

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

## Statistics on Heart Disease and Stroke 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.

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

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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 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 reported in *Heart Disease Statistics Update*<sup>4</sup> (HDSU) and *Stroke Statistics Update*<sup>5</sup> (SSU), produced by the Information Services Division of NHS National Services Scotland (ISD).
- 1.1.2 Section 3 of this report adopts an ‘exception reporting’ approach – it includes text only to support the Requirements made to strengthen compliance with the *Code* and Suggestions made to improve confidence in the production, management and dissemination of these statistics. This abbreviated style of report reflects the Head of Assessment’s consideration of aspects of risk and materiality<sup>6</sup>. The Assessment team nonetheless assessed compliance with all parts of the *Code of Practice* and has commented on all those where some remedial action is recommended.
- 1.1.3 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 published in *HDSU* and *SSU* are designated as National Statistics, subject to ISD implementing the enhancements listed in section 1.5 and reporting them to the Authority by August 2012.

## 1.3 Summary of strengths and weaknesses

- 1.3.1 ISD has undertaken a review of the information needs of its main stakeholders. The heart disease and stroke team has regular contact with users in government and the NHS, and engages with other users in the voluntary sector and academia. Recent reductions in staff resource, and competing work priorities, led ISD to delay the heart disease and stroke releases for the year

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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/Heart-Disease/>

<sup>5</sup> <http://www.isdscotland.org/Health-Topics/Stroke/>

<sup>6</sup> <http://www.statisticsauthority.gov.uk/assessment/assessment/guidance-about-assessment/criteria-for-deciding-upon-the-format-of-an-assessment-report.pdf>

ending March 2010. It also reduced the range of statistics presented in the releases for 2010/11 compared with previous releases. It did not publically consult users about these changes.

- 1.3.2 ISD publishes a wide range of statistics and related information about heart disease and stroke on its website. It provides some contextual information in the statistical releases about the relevant health and policy issues. However, the mortality statistics are focused principally on the Scottish Government's targets and do not describe heart disease and stroke mortality overall, by sex or by age group.
- 1.3.3 ISD has published a summary of the quality issues for the heart disease and stroke statistics. This includes an outline of aspects of comparability for UK countries, and highlights other relevant 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> | Take steps to engage more effectively with users of heart disease and stroke statistics about their use and experiences of the statistics, and publish information about users' views (para 3.2).  |
| <b>Requirement 2</b> | a) confirm to the Statistics Authority that sufficient resources are available to produce heart disease and stroke statistics to the standards of the <i>Code</i> (or indicate what steps it will take to address any shortfall in resources); and b) adopt systematic planning arrangements that are in line with the expectations of the <i>Code</i> (para 3.3). |
| <b>Requirement 3</b> | Improve the commentary in the releases so that it aids user interpretation of the statistics (para 3.4).   |

## 2 Subject of the assessment

- 2.1 ISD publishes two statistical releases on heart disease and cerebrovascular disease<sup>7</sup> (CVD) in Scotland: *Heart Disease Statistics Update (HDSU)* and *Stroke Statistics Update (SSU)*. It also publishes an Official Statistics release, *Cardiovascular Anticipatory Care Screenings*<sup>8</sup>. These statistics are not part of this assessment – ISD has told us that these are new statistics that have been recently introduced to monitor the Scottish Government’s performance measures and may be put forward for assessment at a later date.
- 2.2 *HDSU* presents statistics on mortality rates for coronary heart disease<sup>9</sup> (CHD) and other heart diseases and on the prescribing of drugs by GPs for the treatment of cardiovascular system conditions. It is usually published in November and presents statistics for the preceding calendar year for mortality, and financial year for prescribing statistics. *HDSU* includes a time series from 1995 for CHD mortality and from 2001 for statistics about prescribing. ISD presents age-standardised<sup>10</sup> mortality rates by sex and by deprivation group<sup>11</sup>. The cardiovascular prescribing statistics present the cost of the drugs and the volumes of prescriptions dispensed in the community (rather than within hospitals), in terms of: the number of individual drug items on a prescription form; the quantity of drugs (the total number of tablets, capsules etc); and defined daily doses<sup>12</sup>.
- 2.3 The mortality statistics are sourced from the death registration system and provided by National Records of Scotland<sup>13</sup> (NRS). Deaths statistics published by NRS were the subject of Assessment report 99<sup>14</sup>. Prescribing statistics are derived from the Prescribing Information System (PIS) maintained by Practitioner Services Division<sup>15</sup> in NHS Scotland. Statistics on the prescribing of drugs in Scotland are published by ISD and were the subject of Assessment report 60<sup>16</sup>.
- 2.4 ISD publishes associated tables on its website that provide statistics on heart disease mortality and cardiovascular prescribing by NHS board and community health partnerships. More detailed prescribing statistics are given for the latest year, such as costs and defined daily doses for each of the principal drug groups used in treatment. Statistics are also available for other topic areas, for

