

# Assessment of compliance with the Code of Practice for Official Statistics

## Statistics on Sexual Health in Scotland

*(produced by the Information Services  
Division of NHS National Services Scotland)*

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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.

### **Contact us**

Tel: 0845 604 1857

Email: [authority.enquiries@statistics.gsi.gov.uk](mailto:authority.enquiries@statistics.gsi.gov.uk)

Website: [www.statisticsauthority.gov.uk](http://www.statisticsauthority.gov.uk)

UK Statistics Authority  
1 Drummond Gate  
London  
SW1V 2QQ

# **Assessment of compliance with the Code of Practice for Official Statistics**

## **Statistics on Sexual Health in Scotland**

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Services Scotland)*

## 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 reports<sup>1</sup> prepared under the provisions of the *Statistics and Registration Service Act 2007*<sup>2</sup>. The Act requires all statistics currently designated as National Statistics to be assessed against the *Code of Practice for Official Statistics*<sup>3</sup>. The report covers the set of statistics on sexual health produced annually by the Information Services Division (ISD) of NHS National Services Scotland (NSS) and reported in:

- *Scotland's Sexual Health Information*<sup>4</sup> (SSH)
- *Key Clinical Indicators for Sexual Health*<sup>5</sup> (KCI):
  - *Chlamydia*
  - *HIV Therapy*
  - *Sterilisation*
  - *Termination of Pregnancy*
  - *Long Acting Reversible Methods of Contraception* (LARC)
- *Abortion Statistics Scotland*<sup>6</sup>

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.

## 1.2 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 on sexual health published by ISD are designated as National Statistics, subject to ISD implementing the enhancements listed in section 1.5 and reporting them to the Authority by September 2011.

## 1.3 Summary of strengths and weaknesses

1.3.1 ISD carries out regular user surveys and has specifically sought information about users' views about the sexual health statistics. It has also developed the statistical releases in consultation with a group of expert users.

1.3.2 ISD provides commentary, supported by summary charts and tables, to explain the main findings of the sexual health statistics. However, the *KCI* releases could be clearer and policy comment should be removed from *SSH*.

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

<sup>2</sup> [http://www.opsi.gov.uk/Acts/acts2007/pdf/ukpga\\_20070018\\_en.pdf](http://www.opsi.gov.uk/Acts/acts2007/pdf/ukpga_20070018_en.pdf)

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

<sup>4</sup> <http://www.isdscotland.org/Health-Topics/Sexual-Health/Annual-Report/>

<sup>5</sup> <http://www.isdscotland.org/Health-Topics/Sexual-Health/Key-Clinical-Indicators/>

<sup>6</sup> <http://www.isdscotland.org/Health-Topics/Sexual-Health/Abortions/>

1.3.3 ISD has developed metadata documents for each release but the information about quality and reliability within the releases could be extended to help users understand the impact of recording issues on the statistics.

#### 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.

#### 1.5 Requirements for designation as National Statistics

<b>Requirement 1</b>	Document the uses made of the sexual health statistics and the types of decision they inform (para 3.3).
<b>Requirement 2</b>	Ensure that the statistics in <i>SSHI</i> are presented impartially and objectively (para 3.5).
<b>Requirement 3</b>	Expand the published information on the methods of data collection and the sources used to compile the sexual health statistics (para 3.11).
<b>Requirement 4</b>	Provide more information on the quality and reliability of the sexual health statistics (including estimates of undercounting), and the implications for their use (para 3.12).
<b>Requirement 5</b>	Review the commentary about the sexual health statistics, to ensure that it aids users' interpretation of the statistics (para 3.25).
<b>Requirement 6</b>	Include the name and contact details of the responsible statistician in the sexual health statistical releases (para 3.31).
<b>Requirement 7</b>	Ensure that the Statement of Administrative Sources includes information about each administrative source used to produce sexual health statistics (para 3.32).

