Publication Report

National Dental Inspection Programme (NDIP) 2013

Report of the 2013 Detailed National Dental Inspection Programme of Primary 7 children and the Basic Inspection of Primary 1 and Primary 7 children

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Contents

Introduction

The 2013 National Dental Inspection Programme (NDIP) undertaken in school year 2012/13

The National Dental Inspection Programme (NDIP) is carried out annually under the auspices of the Scottish Dental Epidemiology Co-ordinating Committee on behalf of NHS Boards. Its principal aims are to inform parents/carers of the oral health status of their children and, through appropriately anonymised, aggregated data, advise the Scottish Government, NHS Boards and other organisations concerned with children's health of oral disease prevalence at national and local levels. This ensures that reliable oral health information is available for planning and evaluating initiatives directed towards health improvements.

Two school year groups are involved: i) at entry into Local Authority schools in primary one (P1) and ii) in primary seven (P7) before the move to secondary education. The Inspection Programme has two levels: a *Basic Inspection* (intended for all P1 and P7 children) and a *Detailed Inspection* (where a representative sample of either the P1 or the P7 age group is inspected in alternate years).

This report focuses on the results of the *Detailed Inspection*. Information relating to the *Basic Inspection* can be found in Appendix 4 of this Report. In the school year 2012/13, the *Detailed Inspection* programme involved P7 school children. An Executive Summary of the main findings can be found at http://www.isdscotland.org/Health-Topics/Dental-Care/National-Dental-Inspection-Programme/.

What does the NDIP Detailed Inspection consist of?

The *Detailed Inspection* involves a comprehensive assessment of the mouth of each inspected child using a light, mirror and ball-ended probe. It involves recording the status of each surface of each tooth in accordance with international dental epidemiological conventions.

A tooth surface is only assessed as having 'obvious decay' if the disease process clinically appears to have penetrated dentine (i.e. the layer below the outer white enamel of the teeth). This is described internationally as decay at the D_3 level and includes *pulpal decay* (i.e. decay into the deeper dental pulp). The definition of decay used is in accordance with the BASCD guidelines and international epidemiological conventions, thus allowing comparisons to be made with other countries in Europe and beyond. This is a different diagnostic level from that used by many dentists when examining patients in a dental surgery, i.e. for dental check-ups. Moreover, the *Detailed Inspection* measures obvious decay into dentine when seen under school (rather than dental surgery) conditions. More information on the different stages of dental decay can be found in Appendix 1.

When the term 'obvious decay experience' (D_3MFT) is discussed in this report it means 'obvious decay' (noted above), and in addition includes both missing teeth (extracted due to decay) and filled teeth.

Those undertaking the inspections attend a training and calibration course prior to the annual inspection process. Details of the course and of the calibration results can be found in Appendix 2.

The specific goals of the *Detailed Inspection* are to determine current levels of established tooth decay at national and NHS Board levels, and to determine the influence of deprivation on the dental health of children in Scotland.

The results are weighted for each NHS Board by deprivation quintiles (using the Scottish Index of Multiple Deprivation [SIMD] 2012[1]) to ensure the results represent the true child population.

How many children had a Detailed Inspection?

Each NHS Board is required to identify the number of Local Authority (LA) schools needed to obtain a representative sample of a given size from their P7 population. The sample sizes used provide adequate numbers to allow meaningful statistical comparisons between NHS Boards. Whole classes are randomly selected to simplify the process for schools while ensuring that results are representative of the P7 population in Scotland.

Table 1 shows that, between November 2012 and June 2013, 11,735 children from Local Authority Schools across Scotland were included in the Detailed inspection. This represents 20.6% of the P7 population in Local Authority schools. Across all NHS Boards, the percentage of P7 children inspected ranged from 8.2% to 86.8%.

NHS Boards can choose to increase the sample size above minimum requirements to aid local planning needs, and some less populated Boards need to include large proportions to achieve statistically meaningful results.

The average age of the children examined (both girls and boys) was 11.5 years. The range of ages across Scotland was 10.1 – 13.0 years.

Table 1: Primary 7 population and the number and percentage who received a Detailed Inspection by NHS Board across Scotland in school year 2012/13

NHS Board	Primary 7 (P7) population	Number of P7 children receiving a Detailed Inspection	% of P7 population receiving a Detailed Inspection
Ayrshire & Arran	3,890	1,254	32.2
Borders	1,235	389	31.5
Dumfries & Galloway	1,536	331	21.5
Fife	4,109	1,097	26.7
Forth Valley	3,498	426	12.2
Grampian	6,022	1,097	18.2
Greater Glasgow & Clyde	12,608	3,834	30.4
Highland	3,577	386	10.8
Lanarkshire	6,765	730	10.8
Lothian	8,833	1,215	13.8
Orkney	238	201	84.5
Shetland	257	223	86.8
Tayside	4,194	344	8.2
Western Isles	310	208	67.1
Total for Scotland	**57,072**	**11,735**	**20.6**

Key points

- The oral health of P7 children in Scotland continues to improve: in 2013, 72.8% of P7 children had no obvious decay experience in their permanent teeth, compared with 69.4% in 2011 (and 52.9% in 2005, the first P7 NDIP Report).
- The average number of P7 children's teeth affected by obvious decay experience improved from 0.7 in 2011 to 0.6 in 2013 (that figure was 1.29 in 2005).
- For the first time, P7 children in all SIMD deprivation quintiles have reached the 2010 National Target of 60% with no obvious decay experience.
- P7 children from all socio-economic backgrounds saw an improvement in oral health compared to the results of 2011, and the extent of disease continues to fall in those most affected by decay.
- Clear health inequalities remain, but the largest improvement in oral health is seen in areas in the most deprived SIMD quintile.

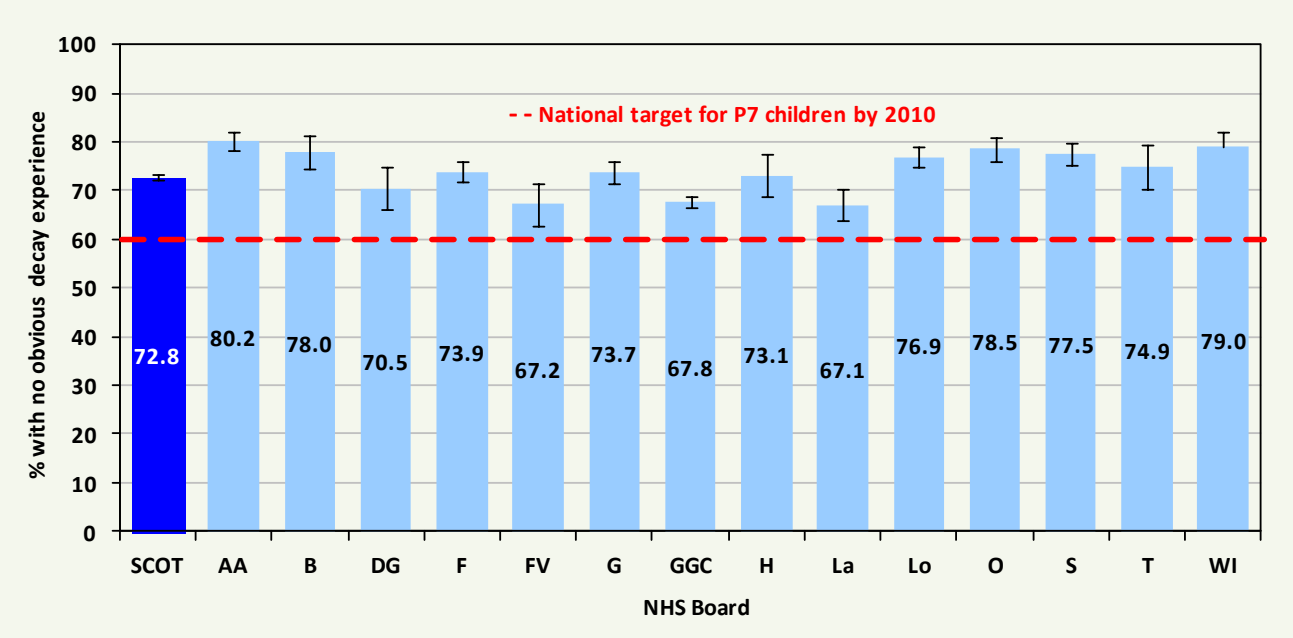
Results and Commentary

Detailed Inspection Results

What proportion of P7 children in Scotland had no obvious decay experience in 2013?

Figure 1 shows the proportion of P7 children in NHS Boards who showed no signs of obvious decay experience in their permanent teeth. Across Scotland, 72.8% of P7 children fell into this category, with a range of 67.1% to 80.2% across the fourteen NHS Boards.

