, substantial quarter-on-quarter fluctuations in the percentage of patients that started treatment may represent the pathway of only one or two patients. Therefore, many of the NHS Board key findings relate only to mainland NHS Boards and are indicated as such. Further, 90th percentiles have only been calculated where there are forty or more eligible patients within a population, due to the statistical aberration resulting from percentiles based on very small numbers .

NHS Boards have reported that some data are not yet finalised and may be subject to change in future publications. However, this publication is considered to give a reasonable reflection of the current position. The quality of these statistics is considered to be fit for publication, and data quality aspects are described in the publication. Previously released information has been revised to reflect ongoing work by NHS Boards to improve data quality. Overall, the revised figures for Scotland remain relatively unchanged when compared to the previous quarters published.   Specific information on data quality and accuracy is listed within the Data Quality section of the website.

The former 31 and 62-day targets are both included as performance measures in HEAT for data up to 31st December 2011. Further information on the HEAT Performance Measures can be found on the ISD NHSScotland Performance HEAT web pages and the Scottish Government Scotland Performs HEAT web pages.

Key Points

In the period October – December 2012:

- Across Scotland, 95.8% of patients started treatment within 62 days of urgent referral with suspicion of cancer, an increase from 94.0% during the period July - September 2012.

- 98.1% of patients started treatment within 31 days of decision to treat, regardless of the route of referral, which is an increase from 97.6% in the period July - September 2012.

- 99.8% of the patients that were urgently referred with a suspicion of cancer from the breast screening programme were seen within 62 days of referral. Amongst patients that were urgently referred from the cervical screening programme, 94.4% were seen within the standard of 62 days, while of patients urgently referred from the colorectal screening programme, 91.8% were seen within 62 days.

Results and Commentary

Performance against the 62-day standard: Time from urgent referral with a suspicion of cancer, to first cancer treatment

The 62-day waiting time standard is applied to patients with a positive screening result and all cervical cancer patients, from referral to first cancer treatment. The quarterly statistics within this publication relate to the period December to October 2012, alongside data from the four previous quarters.

During the period October - December 2012, 95.8% of eligible patients who were urgently referred with a suspicion of cancer started their first cancer treatment within 62 days of referral (Table 1a, Chart 1a), compared to 94.0% in the period July - September 2012.

Please see the Data Quality paper associated with this publication for notes on the differences amongst NHS Boards and cancer types.

Table 1a. Performance against the 62-day standard from receipt of an urgent referral with suspicion of cancer to first cancer treatment: all cancer types*, by NHS Board and regional Cancer Network
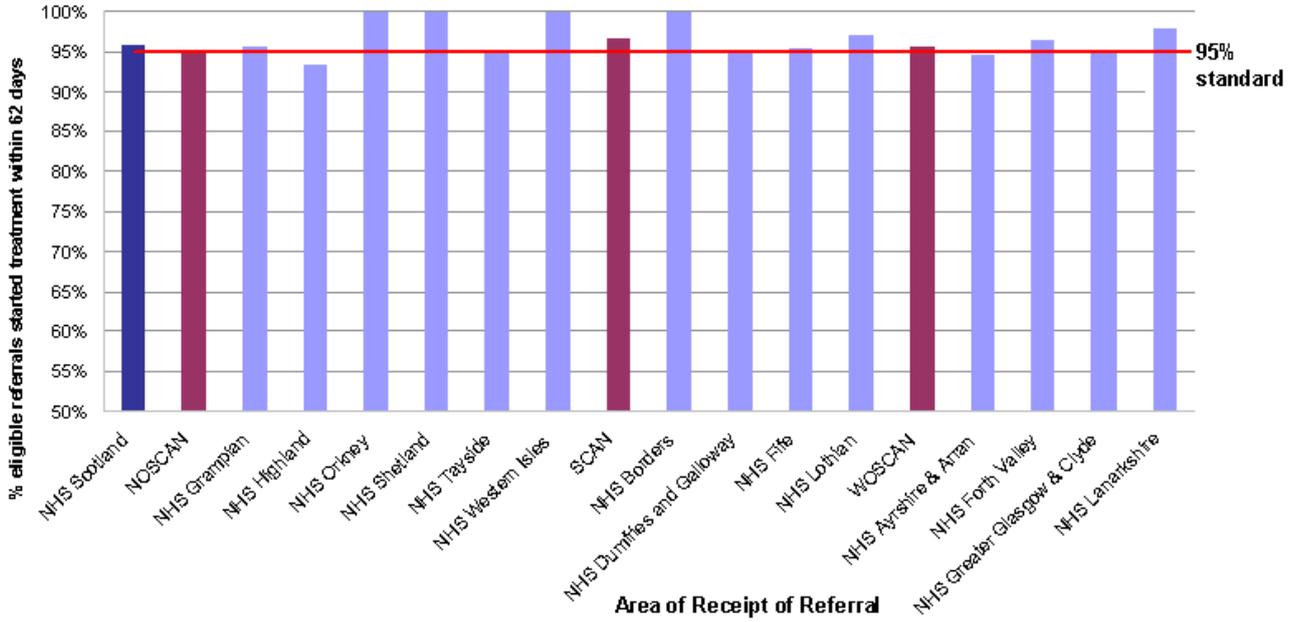
Period of treatment: 1 October – 31 December 2012.

