

Assessment of compliance with the Code of Practice for Official Statistics

Statistics on Prescribing in Scotland

*(produced by the Information Services
Division of NHSScotland)*

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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

The *Statistics and Registration Service Act 2007* gives the UK Statistics Authority a statutory power to assess sets of statistics against the *Code of Practice for Official Statistics*.

Assessment will determine whether it is appropriate for the statistics to be designated as National Statistics.

Designation as National Statistics means that the statistics comply with the *Code of Practice*. The *Code* is wide-ranging. Designation can be interpreted to mean that the statistics: meet identified user needs; are produced, managed and disseminated to high standards; and are explained well.

Designation as National Statistics should not be interpreted to mean that the statistics are always correct. For example, whilst the *Code* requires statistics to be produced to a level of accuracy that meets users' needs, it also recognises that errors can occur – in which case it requires them to be corrected and publicised.

Assessment Reports will not normally comment further on a set of statistics, for example on their validity as social or economic measures. However, Reports may point to such questions if the Authority believes that further research would be desirable.

Assessment Reports typically provide an overview of any noteworthy features of the methods used to produce the statistics, and will highlight substantial concerns about quality. Assessment Reports also describe aspects of the ways in which the producer addresses the 'sound methods and assured quality' principle of the *Code*, but do not themselves constitute a review of the methods used to produce the statistics. However the *Code* requires producers to "seek to achieve continuous improvement in statistical processes by, for example, undertaking regular reviews".

The Authority may grant designation on condition that the producer body takes steps, within a stated timeframe, to fully meet the *Code's* requirements. This is to avoid public confusion and does not reduce the obligation to comply with the *Code*.

The Authority grants designation on the basis of three main sources of information:

- i. factual evidence and assurances by senior statisticians in the producer body;
- ii. the views of users who we contact, or who contact us, and;
- iii. our own review activity.

Should further information come to light subsequently which changes the Authority's analysis, it may withdraw the Assessment Report and revise it as necessary.

It is a statutory requirement on the producer body to ensure that it continues to produce the set of statistics designated as National Statistics in compliance with the *Code of Practice*.

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1 Summary of findings

1.1 Introduction

1.1.1 This is one of a series of reports¹ prepared under the provisions of the *Statistics and Registration Service Act 2007*². The Act requires all statistics currently designated as National Statistics to be assessed against the Code of Practice for Official Statistics³. The report covers the following National Statistics on prescribing in Scotland produced by Information Services Division (ISD) of NHSScotland:

- Monthly dispensing contractors remuneration⁴;
- Drugs indicated for the treatment of obesity⁵;
- Non-steroidal anti-inflammatory drugs⁶;
- Mental health⁷;
- Minor Ailment Service⁸;
- Prescribing of smoking cessation interventions⁹;
- Prescription charges – annual¹⁰;
- Prescription charges – quarterly¹¹;
- Prescription cost analysis for Scotland¹²;
- Summary Statistics for Scotland¹³;
- Summary statistics by NHS Board¹⁴;
- Dispensing / prescribing volume¹⁵;
- Top ten drugs¹⁶;
- Nurse prescribing¹⁷, and
- Generic prescribing¹⁸.

1.1.2 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.

¹ <http://www.statisticsauthority.gov.uk/assessment/assessment-reports/index.html>

² http://www.opsi.gov.uk/Acts/acts2007/pdf/ukpga_20070018_en.pdf

³ <http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html>

⁴ <http://www.isdscotland.org/isd/2239.html>

⁵ <http://www.isdscotland.org/isd/4635.html>

⁶ <http://www.isdscotland.org/isd/4464.html>

⁷ <http://www.isdscotland.org/isd/3754.html>

⁸ <http://www.isdscotland.org/isd/5033.html>

⁹ <http://www.isdscotland.org/isd/4636.html>

¹⁰ <http://www.isdscotland.org/isd/2237.html>

¹¹ <http://www.isdscotland.org/isd/6014.html>

¹² <http://www.isdscotland.org/isd/2241.html>

¹³ <http://www.isdscotland.org/isd/2226.html>

¹⁴ <http://www.isdscotland.org/isd/2227.html>

¹⁵ <http://www.isdscotland.org/isd/2224.html>

¹⁶ <http://www.isdscotland.org/isd/2229.html>

¹⁷ <http://www.isdscotland.org/isd/2232.html>

¹⁸ <http://www.isdscotland.org/isd/2235.html>

1.2 Decision concerning designation as National Statistics

1.2.1 The Statistics Authority judges that the statistics covered by this report are readily accessible, produced according to sound methods and managed impartially and objectively in the public interest, subject to any points for action in this report. The Statistics Authority confirms that the statistics listed in paragraph 1.1.1 are designated as National Statistics, subject to ISD implementing the enhancements listed in section 1.5 and reporting them to the Authority by March 2011.