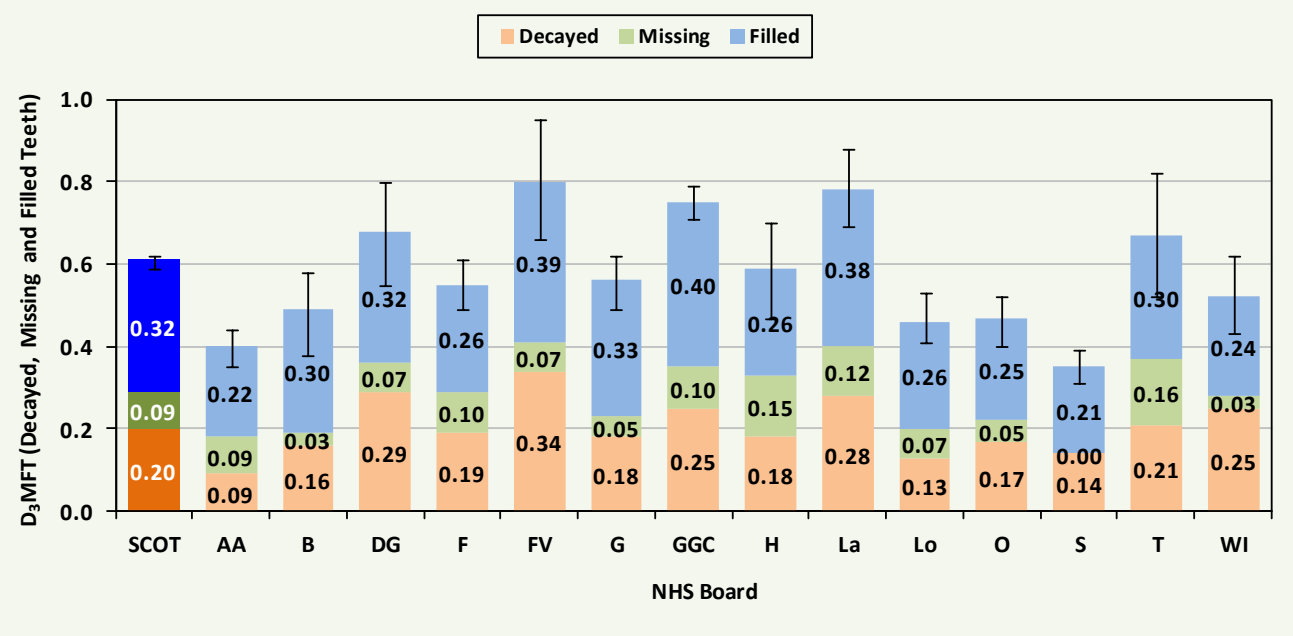
Figure 1: Percentage of P7 children in Scotland with no obvious decay experience in 2013 by NHS Board



What levels of obvious decay experience were seen in P7 children in 2013?

As shown in Figure 2, the average number of obviously decayed, missing and filled teeth across all P7 children examined in Scotland was 0.60. This ranged from 0.35 to 0.81 across the 14 NHS Boards in Scotland.

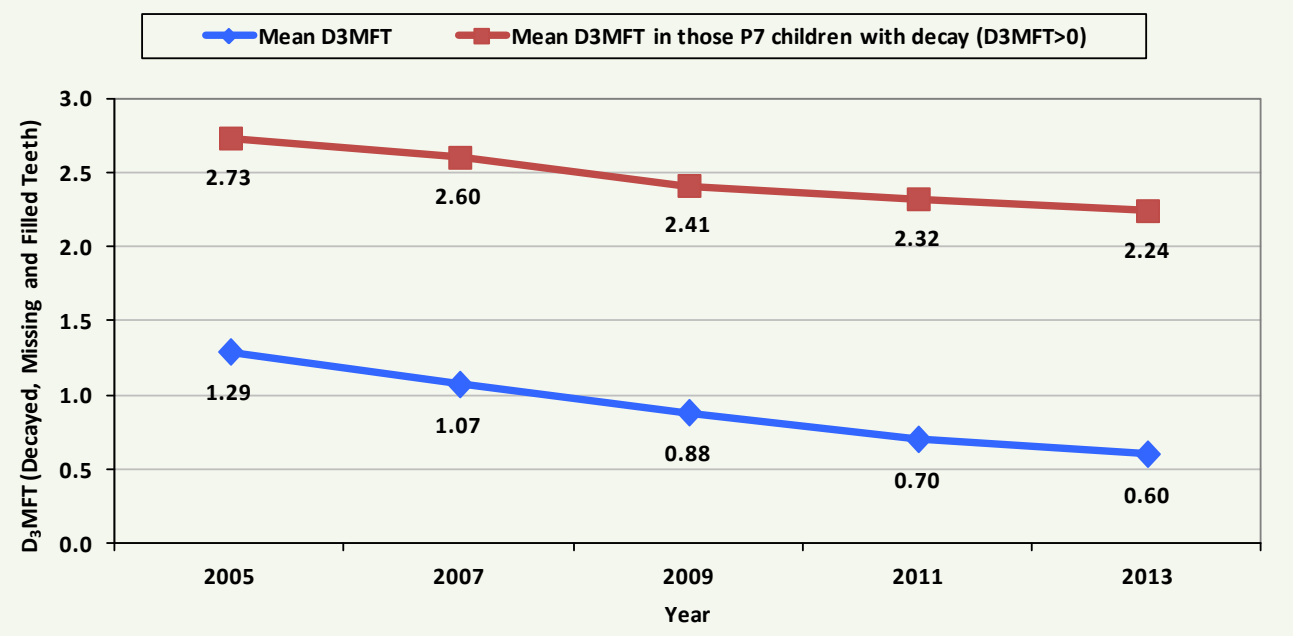
Figure 2: Mean number of obviously decayed, missing and filled permanent teeth (D_3MFT) of P7 children in 2013 in Scotland and by NHS Board



How has the dental health of P7 children in Scotland changed over time?

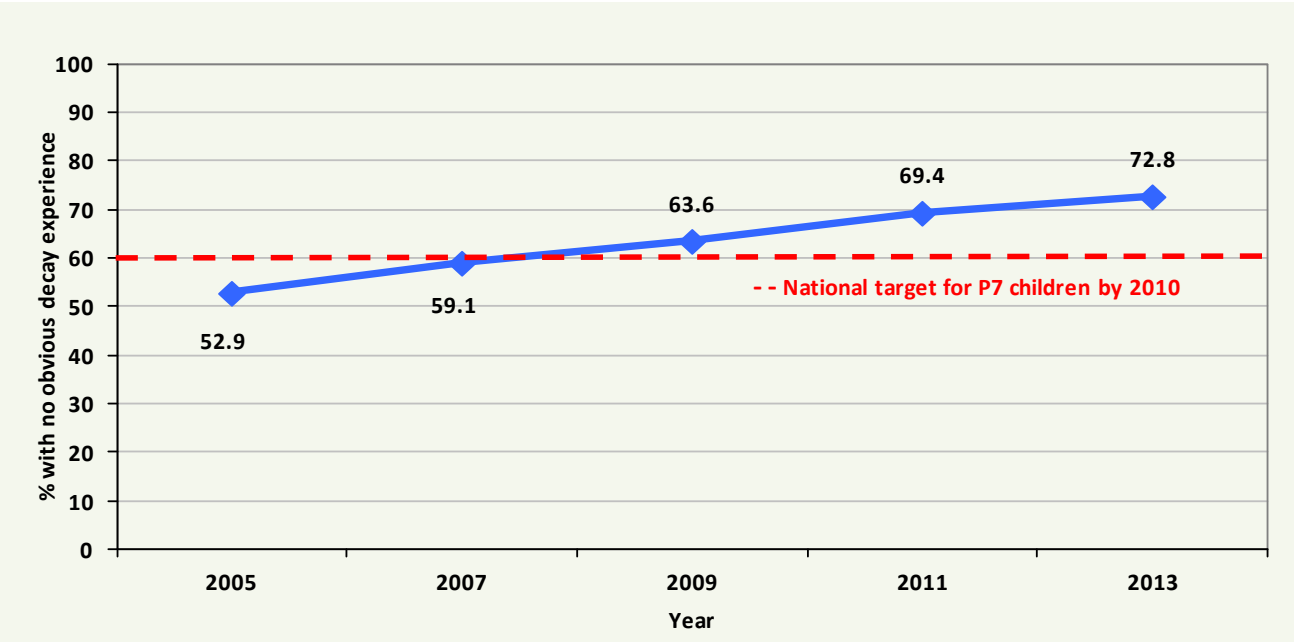
Changes over time in the mean number of decayed, missing and filled permanent teeth are shown in Figure 3 and show a continuing decline (improvement) over the last eight years in terms of mean D_3MFT for the P7 population as a whole and also for the subgroup with caries experience.

Figure 3: Comparison over time between the mean number of decayed, missing and filled permanent teeth (D_3MFT) in the P7 population and the mean number of decayed, missing and filled permanent teeth in those children with decay experience ($D_3MFT>0$)



Similarly, the data in Figure 4 below indicate a steady rise in the percentage of those with no obvious decay experience (i.e. an improvement in the percentage of dentally healthy children).

Figure 4: Trends in the proportion of P7 children in Scotland with no obvious decay experience



What are the obvious decay experience results for permanent teeth of P7 children in NHS Boards in Scotland?

Table 2 provides details of the results for all 14 NHS Boards across Scotland. In this 2013 survey, 27.2% of P7 children in Scotland had obvious decay experience in their permanent teeth. For those children, the mean number of affected teeth was 2.24. This ranged across the Boards from 1.54 in Shetland to 2.65 in Tayside. The number of teeth affected in an individual child varied from one tooth to 14 teeth.

Table 2: Obvious decay experience in permanent teeth of P7 children for each NHS Board and Scotland in 2013

NHS Board	% with no obvious decay experience in permanent teeth	Mean no. of decayed, missing and filled permanent teeth (D_3MFT)	Mean no. of decayed permanent teeth (D_3T)	Mean no. of missing permanent teeth (MT)	Mean no. of filled permanent teeth (FT)	For those with decay, mean no. of decayed, missing and filled permanent teeth (D_3MFT>0)
Ayrshire & Arran	80.2	0.40	0.09	0.09	0.22	2.01
Borders	78.0	0.48	0.16	0.03	0.30	2.19
Dumfries & Galloway	70.5	0.68	0.29	0.07	0.32	2.34
Fife	73.9	0.55	0.19	0.10	0.26	2.09
Forth Valley	67.2	0.81	0.34	0.07	0.39	2.41
Grampian	73.7	0.56	0.18	0.05	0.33	2.16
Greater Glasgow & Clyde	67.8	0.75	0.25	0.10	0.40	2.33
Highland	73.1	0.59	0.18	0.15	0.26	2.16
Lanarkshire	67.1	0.78	0.28	0.12	0.38	2.38
Lothian	76.9	0.47	0.13	0.07	0.26	2.04
Orkney	78.5	0.46	0.17	0.05	0.25	2.16
Shetland	77.5	0.35	0.14	0.00	0.21	1.54
Tayside	74.9	0.67	0.21	0.16	0.30	2.65
Western Isles	79.0	0.52	0.25	0.03	0.24	2.50
Average for Scotland	**72.8**	**0.60**	**0.20**	**0.09**	**0.32**	**2.24**

Table 3 below summarises results for Scotland and the range across NHS Boards. On average, 10.8% of P7 children inspected had current obvious decay (untreated decay), i.e. D_3T>0.