Area of receipt of referral	%
NHSScotland	**95.8%**
North of Scotland Cancer Network (NOSCAN) Total	**95.1%**
NHS Grampian	95.4%
NHS Highland	93.4%
NHS Orkney	100.0%
NHS Shetland	100.0%
NHS Tayside	95.2%
NHS Western Isles	100.0%
South East Scotland Cancer Network (SCAN) Total	**96.7%**
NHS Borders	100.0%
NHS Dumfries & Galloway	95.1%
NHS Fife	95.3%
NHS Lothian	97.0%
West of Scotland Cancer Network (WOSCAN) Total	**95.6%**
NHS Ayrshire & Arran	94.6%
NHS Forth Valley	96.3%
NHS Greater Glasgow & Clyde	95.0%
NHS Lanarkshire	97.8%

* All cancer types for which waiting times data are recorded: breast, cervical, colorectal, head and neck, lung, lymphoma, melanoma, ovarian, upper GI, and urological.

Chart 1a. Performance against the 62-day standard from receipt of an urgent referral with suspicion of cancer to first cancer treatment: for all cancer types*, by NHS Board and regional Cancer Network

Period of treatment: 1 October – 31 December 2012

* All cancer types for which waiting times data are recorded: breast, cervical, colorectal, head and neck, lung, lymphoma, melanoma, ovarian, upper GI, and urological.

Variations in the percentage of patients seen within the 62 day standard results from a combination of hospital capacity and patient circumstances. Please see the Data Quality paper associated with this publication for notes on the differences between NHS Boards and cancer types.

In October - December 2012, 99.8% of screened positive breast cancer patients started treatment within 62 days of urgent referral with suspicion of cancer (Table 1b, Chart 1b). The percentage of patients urgently referred from the colorectal screening programme, at 91.8%, is an increase from 84.0% in the previous quarter.

