

Publication Report



Primary 1 Body Mass Index (BMI) Statistics

School Year 2009/10

Publication date – 14 December 2010



Contents

About ISD	2
Official Statistics	2
Introduction.....	3
Key points.....	4
Results and Commentary	5
Measuring obesity in children.....	5
Data collection and coverage.....	5
High BMI: Prevalence of overweight and obesity in Primary 1	6
Low BMI: Prevalence of underweight in Primary 1	10
Glossary	13
List of Tables	14
Contact	15
Further Information	15
Appendix.....	16
A1 – Background Information.....	16
A2 – Publication Metadata (including revisions details)	20
A3 – Early Access details (including Pre-Release Access).....	22

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

Introduction

There is continued concern over the levels of obesity among children in Scotland. Obesity during childhood is a health concern in itself, but can also lead to physical and mental health problems in later life, such as heart disease, diabetes, osteoarthritis, back pain, increased risk of cancer, low self-esteem and depression. Obesity develops as a result of an imbalance between energy consumption and energy expenditure.

Body Mass Index (BMI) is one of the most widely used methods for assessing body composition or estimating levels of body fat. BMI is calculated by dividing an individual's weight (in kilograms) by their height (in metres) squared and gives an indication of whether weight is in proportion to height. In adults there are static cut off values for BMI among underweight, healthy weight, overweight and obesity; however these are not appropriate for children. The healthy BMI range for children changes substantially with age and is different between boys and girls. A certain BMI at one age may be the norm but at another age the same BMI may be unusually high or low. Interpretation of BMI values in children therefore depends on comparison with age- and sex-specific growth reference charts. These provide thresholds or cut-off points in the BMI distribution (BMI centiles), which can be used to estimate levels of obesity, overweight and underweight in children. Statistics in this release were derived using the UK 1990 growth reference for BMI (the standard approach in the UK).

The BMI centile cut-offs used to derive the percentages classified as overweight, obese and severely obese are those recommended for the purposes of population monitoring and epidemiological research. *The statistics do not represent the percentage of children clinically classified as overweight, obese or severely obese.* Use of the cut-offs recommended for clinical practice would result in lower percentages for overweight, obese and severely obese and BMI centile would be only one of a variety of factors taken into consideration before any clinical diagnosis is made.

This release updates annual statistics on high and low body mass index (BMI) for Primary 1 school children, and includes data to school year 2009/10. The statistics are derived from height and weight measurements recorded at Primary 1 health reviews and are available for all NHS Boards except NHS Orkney. Also figures for NHS Greater Glasgow & Clyde are not representative of the board area as a whole. Statistics are presented by: NHS Board, Council Area, Community Health Partnership, gender and Scottish Index of Multiple Deprivation (SIMD) quintile.

Key points

- In 2009/10 a total of 39,056 valid height and weight measurements were recorded for children in Primary 1 in Scotland. This is approximately 71% of children in Primary 1.
- In the last decade, the prevalence of overweight and obesity has remained at a similar level of around 1 in 5 children in Primary 1.

Results and Commentary

Measuring obesity in children


Statistics in this release are derived from centiles, using the 1990 UK growth reference standards. These growth reference charts are based on data collected between 1978 and 1990 from UK surveys (they therefore represent children's weight relative to height before the recent rise in levels of obesity in children). Cut-off points for population monitoring purposes, based on these studies, define overweight children as those whose BMI is in the top 15% of the UK 1990 reference range for their age and sex. Obese and severely obese children are defined as those whose BMI is in the top 5% and 2% of the reference range respectively. Children with a BMI within the 5th - 85th centile range are considered to be in the healthy range (although BMI may incorrectly categorise a small minority of children with heavy musculature as being overweight or obese). These statistics classify underweight and very underweight as children with a BMI in the bottom 5% and 2% of the reference range respectively.

The upper and lower limits for 95% confidence intervals have been included in the tables for all childhood BMI distribution percentages. A confidence interval gives an indication of the likely error around an estimate and should be considered when interpreting the BMI distribution percentages. Figures for Community Health Partnerships, Council Areas and NHS Boards with small numbers of children measured should be interpreted with care as the small numbers may result in fluctuations in the percentages from year to year etc. The smaller the number of children measured, the poorer the precision of the estimate (percentage) and the wider the associated confidence interval. It is also possible to use confidence intervals to gain some indication of whether the percentage of Primary 1 school children classified as e.g. obese for a particular NHS Board is statistically significantly different from the average percentage for all participating Boards.

Data collection and coverage

All NHS Boards in Scotland provide a Child Health Surveillance Programme where children are offered routine reviews at various stages of their life. Nearly all NHS Boards record these reviews using the Child Health Systems Programme (CHSP). Statistics in this release are derived from height and weight measurements collected at health reviews in Primary 1 and recorded on the CHSP School system.

The number of NHS Boards participating in CHSP School and recording reviews has increased since 2000/01 from four to thirteen Boards (out of a total of fourteen boards in Scotland). This has resulted in an increase in the proportion of children in Primary 1 across Scotland included in the BMI statistics, from approximately 22% in 2000/01 to 71% in 2009/10. Therefore the trend for 'All participating NHS Boards' should be interpreted with a degree of caution. However, the trends observed among the four Boards participating in CHSP School throughout the ten year period are similar to those for 'All participating NHS Boards'. Data for Orkney are not included as they implemented CHSP School very recently and NHS Greater Glasgow & Clyde (NHS GG&C) have only partially implemented CHSP School. The NHS GG&C figures relate mainly to children living in Renfrewshire CHP / Council area (approximately 13% of all NHS GG&C children eligible for Primary 1 in 2009/10) and are therefore not representative of NHS GG&C as a whole.