When the decay process is clinically assessed to have reached the dentine layer of the permanent tooth (i.e. D_3 stage), this normally means that restorative treatment (a filling) is required. The Care Index is used to describe the proportion of obvious decay experience in a population that has been treated restoratively (filled) and is expressed as the number of filled teeth divided by the number of obviously decayed, missing and filled teeth multiplied by 100 [(FT/D_3MFT)x100].

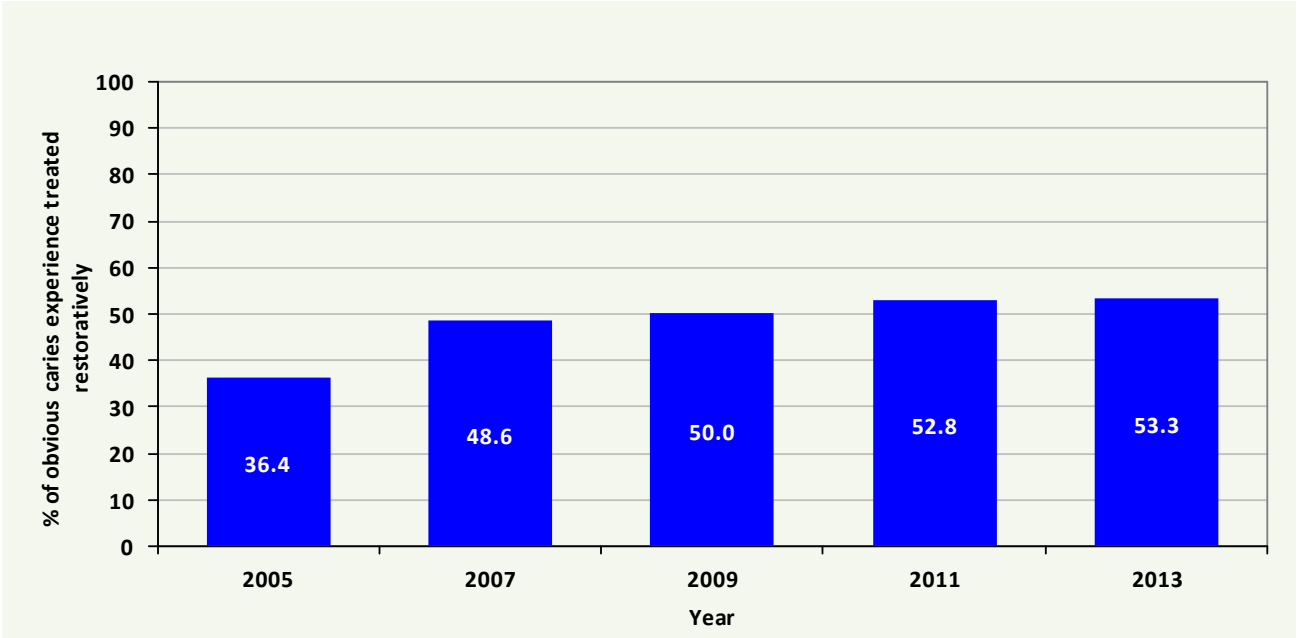
Table 3: Overall obvious decay experience in permanent teeth of P7 children in Scotland in 2013

	%	NHS Boards' % range
Free of obvious decay experience at the dentinal level (D_3MFT=0)	72.8	67.1 – 80.2
With obvious decay experience (D_3MFT>0, as per BASCD)	27.2	19.8 – 32.9
With 'current decay' (D_3T>0, as per BASCD)	10.8	5.5 – 15.6
Care index (FT/D_3MFT)	53.3	44.1 – 62.5
	Mean	NHS Boards' range
Obvious decay experience (D_3MFT) across Scotland	0.60	0.35 – 0.81
Decayed teeth (D_3T) across Scotland	0.20	0.09 – 0.34
Missing teeth (MT) across Scotland	0.09	0.00 – 0.16
Filled teeth (FT) across Scotland	0.32	0.21 – 0.40
Decayed, missing and filled teeth for those with obvious decay experience (D_3MFT>0)	2.24	1.54 – 2.65

What proportion of obvious decay experience in P7 children was treated with fillings?

Figure 5 shows the Care Index values obtained for the last five surveys. Only a limited improvement in the Care Index has occurred in the last eight years: on average, just over half of teeth with obvious caries experience were treated with a restoration in the 2013 survey.

Figure 5: Care Index (FT/D_3MFTx100) for P7 children in Scotland; 2005-2013



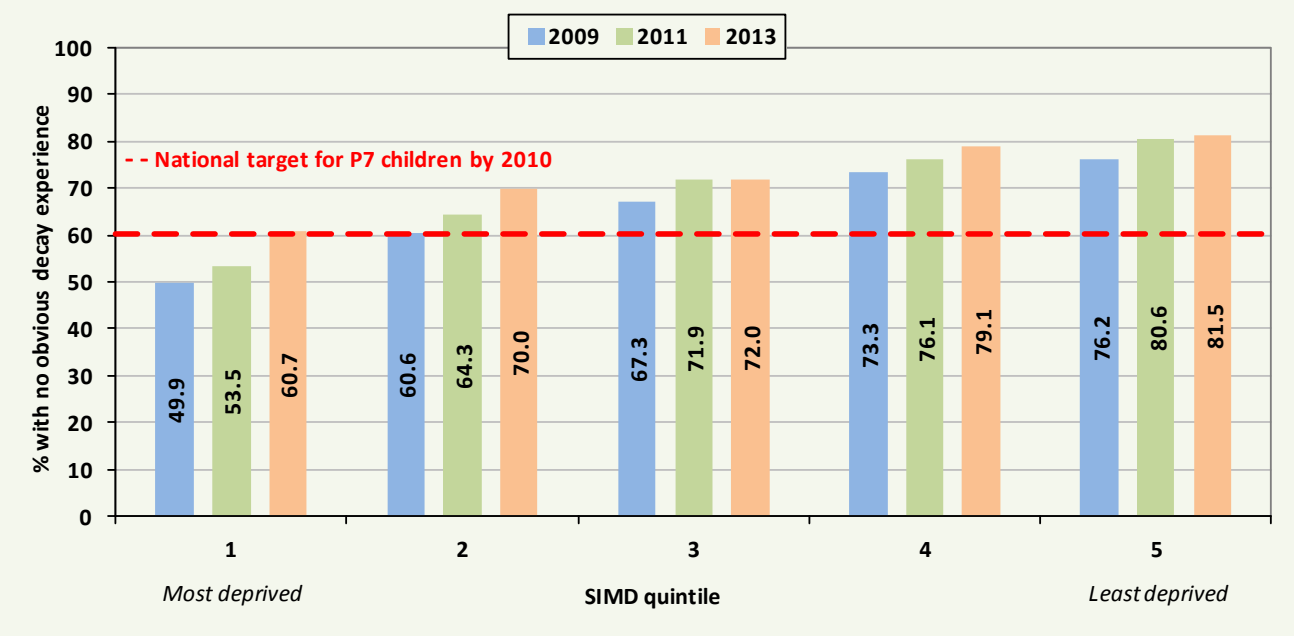
Is there a continuing link between area-based socio-economic deprivation and poor dental health among P7 children in Scotland?

All NDIP surveys on deprivation now report using the Scottish Index of Multiple Deprivation (SIMD)[1]. The SIMD classification identifies small area concentrations of multiple deprivation and is available at data zone level based on postcode unit information. It has seven domains (income, employment, education, housing, health, crime and geographical access), which have been combined into an overall index to rank relative multiple deprivation in all geographical areas throughout Scotland.

The main SIMD classification used here is based on quintiles of deprivation, where quintile 1 is the most deprived and quintile 5 is the least deprived.

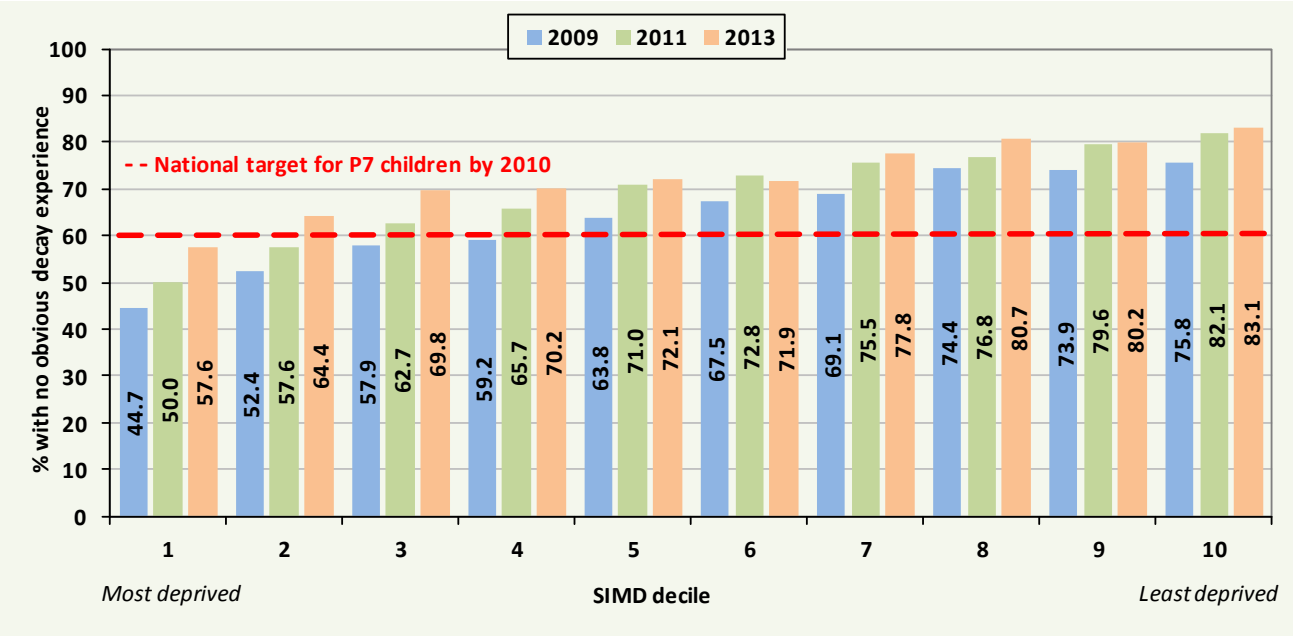
Figure 6 illustrates the difference in dental health between P7 children in the different SIMD quintiles. Each fifth of the population has shown an improvement in dental health since the last survey. However, the major improvement has occurred in the most deprived quintiles, and for the first time all quintiles have now reached the 2010 National Target of 60% with no obvious decay experience. The mean D_3MFT ranged from 0.96 in the most deprived quintile (SIMD1) to 0.36 in the least deprived quintile (SIMD5).