Table 1b. Performance in NHS Scotland against the 62-day standard from receipt of an urgent referral with a suspicion of cancer to first cancer treatment, by cancer type (including screened positive patients)
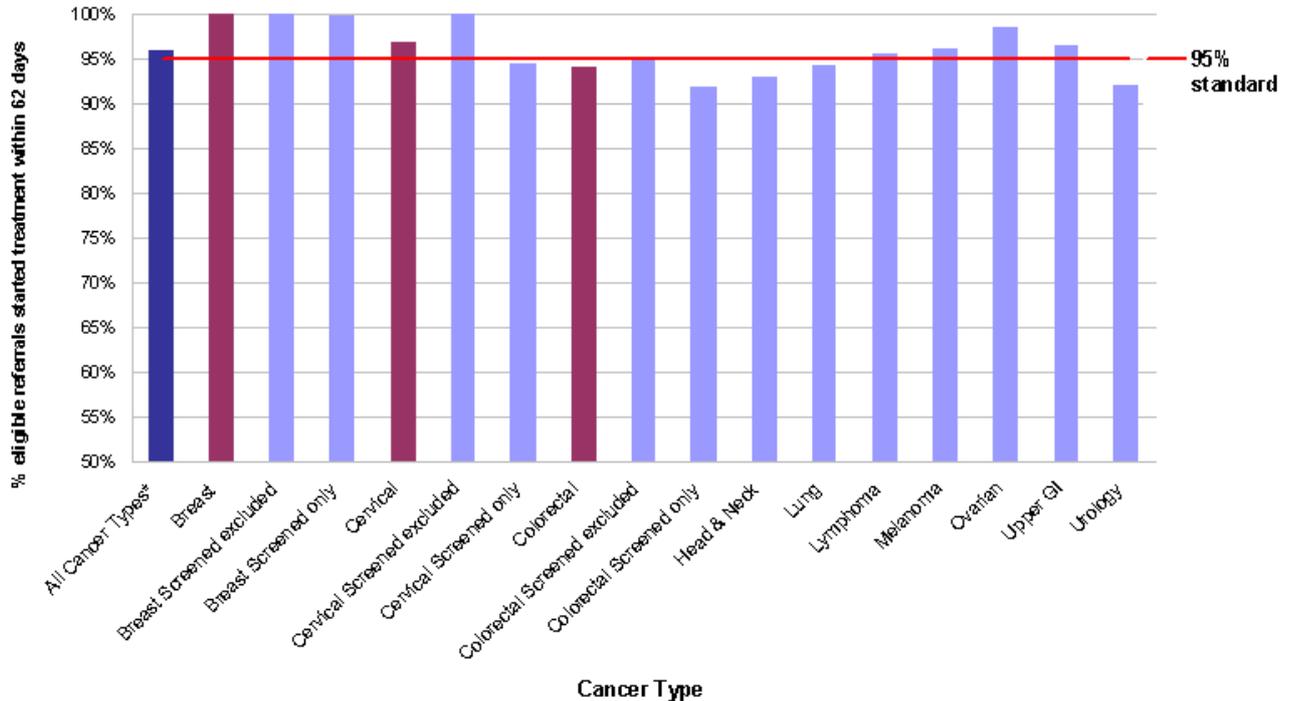
Period of treatment: 1 October – 31 December 2012

Cancer Type	%
All Cancer types*	**95.8%**
Breast	99.8%
Breast Screened excluded	99.8%
Breast Screened only	99.8%
Cervical	96.8%
Cervical Screened excluded	100.0%
Cervical Screened only	94.4%
Colorectal	94.0%
Colorectal Screened excluded	95.0%
Colorectal Screened only	91.8%
Head and Neck	92.9%
Lung	94.2%
Lymphoma	95.5%
Melanoma	96.2%
Ovarian	98.5%
Upper GI	96.4%
Urology	92.0%

* All cancer types for which waiting times data are recorded: breast, cervical, colorectal, head and neck, lung, lymphoma, melanoma, ovarian, upper GI, and urological.

Chart 1b. Performance in NHS Scotland against the 62-day standard from receipt of an urgent referral with a suspicion of cancer to first cancer treatment, by cancer type (including screened positive patients)

Period of treatment: 1 October – 31 December 2012

* All cancer types for which waiting times data are recorded: breast, cervical, colorectal, head and neck, lung, lymphoma, melanoma, ovarian, upper GI, and urological.

Across all of Scotland, the median wait was 36 days; 90% of all eligible patients were treated within 60 days of urgent referral with a suspicion of cancer. These figures are similar to previous quarters' data.

Exclusions and Waiting Times Adjustments (62-day standard)

Of all urgent referrals with a suspicion of cancer submitted in Scotland, 127 (3.9%) were excluded from the standard performance calculations due to clinical reasons, or because the patient died before treatment or refused all treatment. Further detail can be found in the updated Table 5.

Waiting times adjustments are applied to take into account periods of patient unavailability and medical suspensions. During the period October - December 2012 there were 428 occurrences of patient unavailability and 616 occurrences of medical suspension.

Performance against the 31-day standard: Time from the date of decision to treat to first cancer treatment

The 31-day standard applies to all eligible patients, regardless of the route of referral. The quarterly statistics within this publication relate to period October - December 2012.

98.1% of eligible patients who had a decision to treat had their first cancer treatment within 31 days of referral (Table 2a, Chart 2a), an increase from 97.6% in the period July - September 2012.