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<sup>7</sup> Cerebrovascular disease comprises conditions that develop as a result of problems with the blood vessels inside the brain and include stroke (where the blood supply to the brain is disturbed) and transient ischaemic attack (a temporary fall in the blood supply to the brain, resulting in a lack of oxygen to the brain)

<sup>8</sup> <http://www.isdscotland.org/Health-Topics/Heart-Disease/Topic-Areas/Primary-Care-Activity/Cardiovascular-Anticipatory-Care-Screenings.asp>

<sup>9</sup> Heart disease includes a number of conditions: coronary heart disease (when the heart's blood supply is blocked by a build-up of fatty substances in the coronary arteries); angina (chest pains); and myocardial infarction (heart attack – when the coronary artery becomes completely blocked)

<sup>10</sup> Directly standardised to take account of the effect of age using the European Standard Population

<sup>11</sup> <http://www.scotland.gov.uk/Topics/Statistics/SIMD>

<sup>12</sup> Developed by the World Health Organisation (WHO) and defined as ‘the assumed average maintenance dose per day used on its main indication in adult’

<sup>13</sup> <http://www.gro-scotland.gov.uk/statistics/theme/vital-events/deaths/index.html>

<sup>14</sup> <http://www.statisticsauthority.gov.uk/assessment/assessment/assessment-reports/index.html>

<sup>15</sup> <http://www.psd.scot.nhs.uk/>

<sup>16</sup> <http://www.statisticsauthority.gov.uk/assessment/assessment/assessment-reports/index.html>



example, heart disease incidence, survival following a heart attack, as well as hospital interventions to diagnose and treat CHD and stroke. These additional topics are available up to 2009/10.

2.5 SSU presents statistics on the number of deaths and mortality rates from CVD in under 75 years olds. It gives the same cardiovascular prescribing statistics as presented in *HDSU*. Additional tables can be accessed on ISD's website, providing statistics on CVD by NHS board, age, and community health partnerships. The annual statistical release is usually published in November, at the same time as the *HDSU*, and gives figures for the preceding financial year.

2.6 The heart disease and stroke statistics are used to monitor progress against the Scottish Government's targets (set out in its 2009 action plan *Better Heart Disease and Stroke Care Action Plan*<sup>17</sup>):

- to reduce premature mortality from CHD by 60% between 1995 and 2010; and
- to reduce premature mortality from CVD by 50% between 1995 and 2010.

The previous HEAT target<sup>18</sup>, set in 2007, had focused on reducing premature mortality from coronary heart disease in the deprived areas of Scotland. The Scottish Government introduced a new target in 2011 which focuses on the treatment of stroke<sup>19</sup>. The statistics are also used by: NHS boards, for example, to monitor local performance; the voluntary sector, such as British Heart Foundation<sup>20</sup> (BHF) and Chest, Heart & Stroke Scotland<sup>21</sup> (CHSS); public health researchers<sup>22</sup> in academia; and pharmaceutical companies.

2.7 ISD's Heart Disease and Stroke (HDS) statistics team comprises 3.0 full time equivalents (FTE) and provides information support to managed clinical networks<sup>23</sup> (MCNs) and to the Heart Disease Improvement Programme<sup>24</sup>. This resource includes around 0.5 FTE from ISD core funding to produce the heart disease and stroke statistics and handling information requests.