1.3 Summary of strengths and weaknesses

1.3.1 ISD has regular direct contact with the main government and NHS users of prescribing statistics in NHSScotland and Scottish Government. Engagement with other users is through responses to ad hoc data requests. In response to users' requests, ISD introduced quarterly releases of *Prescription charges* and *Monthly dispensing remuneration*.

1.3.2 ISD releases Statistical Publication Notices¹⁹ to accompany their online publication of the prescribing statistics. These include a summary of the main findings and guidance on interpreting the statistics. ISD could strengthen the commentary and explanatory material in the releases of the statistics, to help users to interpret the data appropriately.

1.4 Detailed recommendations

1.4.1 The Assessment team identified some areas where it felt that ISD could strengthen its compliance with the Code. Those which the Assessment team considers essential to enable designation as National Statistics are listed in section 1.5. Other suggestions, which would improve the statistics and the service provided to users but which are not formally required for their designation, are listed at annex 1.

¹⁹ <http://www.isdscotland.org/isd/6159.html> and <http://www.isdscotland.org/isd/6160.html>

1.5 Requirements for designation as National Statistics

- Requirement 1** Take steps to develop a greater understanding of the use made of the statistics, the needs of current and potential users, and user views on the service provided. Publish the relevant information and assumptions and use them to better support the use of the statistics (para 3.4)
- Requirement 2** Explain any differences between the definitions and measures used in the ISD data and those collected elsewhere in the UK (para 3.10)
- Requirement 3** Ensure that *Summary statistics for Scotland* and *Summary statistics by NHS Boards* include, or signpost users to, commentary and analysis that aid interpretation of the statistics and that the releases are appropriately named (para 3.15)
- Requirement 4** Extend the information provided in each of the *Prescription statistics* data tables to explain the main measures used (para 3.16)
- Requirement 5** Include links in the metadata sheets to more detailed explanatory material and provide fuller information on the accuracy of the statistics (para 3.17)
- Requirement 6** Publish the name of the responsible statistician or the statistical Head of Profession in each of the *Prescription statistics* releases (para 3.21)

2 Subject of the assessment

- 2.1 ISD prescribing statistics are available from 1993 and relate to the prescribing of drugs in Scotland. The statistics published include the volume (measured by the number of prescribed items and defined daily dose²⁰) and the cost (measured by the gross ingredient cost²¹ (GIC)) of the drugs at both Scotland and NHS Health Board levels. ISD publishes the prescribing statistics in a series of related web pages with detailed data tables in linked Excel files. They cover different aspects of prescriptions, for example the prescribing of proprietary and generic drugs, and the patterns of prescribing associated with specific health conditions such as mental health and obesity.
- 2.2 Prescribing statistics are based on data which are collected for making payments to contractor pharmacies. The payment system is operated by the Practitioner Services Division (PSD) of NHSScotland. It is governed by the *Scottish Drug Tariff*²², covering the prescribing, dispensing and reimbursement of medicines and appliances on primary care prescriptions. PSD collects and scans the prescription forms for drugs dispensed in the community. The prescriptions are written mainly by GPs, plus some by nurses, dentists, and pharmacists. The data include prescriptions dispensed in Scotland but prescribed in England, Wales, Northern Ireland and the Isle of Man. NHS prescriptions prescribed in Scotland but dispensed elsewhere are excluded, as are private prescriptions and those dispensed in hospitals.
- 2.3 ISD receives the data from PSD each month and loads the data into its 'prescribing data mart' for preparation of prescription statistics. The statistics produced from the PSD data provide the Scottish Government, prescribers and dispensing contractors with information about trends in prescriptions. The GP prescribing statistics are used to inform the allocation of the NHS Revenue Budget to the 14 NHS Health Boards in Scotland²³.
- 2.4 Prescribing statistics are used to inform the development, and monitor the activities, of Scottish Government health care policies such as the Community Pharmacy Contract. The Contract has a public health service element that includes a smoking cessation programme in which people can visit their local pharmacist to obtain nicotine replacement therapy drugs, to support their attempt to stop smoking. ISD monitors these activities through its release, *Prescribing of Smoking Cessation Interventions*. The Scottish Government established the NHS Minor Ailment Service to enable patients who are exempt from payment charges to receive treatment for minor conditions from their pharmacist without the need for a GP appointment. The prescriptions dispensed through this service are monitored through the *Minor Ailments Service* release. The prescribing statistics for drugs treating mental health

