About the UK Statistics Authority
The UK Statistics Authority is an independent body operating at arm’s length from government as a non-ministerial department, directly accountable to Parliament. It was established on 1 April 2008 by the Statistics and Registration Service Act 2007.

The Authority’s overall objective is to promote and safeguard the production and publication of official statistics that serve the public good. It is also required to promote and safeguard the quality and comprehensiveness of official statistics, and good practice in relation to official statistics.

The Statistics Authority has two main functions:
1. oversight of the Office for National Statistics (ONS) – the executive office of the Authority;
2. independent scrutiny (monitoring and assessment) of all official statistics produced in the UK.

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ASSESSMENT AND DESIGNATION

Under the provisions of the Statistics and Registration Service Act 2007, the UK Statistics Authority has a statutory function to assess sets of statistics against the Code of Practice for Official Statistics, with a view to determining whether it is appropriate for the statistics to be designated, or to retain their designation, as National Statistics.

Designation as National Statistics means that the statistics are deemed to be compliant with the Code of Practice. Whilst the Code is wide-ranging, designation may be broadly interpreted to mean that the statistics meet identified user needs; are produced, managed and disseminated to high standards; and are well explained.

Assessment reports will not normally comment further, for example on the validity of the statistics as a social or economic measure; though reports may point to such questions if the Authority believes that further research would be desirable.

Designation as National Statistics will sometimes be granted in cases where some changes still need to be made to meet fully the requirements of the Code, on condition that steps are taken by the producer body, within a stated timeframe, to address the weaknesses. This is to avoid public confusion and does not reduce the obligation to comply with the Code.

Designation is granted on the basis of the information provided to the Statistics Authority, primarily by the organisation that produces the statistics. The information includes a range of factual evidence and also assurances by senior statisticians in the producer organisation. The views of users are also sought. Should further information come to light subsequently which changes the Authority’s analysis, the Assessment report may be withdrawn and revised as necessary.

Once designated as National Statistics, it is a statutory requirement on the producer organisation to ensure that the set of statistics continues to be produced in compliance with the Code of Practice.
1 Introduction

1.1 This is one of a series of reports to be prepared under the provisions of the Statistics and Registration Service Act 2007.¹ The Act requires all statistics currently designated as National Statistics to be assessed against the Code of Practice for Official Statistics.² The Act also allows Ministers or the National Statistician to request an assessment of other official statistics in order for them to gain National Statistics status. This report is in response to such a request. The report covers the Scottish Health Survey,³ produced by the Scottish Government.

1.2 The assessment of the Scottish Health Survey was carried out alongside assessments of two other major Scottish surveys, the Scottish House Condition Survey and the Scottish Crime and Justice Survey. An assessment of a fourth major Scottish Population survey, the Scottish Household Survey, was due to be carried out shortly afterwards. Crosscutting issues arising from the four assessments will be covered in a separate Monitoring and Assessment note.

1.3 The Statistics Authority will be inviting comments on both the process for assessment and the presentation of Assessment reports, with a view to further development of the arrangements in the coming months. The forward programme of Assessments can be found on the Authority’s website⁴ along with further information on the principles and procedures for assessment⁵.

³ http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey
⁴ http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey
1.4 The remainder of this report is structured as follows:

**Section 2** Summary of findings, highlighting the main strengths and weaknesses in relation to the Code of Practice. This summary includes the UK Statistics Authority’s decision in relation to designation as National Statistics.

**Section 3** Subject of the assessment, an overview of the statistics and their history.

**Section 4** The Assessment team’s detailed assessment, providing more details about the assessment of compliance against each principle and protocol of the Code of Practice.

**Annex 1** Suggestions for improvement

**Annex 2** Summary of the assessment process and users’ views.

1.5 This report was prepared by the Authority’s Assessment team, and approved by the Board of the Statistics Authority on the advice of the Head of Assessment.
2 Summary of findings

2.1 Decision concerning designation as National Statistics

2.1.1 The Statistics Authority has determined that the *Scottish Health Survey* should be designated as a new National Statistics product, subject to the Scottish Government implementing the enhancements listed at section 2.4 below and reporting them to the Authority by January 2010.