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<sup>17</sup> <http://www.scotland.gov.uk/Resource/Doc/277650/0083350.pdf>

<sup>18</sup> <http://www.scotland.gov.uk/About/scotPerforms/indicators/heartDisease>

<sup>19</sup> The new Scottish Government target is a treatment target for stroke care: 90% of all patients admitted with a diagnosis of stroke to be admitted to a stroke unit on the day of admission, or the day following presentation by March 2013

<http://www.scotland.gov.uk/About/scotPerforms/partnerstories/NHSScotlandperformance/Stroke>

<sup>20</sup> <http://www.bhf.org.uk/get-involved/in-your-area/scotland.aspx>

<sup>21</sup> <http://www.chss.org.uk/>

<sup>22</sup> <http://www.healthknowledge.org.uk/public-health-textbook/disease-causation-diagnostic/2b-epidemiology-diseases-phs/chronic-diseases/stroke>

<sup>23</sup> Virtual entities designed to help improve standards of patient care through the integration of services and collaboration <http://www.nsd.scot.nhs.uk/services/nmcn/index.html>

<sup>24</sup> [http://www.healthcareimprovementscotland.org/programmes/cardiovascular\\_disease/heart\\_disease/heart\\_disease\\_reports.aspx](http://www.healthcareimprovementscotland.org/programmes/cardiovascular_disease/heart_disease/heart_disease_reports.aspx)

### 3 Assessment findings

- 3.1 ISD has undertaken a review of the information needs of its main stakeholders. It told users about its review – the National Information and Intelligence Strategy – through the main ISD Customer e-Newsletter<sup>25</sup>. It undertook 75 interviews between October 2010 and January 2011 with representatives from Scottish Government, NHS Scotland, local authorities, public health and other academics and the voluntary sector. The review led to the National Information Strategy<sup>26</sup> which involves a reorganisation of the structure of ISD to meet the new priorities from 2012/13.
- 3.2 The HDS team has regular contact with users in NHS Scotland, such as Healthcare Improvement Scotland, NHS boards, and MCNs<sup>27</sup>, as well as with the Scottish Government Health Department. It also engages with users in academia and the voluntary sector, in particular, BHF<sup>28</sup> and CHSS<sup>29</sup>. ISD used to circulate a quarterly programme newsletter<sup>30</sup> for users of the heart disease and stroke statistics. It outlined the latest statistics, news about data quality and clinical coding issues. ISD decided to no longer issue the user newsletter after June 2011. ISD substantially reduced the range of statistics presented in the 2010/11 heart disease and stroke statistical releases (published in November 2011). It informed the users on its email circulation list but did not make a wider announcement of the changes it was planning. It did not publically consult users on the changes it made to these releases. ISD says on its website that it will be reviewing the future content of these releases. It told us that no formal consultation was planned but that it intended to release the reduced version of the two releases in 2012. As part of the designation as National Statistics, ISD should take steps to engage more effectively with users of heart disease and stroke statistics about their use and experiences of the statistics, and publish information about users' views<sup>31</sup> (Requirement 1). We suggest ISD refer to the types of use put forward in the Statistics Authority's Monitoring Brief, *The Use Made of Official Statistics*<sup>32</sup> when documenting use.
- 3.3 While ISD undertook a high level review of its work priorities, it did not inform the wider user community of the changes in resources and priorities that affected *HDSU* and *SSU*. ISD told us that the priority area for the HDS team, agreed with key stakeholders and sponsors, is in supporting the Heart Disease Improvement Programme, including the national heart disease audits<sup>33</sup>. This work is resourced by specific funding from Scottish Government, while the resource to prepare the official statistics is part of the core ISD budget. The limited resources led to a delay in publishing the 2009/10 statistical releases from November 2010 to February 2011. ISD substantially reduced the 2010/11

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<sup>25</sup> <http://www.isdscotland.org/newsletters/isd/10/november.html>

<sup>26</sup> <http://www.isdscotland.org/About-ISD/Our-Organisation/>

<sup>27</sup> See footnote 23

<sup>28</sup> See footnote 20

<sup>29</sup> See footnote 21

<sup>30</sup> [www.isdscotland.org/Health-Topics/Waiting-Times/FFtF\\_Customer\\_Briefing\\_Summary\\_Sept2011.pdf-2011-09-26](http://www.isdscotland.org/Health-Topics/Waiting-Times/FFtF_Customer_Briefing_Summary_Sept2011.pdf-2011-09-26)

<sup>31</sup> In relation to Principle 1, Practices 2, 3 and 5 and Protocol 1, Practice 7 of the *Code of Practice*