For more information, please see: [Estimated completeness of height and weight recording for Primary 1 School Children by NHS Board and Council Area](#) 

The vast majority of independent primary schools (which account for approximately 2% of children in Primary 1 in Scotland) do not record height and weight data on CHSP School, although there are local arrangements in some NHS Board areas to record results for some schools. The BMI statistics for 2009/10 cover approximately 9% of children in Primary 1 in independent schools in Scotland. The proportion of children attending independent schools is highly variable between different areas. Children attending independent schools tend to be from less deprived areas and this should be borne in mind when interpreting the figures.

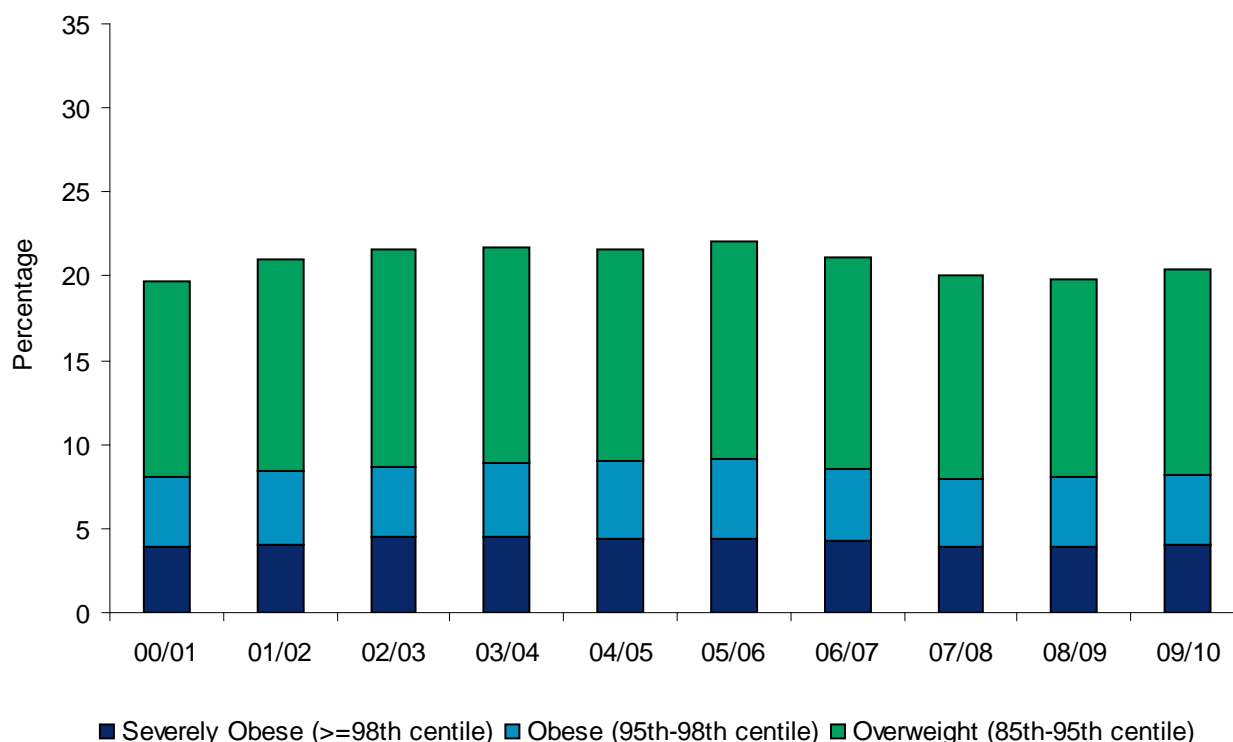
There is variation in the timing of the Primary 1 measurement across NHS Boards, with some schools recording measurements early in the academic year and others towards the end of the academic year. Therefore the child's age at measurement can range from around 4.5 to 6.25 years. However, BMI centile results are adjusted for age.

High BMI: Prevalence of overweight and obesity in Primary 1

Based on centile cut-offs on the 1990 UK growth reference charts used for population monitoring purposes, in 2009/10, 20.4% of Primary 1 children were classified as overweight, including 8.2% obese and 4.1% severely obese. This is a slight increase on the levels of high BMI in 2008/09 (19.8% overweight, including 8.0% obese and 3.9% severely obese).

As the number of NHS Boards included in these statistics has increased over the last decade (from four to thirteen Boards), the trend for 'all participating NHS Boards' should be interpreted with some caution. Over the decade, the prevalence of overweight and obesity has remained at a similar level of around 1 in 5 children in Primary 1.