2.1.2 Designation as National Statistics means that the statistics are deemed to be compliant with the Code of Practice, and thus that they meet identified user needs; are produced, managed and disseminated to high standards; and are well explained.

2.1.3 Designation also signifies that, subject to any caveats in this report, the Statistics Authority judges that the statistics are readily accessible, produced according to sound methods and managed impartially and objectively in the public interest.

2.2 Summary of strengths and weaknesses

2.2.1 The Statistics Authority is satisfied that the *Scottish Health Survey* complies with most aspects of the Code of Practice. The *Scottish Health Survey* has been redesigned after extensive consultation with a wide range of users. The redesign has taken users’ requirements and priorities into account and has addressed many of the concerns with the previous survey.

2.2.2 A Multi-Centre Research Ethics Committee has approved the ethical aspects of the survey design. Respondents are provided with clear information about the nature of the survey and about the different uses to which survey data will be put. There are well-developed procedures in place to protect confidential data although details of these procedures had not been published at the time of the assessment.

2.2.3 The intermittent nature of the previous Scottish Health Surveys meant that errors and amendments were sometimes left uncorrected for several years. The producers have assured us that the new continuous survey with annual publications will help to address these problems.

2.3 Detailed recommendations

2.3.1 The Assessment team identified some areas where it felt that the Scottish Government could strengthen its compliance with the Code. Those considered essential to enable designation as National Statistics are listed in section 2.4 below. Other suggestions, which would improve the statistics and

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6 These research ethics committees have been established by the NHS to review ethical issues of medical research projects that cover a large geographical area. See [http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthserviceguidelines/DH_4018331](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthserviceguidelines/DH_4018331)
the service provided to users but which are not central to their designation, are listed at annex 1.
2.4 Requirements for designation as National Statistics

Requirement 1  Pre-announce the publication date as soon as practicable and ensure that all releases are accessible via the Publication Hub (para 4.7)

Requirement 2  Publish a revisions policy for these statistics (para 4.8)

Requirement 3  Publish the arrangements for protecting confidential Scottish Health Survey data (para 4.18)

Requirement 4  Publish information about the average duration of interviews and nurse visits on an annual basis (para 4.20)

Requirement 5  Draw attention to any statistics being released that are used to measure progress towards current government targets and provide a description of these targets (para 4.29)
3 Subject of the assessment

3.1 The Scottish Health Survey collects lifestyle and clinical data from adults and children across Scotland. It provides data on public health practices of the Scottish population including smoking, drinking, physical exercise and diet, together with linked data on general health, cardiovascular disease, respiratory diseases, dental health, sexual health and parental health.

3.2 The survey gives an overview of the physical and mental wellbeing of Scotland’s population linked to statistics on their health-related lifestyles. It is an essential resource for the Scottish Government and for NHS Scotland for identifying gaps in health service provision and identifying groups that are at particular risk of future ill-health. Data from the survey are used to investigate the epidemiology of major chronic diseases and causes of death in Scotland. The survey is used to monitor and inform policies that target public health and it underpins the Scottish Parliament’s scrutiny of the effectiveness of these policies. It provides population estimates for two of the indicators of the National Performance Framework\(^7\): child obesity and mental health. Academics also use the survey results for education and research purposes.

3.3 The survey consists of interviews, self-completion questionnaires and clinical tests for a random sample of individuals. It covers adults and children. It follows a core and modular design, with the core questionnaire being issued to 6,400 adults and 2,050 children each year.

3.4 Three previous Scottish Health Surveys were undertaken in 1995, 1998 and 2003. Following the publication of the findings of the 2003 survey in 2005, the survey underwent a comprehensive review. The review\(^8\) recommended that the survey should:

- adopt a core and modular structure;
- be continuous;
- provide robust annual results at Scotland level;
- provide robust NHS Board level results by aggregating years of data together;
- have an unclustered design; and
- have the option to boost the sample in local areas or for specific topics.