<sup>32</sup> <http://www.statisticsauthority.gov.uk/assessment/monitoring/monitoring-briefs/monitoring-brief-6-2010---the-use-made-of-official-statistics.pdf>

<sup>33</sup> Reviewing the effectiveness of cardiology services

heart disease and stroke statistical releases to provide only the mortality and prescribing statistics and ended the publication of the programme newsletter. The HDS team told us that it does not have the resources to produce the range of statistics<sup>34</sup> previously published in *HDSU* and *SSU*. As part of the designation as National Statistics, ISD should a) confirm to the Statistics Authority that sufficient resources are available to produce heart disease and stroke statistics to the standards of the *Code* (or indicate what steps it will take to address any shortfall in resources); and b) adopt systematic planning arrangements that are in line with the expectations of the *Code*<sup>35</sup> (Requirement 2).

- 3.4 The statistical releases each have a summary that sets out the main findings for the mortality and prescribing statistics. They provide an outline of the relevant health and clinical issues and give contextual information alongside the descriptions of the main findings, for example, showing progress against the national target. Since 2010 was the final year of the Scottish Government's targets on CHD and stroke, ISD focuses the commentary entirely on performance against the targets and does not provide a broader description of mortality from the diseases. It does not set these findings in the context of mortality for all heart disease, all ages, or for the older population, or describe differences between the sexes. Links are provided to equivalent statistics for England and Wales, but the commentary does not refer to UK or international comparisons. As part of the designation as National Statistics, ISD should improve the commentary in the releases so that it aids user interpretation of the statistics<sup>36</sup> (Requirement 3). We suggest that in meeting this requirement ISD consider the points detailed in annex 2.
- 3.5 ISD presents the statistics on heart disease and stroke through its web pages. It provides information about a range of topic areas, including GP prescribing, hospital activity and waiting times. While ISD updated the mortality and prescribing statistics on heart disease and stroke up to March 2011 when it published the two statistical releases in November 2011, it did not update the other topics. The website gives statistics for all other topic areas up to March 2010 (as published in February 2011). While ISD has a twelve month schedule for the publication of statistical releases, it does not make clear when the additional statistics on the web pages will be updated. We suggest that ISD publish a statement on its heart disease and stroke web pages explaining when the statistics are scheduled to be updated.

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<sup>34</sup> Hospital activity statistics would not have been available due to data collection issues. Other topic areas previously published were: incidence, prevalence, survival, operations, waiting times, and primary care activity

<sup>35</sup> In relation to Principle 1, Practice 3 and Principle 7, Practices 1, 2, 3 and 5 of the *Code of Practice*

<sup>36</sup> In relation to Principle 8, Practice 2 of the *Code of Practice*

## Annex 1: Suggestions for improvement

A1.1 This annex includes some suggestions for improvement to ISD’s heart disease and stroke statistics, 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> | Refer to the types of use put forward in the Statistics Authority’s Monitoring Brief, <i>The Use Made of Official Statistics</i> , when documenting use (para 3.2). |
| <b>Suggestion 2</b> | Consider the points detailed in annex 2, in seeking to improve the statistical releases (para 3.4).   |
| <b>Suggestion 3</b> | Publish a statement on the heart disease and stroke web pages explaining when the statistics are scheduled to be updated (para 3.5).                                |

## Annex 2: Compliance with Standards for Statistical Releases

- A2.1 In October 2010, the Statistics Authority issued a statement on *Standards for Statistical Releases*<sup>37</sup>. Whilst this is not part of the *Code of Practice for Official Statistics*, the Authority regards it as advice that will promote both understanding and compliance with the *Code*. In relation to ISD's heart disease and stroke statistics, this annex comments on compliance with the statement on standards.
- A2.2 In implementing any Requirements of this report (at paragraph 1.5) which relate to the content of statistical releases, we encourage the producer body to apply the standards as fully as possible.

### Appropriate identification of the statistics being released

- A2.3 The heart disease and stroke statistical releases have titles that include the coverage of the statistics and the period to which they relate. The titles use commonly known terms for the diseases, for example, stroke, rather than the full range of diseases represented - for example, CVD. The releases define CVD and CHD, respectively, in their introductions, but do not define cardiovascular disease and the other main types of related conditions for non-specialist users. The frequency of publication is also given in the metadata in the annexes to each release.
- A2.4 The releases clearly display the name of the originating department, National Statistics logo, and name and contact details of the responsible statisticians. The releases include an introduction, setting out the coverage of the reports and including the subjects presented. They highlight topic areas that have not been updated but do not explain changes in content or make clear when these figures will be updated.