Figure 6: Change between 2009 and 2013 in the proportion of P7 children in Scotland with no obvious decay experience by SIMD quintile



The SIMD decile classification has 10 divisions of deprivation from decile 1 (most deprived) to decile 10 (least deprived) and the results for 2009, 2011 and 2013 are shown in Figure 7.

Figure 7: Change between 2009 and 2013 in the proportion of P7 children in Scotland with no obvious decay experience by SIMD decile



The same pattern is seen with the deciles, with most improvement occurring in the most deprived groups (12.9, 12.0 and 11.9 percentage points between 2009 and 2013 in SIMD1, SIMD2 and SIMD3 respectively).

Measures of dental health inequality

Health inequality can be measured and reported using simple or complex methods. The simple methods compare only two groups on a socio-economic scale, usually the most and least disadvantaged. The simple absolute inequality in dental health has been measured for the three most recent P7 surveys. The difference in percentage of children with no obvious decay experience between those in quintile 1 and quintile 5 was 26.3 percentage points in 2009, 27.1 in 2011 and 20.8 in 2013. The difference in values between the two ends of the decile range was 31.1, 32.1 and 25.5 percentage points in 2009, 2011 and 2013 respectively. These findings indicate a reduction in simple absolute dental health inequality.

It is considered important to look across the whole social gradient, rather than solely at the most and least disadvantaged groups. Such measures are known as complex tests of health inequality. The Slope Index of Inequality (SII) is one of the recommended tests of complex inequality, as it reflects the entire socio-economic status (SES) distribution and weights for the population share in the respective groups. SII may be interpreted as the absolute difference overall in D_3MFT score when moving across the SES spectrum and is indicative of the total experience of individuals in the whole population. It is considered to be a consistent indicator with local populations.

The values for the Slope Index of Inequality over the three most recent studies were 1.14 (2009), 0.95 (2011) and 0.74 (2013). The findings again indicate a reduction in absolute dental health inequalities over time.

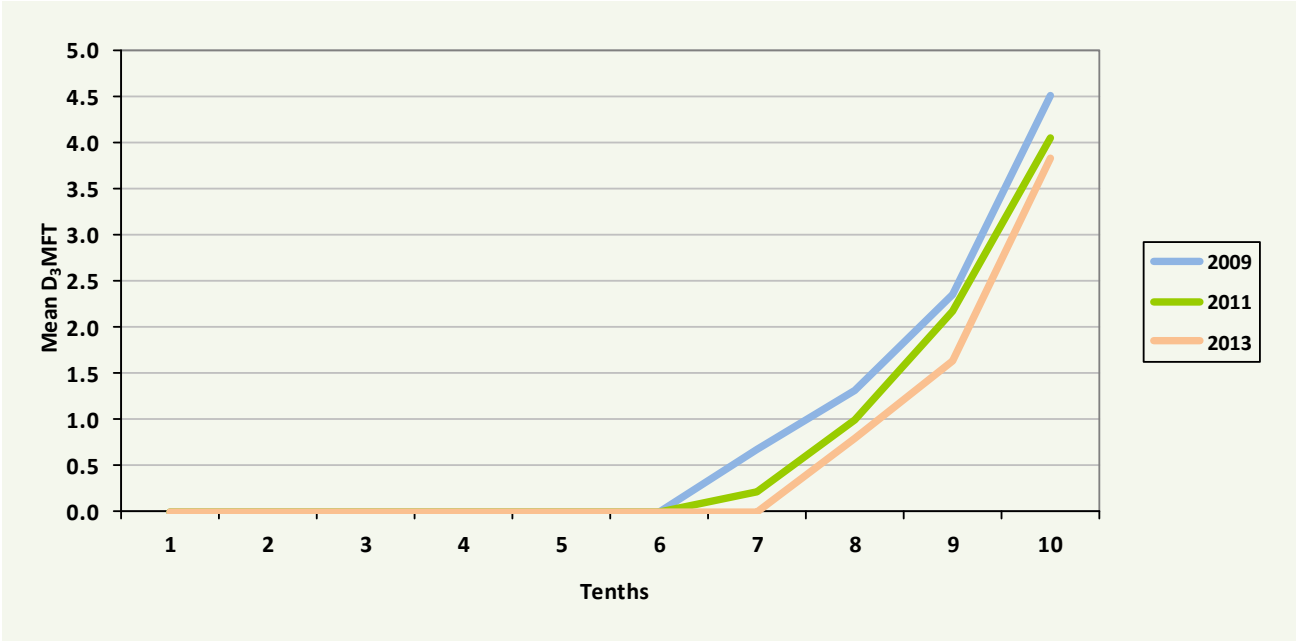
Distribution of obvious decay experience across the population of P7 children in Scotland

The Significant Caries Index (SiC Index)[2] was calculated for each of the three most recent time points by taking the mean D_3MFT for the one third of individuals in each sample with the highest D_3MFT score. The values obtained were 2.55 (2009), 2.24 (2011) and 1.88 (2013). This index is considered to be a non-SES-based test of inequality.

Similarly, Figure 8 shows the mean D_3MFT of each tenth of the sample, with children ranked by the number of teeth with obvious decay experience. The SiC10 values, i.e. mean D_3MFT for the tenth of the sample with the most teeth affected by caries experience, were 4.51 (2009), 4.06 (2011) and 3.84 (2013). The area under the curve in relation to the distribution of the tenths of the population by D_3MFT score is known as the Scottish Caries Inequality Metric (SCIM10)[3]. The SCIM10 values for the respective years were 6.60, 5.42 and 4.35.

These non-SES-based measures of inequality again show a reduction in dental health inequality over time.

Figure 8: Mean D_3MFT in each tenth of the distribution of D_3MFT for P7 children in Scotland; 2009 – 2013



Dental health of the first permanent molar teeth

Across Scotland, 74.5% of P7 children had no obvious decay experience in their first permanent molars. Across the 14 NHS Boards, the range was from 69.0% in Lanarkshire to 83.1% in Shetland. Figure 9 shows the mean D_3MFT for first permanent molars for Scotland and for each NHS Board.

Figure 9: Mean number of obviously decayed, missing and filled first permanent molars in P7 children in 2013 in Scotland and in each NHS Board

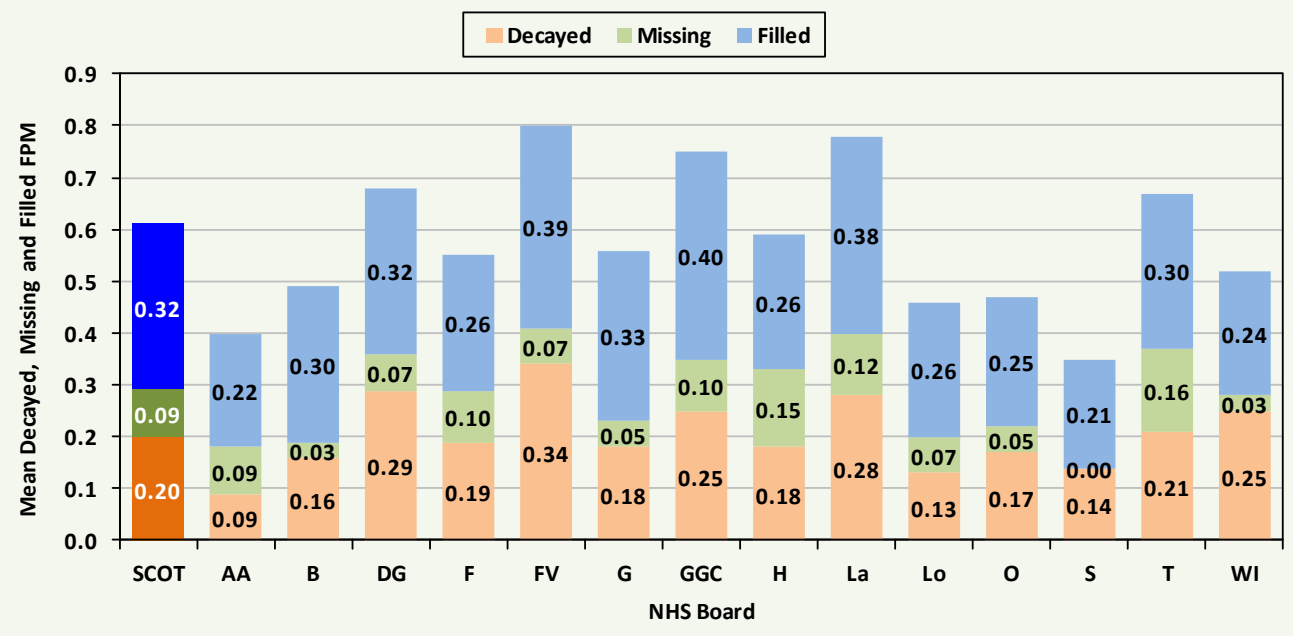
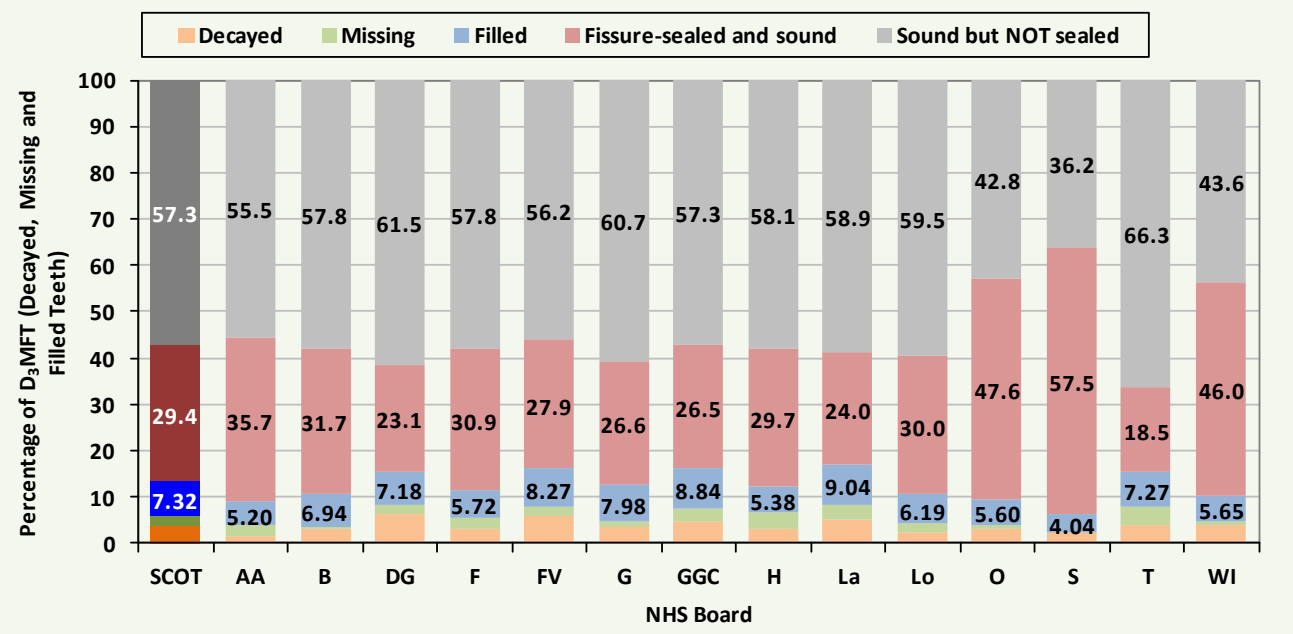