## 2 Subject of the assessment

- 2.1 *Scotland's Sexual Health Information (SSHI)* combines the various individual data sources that are available, such as laboratory testing and clinical information, into one report. It presents data on sexually transmitted infections, teenage pregnancy<sup>7</sup>, abortions and contraception. ISD developed the *Key Clinical Indicators for Sexual Health (KCI)* releases in response to the Scottish Government's *Respect and Responsibility: Strategy and Action Plan for Improving Sexual Health*<sup>8</sup>. The releases provide data to enable the monitoring of sexual health service development for Scotland and at NHS Board level. *Abortion Statistics Scotland* presents data collected under the *Abortion Act 1967*<sup>9</sup>, which requires doctors to notify the Chief Medical Officer for Scotland of all terminations carried out in Scotland.
- 2.2 ISD receives data on sexually transmitted infections (STIs) from genitourinary medicine (GUM) clinics' input into a secure web-based system – the Sexually Transmitted Infection Surveillance System (STISS) – and from other specialist sexual health service providers through the new National Sexual Health System (NaSH). The NHS National Services Scotland (NSS) is currently rolling out this computer system which will in future become the primary source of data on STIs. It is intended to enable the integrated recording of management information across sexual health service providers. NSS receives data on testing for infections (such as chlamydia) directly from laboratories, and on HIV therapy from Health Protection Scotland (HPS). Practitioner Services Division within NSS provides prescription data for STIs and contraception, while ISD obtains information on prescribing in hospitals directly from NHS boards. Data on female sterilisation and male vasectomies are taken from the Scottish Morbidity Records for acute hospital discharge and from direct returns from NHS boards for outpatient procedures. NSS collects the notifications of all terminations of pregnancy carried out in Scotland. ISD is responsible for the administration and reporting of these notifications. It receives a data extract for the previous calendar year.
- 2.3 NHS Boards in Scotland use the *KCI* to measure their performance against the clinical standards developed by Healthcare Improvement Scotland<sup>10</sup> (HIS). Clinical staff and health management boards use the statistics as a basis for funding sexual health services. The Scottish Government and NSS use them for planning and for campaigns. The Scottish Government, clinical staff in NHS Boards, health promotion officers and local authorities also use *SSHI* to provide a wider picture of sexual health. Researchers and epidemiologists use the statistics to look at longer-term aspects of sexual health, lifestyles and behaviours. Abortion statistics are used as a measure of unintended pregnancy and attract a lot of media attention.

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<sup>7</sup> Statistics on teenage pregnancy are included in Assessment report 110 *Statistics on Maternities and Births in Scotland* produced by the Information Services Division of NHS National Services Scotland, see footnote 1.

<sup>8</sup> <http://www.scotland.gov.uk/Resource/Doc/35596/0012575.pdf>

<sup>9</sup> <http://www.legislation.gov.uk/ukpga/1967/89/contents/enacted>

<sup>10</sup> <http://www.healthcareimprovementscotland.org/home.aspx>



2.4 Data Augmentation for Sexual Health<sup>11</sup> (DASH) is a joint project between ISD and HPS. The DASH project manager manages *SSH* and *KCI*, with analytical support provided by two analysts from the Women and Children's Health Information Programme (WCHIP) in ISD. The analysts within WCHIP are responsible for the abortion statistics data. HPS works with ISD to produce *SSH* and *KCI*. It is responsible for drafting the *KCI* release on chlamydia and provides the laboratory data for *SSH*. ISD has overall responsibility for the statistics and prepares *SSH*, *Abortions Statistics Scotland* and the *KCI* on LARC.

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<sup>11</sup> <http://www.isdscotland.org/dash>

### 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 The team producing sexual health statistics at ISD engages with users primarily via WCHIP's Steering Group and the Sexual Health Epidemiology Group (SHEG). Both groups include representatives from ISD, NSS, the Scottish Government and clinical practitioners. SHEG advises on the content, format, timing and frequency of *SSH*. The group meets quarterly.
- 3.2 The minutes<sup>12</sup> of WCHIP's Steering Group meetings are available on ISD's website. WCHIP also releases an online newsletter<sup>13</sup> which any user can subscribe to. The newsletter describes the latest statistical releases in an accessible style and provides links to other relevant material and sources. ISD publishes little information about SHEG, its role in advising ISD on *SSH* and the views of the group members. ISD also consults more informally with the main users of the statistics, such as representatives from NHS Boards, Scottish Government officials and the Scottish Public Health Observatory<sup>14</sup>. These meetings inform plans and priority-setting. We suggest that ISD publish information about all user and steering groups, such as the minutes of meetings.
- 3.3 ISD carries out an annual customer survey to understand users' views about issues such as the clarity of the presentation and the timeliness of the data, across its full range of statistics. In the most recent survey<sup>15</sup>, it sought information about specific statistical releases, including sexual health statistics. ISD has published a summary of the results of the survey and told us that it will publish an action plan about how it intends to use the feedback to improve users' experiences of the sexual health statistics. ISD has documented users' experience and views through responses to the survey but does not provide information about the use made of the sexual health statistics. As part of the designation as National Statistics, ISD should document the uses made of the sexual health statistics and the types of decision they inform<sup>16</sup> (Requirement 1). In meeting Requirement 1, we suggest that ISD refer to the Authority's Monitoring Brief, *The Use Made of Official Statistics*<sup>17</sup>.