Table 2a. Performance against the 31-day standard of all patients with a decision to treat that then went on to start treatment within 31-days of that decision: for all cancer types*, by NHS Board and regional cancer Network
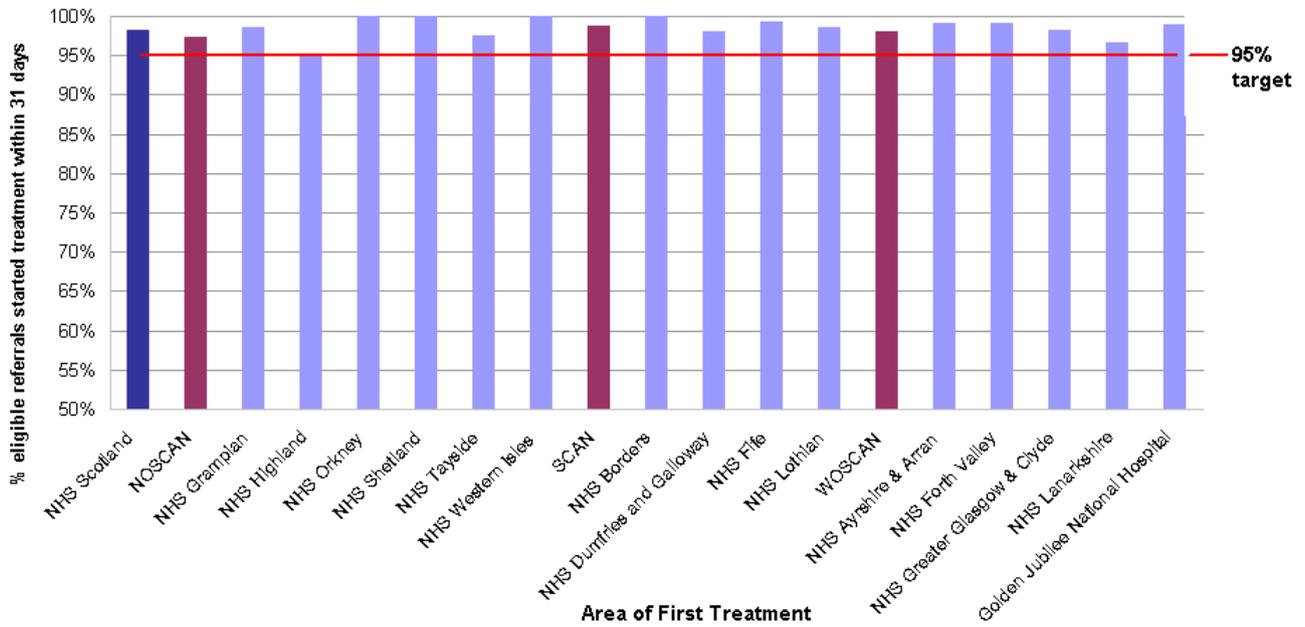
Period of treatment: 1 October – 31 December 2012

Area of first treatment	%
NHSScotland	**98.1%**
North of Scotland Cancer Network (NOSCAN) Total	**97.4%**
NHS Grampian	98.6%
NHS Highland	94.9%
NHS Orkney	100.0%
NHS Shetland	100.0%
NHS Tayside	97.5%
NHS Western Isles	100.0%
South East Scotland Cancer Network (SCAN) Total	**98.8%**
NHS Borders	100.0%
NHS Dumfries & Galloway	98.0%
NHS Fife	99.2%
NHS Lothian	98.6%
West of Scotland Cancer Network (WOSCAN) Total	**98.1%**
NHS Ayrshire & Arran	99.1%
NHS Forth Valley	99.1%
NHS Greater Glasgow & Clyde	98.2%
NHS Lanarkshire	96.6%
National Waiting Times Centre	**98.9%**
Golden Jubilee National Hospital	98.9%

* All cancer types for which waiting times data are recorded: breast, cervical, colorectal, head and neck, lung, lymphoma, melanoma, ovarian, upper GI, and urological.