Figure 10 shows the proportion of decayed, missing and filled first permanent molar teeth and also the proportion that are apparently sound or sound and fissure-sealed. The proportion of first permanent molars fissure-sealed and sound varied across NHS Boards from 18.5% in Tayside to 57.5% in Shetland.

Figure 10: Proportion of D_3MFT, fissure-sealed and apparently sound, and apparently sound but NOT sealed first permanent molars in P7 children in 2013 by NHS Board and Scotland



A similar analysis is presented in Figure 11, but this time presenting the status of first permanent molars by SIMD decile. As expected, the proportion of first permanent molars affected by dental disease increases with increasing level of deprivation. The proportion of teeth fissure-sealed and apparently sound is relatively similar across the socio-economic deciles. However, the tenth of the P7 population with the highest level of deprivation has one of the lowest values.

Figure 11: Proportion of D_3MFT, fissure-sealed and apparently sound, and apparently sound but NOT sealed first permanent molars in P7 children in 2013 by SIMD decile

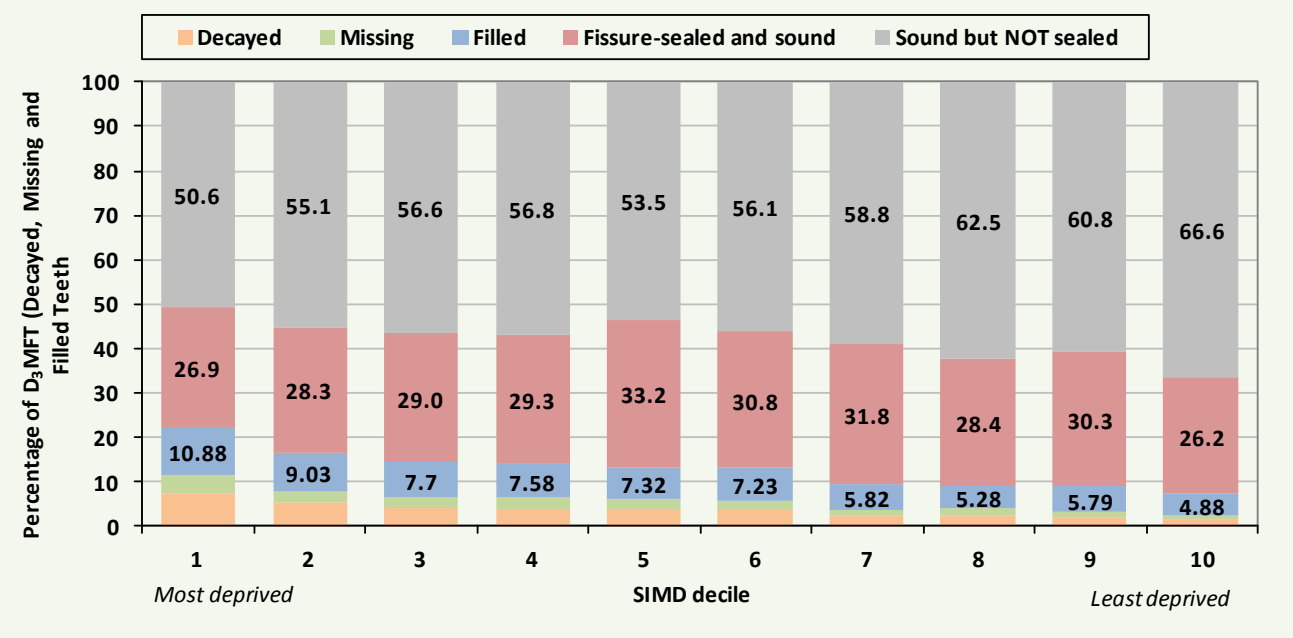


Table 4 shows that approximately 10% of the occlusal surfaces of the first permanent molar teeth inspected were affected by obvious decay experience, i.e. untreated decay or a restoration was present. Additionally, of the first permanent molars inspected with decay experience, in 58% of these teeth the decay or restoration was recorded as being restricted to only the occlusal surface. It is acknowledged that the inspection process will tend to under-report caries on mesial and distal surfaces. Nevertheless, these finding support greater use of fissure sealants.

Table 4: Percentage of surfaces of P7 children's first permanent molars present on inspection affected by decay experience in Scotland in 2013

Tooth		Surface				
		Occlusal (%)	Mesial (%)	Distal (%)	Buccal (%)	Lingual (%)
Upper	16	10.1	2.0	1.4	0.9	1.9
	26	9.9	2.1	1.4	0.9	2.0
Lower	36	10.4	1.4	1.5	2.6	1.7
	46	10.0	1.5	1.4	2.6	1.5

Conclusions

- The oral health of P7 children in Scotland continues to improve. The children inspected in school year 2012/13 would have had access to the national universal tooth brushing programme from 3 years of age and some would have had access to the fluoride varnish programme in primary school.
- It is anticipated this improved level of dental health will be maintained as the Childsmile Programme[4] continues to be refined and implemented at NHS Board level.
- Although clear health inequalities remain – in both absolute and relative terms (across the socio-economic gradient) – these are beginning to reduce, with the SIMD quintiles showing most oral health improvement being those of the most deprived areas. The proportionate universalism approach advocated by the Marmot Review of 2010[5] will continue to be adopted in oral health improvement programmes in an effort to reduce further the gap between the most and least deprived.
- The proportion of teeth with obvious decay experience that had fillings, as seen on the day of inspection (Care Index), was just over 50%. Additionally, the proportion of first permanent molars with fissure sealants was relatively low, particularly in the most deprived groups. The findings are similar to those of 2011 and show the continuing need for the promotion and implementation of the SDCEP guidance document[6] on the prevention and management of caries in children.

Glossary

BASCD	British Association for the Study of Community Dentistry.
Basic Inspection	Simple assessment of the mouth of the child using a light, mirror and ball-ended probe. The dental status of each child is assigned to one of three categories, depending on the level of dental health and treatment need observed.
Buccal	Tooth surface next to cheek.
Care Index	Proportion of obvious decay experience that has been treated restoratively; expressed as number of filled teeth divided by number of obviously decayed, missing and filled teeth, multiplied by 100 [(FT/D_3MFT)x100].
Childsmile	National oral health improvement programme for Scotland.
Deprivation decile	This SIMD classification is based on deciles of deprivation (and is often used for greater depth of geographical analysis): decile 1 is the most deprived and decile 10 is the least deprived.
Deprivation quintile	This SIMD classification is based on quintiles of deprivation: quintile 1 is the most deprived and quintile 5 is the least deprived.
Detailed Inspection	Comprehensive assessment of the mouth of the child using a light, mirror and ball-ended probe. The status of each surface of each tooth is recorded in accordance with international epidemiological conventions.
Distal	Tooth surface towards back of mouth.
D_3MFT	Obvious decay experience in permanent teeth, as noted above; includes both missing teeth (extracted due to decay) and filled teeth.
D_3MFT>0	(Any) amount of decay experience in permanent teeth.
D_3T	Obviously decayed permanent teeth.
Fissure-sealed	Protected from decay via protective plastic coating applied to the biting (occlusal) surfaces of back teeth.
FT	Filled permanent teeth.
LA	Local authority.
Lingual	Tooth surface next to tongue.
Mesial	Situated toward the middle of the front of the jaw along the curve of the dental arch.
MT	Missing permanent teeth.