### Include commentary that is helpful to the non-expert and presents the main messages in plain English

- A2.5 The releases each have a summary that sets out the main findings for the mortality and prescribing statistics, particularly in relation to the mortality target. They provide an introduction that describes the health and clinical context for the statistics; for example, *SSU* refers to the Scottish Government's strategy document, *Better Heart Disease and Stroke Care Action Plan*. The commentaries include some explanation of the statistics with appropriate comparisons over time and by sex. Graphs and tables are used to illustrate comparisons.
- A2.6 The language in the releases is usually straightforward but uses some unexplained terms, such as 'QOF targets', '0-64 SMR', 'national procedure rates', 'the European age-standardised rate' and 'data zone level'. The releases include a glossary but do not include definitions of all the main terms.

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<sup>37</sup> <http://www.statisticsauthority.gov.uk/news/standards-for-statistical-releases.html>

A2.7 The two releases present exactly the same statistics and commentary on the prescribing of drugs for cardiovascular diseases. This duplicated reporting is not highlighted or explained.

### **Use language that is impartial, objective and professionally sound**

A2.8 The commentary is impartial and factually based. The descriptions of proportions, changes, trends, patterns are professionally sound. The 2010/11 releases present a much narrower range of statistics and commentary compared with the 2009/10 releases. The data quality sections in the 2010/11 releases provide information about the hospital discharge records, SMR01, despite there being no data from this source, presumably given in error – the source had been included in the previous release.

### **Include information about the context and likely uses**

A2.9 The releases provide contextual information with the descriptions of the main findings; for instance, showing progress against national targets. However, the commentary does not reflect other uses. The commentary about mortality from heart disease does not extend beyond the information related to the premature deaths targets. It does not describe these findings in relation to mortality for all ages, or for the older population, or examine the differences between the sexes. It does highlight that further detailed figures are available in the supplementary tables. The releases include no comparison between CHD and CVD.

A2.10 The releases provide a brief explanation of trends in prescription cost against the number of prescriptions but do not explain some factors that would help to interpret the statistics, such as, what is or is not covered by the broad drug group presented (for example, whether aspirin prescribed to prevent cardiovascular disease is included) or the proportion of all prescriptions represented by cardiovascular prescribing.

A2.11 The metadata accompanying each release gives a brief summary of the likely uses of the statistics by ISD but does not provide examples of use outside government. Some information is given about the quality and reliability of the statistics in relation to the different sources, such as accuracy and completeness of the prescribing data, which is used for paying pharmacists.

### **Include, or link to, appropriate metadata**

A2.12 Background material is given in an appendix to each of the releases. The metadata highlight the data sources, but do not make clear how to find more detailed information about the quality and reliability (for example, NRS's quality information about mortality).

A2.13 The releases include some information about comparability with similar statistics in other parts of the UK, with links to these. It also has a useful 'Links to other sources' section on the heart disease and stroke web pages and highlights relevant statistics available through the Scottish Health Survey.

## Annex 3: Summary of assessment process and users' views

A3.1 This assessment was conducted January to March 2012.

A3.2 The Assessment team – Penny Babb and Iain Russell – agreed the scope of and timetable for this assessment with representatives of the ISD in January. The Assessment team met the ISD producer team during January to review compliance with the *Code of Practice*, taking account of any written evidence provided and other relevant sources of evidence.

### Summary of users contacted, and issues raised

A3.3 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.

A3.4 The Assessment team received six responses from the user consultation. The respondents were grouped as follows:

NHS	3
Central government	1
Voluntary sector	1
Academia	1

A3.5 Generally, the NHS users reported using the statistics to compare performance with other NHS boards and to gain a better understanding of the performance of their unit. Overall the users said that the statistics meet their needs. Users said that they felt that ISD is responsive to individual information requests. One user suggested that ISD use the national advisory committee for the Heart Disease MCN group.

A3.6 Some ideas were suggested on ways to improve the statistics, for instance, statistics related to heart disease and stroke that better inform new treatment approaches. Interest was expressed in having more statistics related to material deprivation and inequality of access, and more timely release of the heart disease and stroke statistics.