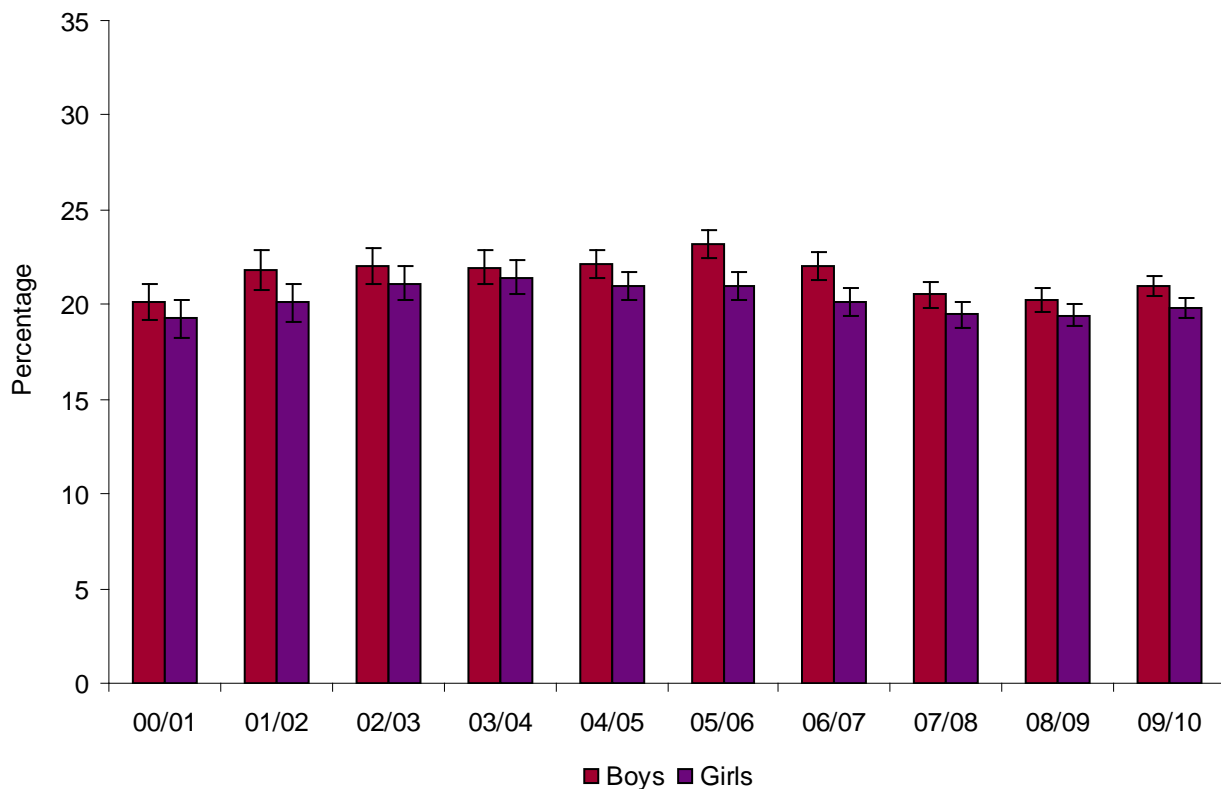
High BMI Distribution in Primary 1 School Children; School Years 2000/01 to 2009/10¹



1. As the number of NHS Boards included in these statistics has increased over the last decade (from four to thirteen Boards), the trend for 'all participating NHS Boards' should be interpreted with some caution.

In general, levels of high BMI in Primary 1 tend to be slightly higher amongst boys than girls. In school year 2009/10, 21.0% of boys were classified as overweight (including 8.3% obese) compared to 19.8% of girls (including 8.1% obese). However, in 2009/10 a marginally higher percentage of girls than boys were classified as severely obese (4.2% of girls compared with 4.0% of boys).

**Percentage Overweight and associated 95% confidence intervals:
Primary 1 School Children by Gender; School Years 2000/01 - 2009/10¹**

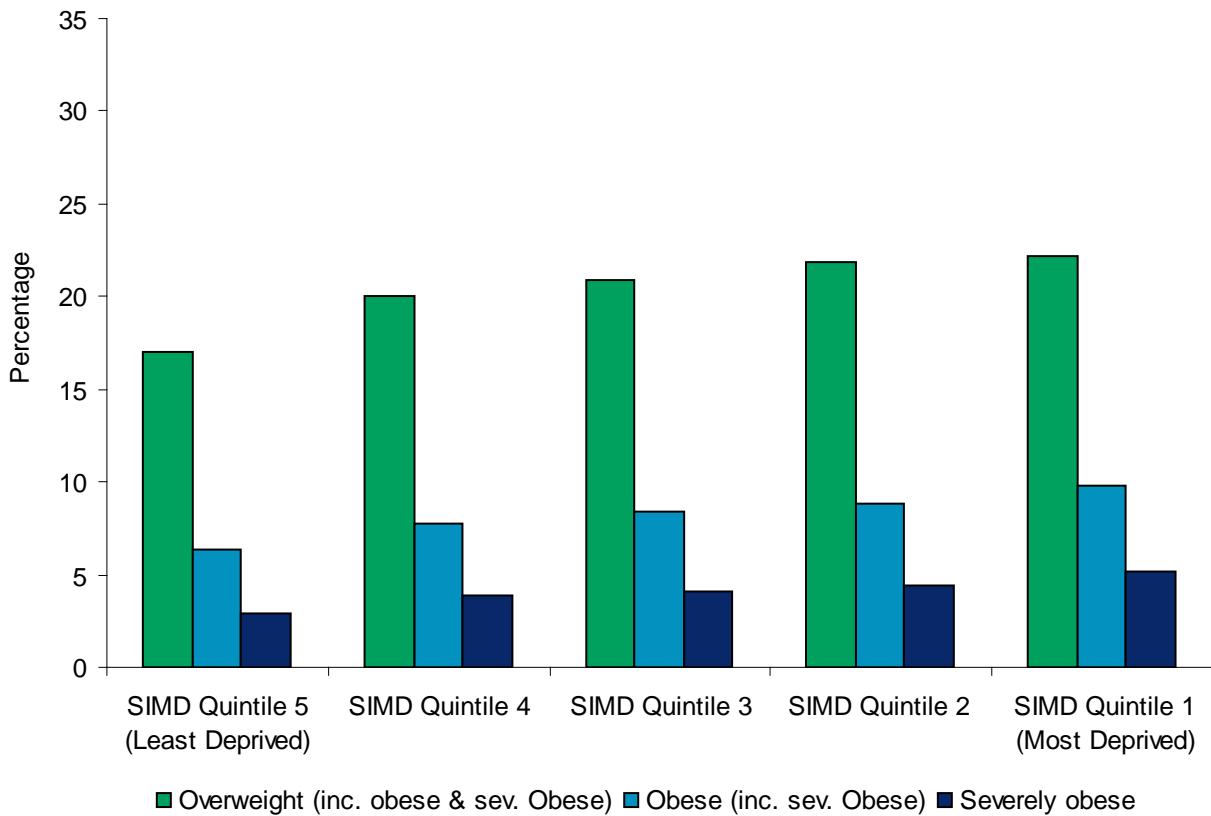


1. As the number of NHS Boards included in these statistics has increased over the last decade (from four to thirteen Boards), the trend for 'all participating NHS Boards' should be interpreted with some caution.