Chart 2a. Performance against the 31-day standard of all patients with a decision to treat that then went on to start treatment within 31-days of that decision: for all cancer types*, by NHS Board and regional cancer Network

Period of treatment: 1 October – 31 December 2012

* All cancer types for which waiting times data are recorded: breast, cervical, colorectal, head and neck, lung, lymphoma, melanoma, ovarian, upper GI, and urological.

In this period, the 31-day standard was not met for cervical cancer (Table 2b, Chart 2b).

Table 2b. Performance in NHS Scotland against the 31-day standard of all patients with a decision to treat that then went on to start treatment within 31-days of that decision, by Cancer Type (including screened positive patients)
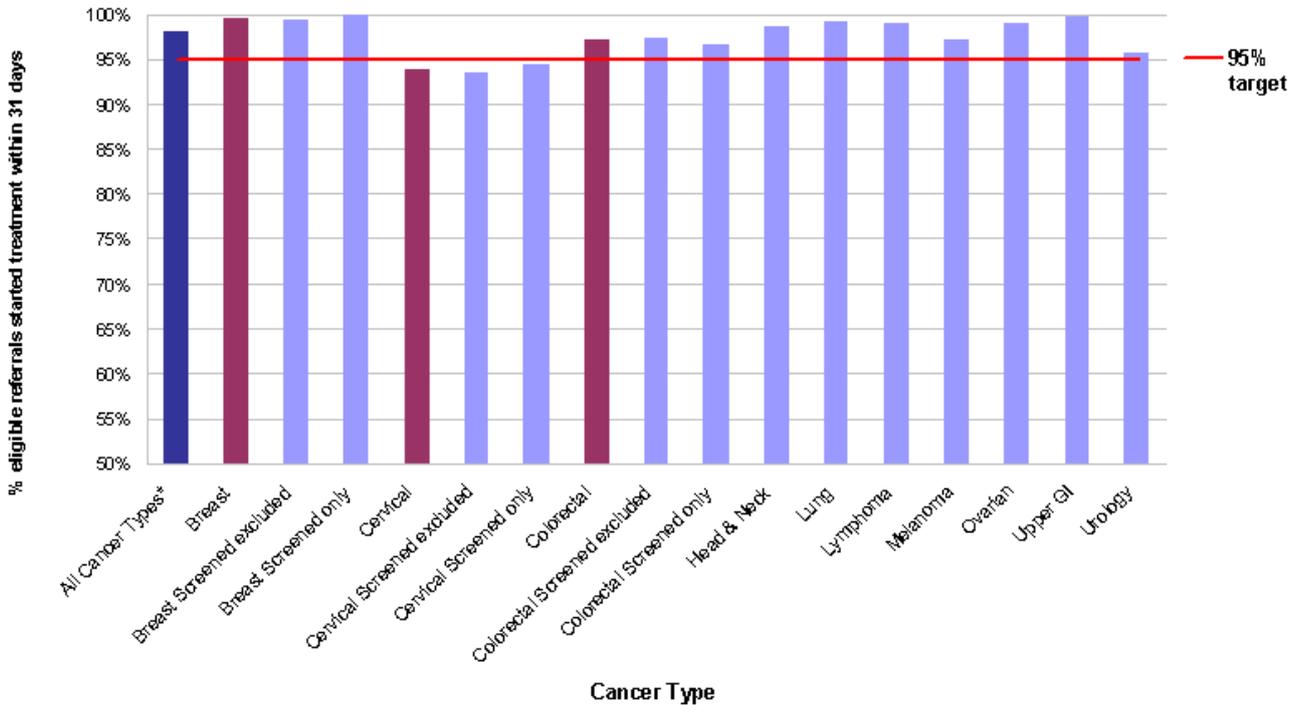
Period of treatment: 1 October – 31 December 2012

Cancer Type	%
All Cancer types*	**98.1%**
Breast	99.6%
Breast Screened excluded	99.3%
Breast Screened only	100.0%
Cervical	93.9%
Cervical Screened excluded	93.5%
Cervical Screened only	94.4%
Colorectal	97.2%
Colorectal Screened excluded	97.3%
Colorectal Screened only	96.5%
Head and Neck	98.6%
Lung	99.2%
Lymphoma	99.1%
Melanoma	97.2%
Ovarian	98.9%
Upper GI	99.7%
Urology	95.6%

* All cancer types for which waiting times data are recorded: breast, cervical, colorectal, head and neck, lung, lymphoma, melanoma, ovarian, upper GI, and urological.