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<sup>12</sup> <http://www.isdscotland.org/Health-Topics/Maternity-and-Births/Women-and-Childrens-Health-Information-Programme/>

<sup>13</sup> <http://www.isdscotland.org/newsletters/wchip/11/may.html>

<sup>14</sup> <http://www.scotpho.org.uk/home/home.asp>

<sup>15</sup> <http://www.isdscotland.org/ISD-Customer-Survey-2010-report.pdf>

<sup>16</sup> In relation to Principle 1, Practice 2 of the *Code of Practice*

<sup>17</sup> <http://www.statisticsauthority.gov.uk/assessment/monitoring/monitoring-briefs/index.html>

## Principle 2: Impartiality and objectivity

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

- 3.4 ISD publishes the sexual health statistics in an orderly manner.
- 3.5 *SSHI* brings together the clinical and laboratory testing statistics on sexual health, with contextual information, commentary and trends over time. However, the report also contains some policy statements and key health messages that go beyond the context for the statistics. For example, one of the key messages notes that 'Increased opportunities for behavioural interventions to promote safer sex are key to ensuring improved sexual health among men who have sex with men'. As part of the designation as National Statistics, ISD should ensure that the statistics in *SSHI* are presented impartially and objectively<sup>18</sup> (Requirement 2).
- 3.6 ISD presents changes to the methods for producing statistics on sexual health in the relevant releases. For example, it included information on the new NaSH data collection system in *SSHI 2010*. ISD also changed the *KCI* on termination of pregnancy to bring it into line with HIS standards. It published an explanation of this change in the 2009 release and informed the main users in advance of the changes. We suggest that ISD inform users more widely of forthcoming changes to methods or classifications.
- 3.7 ISD has published a *Statistical Revisions Policy*<sup>19</sup> on its website. ISD has established a clear procedure for correcting errors, notifying stakeholders and adding text to the relevant release and on its website. Following revisions to LARC data for one NHS board in 2008, ISD reissued the statistics, explaining the change at the beginning of the release and making clear the impact of the revisions on the estimates in each table affected by the change.
- 3.8 The sexual health statistics team follows the general ISD *Charging Policy*<sup>20</sup> although most supplementary requests are dealt with free of charge.

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<sup>18</sup> In relation to Principle 2, Practice 2 of the *Code of Practice*

<sup>19</sup> <http://www.isdscotland.org/About-ISD/About-Our-Statistics/ISD-Revisions-Policy-V04.pdf>

<sup>20</sup> <http://www.isdscotland.org/About-ISD/About-Our-Statistics/IRS-charging-policy.pdf>

### **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.**

- 3.9 No incidents of political pressures, abuses of trust or complaints relating to professional integrity, quality or standards were reported to or identified by the Assessment team.
- 3.10 ISD told the Assessment team that the statistical Head of Profession has sole responsibility for decisions about the statistics and that statisticians are not subject to any pressure from policy staff. ISD routinely deals with media enquiries and has trained statistical staff to comment on its statistics.

## 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.**

- 3.11 The sexual health statistics are based on a variety of administrative systems for recording incidences of STIs, abortions and contraception. ISD publishes some information about the methods used in metadata documents on its website. These documents list the data sources and mention some aspects of quality. ISD could expand the explanatory information to include more detail about the methods of data collection and why these are used, and their strengths and limitations in relation to use. As part of the designation as National Statistics, ISD should expand the published information on the methods of data collection and the sources used to compile the sexual health statistics<sup>21</sup> (Requirement 3). We also suggest that ISD provide a link to the metadata document from within the relevant statistical release.
- 3.12 The metadata documents mention the accuracy and completeness of the data but do not give any indication of the extent of any recording error or the potential for undercounting. The introduction of NaSH led to data quality issues including incomplete data. ISD gives some explanation of the problem in *SSH* but provides only limited information about the impact of these issues on the statistics. *SSH* does not make clear how closely the count of infections in laboratory tests represents actual incidence of the disease in the population, nor explain the differences in coding of some STIs between England and Scotland. As part of the designation as National Statistics, ISD should provide more information on the quality and reliability of the sexual health statistics (including estimates of undercounting), and the implications for their use<sup>22</sup> (Requirement 4).
- 3.13 ISD has published guidelines for quality assurance<sup>23</sup>. The sexual health statistics team has recently developed a new checklist for those checking the data, given recent errors in the *KCI* releases. It has also introduced new guidance to staff about following up with suppliers about data issues.
- 3.14 ISD's abortion statistics are comparable with abortion statistics in England and Wales. The clinical indicators are specific to Scotland, although similar information is available for England, Wales and Northern Ireland. We suggest that ISD provide links to equivalent statistics in the other UK countries.