²⁰ The numbers and proportion of the population taking the drugs are not known and so an approximate is obtained by using the defined daily dose developed by World Health Organisation: 'the assumed average maintenance dose per day for a drug used in its main indication in adults'.

²¹ GIC is the cost of an item before any discounts that may be obtained from the supplier by a pharmacy and does not include dispensing costs or fees.

²² <http://www.isdscotland.org/isd/2245.html>

²³ <http://www.isdscotland.org/isd/5786.html>

- conditions are used also to monitor a Health Improvement, Efficiency, Access and Treatment (HEAT)²⁴ target to reduce the use of anti-depressants.
- 2.5 Users in the Health Boards have access to the prescribing information for all prescriptions dispensed in the community within their area through a web-based application: 'PRISMS' – Prescribing Information System for Scotland²⁵. The system holds data at practice level for a five year period and is updated monthly. PRISMS is funded by the Health Boards. The system has more than 1,000 regular users in NHSScotland. Advanced users can create their own reports. Around 180 standard 'Business Objects' reports are available to users for this purpose.
 - 2.6 ISD also makes prescribing statistics available to users in Health Boards, community health partnerships and hospitals through 'Navigator'. This is a web-based information system that provides user-friendly access to comparative high level information on NHS services. GP prescribing rates are included in the suite of comparable indices.
 - 2.7 Audit Scotland published the report *Supporting prescribing in general practice – a progress report*²⁶ in June 2003, following a review of ISD's activities towards improving the quality and cost effectiveness of primary care. This was a follow-up of the initial assessment report published by the Accounts Commission for Scotland in 1999²⁷. This follow-up report found improvements in quality. However, it suggested that further cost savings could be made, particularly regarding Health Board-wide strategies for prescribing, repeat prescriptions, sharing information and realising the full benefits of computerisation. Audit Scotland supported the further development of PRISMS. Since the report, there have been significant improvements to PRISMS, and significant efficiencies gained for both ISD and Health Boards (see Principle 7: Resources).
 - 2.8 There are 11.5 full-time equivalent staff assigned to the Prescribing Team. ISD is responsible for maintaining the data mart used for sharing the prescribing data with PSD.

²⁴ <http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/17273/targets>

²⁵ <http://www.prismweb.scot.nhs.uk>

²⁶ http://www.audit-scotland.gov.uk/docs/health/2003/nr_030626_supporting_prescribing.pdf

²⁷ *Supporting prescribing in general practice*, September 1999:

http://www.audit-scotland.gov.uk/docs/health/1999/nr_9909_prescribing_general_practice.pdf

3 Assessment findings

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.