Chart 2b. Performance in NHS Scotland against the 31-day standard of all patients with a decision to treat that then went on to start treatment within 31-days of that decision, by Cancer Type (including screened positive patients)

Period of treatment: 1 October – 31 December 2012

* All cancer types for which waiting times data are recorded: breast, cervical, colorectal, head and neck, lung, lymphoma, melanoma, ovarian, upper GI, and urological.

During the period October - December 2012, the median wait between the date of decision to treat and the first cancer treatment was 6 days; 90% of patients waited 25 days or less. These figures are similar to previous quarters' data.

Exclusions and Waiting Times Adjustments (31-day)

144 (2.5%) patients were excluded from the 31-day standard performance calculations due to clinical reasons, or because the patient died before treatment or refused all treatment.

Waiting times adjustments are applied to take into account periods of patient unavailability and medical suspensions. In the period October – December 2012 there were 166 occurrences of patient unavailability and 308 occurrences of medical suspension.

Glossary

Eligible referral (62 day) – urgent referral submitted with a suspicion of cancer by a GP or GDP, or direct referral to hospital (self, GP or NHS24 referral to A&E or other), or referral from a National Cancer Screening Programme; excluding patients who had a clinically complex pathway, who died before treatment or refused treatment.

Eligible referral (31 day) - all referrals (urgent and non-urgent) submitted from all sources (regardless of route of referral), excluding patients who had a clinically complex pathway, who died before treatment or refused treatment.

Exclusion – patients who had a particularly complex clinical pathway, died before treatment or who refused treatment.

Median wait – the middle value of referral to treatment days, with half of patients waiting less than that time, and half waiting more than that time. Medians are only calculated where there are three or more eligible patients.

Non-urgent referrals – referrals submitted where the source of referral is GP/GDP referral other or Other.

NOSCAN – North of Scotland CAncer Network.

Percentile – the value of a variable below which a certain percent of observations fall. For example, the 90th percentile is the value (referral to treatment days) below which 90 percent of the waits may be found. The 50th percentile is also known as the median. 90th percentiles have only been calculated where there are forty or more eligible patients.

Referral – a request to a care professional, team, service or organisation to provide appropriate care to a patient/client. A referral may be made by a person, team, service or organisation on behalf of a patient/client, or a patient/client may refer him/herself.

SCAN – South East Scotland CAncer Network.

Total referrals submitted – all referrals (urgent and non-urgent) submitted from all sources i.e. regardless of the route of referral.

Upper GI – Upper Gastrointestinal.

Urgent referral – referral submitted with a suspicion of cancer by a GP or GDP, or direct referral to hospital (self, GP or NHS24 referral to A&E or other), or referral from a National Cancer Screening Programme.

Waiting times adjustment – an adjustment (in days) applied to take into account periods of patient unavailability (e.g. because the patient did not attend an appointment) and/or medical suspension (e.g. the patient had another condition requiring treatment before cancer treatment could be started). Waiting Times adjustments are not made when delays are caused by hospital operational circumstances.

WOSCAN – West of Scotland CAncer Network.

Further information on Cancer Waiting Times Data & Definitions can be found on the Guidance section of the website.

In addition, further details are also available in the ISD Data Dictionary of the Data Definitions and References section of the ISD website.

List of Tables

5	Exclusions and waiting times adjustments against the 62-day standard from receipt of an urgent referral with a suspicion of cancer to first cancer treatment by NHS Board and regional Cancer Network	Quarterly information from 1 October 2012 - 31 December 2012	Excel [649kb]
6	Exclusions and waiting times adjustments against the 31-day standard from date decision to treat to first cancer treatment by NHS Board and Regional Cancer Network	Quarterly information from 1 October 2012 - 31 December 2012	Excel [482kb]

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Further Information

Further information can be found on the ISD website

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Appendix

A1 – Background Information

Cancer Waiting Times data are collected by cancer trackers and administrative staff (including medical secretaries) across NHSScotland, which are then recorded onto the NHS Boards' cancer tracking systems. Monthly and quarterly data are submitted to ISD, validated and loaded onto the Cancer Waiting Times database to allow data interrogation and reporting.