All of these recommendations were adopted.

3.5 Earlier Scottish Health Surveys were produced by the Information Services Division (ISD) of NHS Scotland. When the survey was transferred to the Scottish Government, the contract for data collection and analysis was re-awarded to the Scottish Centre for Social Research (ScotCen), the same contractor as before.

\(^7\) [http://www.scotland.gov.uk/About/scotPerforms](http://www.scotland.gov.uk/About/scotPerforms)

\(^8\) Internal Scottish Government document
3.6 Data collection for the continuous *Scottish Health Survey* began in January 2008. The report on the 2008 survey findings will be published in September 2009 and the full dataset will be made available on the UK Data Archive in early 2010. At the time of the assessment there was no commitment to continue funding for the survey beyond 2011.

3.7 The annual cost of the Scottish Health Survey is in the region of £1.5 million.

3.8 Health Scotland\(^9\) has purchased a module on the survey, referred to as the *Knowledge, Attitudes and Motivations Survey* (KAMS). This replaces the *Health Education Population Survey* (HEPS). The findings from the KAMS module for 2008 are due to be published in December 2009 as part of the set of publications for the *Scottish Health Survey*. At the time of this assessment, Health Scotland was not on the list of producers of official statistics in Scotland. This means that the KAMS publication is not included as part of the designation of the *Scottish Health Survey* resulting from this assessment. At the time of this assessment, discussions were taking place between the Scottish Government and Health Scotland exploring the possibility of either transferring responsibility for publishing the KAMS module to Scottish Government or adding Health Scotland to the list of producers of official statistics. Once the outcome of these discussions is known, the Authority will consider whether it needs to carry out a separate short assessment of the KAMS module to complement this assessment of the Scottish Health Survey.

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\(^9\) Health Scotland is a Special Health Board in NHS Scotland. It is the national agency for improving the health of the Scottish population. Its website can be found at [http://www.healthscotland.com/](http://www.healthscotland.com/)
4 Detailed assessment

Principle 1: Meeting user needs

The production, management and dissemination of official statistics should meet the requirements of informed decision-making by government, public services, business, researchers and the public.

4.1 The Scottish Government undertook extensive user consultation in developing the new Scottish Health Survey. A wide range of users from local and central government, the NHS, academia and organisations such as Health Scotland and Community Planning Partnerships were identified through the Scottish Health Survey User Group, ScotStat and the Public Health Information Network for Scotland. ScotStat is a network for users and providers of Scottish statistics.

4.2 There was also an open invitation on the Scottish Health Survey pages of the Scottish Government website. The results of this consultation are published on the website.¹⁰

4.3 The priorities of the new Scottish Health Survey were clearly defined and took account of the views of users. It is now a continuous survey that provides annual results at national level and results at health board level over four years. Health boards have the opportunity to fund top-up samples to produce health board level results on a more regular basis. The content and timetable for publication takes account of user views, whilst balancing time and resources. A communication strategy has been published on the website.¹¹

4.4 The Scottish Government engages with users through a news section on the Scottish Health Survey on its website¹² and via ScotStat. It encourages feedback through its website and publications.

4.5 The main issues users reported to the Assessment Team concerned the frequency of the publication, the level of detail available and access to additional analyses or microdata. Users also stated that many of the problems with the previous Scottish Health Surveys are being addressed by the new survey.

¹¹ http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey/commstrategy
¹² http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey/ScotHealthSurveyNewsflash
Principle 2: Impartiality and objectivity

Official statistics, and information about statistical processes, should be managed impartially and objectively.

4.6 The Scottish Government has published a reporting matrix for the Scottish Health Survey detailing where and when data topics will be available and the priority given to those publications.

4.7 The Scottish Health Survey web page gives the publication date of the main report. However, at the time of the assessment it was not listed on the Scottish Government’s “Forthcoming Publications” web page; nor was it on the National Statistics Publication Hub. As part of the designation as National Statistics, the Scottish Government should pre-announce the publication date as soon as practicable and ensure that all releases are accessible via the Publication Hub\(^{13}\) (Requirement 1).