- 3.1 ISD engages with the Scottish Government and the Health Boards through the Prescribing Information Steering Group. The Group oversees the work of the ISD Prescribing Team, helping to align it with government policy and the information requirements of NHSScotland. ISD discusses any new statistics with the Steering Group; for example, increasing the frequency of the publication *Prescription charges* from annual to quarterly.
- 3.2 The statisticians who prepare *Prescribing statistics* also participate in other steering groups relating to the *Community Pharmacy Contract*²⁸ and the *ePharmacy programme*²⁹. They also regularly meet with the PRISMS National Users Group. These groups provide an opportunity for the users in NHSScotland and the Scottish Government to raise any data and access issues with the statisticians.
- 3.3 ISD carries out an annual customer survey to gather stakeholder views on its services, and publishes the summarised survey results on its website. In the 2009 survey³⁰, 94 per cent of respondents were satisfied with the information provided by ISD. The survey did not specifically address prescription statistics. ISD told us that it will in future provide a means for more targeted feedback on specific topics and statistical releases.
- 3.4 The Prescribing Team's engagement with users outside the NHS and Scottish Government is primarily through ad hoc data requests, for example from pharmaceutical companies and academics. The Team maintains a list of such queries which it has used to guide new outputs such as developing the *Mental Health* releases. It introduced the *Monthly dispensing remuneration* publication in response to requests for routine data on pharmacy payments from users such as pharmacy chains. The Prescribing Team works with Community Pharmacy Scotland, which represents owners of community pharmacies. However, the engagement with users outside the NHS and government is not carried out in a systematic and proactive way. As part of the designation as National Statistics, ISD should take steps to develop a greater understanding of the use made of the statistics, the needs of current and potential users, and user views on the service provided. They should publish the relevant information and assumptions and use them to better support the use of the statistics³¹ (Requirement 1).

²⁸ <http://www.communitypharmacy.scot.nhs.uk/>

²⁹ <http://www.psd.scot.nhs.uk/professionals/pharmacy/epharmacy.html>

³⁰ <http://www.isdscotland.org/files/surveyResults2009.pdf>

³¹ In relation to Principle 1, Practice 2 of the Code of Practice

Principle 2: Impartiality and objectivity

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

- 3.5 ISD publishes the prescribing statistics in an orderly and timely manner on its website, free of charge to users. The releases are also accessible through the National Statistics Publication Hub.
- 3.6 ISD has published its Revisions Policy³² and highlights specific revisions in the individual releases.

³² <http://www.isdscotland.org/isd/776.html>

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.

- 3.7 No incidents of political pressures, abuse of trust or complaints relating to professional integrity, quality or standards were reported to 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.

- 3.8 The main use of the prescribing data is to reimburse pharmacists. The Prescribing Team told us that PSD achieves an accuracy target of at least 97 per cent. PSD's Payment Verification Team and Community Pharmacy Scotland each make post-payment checks of the data. PriceWaterhouseCoopers carries out an annual audit of the payment system underpinning the prescribing data, including the drug dictionary and information on eligible prescribers and dispensers. ISD feeds the data from PSD into its 'prescribing data mart'. The Prescribing Team monitors data quality by producing monthly reports to identify any quality issues.
- 3.9 ISD has drawn up publication plans for each of its National Statistics prescribing releases to allow sufficient time for its statisticians to check the statistics in accordance with ISD's standard operating procedures on quality assurance³³ before they are published. These plans specify which staff are responsible for checking different sections of the publication.
- 3.10 The methods used by the Prescribing Team are broadly consistent with other national and international prescribing statistics, although there are some differences between the UK countries in the terms applied and coverage. There is a difference in the terminology used to describe the cost of a prescription item before any discounts are applied and excluding dispensing costs or fees. This 'gross ingredient cost' measure in Scotland is equivalent to the 'net ingredient cost' in England and in Wales. While ISD makes this difference clear in its prescribing releases, it is not clear whether the data are directly comparable with the prescribing statistics for other parts of the UK. ISD provides data for inclusion in UK-wide publications such as the Office for National Statistics' *Regional Trends*³⁴ which presents prescriptions data for 2006 for each of the four administrations individually. As part of the designation as National Statistics, ISD should draw attention to differences between the coverage, definitions and measures used in its own data and those collected elsewhere in the UK³⁵ (Requirement 2). We suggest that ISD work with the NHS Information Centre, the Welsh Assembly Government and the Department of Health, Social Service and Public Safety, Northern Ireland, to investigate options for deriving comparable summary statistics across the four administrations and signpost users to prescribing data for the UK and its constituent parts.

³³ http://www.isdscotland.org/isd/mdq-data-quality-services.jsp?pContentID=2459&p_applic=CCC&p_service=Content.show&

³⁴ <http://www.statistics.gov.uk/statbase/Product.asp?vlnk=14356>

³⁵ In relation to Principle 4, Practice 6 of the Code of Practice.

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.

