

Consultation on changes to HSCIC Statistics 2016/17 – 2018/19

April 2016

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Overview

The role of the HSCIC is to improve health and social care in England by putting technology, data and information to work. We are the centre of excellence and leadership in the development and use of technology, data and information.

The HSCIC publishes around 90 series of Official Statistics and National Statistics each year (<http://www.hscic.gov.uk/statisticsa-z>). Use of health and care statistics helps those involved to manage the system more effectively, commission better services, understand public health trends in more detail, develop new treatments and monitor the safety and effectiveness of care providers.

The HSCIC Strategy 2015-20 (<http://www.hscic.gov.uk/hscicstrategy>) sets out that over the next few years we are committed to analysing and making openly available data, statistical information and insights about the health and social care sector in ways which better meet our user needs. This work will allow citizens to make informed choices about their own care. It will help care professionals make better and safer decisions, support policymakers, and facilitate better commissioning of health and care services. It will spotlight datasets that may be accessed for further analysis by research organisations.

However, these changes come at a time when spending on central services is being squeezed. The Government Spending Review 2015 reduces HSCIC core grant-in-aid funding by 30% by 2019/20 which means we must better prioritise our current services while maintaining our statutory obligations and producing high quality products and services at a lower cost. It is inevitable given the scale of the challenge that we will have to do some things differently, stop some statistical work or scale back where products are not adding the maximum value for money.

We are therefore proposing a series of changes over the next three years which will help us to better prioritise resources from our stretched budget while developing our statistical products to better meet the needs of our users. We are making the changes necessary to enable us to produce high quality statistics suited to support a modern health and care system and help Britain make better decisions.

We have considered feedback from the HSCIC Publication Strategy consultation of 2014 (<http://www.hscic.gov.uk/publication-strategy>) to help prioritise the proposals in this consultation. We are also working with the Office for National Statistics, the Department of Health and other bodies producing official statistics on health and social care to consider the wider impact of the proposed changes across the system.

This consultation will also feed into work the UK Statistics Authority is leading to enhance English health and care system statistics (<https://www.statisticsauthority.gov.uk/publication/health-and-care-statistics-in-england-the-statistics-authoritys-direction-of-travel/>).

The Proposals

We are asking for your views on four proposed changes to our products and services:

- A. Changing how we publish our statistics, including merging some existing publications, reducing commentary about some statistics and/or disseminating data tables in different ways
- B. Reducing the scope of some of our collections and the related published statistics
- C. Publishing some of our statistics less frequently
- D. Stopping production of some statistics altogether

For completeness, we are also asking for comments on our statistics where we are making no proposals for changes at this time.

We need to ask you what you want on a regular basis to know whether our products and services meet your needs. This is your opportunity to tell us what matters to you and help us understand how we can make the changes we need to with as little disruption to your work as possible.

We will only stop producing some statistics altogether as a last resort. We intend to make the majority of savings from efficiencies by changing how we publish our statistics and publishing some statistics less frequently. Your feedback will help us to prioritise where we can reduce spending with the minimal impact on users.

If you do have any questions or require further information please get in touch.

The proposals in this consultation do not include specific details about minor or routine changes of continuous improvement to our statistical products. Nor do they include any proposals to change the methods by which we collect or calculate our statistics – any such changes will be consulted on separately.

How to respond

You can respond online using the consultation survey at <https://www.surveymonkey.co.uk/r/HSCICPublications>.

If you are unable to complete the survey online you can submit your response in this Word version by email to enquiries@hscic.gov.uk with the subject heading stating 'Changes to HSCIC Statistics Consultation', or post to Statistical Services, The Health and Social Care Information Centre, 1 Trevelyan Square, Boar Lane, Leeds, LS1 6AE. The consultation home page is at <http://www.hscic.gov.uk/article/7041>.

The consultation will close on **27 June 2016**.

We will publish an initial summary of our findings within 12 weeks of the consultation close date.

