

Publication Report



18 Weeks Referral To Treatment

Quarter ending 30 September 2013

Publication - 26 November 2013

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Introduction

Waiting times are important to patients and are a measure of how the NHS is responding to demand for services. Measuring and regular reporting of waiting times highlight where there are delays in the system and enables monitoring of the effectiveness of NHS Scotland's performance. Information Services Division (ISD) Scotland continues to be committed to improving the information on waiting times along with our key stakeholders, the NHS Boards and the Scottish Government.

The 18 Weeks Referral to Treatment (RTT) standard is different from previous and other wait time targets. It does not focus on a single stage of treatment, e.g. the time from referral to first outpatient appointment, or the time from being added to the waiting list until treatment starts; the 18 weeks standard applies to the whole pathway from a referral up to the point where each patient is actually treated. This means that the RTT is dependent on [Stage of Treatment](#) and [Diagnostics](#) performance which are both published by ISD.

18 Weeks RTT Standard has been determined by the Scottish Government and states that 90.0% of patients should have a completed pathway within 18 weeks. This percentage allows, for example, the relatively small proportion of cases where it is not clinically appropriate for the patient to be seen and treated within 18 weeks and also to take account of any exceptional increase in demand for secondary care services.

ISD receives aggregate 18 weeks RTT data from each NHS Board and so patient-level information can not be systematically validated by ISD. The derivation of the figures and data accuracy is carried out by individual NHS Boards in collaboration with ISD. Further information can be found in the [Data Quality](#) section of this report.

For further information on this data and detail on UK comparison please refer to the [Background Information](#) of this report.

Key points

- In September 2013, 90.9% of patients whose 18 Weeks RTT journey could be fully measured were reported as being within 18 weeks, the figures for July and August are 91.6% and 91.1% respectively. This has decreased from 91.6% in June 2013.
- In September 2013, a total of 110,642 patient journeys eligible under the 18 Weeks RTT Standard were identified. The waiting time could be measured for 102,087 of these patients (92.3%). It was not possible to calculate the waiting time fully for 8,555 patients.
- NHS Boards are in the process of fully implementing upgrades to their systems to improve the data collection.
- The Scottish Government has determined the 18 Weeks RTT Standard has to be delivered for at least 90.0% of patients in NHS Scotland.

Results and Commentary

This is the tenth publication by ISD on NHS Scotland's progress towards the 18 weeks RTT standard from the period January 2011 to September 2013. NHS Boards provide an aggregate return at specialty level; these data are termed as under development until patient level data can be extracted from the national waiting times warehouse. Currently the national waiting times warehouse is being developed to accommodate changes to the Stage of Treatment guidance and standards (including the introduction of the Treatment Time Guarantee). ISD and NHS Boards are currently investigating ways to improve the process and ultimately allow NHS Boards to submit 18 weeks RTT patient level data. These updates could potentially decrease the workloads on NHS Boards and ISD as well as increased accuracy.