4.8 The Scottish Government has developed a strategy for dealing with data revisions in the new survey. As part of the designation as National Statistics, the Scottish Government should publish a revisions policy for these statistics\(^{14}\) (Requirement 2).

4.9 The intermittent nature of the previous Scottish Health Surveys meant that errors and amendments were sometimes left uncorrected for several years. Minor errors in some labelling of classifications and in one area of methodology were identified in the 2003 report; these will be corrected in the forthcoming publication. The producers have assured us that the new continuous survey with annual publications will mean that errors will be corrected more promptly in future.

4.10 The Scottish Government publishes a set of rates that it may charge for statistical services, although the final decision on whether to apply these charges is left to individual teams. The Scottish Health Survey team informed us that it has yet to charge for additional data or analyses.

\(^{13}\) In relation to Protocol 2 Practice 2 and Protocol 2 Practice 3 of the Code of Practice

\(^{14}\) In relation to with Principle 2 Practice 6 of the Code of Practice
Principle 3: Integrity

At all stages in the production, management and dissemination of official statistics, the public interest should prevail over organisational, political or personal interests.

4.11 No incidents of political pressures, abuses of trust or complaints relating to professional integrity, quality or standards were reported or identified by the Assessment Team.
Principle 4: Sound methods and assured quality

Statistical methods should be consistent with scientific principles and internationally recognised best practices, and be fully documented. Quality should be monitored and assured taking account of internationally agreed practices.

4.12 Basic sampling and survey design information are available on the Scottish Health Survey web pages.\(^\text{15}\) In-depth technical reports have been provided with previous publications and will also be available for the 2008 survey results. The technical report could provide a clearer explanation for why particular methods were adopted, for example sampling strategies.

4.13 The survey is run by ScotCen on behalf of the Scottish Government. ScotCen has provided extensive quality assurance documentation and training guidelines for its interviewers and the nurses involved in the data collection. This documentation is available on the Scottish Health Survey web pages.\(^\text{16}\)

4.14 ScotCen is part of the National Centre for Social Research (NatCen) which is responsible for running the Health Survey for England and the Welsh Health Survey. This facilitates the sharing of expertise across the different surveys. It also allows ScotCen to inform the Scottish Government of developments in the other surveys. The Scottish Government health survey team are in contact with health survey managers in England and Wales and the group meets on an occasional basis to discuss developments across the UK and in Europe.

4.15 The Scottish Government has a strategy for the harmonisation of the major Scottish Surveys. This aims to meet information needs through a more coordinated approach to conducting surveys in Scotland.\(^\text{17}\) The Scottish Health Survey has incorporated the harmonised set of core socio-economic questions developed as part of this strategy.

\(^{15}\) http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey/SurveyDesignContent#a1

\(^{16}\) http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey/SHeSDataQualityControl#top

\(^{17}\) The harmonisation programme covers the Scottish Crime and Justice Survey, the Scottish Health Survey, the Scottish House Condition Survey and the Scottish Household Survey. See http://www.scotland.gov.uk/Topics/Statistics/About/Surveys
Principle 5: Confidentiality

Private information about individual persons (including bodies corporate) compiled in the production of official statistics is confidential, and should be used for statistical purposes only.

4.16 Respondents to the survey are given assurances that individuals cannot be identified in the final published data and that no information which could be used to identify them will be made available without their consent. Respondents are asked to sign consent forms. They are also provided with instructions on how they can withdraw their consent, should they wish to do so.

4.17 The transfer of data to ISD for linking with hospital admissions records is undertaken in such a way as to ensure confidentiality remains secure. Respondents are asked to agree to this transfer of data as part of the signed consent form.

4.18 The tender document provided by ScotCen lists 12 confidentiality measures that have been adopted to protect confidentiality. These include the use of unique serial numbers to separate data from names and addresses, and high level geographic identifiers. The Scottish Government is currently drafting a Corporate Policy Statement on Confidentiality which covers statistical disclosure control. As part of the designation as National Statistics, the Scottish Government should publish the arrangements for protecting confidential Scottish Health Survey data (Requirement 3).