The information you provide in your response will be used by us only for purposes relating to this consultation. It will not be disclosed to any third parties or used for any other purpose without your permission. HSCIC undertakes to keep your information secure until the time when it is no longer required, when it will be destroyed by secure means. If you have any queries, please email enquiries@hscic.gov.uk.

A) Changing how we publish

We currently provide a variety of outputs for each of our statistical publications. We would like to change the balance of these outputs to better reflect the priority needs of a wider range of users.

Each of our publications has its own page on the HSCIC website. This includes links to information about metadata, data quality, methodology, potential usage and who has had 24 hour pre-release access to the statistics.

There are a range of other outputs which can be included as part of one publication. These are described in the table below.

Product		
1	Open Data	Machine readable open data CSV files and survey data available via the UK Data Archive
2	Key Facts shown as data visualisations / infographics	Attractive, accessible presentation of headline facts. For example see the Breast Screening Programme summary infographic at http://www.hscic.gov.uk/catalogue/PUB20018/bres-scre-prog-eng-2014-15-inf.pdf
3	Summary	High level, user friendly summary. For an example see the National Diabetes Audit report at http://www.hscic.gov.uk/catalogue/PUB19900/nati-diab-rep1-audi-2013-15.pdf
4	Detailed report (usually a pdf file)	Includes high-level commentary, interpretation, analysis and static charts
5	Data tables	Static tables of data, usually in Excel
6	Accessible outputs	Includes easy read versions, videos, presentations, posters, training materials, eBooks
7	User selectable analytical tools	Allows users to select subset of data and pivot, drill-down, present in graphical format etc . For example see the provider analysis spreadsheet for the Maternity Services Monthly Statistics at http://www.hscic.gov.uk/pubs/msmssep15exp
8	Social media presence	Online, interactive communications channels (eg Twitter) aimed at community-based input, interaction, content-sharing and collaboration

In future, we would like to generally focus more of our resources on 1, 2, 3 and 8 and less of our resources on 4. Resources on 5, 6 and 7 will vary according to the specific product. This means that we will generally provide less detailed commentary around our statistics, but all of the same data, potentially quicker.

We would look to divert some of the resources we save by this approach into providing more information about topics that add the most value, for example by joining up information from multiple data sources to present a holistic view on a particular theme.

The HSCIC statistical releases listed in Annex A would be subject to this change.

Questions (Please respond to these questions in the table in Annex A)

1. ***What would be the impact of the change proposed in Annex A? (For each HSCIC statistical release, please select Do not use, High, Medium or Low impact)***
2. ***Please describe the impact of the change on you/your work?***
3. ***Do you have any suggestions for topics or themes where you would like us to provide more analysis? Please explain why this would be useful to you.***
4. ***Do you have any other comments on the proposals in this section?***

B) Reducing the scope of what we publish

Some of our products and services can be made more efficient by reducing the scope of the information that we publish.

In some cases this means collecting less information in the first place; in others we are proposing to stop routinely analysing certain topics within our statistical publications.

The HSCIC statistical releases listed at Annex B would be subject to this change.

Questions (Please respond to these questions in the table in Annex B)

5. ***What would be the impact of the change proposed in Annex B? (For each HSCIC statistical release, please select Do not use, High, Medium or Low impact)***
6. ***Please describe the impact of the change on you/your work?***
7. ***Do you have any other comments on the proposals in this section?***

C) Producing statistics less frequently

In the past, we have aimed to publish statistics as frequently as we can. As many of our statistics are derived from administrative systems, this has meant a move towards more frequent (in many cases monthly) statistics with very little commentary. While there is often a need for managers of the NHS and care services to have access to granular level data (eg by individual NHS Trust) in order for them to do their job, the need for very frequent statistics is sometimes less clear. In these cases it could make more sense to publish statistics less frequently (eg quarterly instead of monthly) and provide more interpretation about the statistics that we publish. Access to data for management purposes would be unaffected.

We are proposing this change where longer-term trends in time series are relatively stable or where mid-year estimates are less reliable or could be potentially misleading.

The HSCIC statistical releases listed at Annex C would be subject to this change.