Source: ISD Scotland, CHSP-S Aug 2010

Figures for 2009/10 indicate that the prevalence of overweight and obesity amongst children in Primary 1 increases with deprivation. In the least deprived areas, 17.0% of children were classified as overweight (including 6.4% obese and 2.9% severely obese) while in the most deprived areas 22.2% were classified as overweight (including 9.8% obese and 5.2% severely obese). However, this pattern is not clearly observed for all previous years.

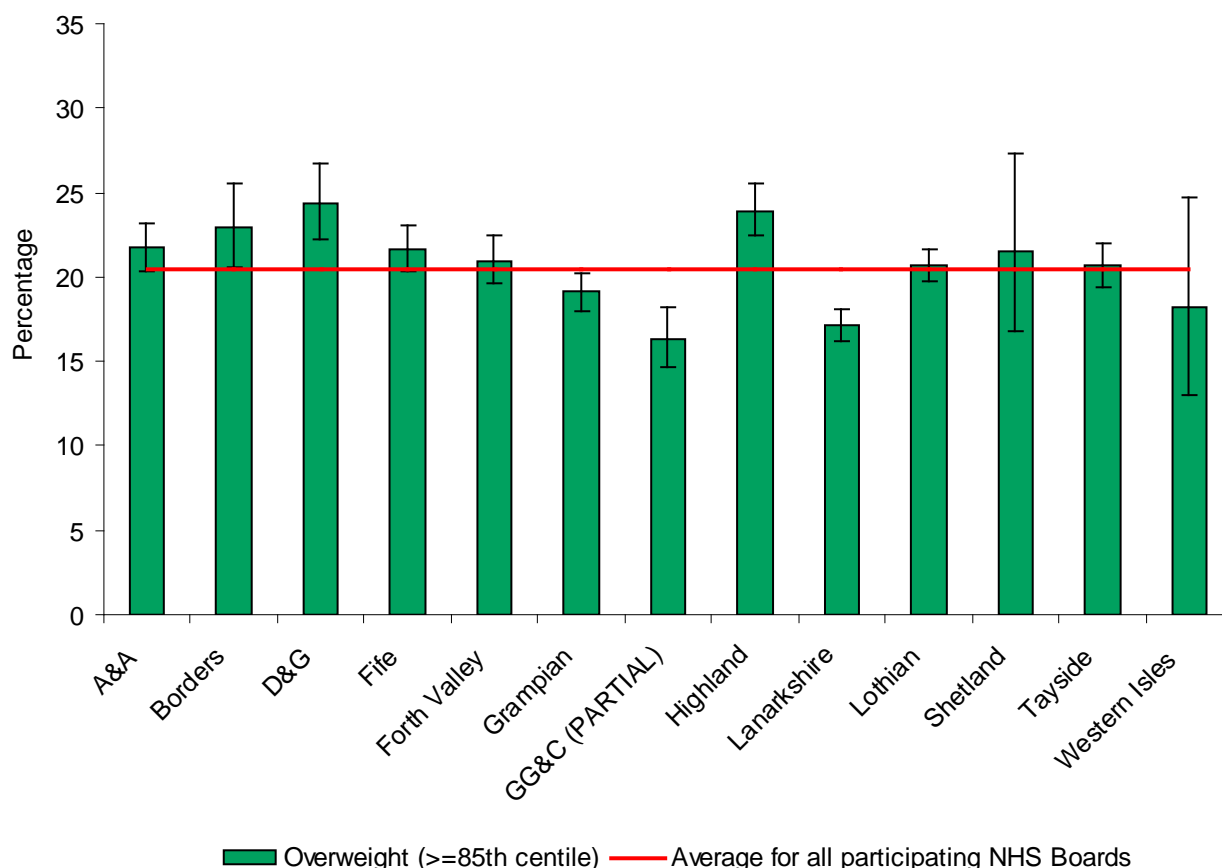
High BMI Distribution in Primary 1 School Children by Scottish Index of Multiple Deprivation (SIMD) 2009 Quintile; School Year 2009/10



Source: ISD Scotland, CHSP-S Aug 2010

The prevalence of overweight and obesity varies between areas. Rates in a particular area can often fluctuate year on year. It is not unusual for areas with rates higher than the national average in a particular year to report rates lower than the national average in the previous year (and vice versa). Fluctuation in the reported rates partly reflects that figures relate to a different cohort of children each year. It is also important to consider how variation in the coverage of the BMI statistics between areas, and within an area from year to year, may affect reported rates.

**Percentage Overweight and associated 95% confidence intervals:
Primary 1 School Children by NHS Board of Examination¹; School Year 2009/10**



Key

A&A: Ayrshire & Arran
 D&G: Dumfries & Galloway
 GG&C: Greater Glasgow & Clyde

1. Data are not shown for NHS Orkney as this Board has only recently implemented CHSP School. NHS Greater Glasgow & Clyde have only partially implemented CHSP School. The NHS GG&C figures relate mainly to children living in Renfrewshire CHP / Council Area and are therefore not representative of NHS GG&C as a whole (approximately 13% of all NHS GG&C children eligible for Primary 1).