NHS Board abbreviations	AA: Ayrshire & Arran B: Borders DG: Dumfries & Galloway F: Fife FV: Forth Valley G: Grampian GGC: Greater Glasgow & Clyde H: Highland La: Lanarkshire Lo: Lothian O: Orkney S: Shetland T: Tayside WI: Western Isles
Obvious decay	Disease process that clinically appears to have penetrated dentine (the layer below the outer white enamel of the teeth). This is described internationally as decay at the D_3 level and includes *pulpal decay* (i.e. decay into the deeper pulp).
Occlusal	Chewing or grinding tooth surface.
SES	Socio-economic status.
SII	Slope Index of Inequality. One of the recommended tests of complex inequality, as it reflects the entire SES distribution and weights for the population share in the respective groups. SII may be interpreted as the absolute difference overall in D_3MFT score when moving across the SES spectrum and is indicative of the total experience of individuals in the whole population.
SIMD	Scottish Index of Multiple Deprivation. Classification identifying small area concentrations of multiple deprivation presented at data zone level and based on postcode unit information. Seven domains (income, employment, education, housing, health, crime and geographical access) are combined into an overall index to rank relative multiple deprivation in all geographical areas throughout Scotland.
16: upper right 26: upper left 36: lower left 46: lower right	Numbering of first permanent molar teeth according to FDI World Dental Federation tooth notation system.

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- NHS Boards in Scotland.
- The Community Dental Officers, Senior Dental Officers and Community Dental Service staff who conducted the inspections.
- NHS NSS ISD and the Community Oral Health Section, University of Glasgow Dental School, for the analysis of the results.
- Consultants in Dental Public Health and Chief Administrative Dental Officers Group.
- Scottish Association of Community Dental Directors.

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Further Information

Further information can be found on the ISD website.

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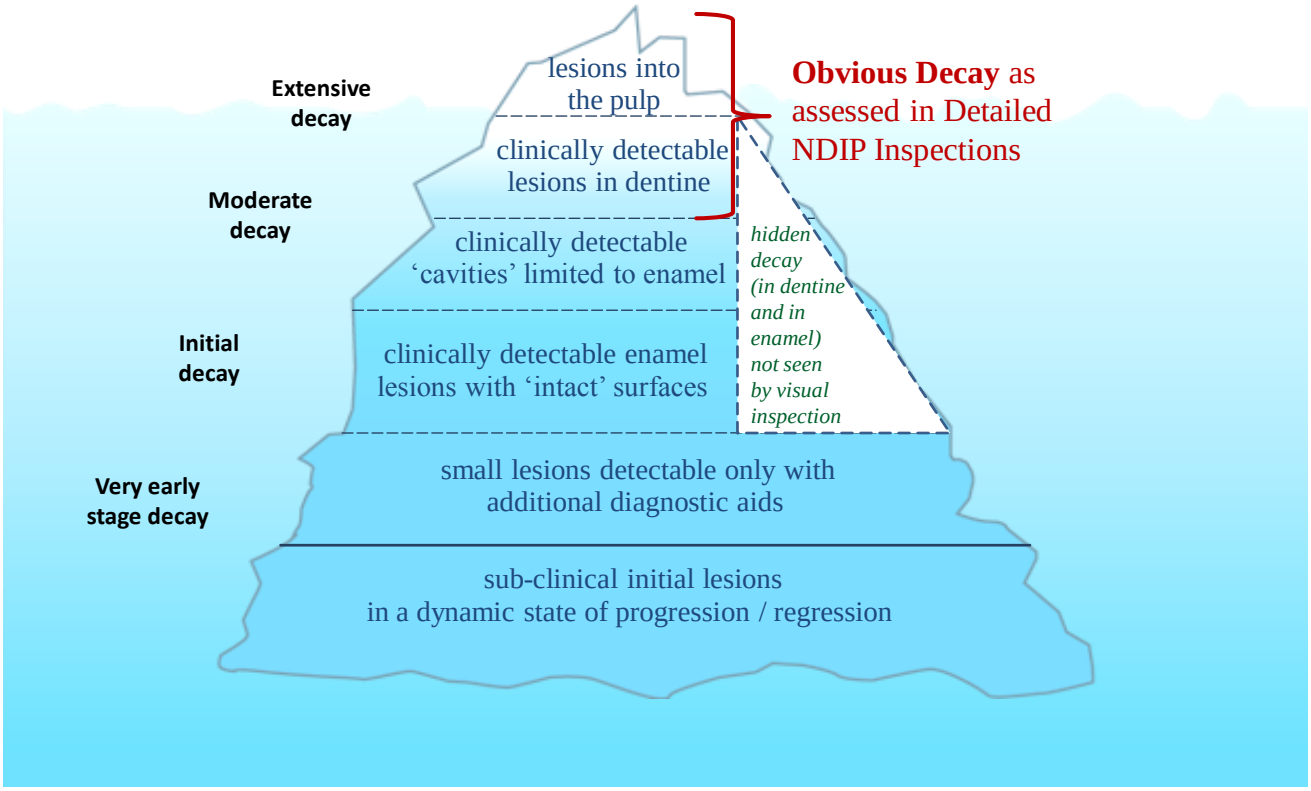
Appendix

A1 – What are the stages of tooth decay?

Dentists use specific professional terms to identify the different stages of tooth decay. However, simpler terms are provided in Diagram 1 below to help illustrate the various stages of tooth decay. The early stages of decay occur at a sub-clinical level and cannot be detected by the naked eye. As decay progresses it can be detected visually, first on the outer surface of the tooth (enamel layer) and then, with further progression, the lesion is clinically detectable in the dentine layer under the enamel. It is decay which has reached this stage that is recorded by the dentists undertaking the NDIP inspections.

Diagram 1: The various stages of tooth decay



A2 – National training and calibration course

The training and calibration course for the detailed NDIP survey of P7 children in Scotland was held in Edinburgh in November 2012. The training course was organised by NHS Lothian and the Public Health Sciences Directorate of NHS Health Scotland.

Mandatory training and calibration were run over three separate courses to accommodate the 50 inspection teams (dentist and dental nurse) who came from all 14 NHS Boards. Training involved sessions on inspection procedures, tooth/surface codes and diagnostic criteria based on the British Association for the Study of Community Dentistry (BASCD) Trainers' Pack[7]. Clinical training sessions were then undertaken on schoolchildren, and were followed by the calibration sessions on a further group of P7 children. Calibration sessions involved each inspection team examining the same 10 children.

Analyses were undertaken by the Community Oral Health Section, University of Glasgow, supported by colleagues in NHS Lothian and NHS National Services Scotland's Information Services Division. Inter-examiner agreement was assessed using the percentage agreement and Kappa statistic assessed at the patient level on DMFT and separately for DT, MT, and FT components.

Cohen Kappa estimates agreement, which is considered[8]:

- *poor* if Kappa ≤ 0.20
- *fair* if 0.21 ≤ Kappa ≤ 0.40
- *moderate* if 0.41 ≤ Kappa ≤ 0.60
- *substantial* if 0.61 ≤ Kappa ≤ 0.80
- *good* if Kappa > 0.80

All 50 inspection teams calibrated with percentage agreement ranging from 97% to 100%, and the Kappa estimates for DMFT scores at the patient level did not drop below moderate. For 13 inspection teams where the Kappa was lower than substantial (due to disagreement on not more than three patients) examiners received local detailed feedback to ensure awareness of variation.

A3 – International comparisons

According to the World Health Organisation (WHO), dental caries is still a major oral health problem in most high- and middle-income countries, affecting 60-90% of schoolchildren and the vast majority of adults[9]. The WHO Global Oral Health Database and the WHO Oral Health Country/Area Profile Programme[10] provide information on trends in dental caries, mainly among 12-year-old children, from 1937.

Recent figures show how dental caries prevalence compares across a large number of countries. However, as some results are from national surveys with representative samples and others relate only to small local surveys, caution is required in making simplistic international comparisons using the raw data. It is also necessary to understand the public health aims behind the WHO 'basic methods' diagnostic criteria employed by most datasets in the databank, and these surveys are only intended to provide an overview of caries prevalence.

International data comparing prevalence and trends in 12-year-olds are available on the Scottish Public Health Observatory (ScotPHO)[11] website (http://www.scotpho.org.uk/health-wellbeing-and-disease/oral-health/data/children-international-data-on-12-year-olds).

A4 – Basic Inspection results

What does the NDIP Basic Inspection consist of?

The *Basic Inspection* involves a simple assessment of the mouth of the child using a light, mirror and ball-ended probe. The dental status of each child is then categorised, depending on the level of dental health and treatment need observed, and parents/carers are advised of this by letter. The information in the letter explains the state of dental health observed in the mouth of the child at the time of the inspection (the letter varies slightly according to whether a P1 or a P7 child has been inspected).

The letter types are as follows:

- Letter A - should seek immediate dental care on account of severe decay or abscess.
- Letter B - should seek dental care in the near future due to one or more of the following: history of tooth decay, a broken or damaged front tooth, tooth wear, poor oral hygiene or may require orthodontics.
- Letter C - no obvious decay experience but should continue to see the family dentist on a regular basis.

The results of the *Basic Inspection* are then anonymised and aggregated. They are used to monitor the impact of local and national NHS oral health improvement programmes and assist in the development of local dental services.

Primary 1 Data

During 2012/13, all P1 classes of Scottish Local Authority schools were invited to participate in the Programme. The *Basic Inspections* were conducted in primary schools in all NHS Board areas, and overall 51,573 P1 children were inspected (Table A1). This represents 91.4% of P1 children who attended mainstream Local Authority schools across Scotland in the 2012/13 school year and whose parents/carers were advised by letter of the oral health of their child.