Performance against the targets set out in Better Cancer Care – An Action Plan was achieved by December 2011; the timescale agreed by the Scottish Government. These targets are treated as National Standards from 1st April 2012 and continue to be monitored on a monthly and quarterly basis.

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Cancer Waiting Times in Scotland: October - December 2012.
Description	Quarterly update of Cancer Waiting Times statistics for the 62-day standard for patients urgently referred with a suspicion of cancer to first cancer treatment; and for the 31-day standard for patients regardless of the route of referral from date decision to treat to first cancer treatment. Includes data presented by NHS Board, Cancer Network and Cancer Type to 31 December 2012.
Theme	Health and Social Care
Topic	Service Access
Format	Excel workbooks and PDF
Data source(s)	Cancer Waiting Times (CWT) data are collected by cancer trackers and administrative staff (including medical secretaries) across NHSScotland, and are based on locally available information drawn from sources such as patient administrative systems, laboratory systems, and medical records across the country; which are then recorded onto the NHS Boards' Tracking systems. Data are submitted to ISD on a monthly and quarterly basis, and are validated and loaded onto the Cancer Waiting Times database to allow data interrogation and reporting. Further information can be found on the Background and Data Quality pages of the CWT website.
Date that data are acquired	Deadline for data submission is around the 20th of each month. Submissions can be made at any time up to the publication submission deadline. Please see the submission timetable on the Guidance page of the CWT website for more information.
Release date	26 March 2013
Frequency	Quarterly
Timeframe of data and timeliness	Data from 1st January 2010 to date. There have been no delays in reporting. Information on old cancer waiting times is available on the Scottish Government website from October 2004 until March 2009, and on the ISD website for the period April 2009 until December 2009.
Continuity of data	To remain relevant to the changing set of targets (as published in Better Cancer Care - An Action Plan), the cancer waiting times statistics published previously by ISD were replaced with a new series of figures. The first set of these new figures relating to these targets were first published in June 2010. The table below* provides information on the various target cohorts and their date of first publication.

Performance against these targets was achieved by December 2011; the timescale agreed by the Scottish |

	Government. These targets are considered as National Standards from 1st April 2012 and continue to be published on a quarterly basis. When making comparisons across Scotland, it should be noted that some areas reported on contain small numbers. For example, in Island NHS Boards there may be a substantial quarter-on-quarter fluctuation in the percentage of patients that started treatment within 62/31 days, which may represent the pathway of only one or two patients. Due to the effects of small numbers, 90th percentiles have only been calculated where there are forty or more eligible patients within a population.
Revisions statement	Figures contained within each publication may also be subject to change in future publications. See ISD Statistical Revisions Policy.
Revisions relevant to this publication	If NHS Boards discover that data submitted for publication is incorrect, or that data is missing, further re-submissions can be made up until the publication submission deadline date. Any revised figures will then be reflected within the current publication. Figures contained within each publication may also be subject to change in future publications as submissions may be updated to reflect a more accurate and complete set of data submissions.
Concepts and definitions	Performance against the targets set out in Better Cancer Care – An Action Plan was achieved by December 2011; the timescale agreed by the Scottish Government. These targets are considered as National Standards from 1st April 2012 and continue to be published on a quarterly basis. The cancer waiting times standards are applicable to adult (over 16 at date of diagnosis) NHSScotland patients with a newly diagnosed primary cancer. To be included, the cancer type must fit into one of the listed cancer types in the Cancer Waiting Times Data and Definitions Manual. This manual, and further information, is available within the Guidance section of the website.
Relevance and key uses of the statistics	The CWT team, within ISD, works in partnership with the SG Cancer Performance Support Team and NHS Boards to measure NHSScotland's performance against current Cancer Waiting Times Standards. Other uses of the data include support of NHS Boards, researchers, charities, media, and public, and to fulfil Freedom of Information requests and Parliamentary Questions.
Accuracy	The quality of these statistics is considered fit for publication; data quality aspects are described within each publication. Fitness for publication exercises have been carried out by ISD for the 62-day performance and have shown that completeness of the 62-day cohort is within an acceptable range and is fit for publication. Details of all FFP exercises can be found here. Case ascertainment is assessed each quarter for the 31-day standard. The latest figures can be found within Tables 2a and 2b in the list of