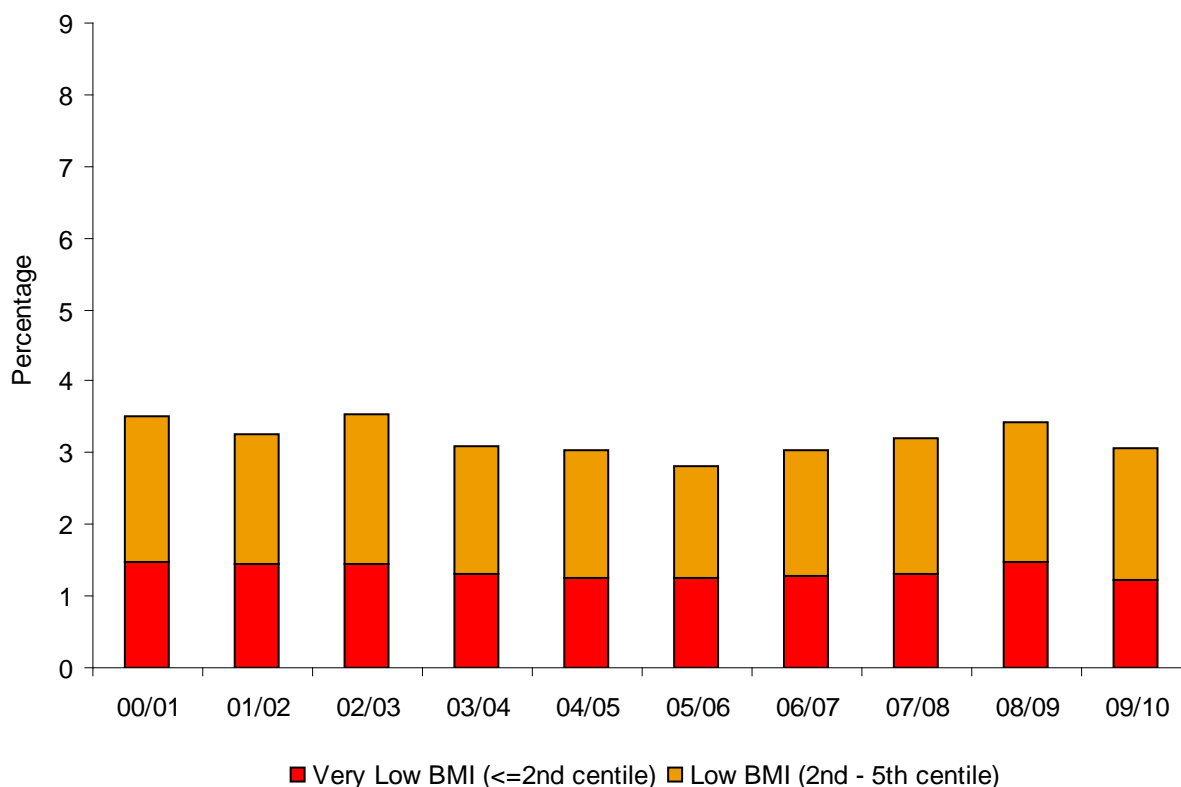
Source: ISD Scotland, CHSP-S Aug 2010

[High BMI distribution tables and charts](#) are available by NHS Board, Council Area, Community Health Partnership, gender and Scottish Index of Multiple Deprivation (SIMD) quintile. The tables and charts should be read in conjunction with the Background and Explanatory notes which accompany them.

Low BMI: Prevalence of underweight in Primary 1

Based on centile cut-offs on the 1990 UK growth reference charts used for population monitoring purposes, the percentage of Primary 1 school children with low BMI (classified as underweight) was 3.1% in 2009/10. Levels of low BMI have remained relatively stable over the period 2000/01 to 2009/10 at approximately 3% - 3.5%.