Table A1: Primary 1 children inspected by NHS Boards during school year 2012/13

NHS Board	Total no. of P1 children in Local Authority schools	Total no. of P1 children inspected	Proportion (%) of P1 children inspected	Proportion (%) of A letters issued	Proportion (%) of B letters issued	Proportion (%) of C letters issued
Ayrshire & Arran	3,876	3,535	91.2	5.7	27.4	66.9
Borders	1,185	1,087	91.7	3.3	23.6	73.0
Dumfries & Galloway	1,521	1,393	91.6	9.1	23.8	67.1
Fife	4,067	3,747	92.1	6.9	25.3	67.9
Forth Valley	3,324	3,101	93.3	9.9	23.7	66.4
Grampian	6,033	5,360	88.8	9.3	20.2	70.5
Greater Glasgow & Clyde	13,052	11,700	89.6	12.4	26.8	60.8
Highland	3,173	2,981	93.9	5.2	27.7	67.1
Lanarkshire	6,503	6,021	92.6	11.2	23.5	65.3
Lothian	8,959	8,130	90.7	8.0	22.3	69.8
Orkney	217	196	90.3	2.0	23.0	75.0
Shetland	275	219	79.6	0.9	32.0	67.1
Tayside	4,005	3,859	96.4	9.6	24.0	66.4
Western Isles	256	244	95.3	7.0	27.9	65.2
Total for Scotland	**56,446**	**51,573**	**91.4**	**9.2**	**24.5**	**66.3**

Primary 7 Data

In total, 45,011 P7 children received a *Basic Inspection.* This represents 78.9% of P7 children attending mainstream Local Authority schools across Scotland (Table A2). As with P1 children, parents/carers of those P7 children who received a *Basic Inspection* were advised by letter of the oral health of their child.

Table A2: Primary 7 children inspected by NHS Boards during school year 2012/13

NHS Board	Total no. of P7 children in Local Authority schools	Total no. of P7 children inspected	Proportion (%) of P7 children inspected	Proportion (%) of A letters issued	Proportion (%) of B letters issued	Proportion (%) of C letters issued
Ayrshire & Arran	3,890	3,232	83.1	1.1	56.9	42.0
Borders	1,235	1,050	85.0	0.9	42.6	56.6
Dumfries & Galloway	1,536	1,186	77.2	2.3	57.6	40.1
Fife	4,109	3,272	79.6	1.8	41.2	57.1
Forth Valley	3,498	2,544	72.7	3.1	51.2	45.7
Grampian	6,022	4,370	72.6	1.7	56.7	41.6
Greater Glasgow & Clyde	12,608	10,383	82.4	3.0	55.3	41.7
Highland	3,577	2,897	81.0	2.2	55.0	42.8
Lanarkshire	6,765	5,440	80.4	2.8	52.4	44.8
Lothian	8,833	6,489	73.5	2.0	53.1	44.9
Orkney	238	201	84.5	3.5	59.2	37.3
Shetland	251	225	89.6	0.9	48.9	50.2
Tayside	4,194	3,515	83.8	1.5	47.3	51.2
Western Isles	310	207	66.8	2.4	70.5	27.1
Total for Scotland	**57,066**	**45,011**	**78.9**	**2.2**	**52.8**	**45.0**

A5 – Results at sub-NHS Board level

This appendix shows the 2013 Detailed NDIP results at Community Health Partnership level, where relevant, for the following variables:

- Mean age
- Weighted % no obvious decay experience
- Weighted mean DMFT
- Weighted mean DMFT for first permanent molar
- Weighted mean DT
- Weighted mean MT
- Weighted mean FT
- Weighted mean number of teeth decayed into the pulp
- Weighted mean number of sealed teeth
- Mean DMFT for children with DMFT>0

Results for sub-NHS Board areas are included here if a minimum of 250 children being sampled was targeted.

Community Health Partnership results for NHS Ayrshire & Arran

		Mean age			
CHP name	n	Mean	Std dev	Minimum	Maximum
East Ayrshire	421	11.5	0.3	10.9	12.6
North Ayrshire	485	11.6	0.3	10.9	12.4
South Ayrshire	348	11.4	0.3	10.8	12.2

	Weighted % no obvious decay experience		
CHP name	%	Lower 95% CL	Upper 95% CL
East Ayrshire	81.0	77.9	84.2
North Ayrshire	77.4	74.4	80.4
South Ayrshire	84.2	80.9	87.6

	Weighted mean DMFT		
CHP name	Mean DMFT	Lower 95% CL	Upper 95% CL
East Ayrshire	0.4	0.3	0.4
North Ayrshire	0.4	0.4	0.5
South Ayrshire	0.4	0.3	0.5

	Weighted mean DT		
CHP name	Mean DT	Lower 95% CL	Upper 95% CL
East Ayrshire	0.1	0.1	0.2
North Ayrshire	0.1	0.1	0.1
South Ayrshire	0.1	0.0	0.1

	Weighted mean MT		
CHP name	Mean MT	Lower 95% CL	Upper 95% CL
East Ayrshire	0.0	0.0	0.1
North Ayrshire	0.1	0.0	0.1
South Ayrshire	0.1	0.1	0.2

	Weighted mean FT		
CHP name	Mean FT	Lower 95% CL	Upper 95% CL
East Ayrshire	0.2	0.1	0.2
North Ayrshire	0.3	0.2	0.3
South Ayrshire	0.2	0.1	0.3

CHP name	Weighted mean DMFT for first permanent molar		
	Mean DMFTfpm	Lower 95% CL	Upper 95% CL
East Ayrshire	0.3	0.3	0.4
North Ayrshire	0.4	0.3	0.4
South Ayrshire	0.3	0.2	0.4

CHP name	Weighted mean number of teeth decayed into the pulp		
	Mean PT	Lower 95% CL	Upper 95% CL
East Ayrshire	0.0	0.0	0.0
North Ayrshire	0.0	0.0	0.0
South Ayrshire	0.0	0.0	0.0

CHP name	Weighted mean number of sealed teeth		
	Mean ST	Lower 95% CL	Upper 95% CL
East Ayrshire	1.7	1.6	1.9
North Ayrshire	1.6	1.4	1.7
South Ayrshire	1.6	1.4	1.8

CHP name		Mean DMFT for children with DMFT>0		
	n	Mean	Lower 95% CL	Upper 95% CL
East Ayrshire	79	1.9	1.6	2.2
North Ayrshire	119	1.9	1.7	2.1
South Ayrshire	55	2.3	1.9	2.7

Community Health Partnership results for NHS Fife

CHP name	Mean age n	Mean	Std dev	Minimum	Maximum
Dunfermline & West Fife	468	11.4	0.3	10.8	12.9
Glenrothes & North East Fife	349	11.5	0.4	10.7	12.8
Kirkcaldy & Levenmouth	280	11.5	0.3	10.8	12.4

CHP name	Weighted % no obvious decay experience %	Lower 95% CL	Upper 95% CL
Dunfermline & West Fife	73.7	70.1	77.3
Glenrothes & North East Fife	77.8	73.9	81.7
Kirkcaldy & Levenmouth	69.6	64.8	74.4

CHP name	Weighted mean DMFT Mean DMFT	Lower 95% CL	Upper 95% CL
Dunfermline & West Fife	0.5	0.5	0.6
Glenrothes & North East Fife	0.4	0.3	0.5
Kirkcaldy & Levenmouth	0.7	0.5	0.8

CHP name	Weighted mean DT Mean DT	Lower 95% CL	Upper 95% CL
Dunfermline & West Fife	0.3	0.2	0.3
Glenrothes & North East Fife	0.1	0.1	0.2
Kirkcaldy & Levenmouth	0.2	0.1	0.2

CHP name	Weighted mean MT Mean MT	Lower 95% CL	Upper 95% CL
Dunfermline & West Fife	0.1	0.0	0.1
Glenrothes & North East Fife	0.1	0.0	0.1
Kirkcaldy & Levenmouth	0.2	0.1	0.2

CHP name	Weighted mean FT		
	Mean FT	Lower 95% CL	Upper 95% CL
Dunfermline & West Fife	0.2	0.2	0.3
Glenrothes & North East Fife	0.2	0.2	0.3
Kirkcaldy & Levenmouth	0.4	0.3	0.5

CHP name	Weighted mean DMFT for first permanent molar		
	Mean DMFTfpm	Lower 95% CL	Upper 95% CL
Dunfermline & West Fife	0.4	0.4	0.5
Glenrothes & North East Fife	0.4	0.3	0.4
Kirkcaldy & Levenmouth	0.6	0.5	0.7

CHP name	Weighted mean number of teeth decayed into the pulp		
	Mean PT	Lower 95% CL	Upper 95% CL
Dunfermline & West Fife	0.0	0.0	0.0
Glenrothes & North East Fife	0.0	0.0	0.0
Kirkcaldy & Levenmouth	0.0	0.0	0.0

CHP name	Weighted mean number of sealed teeth		
	Mean ST	Lower 95% CL	Upper 95% CL
Dunfermline & West Fife	1.4	1.3	1.5
Glenrothes & North East Fife	1.4	1.2	1.5
Kirkcaldy & Levenmouth	1.4	1.2	1.5

CHP name	Mean DMFT for children with DMFT>0			
	n	Mean	Lower 95% CL	Upper 95% CL
Dunfermline & West Fife	124	2.1	1.9	2.4
Glenrothes & North East Fife	75	1.9	1.6	2.2
Kirkcaldy & Levenmouth	86	2.2	1.9	2.5

Community Health Partnership results for NHS Grampian

CHP name	Mean age n	Mean	Std dev	Minimum	Maximum
Aberdeen City	316	11.6	0.3	10.9	12.7
Aberdeenshire	484	11.6	0.3	10.8	12.7
Moray	297	11.5	0.3	10.5	12.3

CHP name	Weighted % no obvious decay experience %	Lower 95% CL	Upper 95% CL
Aberdeen City	77.8	73.5	82.1
Aberdeenshire	70.8	66.9	74.7
Moray	72.4	67.6	77.2

CHP name	Weighted mean DMFT Mean DMFT	Lower 95% CL	Upper 95% CL
Aberdeen City	0.5	0.3	0.6
Aberdeenshire	0.6	0.5	0.8
Moray	0.6	0.4	0.7

CHP name	Weighted mean DT Mean DT	Lower 95% CL	Upper 95% CL
Aberdeen City	0.2	0.1	0.2
Aberdeenshire	0.2	0.2	0.3
Moray	0.2	0.1	0.2

CHP name	Weighted mean MT Mean MT	Lower 95% CL	Upper 95% CL
Aberdeen City	0.1	0.0	0.1
Aberdeenshire	0.0	0.0	0.1
Moray	0.0	0.0	0.1