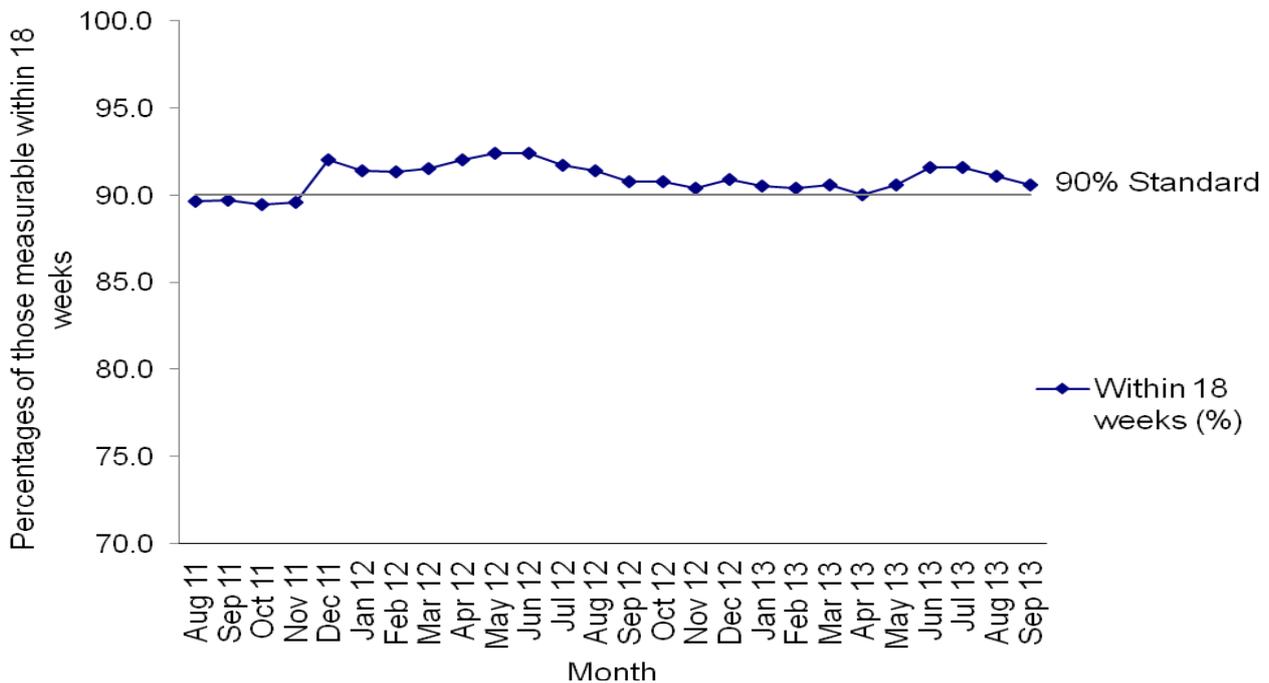
The use of Unique Care Pathway Numbers (UCPN) is being rolled out by NHS Boards to link stages of the patient's journey which allows determination of the wait. This process can be difficult as patients may be seen in different hospitals of the same NHS Board or could even be treated in a different NHS Board. Clinical Outcome Code Recording (COCR) is also used with UCPN to determine the stages of the patient's journey. COCR indicates the status of the patient journey after every outpatient appointment.

NHS Boards are actively working with ISD and the Scottish Government to improve the consistency and completeness of these data. NHS Boards are in the process of fully implementing upgrades to their systems to improve the data collection.

Patient Journeys within the 18 Weeks Standard

In September 2013, 90.9% of patient journeys, where the journey could be fully measured, were within 18 weeks, compared to 90.8% in September 2012. The figures for July and August 2013 were 91.6% and 91.1% respectively, compared to July and August 2012 of 91.7% and 91.4 respectively. Chart 1 shows the percentages of patients whose journey could be fully measured that were within 18 weeks across NHS Scotland, i.e. showing the percentages of patients whose journey was fully linked and how that percentage compares against the 90.0% standard.

Chart 1: Percentage of patients whose journey could be fully measured that were within 18 weeks across NHS Scotland. September 2013



Since December 2011, NHS Scotland’s performance has been consistently on or above 90.0% for patients who could be fully measured. A change to waiting times came with the [Patient Rights \(Scotland\) Act 2011](#) establishing a 12 weeks Treatment Time Guarantee for eligible patients who are due to receive planned inpatient or day case treatment from 01 October 2012. Further information on this can be found within the [Stage of Treatment](#) report by ISD. At NHS Scotland level there does not seem to be a direct impact on the number of patient journeys within 18 weeks as a result of the introduction of the Patient Rights (Scotland) Act 2011.

In September 2013, for the patient journeys which could be fully measured the majority of NHS Boards have achieved 90.0% within 18 weeks, with exception of NHS Forth Valley, and NHS Lothian for September 2013. Comparable information by NHS Board, for September 2012 to September 2013 is given in [Chart 1a](#).