Low BMI Distribution: Primary 1 School Children, School Years 2000/01 - 2009/10¹

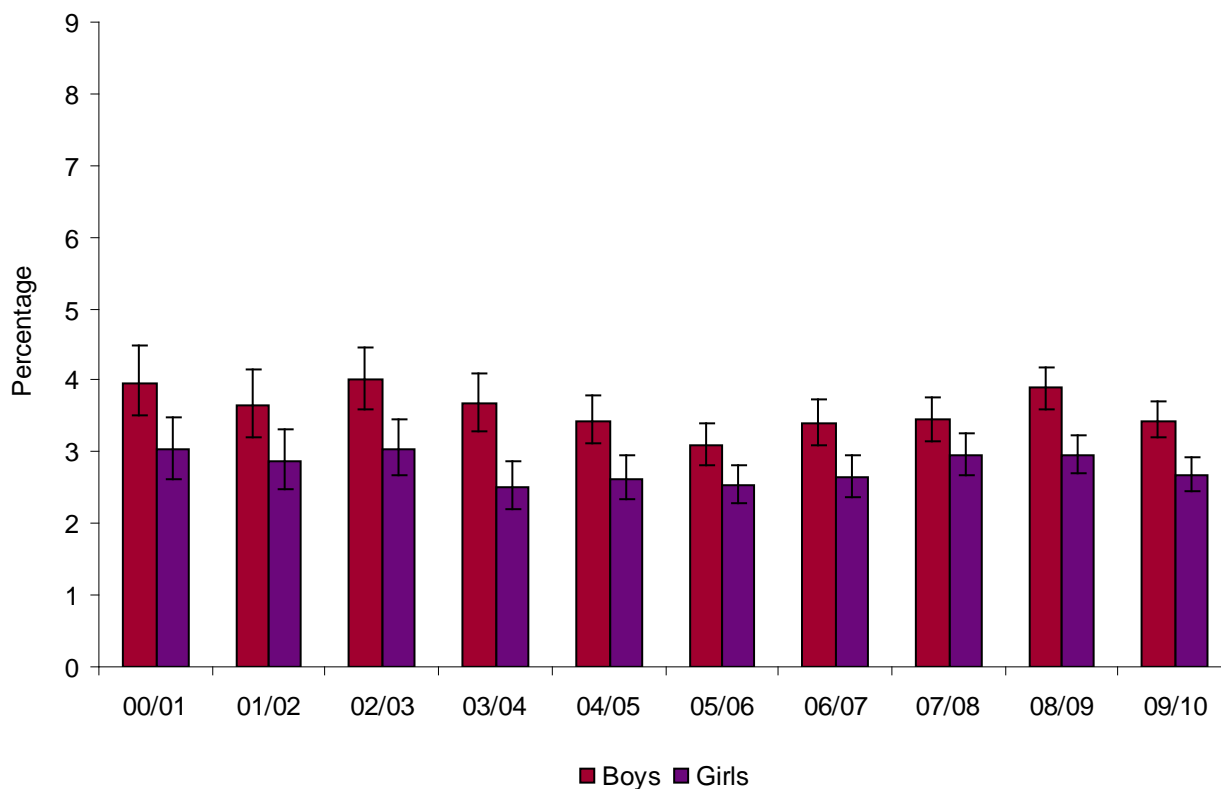


1. As the number of NHS Boards included in these statistics has increased over the last decade (from four to thirteen Boards), the trend for 'all participating NHS Boards' should be interpreted with some caution.

Source: ISD Scotland, CHSP-S Aug 2010

The prevalence of underweight is slightly higher amongst boys than girls in Primary 1 (3.4% of boys compared with 2.7% of girls in 2009/10).

**Percentage Low BMI and associated 95% confidence intervals:
Primary 1 School Children by Gender; School Years 2000/01 - 2009/10¹**

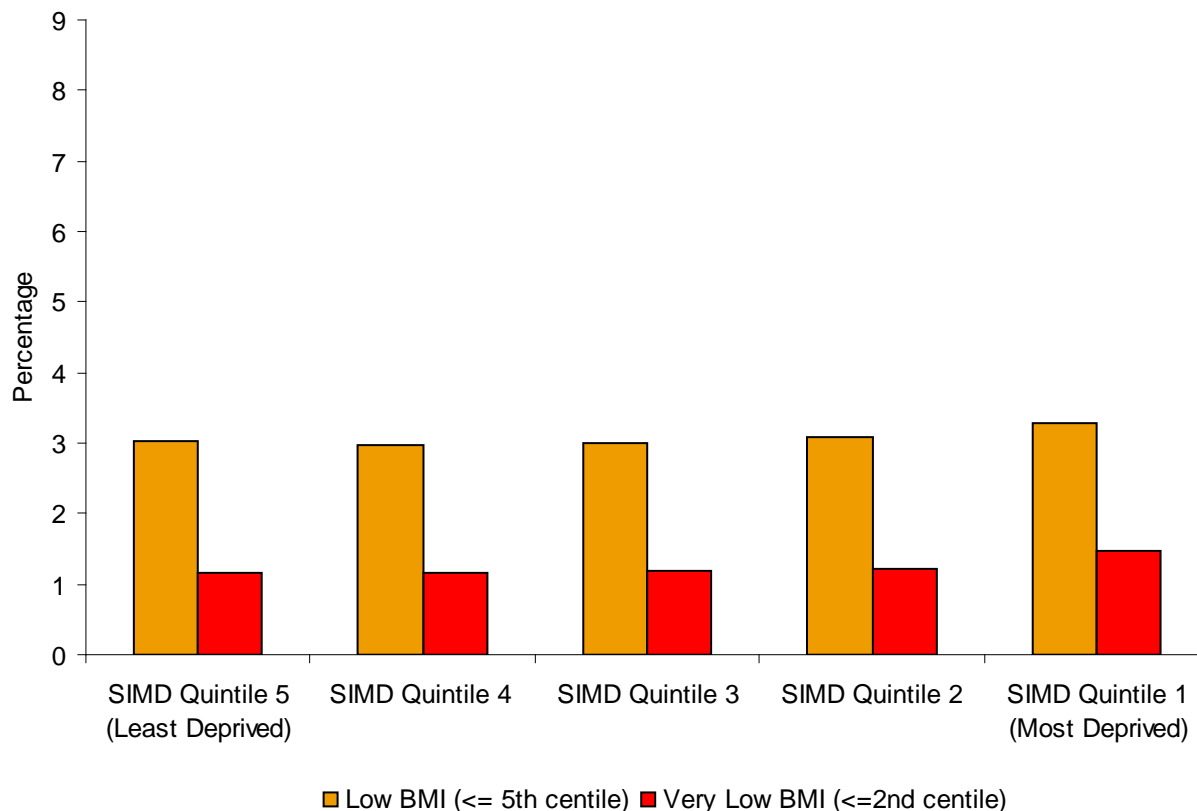


1. As the number of NHS Boards included in these statistics has increased over the last decade (from four to thirteen Boards), the trend for 'all participating NHS Boards' should be interpreted with some caution.


Source: ISD Scotland, CHSP-S Aug 2010

There is a suggestion that the most deprived areas have a very slightly higher prevalence of underweight children in Primary 1, however there is no obvious gradient across other deprivation quintiles.

Low BMI Distribution in Primary 1 School Children by Scottish Index of Multiple Deprivation (SIMD) 2009 Quintile, School Year 2009/10



Source: ISD Scotland, CHSP-S Aug 2010

[Low BMI distribution tables and charts](#)  are available by NHS Board, Council Area, Community Health Partnership, gender and Scottish Index of Multiple Deprivation (SIMD) quintile. The tables and charts should be read in conjunction with the Background and Explanatory notes which accompany them.