Questions (Please respond to these questions in the table in Annex C)

8. ***What would be the impact of the change proposed in Annex C? (For each HSCIC statistical release, please select Do not use, High, Medium or Low impact)***

9. ***Please describe the impact of the change on you/your work?***

10. ***Do you have any other comments on the proposals in this section?***

D) Stopping products and services

We regularly review our statistics and analyses to try and ensure that they continue to meet users' needs. Feedback received about some products suggests they are of lower priority to users. We propose to be more efficient by stopping those products and services that have the lowest priority. We are therefore asking for your views to help us understand what impact this would have on your decision making in order to help us prioritise our resources on those outputs and services that matter most to you.

The HSCIC statistical releases listed at Annex D would be subject to this change.

This list includes statistics that are duplicated elsewhere, where the user need is less clear or where there are issues with data quality which makes the statistics unreliable. Some of the products are dependent upon external funding and it is unlikely that we would stop the output if external funding was available.

Questions (Please respond to these questions in the table in Annex D)

11. ***What would be the level of impact of stopping the statistics in Annex D? (For each HSCIC statistical release, please select Do not use, High, Medium or Low impact)***

12. ***Please describe the impact if we stopped producing the statistics you use?***

13. ***Are there any other sources of funding that could be used for any of these statistics?***

14. ***Do you have any other comments on the proposals in this section?***

E) Products and services unaffected by this consultation

For completeness, Annex E lists those statistics where we are making no further proposals for changes at this time. This includes series which are undergoing changes following separate consultation exercises as well as new series which are in early stages of development.

15. ***Do you have any comments on the status of the products in this section?*** (Please respond in the table in Annex E)

About you

To help us better understand your needs, we would like to know a bit about you. We only intend to use this information for analysis purposes.

Are you answering this questionnaire on behalf of an organisation or as an individual?

On behalf of an organisation

What is your name?

Habib Kadiri

What is your organisation (if applicable)?

The Institute of Alcohol Studies

What is your email address?

hkadiri@ias.org.uk

What is your telephone number?

02072224001

What sector do you work in? This will assist us in monitoring the range of users the consultation has reached.

- Voluntary and charity (alcohol policy NGO)

Your response

To support transparency in our decision making, responses to this consultation will be made public. This will include the name of your organisation, and with your permission, also your name.

Please let us know if you are content for your name to be published. We will not publish personal contact details. Any information provided in response to this consultation could be made publicly available if requested under a Freedom of Information request. The information you send us may be passed to other parts of Government.

I am content for the name of the organisation's name to be published, but not my name

May we contact you to discuss your response to this consultation? This may be to follow up any specific points that we need to clarify.

Yes

Are you happy for us to contact you about future HSCIC consultations and surveys?

Yes

Overall, how satisfied were you with our consultation process? (Please choose from: very satisfied, satisfied, neither, dissatisfied, very dissatisfied)

Satisfied

Annex A: Statistical products which could be affected by the proposal to change how we publish

Ref	Product	Proposal Details	Link	Q1. Select the level of impact of the change proposed?	Q2. Describe the impact of the change on you/ your work?	Q3. Do you have any suggestions for topics or themes where you would like us to provide more analysis? Please explain why this would be useful to you.	Q4. Do you have any other comments?
A1	Estates Return Information Collection (ERIC)	We will split the publication into two stages – an initial release of the base data with a short summary, followed by a more detailed public-facing publication some weeks later. Therefore data will be in the public domain at the earliest possible opportunity – probably some six weeks sooner that it would be.	Estates Return Information Collection (ERIC)	Do not use			
A2	NHS Outcomes Framework	We will reduce commentary, develop the dashboard and publish information in one location. Also see ref B1 and C1.	NHS Outcomes Framework	Do not use			