Linkage

To be able to calculate a whole journey waiting time it is necessary for NHS Boards to link all stages of the patient’s journey from the initial referral to the start of treatment. In September 2013, a total of 110,642 patient journeys eligible under the 18 Weeks RTT Standard were identified. The waiting time could be measured fully for 102,087 of these patient journeys (92.3%) compared to 99,327 in September 2012 (91.5%). It was not possible to calculate the waiting time fully for 8,555 patient journeys. See Table 1 for more details.

Table 1: NHS Scotland. Patient journeys within 18 weeks and patient journeys that could be fully measured, for July 2013 to September 2013

Month	Patient journeys within 18 weeks (%)	Number of patient journeys within 18 weeks	Number of patient journeys over 18 weeks	Number of unknown waits	Patient journeys that could be fully measured (%)
July 2013	91.6	95,034	8,749	9,104	91.9
August 2013	91.1	96,074	9,333	8,793	92.3
September 2013	90.9	92,770	9,317	8,555	92.3

The number of patient journeys within 18 weeks and the percentage of patient journeys that could be fully measured by NHS Board and previous published trend data are shown in [Table 2](#).

Linkage has been improving across NHS Scotland however during the most recent quarter there has been a slight decrease. ISD and NHS Boards are constantly working towards improving this. In September 2013, 7.7% of patient journeys eligible under the 18 weeks RTT standard could not be fully measured. Therefore the performance is based on 92.3% of all identified patients.

The number of unknowns does not impact on the percentage of patient journeys within 18 weeks as these patients are not included within the calculation. If linkage was 100% i.e. unknowns could be fully measured, the percentage would lie between 83.6% and 91.6%, depending on whether these patients were treated within 18 weeks or not.

NHS boards have implemented individual action plans to improve their linkage. In some cases it may not be possible to fully link a pathway due to complexities, tertiary treatments and multiple pathways at the same time. Three NHS Boards reported all eligible 18 weeks RTT patients can be fully measured i.e. 100% linkage they are NHS Forth Valley, NHS Lanarkshire, and NHS Shetland.

In the coming months, ISD will be investigating the introduction of specialty and admittance status into this report. ISD will be working closely with NHS Boards and the Scottish Government to determine the need for this data and the reliability further information to be included within the next publication.

Glossary

Patient journey: A patient's 18 Weeks RTT journey begins with the receipt of referral for treatment and ends with the start of treatment.

Patient journeys that could be fully measured: Those patient journeys where it has been possible for the NHS Board treating the patient to link all stages of the patient's journey from the initial referral to the start of treatment.

NHS Board of Treatment: The NHS Board in which treatment starts.

Number of patient journeys within 18 weeks: The number of patient journeys where the start of treatment was within 18 weeks (126 days or less) of the initial referral, minus any periods of patient unavailability.

Number of patient journeys over 18 weeks: The number of patient journeys where the start of treatment was over 18 weeks (126 days) from the initial referral, minus any periods of patient unavailability.

Patient unavailability: Unavailability, for patients without a date for treatment, is a period of time when the patient is unavailable for treatment. Unavailability can be for medical or patient advised reasons.

Unique Care Pathway Number (UCPN): A unique number allocated to all new referrals, to enable identification of patient journeys and the linking of all the stages in the patient journey.

Clinical Outcome Code Recording (COCR): COCR indicates the status of the patient journey after every Outpatient appointment.

List of Tables

Table No.	Name	Time period	File & size
1a	NHS Board Performance	September 2012- September 2013	Excel [62KB]
2	18 Weeks RTT Performance and Linkage by NHS Board	January 2011 – September 2013	Excel [78KB]

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Further Information

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

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Appendix

A1 – Background Information

History

Better Health Better Care which was published by the Scottish Government in December 2007 which set out a commitment:

"the 18 week Referral To Treatment (RTT) standard will address the whole patient care pathway, from receipt of a GP referral, up to the point at which each patient is actually admitted to hospital for treatment".