Glossary

CHSP School
BMI

Child Health Systems Programme - School
Body Mass Index [weight (in Kg) divided by height (in m) squared]

List of Tables

Table No.	Name	Time period	File & size
B1 – B5	Primary 1 Statistics for High BMI (includes data by NHS Board, Council Area, Community Health Partnership, gender and deprivation)	School years 2000/01 to 2009/10	Excel [599kb]
B6 – B10	Primary 1 Statistics for Low BMI (includes data by NHS Board, Council Area, Community Health Partnership, gender and deprivation)	School years 2000/01 to 2009/10	Excel [443kb]
C1 – C2	Estimated data completeness - height and weight recording for Primary 1 School Children by NHS Board and Council Area	School years 2000/01 to 2009/10	Excel [233kb]

Contact

Judith Tait

Principal Information Analyst

judith.tait@nhs.net

0131 275 6833

Claire Nolan

Senior Information Analyst

claire.nolan@nhs.net

0131 275 6235

Further Information

Further information is available in the [child weight and growth](#) section of the ISD website.

Information on other ISD publications and datasets can be found on the [ISD website](#).

Appendix

A1 – Background Information

Calculating BMI statistics

Body mass index is calculated by dividing an individual's weight in kilograms by their height in metres squared. For epidemiological purposes, an individual BMI is not meaningful in isolation, only in the context of the distribution of values for a population. Individuals can be assigned to categories e.g. underweight (using their BMI or centiles derived from BMI) to gauge where they lie in relation to the rest of the population - in particular, whether they have an unusually high or low BMI.

In adults, BMI can be directly classified into different categories (for example, the [World Health Organisation international classification](#) of "underweight" is BMI < 18.5) since age in adulthood doesn't greatly affect weight in relation to height. However, these adult BMI category cut-offs aren't appropriate for children since BMI changes markedly as a child ages. A certain BMI at one age may be the norm but for another age the same BMI may be unusually high or low (indicating that the child is overweight or underweight).

Instead, for children, BMI can be converted into centiles, using UK 1990 growth reference data based on sex and age in months. These centiles can then be used to categorise BMI as detailed in the table below:

Category	Definition	What this means
Very low BMI (very underweight)	Less than or equal to 2 nd centile	Children whose BMI is within the bottom 2% of the 1990 UK reference range for their age and sex.
Low BMI (underweight)	Less than or equal to 5 th centile	Children whose BMI is within the bottom 5% of the 1990 UK reference range for their age and sex.
Overweight	Greater than or equal to 85 th centile	Children whose BMI is within the top 15% of the 1990 UK reference range for their age and sex.
Obese	Greater than or equal to 95 th centile	Children whose BMI is within the top 5% of the 1990 UK reference range for their age and sex.
Severely obese	Greater than or equal to 98 th centile	Children whose BMI is within the top 2% of the 1990 UK reference range for their age and sex.

The number of children within each of these categories can then be used to calculate the percentage of children reviewed who are: very underweight, underweight, overweight, obese and severely obese. Children with a BMI within the 5th - 85th centile range are considered to be in the healthy weight range (although BMI may incorrectly categorise a small minority of children with heavy musculature as being overweight or obese).

Reference standards

1990 UK growth reference standards

In 1995, reference growth curves for the weight and height of UK children were published, replacing the Tanner-Whitehouse reference curves used since the 1960s. The curves represent UK children in 1990 and are widely accepted as the reference for growth screening for the UK. The reference data used were collected between 1978 and 1990 (and therefore represent weight relative to height before the recent rise in levels of obesity in children) and were obtained by combining data from 11 distinct surveys that were representative of children in England, Scotland and Wales. From this national dataset, BMI reference curves for children and young people were established providing BMI centiles covering birth to 23 years of age.

We have used 1990 UK Reference data and Cole's LMS method to produce BMI centiles for Scottish children ([Cole TJ, Freeman JV and Preece MA](#). Body mass index reference curves for the UK, 1990. Arch Dis Child 1995; 73: 25-9) as recommended in [SIGN guidance](#).

New UK-WHO growth charts for infants and children aged up to four years have recently been adopted in the UK (the charts were introduced in Scotland in January 2010). The new charts are based on combined UK1990 and World Health Organisation (WHO) growth reference data. The UK 1990 Growth Charts will continue to be used for children over 4 years.

International growth reference standards

The [World Health Organisation has published international reference standards](#) for infants and children. These reference standards are derived from growth data from the [Multicentre Growth Study](#) relating to approximately 8500 children from six different countries around the world (Brazil, Ghana, India, Norway, Oman and USA).

Use of international reference standards allows international comparisons to be made (Scottish figures derived using these standards aren't available here).

Thresholds for defining very low BMI, low BMI, overweight, obese and severely obese

This release look at trends in the percentages of children classified as very low BMI, low BMI, overweight, obese and severely obese, as defined according to centile cut-offs from the UK 1990 growth reference standards charts (very low BMI \leq 2nd centile, low BMI $<$ 5th centile, overweight \geq 85th centile, obese \geq 95th centile, severely obese \geq 98th centile).

The BMI centile cut-offs used to derive the percentages overweight, obese and severely obese in these pages, are those recommended in SIGN guidance for the purposes of population monitoring and epidemiological research. Use of the corresponding thresholds recommended by SIGN for clinical practice (overweight \geq 91st centile, obese \geq 98th centile, severely obese \geq 99.6th centile) would result in lower percentages for overweight, obese and severely obese and BMI centile would be only one of a variety of factors taken into consideration before a clinical diagnosis is made.

In the UK, it is generally agreed that the most appropriate clinical cut-off for classifying individual children as being underweight is \leq 2nd centile. There is no agreed definition of underweight for population monitoring purposes but a reasonable threshold would be \leq 5th centile (see Cole TJ, Flegal KM, Nicholls D, Jackson AA. Body mass index cut offs to define thinness in children and adolescents: international survey. *BMJ* 2007; 335: 194-7 and Dinsdale H, Rutter H et al. National Child Measurement Programme: Detailed Analysis of the 2006/07 National Dataset. National Obesity Observatory publication, June 2008).

Confidence intervals

The upper and lower limits for 95% confidence intervals have been included in our tables for all childhood BMI distribution percentages. These have been produced using the Wilson method for proportions (Wilson EB. Probable inference, the law of succession, and statistical inference. *J Am Stat Assoc* 1927, 22, 209-12).