CHP name	Weighted mean FT Mean FT	Lower 95% CL	Upper 95% CL
Aberdeen City	0.2	0.2	0.3
Aberdeenshire	0.4	0.3	0.5
Moray	0.4	0.3	0.5

CHP name	Weighted mean DMFT for first permanent molar		
	Mean DMFTfpm	Lower 95% CL	Upper 95% CL
Aberdeen City	0.4	0.3	0.4
Aberdeenshire	0.6	0.5	0.6
Moray	0.5	0.4	0.6

CHP name	Weighted mean number of teeth decayed into the pulp		
	Mean PT	Lower 95% CL	Upper 95% CL
Aberdeen City	0.0	0.0	0.0
Aberdeenshire	0.0	0.0	0.0
Moray	0.0	0.0	0.1

CHP name	Weighted mean number of sealed teeth		
	Mean ST	Lower 95% CL	Upper 95% CL
Aberdeen City	0.6	0.4	0.7
Aberdeenshire	1.3	1.1	1.4
Moray	1.4	1.2	1.6

CHP name		Mean DMFT for children with DMFT>0		
	n	Mean	Lower 95% CL	Upper 95% CL
Aberdeen City	72	2.1	1.8	2.5
Aberdeenshire	153	2.3	2.0	2.5
Moray	79	2.0	1.7	2.3

Community Health Partnership results for NHS Greater Glasgow & Clyde

		Mean age			
CHP name	n	Mean	Std dev	Minimum	Maximum
East Dunbartonshire	333	11.5	0.3	10.9	12.4
East Renfrewshire	331	11.5	0.3	10.6	12.4
Glasgow City	1,381	11.5	0.3	10.8	12.9
Inverclyde	375	11.5	0.3	10.8	12.6
Renfrewshire	430	11.5	0.3	10.8	13.0
West Dunbartonshire	388	11.5	0.3	10.9	12.4

	Weighted % no obvious decay experience		
CHP name	%	Lower 95% CL	Upper 95% CL
East Dunbartonshire	77.0	73.2	80.9
East Renfrewshire	80.1	76.2	84.0
Glasgow City	60.6	58.4	62.9
Inverclyde	66.4	62.6	70.1
Renfrewshire	75.4	71.7	79.0
West Dunbartonshire	68.4	64.8	72.1

	Weighted mean DMFT		
CHP name	Mean DMFT	Lower 95% CL	Upper 95% CL
East Dunbartonshire	0.5	0.4	0.6
East Renfrewshire	0.3	0.3	0.4
Glasgow City	1.0	0.9	1.0
Inverclyde	0.8	0.7	0.9
Renfrewshire	0.6	0.5	0.7
West Dunbartonshire	0.7	0.6	0.8

CHP name	Weighted mean DT		
	Mean DT	Lower 95% CL	Upper 95% CL
East Dunbartonshire	0.1	0.1	0.2
East Renfrewshire	0.1	0.1	0.1
Glasgow City	0.3	0.3	0.4
Inverclyde	0.1	0.1	0.2
Renfrewshire	0.2	0.1	0.3
West Dunbartonshire	0.3	0.2	0.3

CHP name	Weighted mean MT		
	Mean MT	Lower 95% CL	Upper 95% CL
East Dunbartonshire	0.0	0.0	0.1
East Renfrewshire	0.0	0.0	0.0
Glasgow City	0.1	0.1	0.2
Inverclyde	0.1	0.1	0.2
Renfrewshire	0.1	0.1	0.2
West Dunbartonshire	0.1	0.1	0.1

CHP name	Weighted mean FT		
	Mean FT	Lower 95% CL	Upper 95% CL
East Dunbartonshire	0.3	0.2	0.4
East Renfrewshire	0.2	0.2	0.3
Glasgow City	0.5	0.4	0.5
Inverclyde	0.5	0.4	0.6
Renfrewshire	0.3	0.2	0.4
West Dunbartonshire	0.4	0.3	0.4

CHP name	Weighted mean DMFT for first permanent molar		
	Mean DMFTfpm	Lower 95% CL	Upper 95% CL
East Dunbartonshire	0.5	0.4	0.6
East Renfrewshire	0.3	0.2	0.4
Glasgow City	0.8	0.7	0.8
Inverclyde	0.7	0.6	0.8
Renfrewshire	0.5	0.4	0.6
West Dunbartonshire	0.6	0.5	0.7

CHP name	Weighted mean number of teeth decayed into the pulp		
	Mean PT	Lower 95% CL	Upper 95% CL
East Dunbartonshire	0.0	0.0	0.0
East Renfrewshire	0.0	0.0	0.0
Glasgow City	0.1	0.0	0.1
Inverclyde	0.0	0.0	0.0
Renfrewshire	0.0	0.0	0.0
West Dunbartonshire	0.0	0.0	0.1

CHP name	Weighted mean number of sealed teeth		
	Mean ST	Lower 95% CL	Upper 95% CL
East Dunbartonshire	1.2	1.0	1.3
East Renfrewshire	1.2	1.0	1.3
Glasgow City	1.2	1.2	1.3
Inverclyde	1.6	1.5	1.8
Renfrewshire	1.7	1.5	1.9
West Dunbartonshire	1.0	0.9	1.1

CHP name	n	Mean DMFT for children with DMFT>0 Mean	Lower 95% CL	Upper 95% CL
East Dunbartonshire	81	2.2	1.9	2.5
East Renfrewshire	65	1.8	1.5	2.1
Glasgow City	554	2.4	2.3	2.6
Inverclyde	130	2.4	2.1	2.6
Renfrewshire	106	2.3	2.0	2.6
West Dunbartonshire	124	2.4	2.1	2.6

Community Health Partnership results for NHS Lanarkshire

		Mean age			
CHP name	n	Mean	Std dev	Minimum	Maximum
North Lanarkshire	582	11.5	0.3	10.8	12.8
South Lanarkshire	743	11.5	0.3	10.9	12.5

	Weighted % no obvious decay experience		
CHP name	%	Lower 95% CL	Upper 95% CL
North Lanarkshire	64.0	60.3	67.7
South Lanarkshire	68.1	65.1	71.1

	Weighted mean DMFT		
CHP name	Mean DMFT	Lower 95% CL	Upper 95% CL
North Lanarkshire	0.8	0.7	1.0
South Lanarkshire	0.7	0.7	0.8

	Weighted mean DT		
CHP name	Mean DT	Lower 95% CL	Upper 95% CL
North Lanarkshire	0.3	0.2	0.4
South Lanarkshire	0.3	0.2	0.3

	Weighted mean MT		
CHP name	Mean MT	Lower 95% CL	Upper 95% CL
North Lanarkshire	0.1	0.1	0.1
South Lanarkshire	0.1	0.1	0.1

	Weighted mean FT		
CHP name	Mean FT	Lower 95% CL	Upper 95% CL
North Lanarkshire	0.4	0.4	0.5
South Lanarkshire	0.3	0.3	0.4

CHP name	Weighted mean DMFT for first permanent molar		
	Mean DMFTfpm	Lower 95% CL	Upper 95% CL
North Lanarkshire	0.7	0.6	0.8
South Lanarkshire	0.6	0.6	0.7

CHP name	Weighted mean number of teeth decayed into the pulp		
	Mean PT	Lower 95% CL	Upper 95% CL
North Lanarkshire	0.0	0.0	0.1
South Lanarkshire	0.0	0.0	0.1

CHP name	Weighted mean number of sealed teeth		
	Mean ST	Lower 95% CL	Upper 95% CL
North Lanarkshire	1.0	0.9	1.1
South Lanarkshire	1.0	0.9	1.1

CHP name		Mean DMFT for children with DMFT>0		
	n	Mean	Lower 95% CL	Upper 95% CL
North Lanarkshire	199	2.3	2.1	2.5
South Lanarkshire	246	2.3	2.2	2.5

A6 – Authors

This report, which is published by ISD Scotland on behalf of the Scottish Dental Epidemiology Co-ordinating Committee, has been prepared by the NDIP Report Writing Group, whose membership is as follows:

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A7 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	National Dental Inspection Programme (NDIP) 2013.
Description	This report presents the results of the programme of children's dental inspections carried out in Scotland during school year 2012/13.
Theme	Dental care.
Topic	Children's dental health.
Format	PDF.
Data source(s)	2013 National Dental Inspection Programme database.
Date that data are acquired	Various dates during school year 2012/13.
Release date	29th October 2013.
Frequency	Annual.
Timeframe of data and timeliness	School year ending June 2013; four months in arrears.
Continuity of data	Reports annually.
Revisions statement	These data are not subject to planned major revisions. However, ISD aims to continually improve the interpretation of the data and therefore analysis methods are regularly reviewed and may be updated in future.
Revisions relevant to this publication	None.
Concepts and definitions	See Glossary, Appendix and References.
Relevance and key uses of the statistics	The principal aims of the National Dental Inspection Programme (NDIP) are to gather information to inform parents/carers of the oral health status of their children and, through appropriately anonymised, aggregated data, advise the Scottish Government, NHS Boards and other organisations concerned with children's health of oral disease prevalence at national and local levels.
Accuracy	These data are regarded as highly accurate.
Completeness	These data are regarded as suitably complete.
Comparability	Each annual NDIP report has two levels: a Basic Inspection (intended for all P1 and P7 children) and a Detailed Inspection (where a representative sample of either the P1 or the P7 age group is inspected in alternate years).
Accessibility	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 at: http://www.isdscotland.org/Health-Topics/Dental-Care/National-Dental-Inspection-Programme/.
Value type and unit of measurement	Various dental/epidemiological and demographic units of measurement.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	Official Statistics.
UK Statistics Authority Assessment	Not assessed at this time.
Last published	27th November 2012.
Next published	28th October 2014.

Date of first publication	31st December 2003 (reviewed 3rd March 2008).
Help email	nss.isd-dental-info@nhs.net
Date form completed	15/10/2013

A8 – 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

Extended Pre-Release Access of 8 working days 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)

A9 – ISD and Official Statistics

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.

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.