The 18 Weeks Referral to Treatment (18 Weeks RTT) Standard builds on previous waiting time targets, which set maximum waiting times for stages of treatment, for first outpatient consultation, diagnostic tests and for inpatient and day case treatment. 18 Weeks RTT focuses on the entire patient journey from the initial referral to the start of treatment, including for the first time treatment undertaken in an outpatient setting, and promotes a holistic approach to providing clinically effective, safe and efficient care in a timely manner.

The responsibility for delivering the 18 Weeks RTT Standard lies with the NHS Board who receives the initial referral, as this NHS Board will be responsible for agreeing with the patient and relevant clinicians the most appropriate pathway of care. In some cases patients may be initially referred to one NHS Board and then have an onward referral to another NHS Board for treatment.

Definitions and guidance for 18 Weeks RTT have been developed to help ensure that each patient's journey is measured fairly and consistently. Further details can be found on the [18 weeks RTT website](#).

Data Use

After the production on monthly management reports and the quarterly publication, a number of other uses can occur. These include:

1. Information requests for a variety of customers, e.g. research charities; public or private companies.
2. Freedom of information requests.
3. Health intelligence work - used along side other waiting times information to build up a picture of an NHS Boards performance or to look into capacity issues. Assisting NHS Boards management of their local waiting lists.
4. Parliamentary questions.

Other Targets & Standards

The 18 Weeks RTT standard is part of a variety of targets and standards set by the Scottish Government around waiting times. While 18 weeks RTT covers the full patient pathway, there is a standard specifically around diagnostics, focussing on 8 key diagnostic tests. Then for the stage of treatment part of the pathway, there is a target (inpatients and day cases) and a standard (new outpatient appointments). Details on each of these, and other waiting times targets/standards that ISD publish, are available within the Support Documentation [web page](#).

Further detail about all NHS Scotland targets/standards can be found at the Scottish Government's Scotland Performs [website](#).

What is a UCPN?

The Unique Care Pathway Number (UCPN) is being rolled out in IT systems over Scotland to identify individual patient journeys, along with codes for outcomes following clinical consultations (Clinic Outcome Code recording, COCR). A UCPN is a unique number that should be allocated to all new referrals and will identify patient journeys in and across NHS Boards. COCR indicates the 'status' of a patient's journey after every outpatient appointment, i.e. whether treatment has started or not. UCPN and COCR will facilitate the linking of all stages of the patient's journey and the measurement of the 18 Weeks RTT waiting time. NHS Boards are at various stages of implementing these.

Data Limitations

The RTT data submitted to ISD is not at patient level, but an aggregated return from NHS Boards. The derivation of these data and their accuracy is a matter for individual NHS Boards. Whilst it is not possible for ISD to fully validate the underlying data, ISD are developing and refining methods to compare the submitted data to data previously reported for management information purposes and to other ISD data sources. NHS Boards are working with ISD and the Scottish Government to update systems in order to further improve the whole pathway information capture and data submission to support the measuring and reporting against the 18 Weeks RTT Standard. A group of representative from NHS Boards, Scottish Government and ISD meet on a regular basis to look at new ways to improve data submission and ease the burden on the NHS Boards workloads.

Since the data is sent to ISD at an aggregate level a distribution of the data is not possible. ISD only hold data on the number of patients less than 18 weeks, over 18 weeks, over 26 weeks for key specialties, and unknown waits.

Due to the constraints in current hospital information systems in linking all stages of a patient's journey to measure their waiting time, these statistics are presented on NHS Board of Treatment i.e. the NHS Board where the patient's treatment was started. NHS Boards are in the process of fully implementing upgrades to their systems to improve the data collection.