3.11 ISD has assured us that it takes all necessary steps to protect the confidentiality of the data it collects. The prescriptions data are not published below Health Board level so that the statistics do not disclose information about individual pharmacies or people. ISD has published a disclosure control policy on its website³⁶ and follows the NHSScotland guidelines on protecting confidentiality. These guidelines were updated in 2009 and cover access to IT equipment and data, incident reporting, data security, release of data and the disposal of confidential data. To gain access to confidential datasets, staff complete an 'Access to Data' form countersigned by senior officials. Access is only allowed for specified purposes and must be renewed every six months if access is still required.

³⁶ <http://www.isdscotland.org/isd/776.html>

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.

3.12 ISD derives the prescribing statistics from data collected by PSD in an administrative payment system for reimbursing pharmacists for prescriptions dispensed in the community. There is no additional cost to GPs, pharmacies or PSD to collect information for the ISD prescribing statistics. NHSScotland is deploying electronic messaging between GPs, pharmacies and PSD. This will replace much of the scanning of paper prescriptions and reduce the burden on pharmacies and PSD in handling paper prescriptions. It will also lead to quality improvements in the initial data supplied.

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.

- 3.13 ISD uses the standard competency framework for non-clinical NHS staff in the UK to document and manage the knowledge and skills of its employees. This framework is used to assess staff performance and identify training and development needs. ISD has developed a staff learning and development programme, and a range of training courses, online learning opportunities and other resources are available to staff. It also told us that it has well-established and robust procedures for recruiting staff.
- 3.14 ISD supplies data to PRISMS, which is funded by the Health Boards and enables their users to interrogate the data, and to produce reports at the practice level and aggregate data for Scotland. ISD told us that the information from the system has helped Health Boards to identify and monitor the clinical quality and efficiency of GP prescribing, including helping them achieve efficiency savings of over £72 million between 2005 and 2008. The implementation of PRISMS also enabled the Prescribing Team to make resources that were previously required to answer ad hoc queries from Health Boards available for further analysis of the data.

Principle 8: Frankness and accessibility

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

- 3.15 ISD publishes the prescribing statistics through a series of web pages on different aspects of prescriptions dispensed in the community. It also provides a Statistical Publication Notice (SPN) at the time of the publication of each group of prescribing releases. The SPN provides brief commentary to highlight the main points from each release and to help users to interpret the data. Most of the prescribing releases provide some commentary, summary charts and contextual information. The releases on general pharmaceutical services in Scotland and for the Health Boards contain detailed data tables but do not provide main findings or commentary and their titles, *Summary statistics for Scotland* and *Summary statistics by NHS Boards*, do not make clear their content. ISD presents commentary on these detailed data separately in *Prescription Costs Analysis for Scotland* and *Dispensing/Prescribing Volume* but does not make this clear in either of the releases or provide web links to related releases. As part of the designation as National Statistics, ISD should ensure that *Summary statistics for Scotland* and *Summary statistics by NHS Boards* include, or signpost users to, commentary and analysis that aid interpretation of the statistics and that the releases are appropriately named³⁷ (Requirement 3).
- 3.16 ISD also provides detailed data for Scotland and the Health Boards by individual drug according to the *British National Formulary*³⁸ in Excel spreadsheets, available through links on each release web page. The tables are clearly presented and include the main explanatory information; however, this information should be extended to make clear the definition of the main measures such as gross ingredient cost and defined daily dose, or signpost users to a glossary. As part of the designation as National Statistics, ISD should extend the information provided in each of the *Prescription statistics* data tables to explain the main measures used³⁹ (Requirement 4).
- 3.17 The explanatory information given in the releases tends to be technical and more suited to expert users than the non-specialist user. ISD has prepared (but not yet published) a metadata sheet to accompany each of the *Prescription statistics* releases. These metadata sheets provide brief information, including the completeness of the source data and the accuracy and comparability of the prescription statistics, following a standard template, which we regard as an example of good practice. As part of the designation as National Statistics, ISD should publish the metadata sheets for each of the *Prescription statistics* releases, including links to more detailed explanatory material and fuller information on the accuracy of the statistics⁴⁰ (Requirement 5).

³⁷ In relation to Principle 8, Practice 2 of the Code of Practice.

³⁸ <http://bnf.org/bnf/index.htm>

³⁹ In relation to Principle 8, Practice 1 of the Code of Practice.