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<sup>21</sup> In relation to Principle 4, Practice 1 of the *Code of Practice*

<sup>22</sup> In relation to Principle 4, Practice 2 of the *Code of Practice*

<sup>23</sup> <http://www.isdscotland.org/Products-and-Services/Data-Quality/About-Data-Quality-Assurance.asp>

## 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.**

- 3.15 ISD has assured us that it takes all necessary steps to protect the confidentiality of the data it collects. This includes suppressing small numbers for sensitive data (on abortions and HIV therapy, for example), not sharing disclosive information, and maintaining records of where data have been shared. Requests for data are examined by ISD's Privacy Advisory Committee where appropriate.
- 3.16 Patients are informed how their data will be used and how confidential data will be protected. ISD's staff sign confidentiality guidelines, and access to confidential datasets is restricted.
- 3.17 ISD has published a *Statistical Disclosure Control Protocol*<sup>24</sup> on its website. ISD told us that it carries out a disclosure risk assessment of the sexual health statistics before publication.

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<sup>24</sup> <http://www.isdscotland.org/About-ISD/Confidentiality/>

## 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.**

- 3.18 ISD compiles the sexual health statistics from data taken from a range of administrative sources. ISD is involved in the design and management of some local and national patient administration systems. ISD also advises other organisations on the development of their systems, for example the collection of community prescribing data, which is managed by the Practitioner Services Division of NSS.
- 3.19 The introduction of NaSH led to some problems, both for suppliers and for ISD, leading to an undercount of episodes of STIs. ISD told us that it is working closely with NSS and suppliers to resolve issues with NaSH.
- 3.20 The *KCI* releases on sterilisation and LARC require specific data submissions by clinicians and pharmacy representatives as these statistics cover areas of sexual health not included in other data sources. ISD changed the *KCI* schedule to ease the burden on suppliers, so that they can send data for individual indicators when they are available rather than submitting all the data at the same time.

## 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.**

- 3.21 ISD is funded from the NSS allocation which is provided by the Scottish Government, with additional funding provided for specific projects and programmes of work. Financial reports are submitted to the Scottish Government annually as part of NSS's annual accounts.
- 3.22 ISD has an overarching steering group with senior representatives from the NHS Boards and Scottish Government Health Department. The group feeds into the overall programme planning and resource allocation by assisting ISD in prioritising work to make the best use of available resources. ISD's Workforce Plan 2006-2011 includes information on drivers for change, policies, staff planning and recommendations.
- 3.23 ISD uses the NHS's Knowledge and Skills Framework as the standard competency framework for non-clinical staff in the NHS. It helps guide staff development using an objective framework on which to base staff reviews and pay progression.



## Principle 8: Frankness and accessibility

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

- 3.24 ISD provides information on quality and methods in metadata documents which it publishes alongside the statistics. The statistical releases themselves contain limited information explaining data quality. See comments under Principle 4.
- 3.25 The sexual health statistical releases all contain some commentary, including some helpful tables and diagrams. ISD developed *SSH* in order to explain the implications of the findings and to provide more analysis to aid interpretation. While it explains the main findings from the testing and clinical data, it doesn't refer to sexual health statistics from survey sources such as the Scottish Health Survey. Commentary in the *KCI* releases is technical and more suited to expert users than non-specialist users. It could more clearly set out each indicator and the associated standard. The commentary in *Abortion Statistics Scotland* should also explain the wider context of the statistics, such as referring to trends in births and conceptions statistics. As part of the designation as National Statistics, ISD should review the commentary about sexual health statistics, to ensure that it aids users' interpretation of the statistics<sup>25</sup> (Requirement 5). We suggest that ISD signpost users to relevant survey data.
- 3.26 ISD publishes sexual health statistics for Scotland and at NHS Board level. It provides management information at the level of primary and community healthcare partnerships to the relevant region. Users told us that they would like to access lower level sexual health statistics. ISD has investigated the feasibility of providing sexual health statistics at lower geographic levels and told us that it makes the data available at the lowest level that is possible while also protecting the confidentiality of the data.
- 3.27 ISD publicises its sexual health statistics on its website and via other related organisations, such as the Scottish Public Health Observatory's website. ISD publishes data tables of the sexual health statistics in Excel format to encourage analysis and re-use. ISD told us that its new website (to be launched in May 2011) will facilitate the routine retention of, and access to, historical data and information.