Some caution should be exercised in using and interpreting these data at this developmental stage. Until the linking together of all stages of a patient's journey is improved through the upgrades to hospital information systems and the use of UCPN and COCR, these data should be considered provisional and data quality notes should be taken in to consideration.

Calculation & Exclusions

The 18 weeks RTT clock start is the date when the referrals is received by the Health Board and the clock stop is the date the treatment commences. A clock adjustment may occur for the following reasons (where it is reasonable and clinically appropriate):

1. The patient has given the Health Board reasonable notice that they can not attend an appointment
2. Where the patient is unable to attend or did not attend an appointment
3. Where the patient refuses a reasonable offer
4. Periods of time when the patient is unavailable for treatment i.e. on holiday, or medically not fit for treatment . These periods do not count towards the calculation of waiting time.

Referrals to the following services for some specific procedures are currently excluded and therefore do not trigger clock starts:

- Direct referrals to Allied Health Professionals (AHP's). However, AHP's may deliver services that are part of the overall waiting time standard e.g. as part of a consultant led service;
- Assisted conception services;
- Dental treatment provided by undergraduate dental students;
- Designated national specialist service for Scoliosis;
- Direct access referrals to Diagnostics services where the referral is not part of a 'straight to Test' referral pathway as there is no transfer of clinical responsibility to the consultant-led team;
- Exceptional Aesthetic Procedures which have been specifically excluded in the CEL 27 (2011) Adult Exception Aesthetic Referral Protocol;
- Homoeopathy;
- Obstetrics;
- Organ and Tissues transplant;
- Mental health Services.

For further information on the guidance regarding waiting times please refer to the [Waiting Times Guidance](#) document produced by the Scottish Government.

Data collection and methods

Data is collected via a standard template that is submitted monthly by each Health Board. This standard template is populated, checked, verified and signed off by an authorised NHS Board colleague before being submitted to ISD.

After submission to ISD, the data is entered into the ISD Referral to Treatment database by Data Management. The data is then extracted from the database to produce Monthly Management Information Reports for the Health boards who can then check the data for accuracy. They are also shared with the Scottish Government. ISD, in partnership with the boards look for unusual changes or patterns in the data which might indicate a data quality issue. Any potential anomalies are raised/discussed with the Health Board in order to verify the accuracy of the data or correct any problems.

The quarterly RTT publication tables and charts are also produced using the data from the database. Again, the tables and charts produced are checked by ISD and NHS Boards in order to ensure the quality and accuracy of the data. ISD keep a record of any data quality issues, and where appropriate, include them within the data quality section of the publication report.

Prior to publication the data for each NHS Board is verified and signed off by the Chief Executive of that NHS Board. Data quality questions are asked and the summary of the responses to these can be found in the data quality section.

ISD are investigating ways in which the RTT data submission can be made more streamlined and efficient, including the potential to have submissions into the Waiting Times data warehouse. This is being taken forward as part of a wider piece of work across all waiting times submissions by the Waiting Times System Measurement & Reporting group to improve the flow of data into ISD.

UK Comparisons

Other parts of the UK also have targets for referral to treatment pathway however there are differences in how the time period is calculated and different lengths of targets, further

details on other UK targets can be found on their website; [NHS England](#) , [NHS Wales](#) and [Health and Social Care in Northern Ireland](#).

A2 – Data quality

NHS Boards continue to work closely with the Scottish Government and ISD to update IT and other systems in order to continue to improve the linking of all stages of a patient's journey to support the measuring and reporting against the 18 Weeks RTT Standard.

NHS Boards focus on linking patient pathways using UCPN. Most records will have this recorded but some are missing which cause difficulty to link a full patient pathway of care. The data submitted to ISD is an aggregate return including admitted, non admitted and combined performance at specialty level. This is collected by our Data Management team who scrutinise these reports via excel to ensure validity of the return. If any discrepancies are found then contact with the NHS Board analyst to discuss and will be requested if necessary. The data is signed off by the NHS Board Chief Executive before being published by ISD. These aggregate returns are submitted to ISD on a monthly basis, a MMI report is produced each month which is shared with a selected few member of the Scottish Government, Health Board and the Service Access team within ISD. These reports aid our quarterly data quality process which is sent out to the Health Board which forms a part of an overall quality assurance process completed every quarter.