A confidence interval gives some indication of the precision of an estimate by providing an "error term", which when added or subtracted from the estimate gives a range of values within which the estimate lies. For example, if we think of the estimate as being the percentage of Primary 1 children who are classified as obese, say 20%, with an error term of 0.5%, the confidence interval would be (19.5%, 20.5%). We can be sure that the percentage of Primary 1 children who are classified as obese is between 19.5% and 20.5%.

The size of the "error" term, and so the width of the confidence interval, depends on the variability of the percentage of Primary 1 school children who are classified as obese (the larger the variability, the larger the error term and the poorer the precision) and also the sample size (in this case, the number of reviews). The larger the number of reviews, the better the estimate is and the greater the precision. This should be borne in mind when examining confidence intervals for areas with a relatively small number of reviews (figures for some Community Health Partnerships and smaller NHS Boards). The confidence intervals for e.g. Western Isles NHS Board are very wide because the estimates for this NHS Board are based on small numbers, so they should be interpreted with caution.

It is also possible to use confidence intervals to gain some indication of whether e.g. the percentage of Primary 1 school children classified as obese for a particular NHS Board is statistically significantly different from the average percentage for all participating Boards. Consider the situation where the percentages of Primary 1 children classified as obese in NHS Boards 'X' and 'Y' are below the average percentage for all participating Boards. The confidence interval for NHS Board 'X' includes the average percentage but the confidence interval for NHS Board 'Y' does not (the upper bound of the NHS Board 'Y' confidence interval is lower than the average percentage). We can say that we are 95% confident that the percentage of Primary 1 children classified as obese in NHS Board 'Y' is statistically significantly lower than the average percentage for all participating Boards. However, the percentage for NHS Board 'X' is not significantly lower.

Data Limitations

The CHSP School system is dynamic, with ongoing updating of records. Historically each year's release of BMI statistics has been based on the latest available data from the CHSP School to allow for additions and amendments to the data. It has recently been identified that where a child's postcode of residence has changed, in some instances the derived Community Health Partnership, Council Area and deprivation quintile may not reflect where the child lived at the time of their Primary 1 review. The overall Scotland and NHS Board rates are not affected as these are based on Board of examination rather than postcode of residence (with the exception of a small area which falls under the administration of the former NHS Argyll & Clyde). In order to prevent further imprecision in the postcode derived information being introduced, for this release figures for 2000/01 to 2008/09 have not been updated from the latest available CHSP School data. Previously published data will not be revised as investigations suggest the impact on the reported figures is marginal (mainly in range 0.0 to 0.4 percentage points), revisions may not be feasible for all years presented and the resource required would be considerable. Functionality to store the child's postcode at the time of their Primary 1 review has recently been added to CHSP School. This should improve the accuracy of future BMI statistics based on postcode derived information.

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication Title	Primary 1 Body Mass Index (BMI) Statistics
Description	Annual statistics on high and low body mass index (BMI) for Primary 1 school children. Statistics are presented by: NHS Board, Council Area, Community Health Partnership, gender and Scottish Index of Multiple Deprivation (SIMD) quintile.
Theme	Health and Social Care
Topic	Child Health
Format	PDF document and Excel workbooks
Data source(s)	Child Health Systems Programme School (CHSP School)
Date that data is acquired	16 August 2010
Release date	14 December 2010
Frequency	Annual
Timeframe of data and timeliness	Data to school year 2009/10. No delays between data availability and processing of data for publication.
Continuity of data	As the number of NHS Boards included in these statistics has increased over the last decade (from four to thirteen Boards), the trend for 'all participating NHS Boards' should be interpreted with some caution.
Revisions Statement	These data are not subject to planned revisions (see note on Data Limitations in Appendix A1 – Background Information). However, NHS Western Isles had not recorded all height and weight measurements for 2009/10 on the CHSP School system in time for the August 2010 data extract. The BMI statistics for 2009/10 cover approximately 59% of children in Primary 1 in Western Isles (compared with 89% in 2008/09). ISD plan to update the 2009/10 statistics for Western Isles to include data entered after August 2010 in the next publication in December 2011.
Revisions relevant to this publication	No revisions. See note on Data Limitations in Appendix A1 – Background Information
Concepts and definitions	See Appendix A1 – Background Information
Relevance and key uses of the statistics	Making information publicly available for planning, epidemiology, provision of services and providing comparative information.
Accuracy	Data are compared to previous year's figures and to expected trends.
Completeness	Estimated data completeness tables are available (see section on Data Collection)

Comparability	and Coverage) Data are comparable with BMI statistics for children in reception year (typically aged 4-5 years) in England published in the 2009/10 National Child Measurement Programme (NCMP) report.
Accessibility	The Scottish Health Survey presents statistics on the prevalence of overweight and obesity for children aged 2-15 years. It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	Tables and charts are accessible via the ISD website .
Value type and unit of measure	Numbers and percentages
Disclosure	Low risk of disclosure; no disclosure methods were employed
Official Statistics designation	National Statistics
UK Statistics Authority Assessment	Awaiting assessment by UK Statistics Authority
Last published	15 December 2009
Next published	December 2011
Date of first publication	Due to phased implementation of the CHSP School system, data for different NHS Boards are available for different school years. For the first NHS Boards to implement the CHSP School system, data are available back to school year 2000/01.
Help email	NSS.isdchildhealth@nhs.net
Date form completed	April 2011

A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads

Extended Pre-Release Access

This extended Pre-Release Access is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)

These statistics will also have been made available to those who needed access to 'management information', ie as part of the delivery of health and care:

NHS Board Directors of Public Health

These statistics will also have been made available to those who needed access to help quality assure the publication:

Chair of CHSP School National User Group