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<sup>25</sup> In relation to 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.**

3.28 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.**

- 3.29 ISD publishes a 12 month timetable for all its statistical releases. The *SSHI*, *KCI* and *Abortion Statistics Scotland* are all accessible via the National Statistics Publication Hub.
- 3.30 ISD publishes pre-release access lists for each report in accordance with *The Pre-release Access to Official Statistics (Scotland) Order 2008*<sup>26</sup> (the Order). It grants pre-release access to analytical staff at Scottish Government and to Chief Executives and communications staff of NHS Boards. Some analysts in Scottish Government are granted extended pre-release access to gain an understanding of the statistics prior to briefing others. ISD told us that the extended access is for an additional three working days. Under the Order, extended access is permissible if it is necessary to fulfil the specified purposes of pre-release access. ISD provides an explanation of the duration of the extended access and the reason the extension is granted. We suggest that ISD review the need for giving extended pre-release access to the Scottish Government.
- 3.31 ISD gives the name and contact details of the responsible statistician on the product web pages (see footnotes 4 to 6) and Statistical Publication Notice but not within the reports themselves. As part of the designation as National Statistics, ISD should include the name and contact details of the responsible statistician in the statistical reports<sup>27</sup> (Requirement 6).

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<sup>26</sup> <http://www.legislation.gov.uk/ssi/2008/399/schedule/paragraph/2/made?page=5>

<sup>27</sup> 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.**

- 3.32 ISD has published its Statement of Administrative Sources<sup>28</sup> which includes information for the abortion notifications and STISS. However the Statement does not include any reference to NaSH or the additional information on sterilisation and long-acting reversible contraceptives collected specifically for the *KCI*. As part of the designation as National Statistics, ISD should ensure that its Statement of Administrative Sources includes information about each administrative source used to produce sexual health statistics<sup>29</sup> (Requirement 7).
- 3.33 ISD carries out internal checks and other quality assurance procedures to verify the quality of administrative data and has published a data validation manual<sup>30</sup> on its website.

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<sup>28</sup> <http://www.isdscotland.org/About-ISD/Data-Collection/>

<sup>29</sup> In relation to Protocol 3, Practice 5 of the *Code of Practice*

<sup>30</sup> <http://www.datadictionaryadmin.scot.nhs.uk/isddd/10055.html>

## Annex 1: Suggestions for improvement

A1.1 This annex includes some suggestions for improvement to the statistics on sexual health published by ISD, 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.

- |                     |   |
|---------------------|---|
| <b>Suggestion 1</b> | Publish information about all user and steering groups, such as the minutes of meetings (para 3.2).                         |
| <b>Suggestion 2</b> | In meeting Requirement 1, refer to the Authority's Monitoring Brief, <i>The Use Made of Official Statistics</i> (para 3.3). |
| <b>Suggestion 3</b> | Inform users more widely of forthcoming changes to methods or classifications (para 3.6).                                   |
| <b>Suggestion 4</b> | Provide a link to the metadata document from within the relevant statistical release (para 3.11).                           |
| <b>Suggestion 5</b> | Provide links to equivalent statistics in the other UK countries (para 3.14).   |
| <b>Suggestion 6</b> | Signpost users to relevant survey data (para 3.25).   |
| <b>Suggestion 7</b> | Review the need for giving extended pre-release access to the Scottish Government (para 3.30).                              |

## **Annex 2: Summary of assessment process and users' views**

A2.1 This assessment was conducted from February to June 2011.

A2.2 The Assessment team – Penny Babb, Kim Reimann and Cathy Kruger – agreed the scope of and timetable for this assessment with representatives of ISD in February. The Written Evidence for Assessment was provided on 7 March. The Assessment team subsequently met ISD during March 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/supplier consultation. The respondents were grouped as follows:

NHS National Services Scotland	5
Scottish Government	1
Private sector	2

A2.5 Those responding to our consultation use the sexual health statistics to assess the implementation of national strategies, monitor sexual health in their local areas and make decisions on the delivery of healthcare, both nationally and locally. Users found the statistics useful and easily accessible. Some users felt that more detailed statistics would be helpful, in particular more information on STI prevalence, testing and contraception in primary care, by type of infection and lower level geographical breakdowns for abortions by deprivation. This would mean the data would be more useful at operational level rather than just at a higher reporting level.

A2.6 Suppliers felt the data collection was clear and relatively simple and were positive about the support from ISD. However several suppliers reported having had problems with the introduction of the new data collection system, NaSH.

### **Key documents/links provided**

Written Evidence for Assessment document