NHS Boards also report that action plans are in place to address the capture of information relating to the stages of a patient's journey taking place in sites where the main IT system is not in use, in return outpatient clinics and when the journey starts out with the Board of treatment.

The application of 'patient unavailability' was subject to formal audits within all NHS Boards. The reports and further information can be found on [Audit Scotland website](#).

Detailed below is specific data quality information for each NHS Board and progress with updates to hospital information systems to capture information enabling measurement of the whole patient journey.

NHS Ayrshire & Arran

A number of patients are sent for a diagnostic test that do not require any further treatment. Of these patients, a small proportion are not called back to the outpatient setting, and subsequently are not being captured as a clock stop. NHS Ayrshire & Arran confirm this is, currently, due to no formal system that communicates this information back into the Patient Management System. These patients are not included within the unlinked group because the exact number of affected patients is unknown.

NHS Ayrshire & Arran also report a small decrease in linkage is a result of MSK service being implemented into the Patient Management System. The submission methodology was revised over several months to deal with the appropriate inclusion of this service. As the submission methodology uses fuzzy logic these clock stops affect the linkage because the clock starts in a separate specialty.

NHS Borders

NHS Borders do not record approximately 140 patients as clock stops each month. These patients' journeys are completed after diagnostics i.e. no treatment required. NHS Borders

indicates for these patients to be recorded, the 18 weeks RTT modules within Trak would have to be implemented. This is currently being requested through their IT department.

NHS Dumfries & Galloway

NHS Dumfries & Galloway reports all patients are recorded within their submission and accuracy is high. NHS Dumfries & Galloway recently provided further training to staff which is expected to see linkage further improve.

NHS Fife

NHS Fife reports that not all clinical outcomes are being recorded. This appears to be the case in the main community AHP's. Not all AHP's have access to the electronic recording system. The linking methodology is becoming more robust. The Patient Management System, Aridhia is scheduled to be updated to include more specialties.

NHS Forth Valley

NHS Forth Valley reports all patients are accurately identified as clock stops for RTT pathways.

NHS Grampian

NHS Grampian report that any clock stops which occur after a diagnostics test i.e. no treatment required are not included within their return.

NHS Greater Glasgow & Clyde

NHS Greater Glasgow & Clyde report that any clock stops which occur after a diagnostics test i.e. no treatment required are not included within their return. NHS Greater Glasgow & Clyde have recently fully introduced Trakcare as their Patient Management System across the Board, this is expected to improve linkage in the near future.

NHS Highland

NHS Highland reports that within Northern Highland approximately 20% of patients pathways can not be linked, exact numbers are unknown at this stage. NHS Highland also reports that any clock stop which occurs after a diagnostic test i.e. no treatment required, these patients are not recorded as these occur out with the main PAS system. In November 2013, NHS Highland is moving to the Trakcare patient management system (PMS) which is expected to improve linkage.

NHS Lanarkshire

NHS Lanarkshire report that a number of patients that do not require treatment after the diagnostic stage do not have a clock stop recorded which causes a proportion of patients' clock stops to not be recorded. The exact number is unknown but NHS Lanarkshire estimates this to be around 500 patients.

NHS Lothian

NHS Lothian reports that not all clock stops are being adequately captured including patients receiving treatment by AHP's. There are also no dental specialties at Edinburgh Royal Infirmary being reported. NHS Lothian say in most cases where the clock stops after the diagnostics stage, this is not being recorded as the functionality to record outcomes is not widely available.

Users of this publication should be aware that some historical figures for NHS Lothian which relate to levels of attainment of the waiting times standard and levels of patient unavailability are now known to be inaccurate. Further information can be found in [this report](#).