4.19 Scottish Health Survey data are deposited with the UK Data Archive. The Scottish Government also has procedures in place to allow access to more detailed data. Access is restricted to researchers or organisations working for the Scottish Government and is subject to strict controls. Final approval is granted by the Office of the Chief Statistician (Head of Profession).

\[18\] In relation to Principle 5 Practice 4 of the Code of Practice.
Principle 6: Proportionate burden

The cost burden on data suppliers should not be excessive and should be assessed relative to the benefits arising from the use of the statistics.

4.20 The survey imposes a time burden on respondents. As part of the designation as National Statistics, the Scottish Government should publish information about the average duration of interviews and nurse visits on an annual basis\textsuperscript{19} (Requirement 4).

4.21 The \textit{Scottish Health Survey} has received ethical approval from the Multi-Centre Research Ethics Committee. This includes approval of the procedures for obtaining informed consent and for nurses to conduct clinical tests and take samples.

4.22 The \textit{Scottish Health Survey} has dropped questions on smoking and drinking from the child interviews as corresponding data are already collected through the \textit{Scottish Schools Adolescent Lifestyle and Substance Use Survey}.

\textsuperscript{19} In relation to Principle 6 Practice 1 of the Code of Practice.
Principle 7: Resources

The resources made available for statistical activities should be sufficient to meet the requirements of this Code and should be used efficiently and effectively.

4.23 The Scottish Government is the budget and contract manager for the *Scottish Health Survey*. The survey itself is managed by ScotCen which was awarded the contract through a competitive tender. The Scottish Government and ScotCen both told us that they have good communication links with each other.

4.24 The Scottish Government explained to us that decisions on the preferred sampling design took into account the comparative costs and design effects of four different sampling regimes.

4.25 ScotCen is responsible for training interviewers and nurses for the implementation of the *Scottish Health Survey*. Its instruction manual is published on its website[^20].

4.26 The Scottish Government employs a statistician (half time) and an assistant statistician on the Scottish Health Survey. The Scottish Government has a dedicated Training and Development intranet that includes a competence framework and provides learning and development opportunities for staff.

Principle 8: Frankness and accessibility

Official statistics, accompanied by full and frank commentary, should be readily accessible to all users.

4.27 The main report for the Scottish Health Survey for 2008 will consist of two volumes. The first volume will present the main findings and the second volume will be a technical report documenting methodologies and survey instruments.

4.28 Volume one will be considerably shorter than in previous surveys. It will include chapters on a limited number of topics that are considered to be of most interest to users including mental health, diet and physical activity, alcohol and smoking. For topics not covered in volume 1, the Scottish Government will provide data tables on its website. It would be useful if the data tables could be accompanied by some explanatory commentary (for example key findings) to aid interpretation. The Scottish Government could improve volume 1 by providing a brief overview of the methodology and commenting on the reliability of the data.

4.29 The Scottish Government has confirmed that it will report on data used as indicators for the National Performance Framework. In the 2003 publication there was unbalanced reporting of progress towards government targets, with only the one target that had been met highlighted in the key findings section. As part of the designation as National Statistics, the Scottish Government should draw attention to any statistics being released that are used to measure progress towards current government targets and provide a description of these targets.21 (Requirement 5).

4.30 Data will be available in different levels of detail on the website, through the National Data Archive and through agreements with the Scottish Government.

4.31 The report could be improved by the inclusion of a list of acronyms and abbreviations.

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21 In relation to Principle 2 Practice 2, Principle 3 Practice 2 and Principle 8 Practice 2 of the Code of Practice.
Protocol 1: User engagement

Effective user engagement is fundamental both to trust in statistics and securing maximum public value. This Protocol draws together the relevant practices set out elsewhere in the Code and expands on the requirements in relation to consultation.

4.32 See Principle 1.
Protocol 2: Release practices

**Statistical reports should be released into the public domain in an orderly manner that promotes public confidence and gives equal access to all, subject to relevant legislation.**

4.33 Observations and requirements relating to inclusion in a published timetable of releases and publication via the National Statistics Publication Hub have been noted under Principle 2 (see para 4.7).