	tables above. ISD regularly carries out data quality exercises to ensure that data is recorded in an accurate and consistent manner across NHS Scotland. Information on these exercises can be found on the Data Quality section of the website. ISD Cancer Waiting Times recently undertook a data quality project to assure that data submitted for Bowel Screening patients is recorded accurately and consistently. A paper highlighting the outcome of this project can be found here. Responsibility for collating and submitting the data to ISD lies with the NHS Board that received the patient's initial referral to secondary care. Information on data quality, service issues and accuracy specific to this publication can be found in our Data Quality paper, and within the Data Quality section of the CWT web pages.
Completeness	A patient will be excluded from reporting against the Cancer Waiting Times standards for the following reasons: 1. The patient chooses to have any part of their pathway outwith NHSScotland. If this is before the decision to treat they will be excluded from the 62-day standard and if after the decision to treat they will be excluded from both standards. 2. The patient died before treatment 3. The patient refused all treatment 4. The patient was deemed a clinically complex case by the lead cancer clinician of the responsible NHS Board
Comparability	Comparative cancer waiting times information is not possible at present using these data due to differences in definitions of waiting times for treatment across the four countries.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.
Coherence and clarity	Statistics are presented within Excel spreadsheets and PDF. Performance data are reported on a national, NHS Board and Regional Cancer Network level, broken down by cancer type and quarter. Distribution of waits data are reported on a National level by cancer type and quarter. Exclusions and Adjustments are reported for All Cancer Types at national, NHS Board and Regional Cancer Network level, broken down by quarter. Further features to aid clarity: 1. Performance data, Distribution of Waits, and Exclusions and Adjustments are available in separate tables to enable users to select a single measure for analysis. 2. All tables are printer friendly. 3. All Scotland and All Cancer Types data for the latest quarter are presented first, with the option to view spreadsheets down to Board, Cancer Type level by quarter. 4. Key data presented graphically. 5. Tables use drop down menus to display data by a single

	Board, Regional Cancer Network, Quarter and Cancer Type.
Value type and unit of measurement	Distribution of waits (%) for NHS Scotland and all Cancer Types combined. Distribution of waits (%) for NHS Scotland by Cancer Type. Number of eligible referrals, number and percentage of eligible referrals that started treatment within 62/31 days, Maximum Wait (Days), Median Wait (Days), 90th Percentile (Days) for NHS Scotland, NHS Board and Regional Cancer Network. Trends in performance for all Cancer Types combined at NHS Scotland, NHS Board and Regional Cancer Network level. Total number of referrals submitted, number and % of exclusions, number of patient and medical delays, median waiting time adjustment (days) for patient and medical delays; at NHS Scotland, NHS Board and Regional Cancer Network level for all cancer types combined.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	These statistics are classed as official statistics.
UK Statistics Authority Assessment	Awaiting assessment by the UK Statistics Authority.
Last published	18th December 2012
Next published	26th March 2013
Date of first publication	25th June 2010
Help email	nss.isdcancerwaitsnew@nhs.net
Date form completed	

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Target Cohort	New 62-day excluding screening and cervical patients	New 31-day excluding screening and cervical patients	New 31- and 62-day including screening but excluding non screened cervical patients	New 31- and 62-day including screening and all cervical patients
First Publication	Quarter 1 (January - March 2010) on 29th June 2010	Quarter 2 (April - June 2010) on 28th September 2010	Quarter 3 (July - September 2010) on 21st December 2010	Quarter 4 (October - December 2010) on 29th March 2011

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 and Social Care Directorates (Analytical Services Division)
> NHS Board Chief Executives
> NHS Board Communication leads
> Director, National Services Division (NSD)

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 and Social Care Directorates (Analytical Services Division)

Early Access for Management Information

These statistics will also have been made available to those who needed access to 'management information', ie as part of the delivery of health and care:

> Scottish Government CMO & Public Health and Social Care Directorate (Policy Advisor - Screening)
> Scottish Government Cancer Performance Support Team (CPST)
> National Screening Coordinator, National Services Division (NSD)

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 Board Contact staff

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.