NHS Orkney

NHS Orkney report that RTT local recording at the Balfour Hospital is not being done by Physiotherapy, indicating around 89 patients a month are not recorded as clock stops.

NHS Shetland

NHS Shetland report that admitted patients' clock stops which occurs after a diagnostics test i.e. no treatment required are not included within their return.

NHS Tayside

NHS Tayside reports all patients are accurately identified as clock stops for RTT pathways.

NHS Western Isles

NHS Western Isles report that any clock stops which occur after a diagnostics test i.e. no treatment required are not included within the return – a review is being conducted of the management of RTT whose pathway ends after a Diagnostic.

NHS National Waiting Times Centre

Golden Jubilee reports all patients are accurately identified as clock stops for RTT pathways.

A3 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	18 Weeks Referral To Treatment
Description	Monthly summaries of whole journey waiting times across NHSScotland
Theme	Health and Social Care
Topic	Access and Waiting Times
Format	Excel workbooks and PDF
Data source(s)	Aggregate returns from individual NHS Boards are submitted monthly to ISD using a defined Excel template. These are derived from local systems and methods of linking whole pathways vary between Boards.
Date that data are acquired	Deadline for data submission is the 24th of each month, though files can be resubmitted up to 1 week before publication where the quality assurance process identifies differences with local figures.
Release date	The last Tuesday of the month for each publication.
Frequency	Quarterly.
Timeframe of data and timeliness	From 1st January 2011 to date.
Continuity of data	Quarterly data is comparable. Some caution should be taken when comparing figures as data is still currently developmental.
Revisions statement	No revisions have been made – if a NHS Boards informs ISD of any discrepancies regarding published data then they can revise their data, if this occurs ISD will inform the users of this publication.
Revisions relevant to this publication	If NHS boards discover that data submitted for publication is incorrect, or that data are 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 releases as submissions may be updated to reflect a more accurate and complete set of data.
Concepts and definitions	A release by the Scottish Government can be found on the 18 weeks RTT website .
Relevance and key uses of the statistics	Waiting times are important to patients and are a measure of how the NHS is responding to demands for services. Measuring and regular reporting of waiting times highlights where there are delays in the system and enables monitoring of the effectiveness of NHS performance throughout the country. The NHS in Scotland has been set a number of targets for maximum waiting times. Other uses of the data include information requests for a variety of customers, e.g. research charities; public

	companies; freedom of Information requests; information support to NHS Boards; health intelligence work; parliamentary questions and HEAT targets.
Accuracy	These data are classified as developmental. ISD receives aggregate data from each NHS Board of Treatment, signed off as accurate by the Chief Executive.
Completeness	ISD is currently reviewing ways to compare these data against other sources included data submitted to the ISD national warehouse.
Comparability	The 18 Weeks Standard applies in England and Wales also. Methods of data collection vary, therefore until the data is out of development comparisons should be made cautiously.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	<p>Key statistics for the latest quarter are linked to on the main 18 weeks RTT web page of the publication. Statistics are presented within Excel spreadsheets. NHS Board and National figures are presented.</p> <p>Further features to aid clarity:</p> <ol style="list-style-type: none"> 1. All tables are printer friendly. 2. All Scotland summary data are presented first, with the option to view spreadsheets down to Board level. 3. Key data presented graphically.
Value type and unit of measurement	Count of clock stops over and under 18 weeks, percentage performance against 18 weeks and percentage of clock stops linked to clock starts.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	Awaiting assessment by UK Statistics Authority.
UK Statistics Authority Assessment	Developmental data. Not yet undergone assessment by UK Statistics Authority.
Last published	Tuesday 27 th August 2013.
Next published	Tuesday 25 th February 2013.
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A4 – 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
Audit Scotland – Waiting Times Audit Project Team

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)

A5 – 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 (i.e. assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (i.e. legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (i.e. 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](#).