4.34 No evidence was found of inadvertent releases.

4.35 The Scottish Government Health Survey team shares draft chapter introductions with policy colleagues for quality assurance processes, but they are not shown the data until the pre-release access period.

4.36 The Scottish Government stores the correspondence relating to pre-release access to these statistics in its records management system. A list of individuals with pre-release access to the statistics in their final form, together with information on how long these individuals have pre-release access and the reasons for granting access, is available on request. This is in accordance with section 8 of the Pre-release Access to Official Statistics (Scotland) Order 2008. We suggest that the Scottish Government publishes records of those granted pre-release access to these statistics in their final form.
Protocol 3: The use of administrative sources for statistical purposes

Administrative sources should be fully exploited for statistical purposes, subject to adherence to appropriate safeguards.

4.37 The *Scottish Health Survey* does not include data from administrative sources. Where respondents have provided informed consent, Scottish Health Survey data are given to ISD for matching with hospital administrative records, for example, on hospital admissions.
Annex 1: Suggestions for improvement

A1.1 This annex includes some suggestions for improvement to the Scottish Government’s statistical outputs, in the interest of the public good. These are not formally required for designation, but the Assessment team considers that their implementation will improve public confidence in the production, management and dissemination of official statistics.

**Suggestion 1**

Give a clearer explanation for why particular methods were adopted, for example sampling strategies, in the technical report (para 4.12)

**Suggestion 2**

Provide an accompanying explanatory commentary for data tables published on the web to aid interpretation (para 4.28)

**Suggestion 3**

Include a brief overview of the methodology and reliability of the data in Volume 1 of the main report (para 4.28)

**Suggestion 4**

Include a list of acronyms and abbreviations in the main report (para 4.31)

**Suggestion 5**

Publish records of those granted pre-release access to these statistics in their final form (para 4.36)
Annex 2: Summary of assessment process and users’ views

A2.1 This assessment was conducted from June to September 2009.

A2.2 The Assessment team met representatives of the Scottish Government at an initial meeting in June 2009. Some background information was provided by the Scottish Government during July. A draft Written Evidence for Assessment was provided on 3rd July 2009 and a final signed version on 11th August 2009. The Assessment team met with the Scottish Government during August 2009 to confirm and clarify the written evidence provided.

A2.3 The Assessment team had not seen the final version of the Scottish Health Survey 2008 at the time of the assessment. The assessment takes account of draft material provided by the Scottish Government.

Summary of users and stakeholders contacted, and issues raised

A2.4 The Assessment team received 12 responses from the user consultation. The respondents were grouped as follows:

- Central Government: 4
- Academia: 4
- Research bodies: 3
- Not specified: 1

A2.5 The main uses of the data were monitoring trends, research and policy research. Other uses were comparisons with other local, regional or international data. All users were satisfied with the clarity of presentation, the helpfulness of the commentary and the quality of the data. In particular, users mentioned the breakdown of data by deprivation as being helpful, and the strength of the linked data. The main areas of dissatisfaction were the frequency of the publication and the level of detail available. However, most users agreed that the new Scottish Health Survey should address these issues.

A2.6 The assessment team met with the contractors responsible for the data collection, analysis and reporting writing for the Scottish Health Survey.

Key documents/links provided

Written Evidence for Assessment document
http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey/ScotHealthSurveyNewsflash
http://www.scotland.gov.uk/About/scotPerforms/indicators/childrensBMI
http://www.scotland.gov.uk/About/scotPerforms/indicators/mentalWellBeing
http://www.scotland.gov.uk/About/scotPerforms/indicators/reduceSmoking
http://www.scotland.gov.uk/About/scotPerforms/indicators/lifeExpectancy
http://www.scotland.gov.uk/About/scotPerforms/purposes/population
http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey/commstrategy
http://www.scotland.gov.uk/Publications/2008/05/27092504/0
http://www.scotland.gov.uk/About/FOI/19260/18091