⁴⁰ In relation to Principle 8, Practice 1 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.

3.18 The requirements for this Protocol are covered elsewhere in this report.

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.

- 3.19 ISD publishes a timetable of releases⁴¹ for the twelve months ahead. It also pre-announces the prescribing statistics through the National Statistics Publication Hub and Scottish Government website. ISD uses the SCOTSTAT notification system where users can register to receive email notifications of new releases. It releases the prescribing statistics at 9.30am on the day of publication.
- 3.20 ISD's approach to pre-release access to its statistics complies with *The Pre-release Access to Official Statistics (Scotland) Order (2008)*⁴² and is set out in ISD's Publication Protocol⁴³. The SPNs also give information on those granted pre-release access.
- 3.21 ISD gives the name of the responsible statistician in the SPNs but gives general contact details for the Prescribing Team in most of the *Prescribing statistics* releases. As part of the designation as National Statistics, ISD should publish the name of the responsible statistician or the statistical Head of Profession in each of the *Prescription statistics* releases⁴⁴ (Requirement 6).

⁴¹ <http://www.isdscotland.org/isd/776.html>

⁴² http://www.opsi.gov.uk/legislation/scotland/ssi2008/pdf/ssi_20080399_en.pdf

⁴³ http://www.isdscotland.org/isd/servlet/FileBuffer?namedFile=Protocol_ISDOnline.pdf

⁴⁴ In relation to Protocol 2, Practice 6 of the Code of Practice.

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.

- 3.22 ISD has published its Statement of Administrative Sources⁴⁵ which includes information for the prescribing data. The Statement sets out the current administrative systems from which it sources its data. ISD carries out internal checks and other quality assurance procedures to verify the quality of administrative data. ISD works with its regular contacts in the Health Boards to address user needs and to revise national data definitions and standards.
- 3.23 The prescribing data mart, which receives prescriptions data from PSD, is compatible with the other ISD data marts. It will enable the linkage of data across the marts when patient level data become available through the ePharmacy programme.

⁴⁵ <http://www.isdscotland.org/isd/776.html>

Annex 1: Suggestions for improvement

A1.1 This annex includes a suggestion for improvement to ISD's prescribing statistics releases, in the interest of the public good. It is not formally required for designation, but the Assessment team considers that its implementation will improve public confidence in the production, management and dissemination of official statistics.

Suggestion 1

Work with the NHS Information Centre, the Welsh Assembly Government and the Department of Health, Social Service and Public Safety, Northern Ireland to investigate options for producing comparable statistics across the four administrations and signpost users to prescribing data for the other parts of the UK (para 3.10)

Annex 2: Summary of assessment process and users' views

A2.1 This assessment was conducted from April to September 2010.

A2.2 The Assessment team – Penny Babb and Kim Reimann – agreed the scope of and timetable for this assessment with representatives of ISD in April. The Written Evidence for Assessment was provided on 30 April 2010. The Assessment team subsequently met ISD in June to review compliance with the Code of Practice, taking account of the written evidence provided and other relevant sources of evidence.

Summary of users contacted, and issues raised

A2.3 Part of the assessment process involves our consideration of the views of users. We approach some known and potential users of the set of statistics, and we invite comments via an open note on the Authority's website. This process is not a statistical survey, but it enables us to gain some insights about the extent to which the statistics meet users' needs and the extent to which users feel that the producers of those statistics engage with them. We are aware that responses from users may not be representative of wider views, and we take account of this in the way that we prepare assessment reports.

A2.4 The Assessment team received 8 responses from the user consultation. The respondents were grouped as follows:

NHS	5
Scottish Government	1
Academic	2

A2.5 Users provided positive responses regarding the presentation of data and the use of the data in facilitating Health Board comparisons across Scotland. Staff were commended on their frequent contact with users and quick response to requests for help. One NHS user felt that the producers could engage better with stakeholders such as health planners and data managers on what would benefit them.

A2.6 It was noted in these responses to the Assessment Team that users would like to see reports being produced more quickly and frequently. It was also suggested that the statistics could provide more information on uses. An academic user suggested that the data could be made more directly accessible, rather than having to ask ISD to extract datasets.

Key documents/links provided

Written Evidence for Assessment document