Ref	Product	Proposal Details	Link	Q1. Select the level of impact of the change proposed?	Q2. Describe the impact of the change on you/ your work?	Q3. Do you have any suggestions for topics or themes where you would like us to provide more analysis? Please explain why this would be useful to you.	Q4. Do you have any other comments?
A3	Health Survey for England	<p>Annual report (volume 1) has previously covered a mix of regular and infrequent topics depending on the survey content each year. This report will be shorter and report on fewer topics in detail. There may be fewer tables on regular topics such as social care, obesity, alcohol and smoking in some years in future: maybe a small number of core tables each year with some additional tables that vary over the years.</p> <p>Population estimates tables and trend tables are unaffected. Commentary about trends will continue.</p> <p>The underlying dataset would still be made available via the UK Data Service archive.</p> <p>Also see ref B3.</p>	<p>Health Survey for England</p> <p>Health Survey for England: Trend Tables</p>	High impact	<p>A shorter report with fewer tables on regular topics [alcohol] in detail runs the risk of limiting our ability to interpret alcohol-related data as they become available, and therefore to make well-informed policy suggestions.</p> <p>However, this threat is minimised by the prospect of the continuation of population estimates tables and trend tables, and commentary about trends. Therefore, for us, retention of the complete underlying datasets is crucial.</p>	<p>A comparison with the headline figures of the respective agencies that collate the data from the other home nations would be useful (i.e. <i>Health Survey England</i> versus Wales, Scotland, Northern Ireland). This would be useful in order for us to have a complete picture of the annual changes in health standards across the entire United Kingdom.</p>	<p>In the interests of accuracy and consistency, the 'Alcohol consumption' volume of the HSE should include the broader Public Health England LAPE figure on the number of alcohol deaths alongside the ONS number. It is important to state the fact that, to paraphrase <i>Statistics on Alcohol</i> (2015 release), Public Health England alcohol deaths estimates are higher than the ONS's because they include all alcohol-specific conditions, as opposed to recording only those causes regarded as being most directly due to drinking.</p>

Ref	Product	Proposal Details	Link	Q1. Select the level of impact of the change proposed?	Q2. Describe the impact of the change on you/ your work?	Q3. Do you have any suggestions for topics or themes where you would like us to provide more analysis? Please explain why this would be useful to you.	Q4. Do you have any other comments?
A4	Breast Screening Programme, England (Annual)	We will reduce commentary and increase use of infographic type presentation. Data tables unaffected.	Breast Screening Programme	Do not use			
A5	Cervical screening programme, England (Annual)	We will reduce commentary and increase use of infographic type presentation. Data tables unaffected.	Cervical screening programme	Do not use			
A6	National Child Measurement Programme, England	We will reduce commentary and publish in a PowerPoint format using infographics. Data tables unaffected.	National Child Measurement Programme	Do not use			
A7	Sexual and Reproductive Health Services, England	We will reduce commentary and publish in a PowerPoint format using infographics. Data tables unaffected.	Sexual and Reproductive Health Services	Do not use			
A8	Smoking, Drinking and Drug Use Among Young People in England	We will reduce commentary and publish in a PowerPoint format using infographics. Data tables unaffected. Also see ref C4.	Smoking, Drinking and Drug Use Among Young People	High impact	There will be no significant change to the scope of our abilities. It will be easier to digest content in a streamlined format.	N/A	N/A

Ref	Product	Proposal Details	Link	Q1. Select the level of impact of the change proposed?	Q2. Describe the impact of the change on you/ your work?	Q3. Do you have any suggestions for topics or themes where you would like us to provide more analysis? Please explain why this would be useful to you.	Q4. Do you have any other comments?
A9	Statistics on Women's Smoking Status at time of delivery, England	We will reduce commentary and publish in a PowerPoint format using infographics. Data tables unaffected.	Year-end: Smoking Status at delivery Quarterly: Smoking Status at delivery	Do not use			
A10	Statistics on NHS Stop Smoking Services in England	We will reduce commentary and publish in a PowerPoint format using infographics. Data tables unaffected. Also see ref C3.	Year-end: NHS Stop Smoking Services Quarterly: NHS Stop Smoking Services	Do not use			
A11	NHS Immunisation Statistics, England (Annual)	We will reduce commentary and increase use of infographic type presentation. Data tables unaffected.	NHS Immunisation Statistics	Do not use			
A12	Female Genital Mutilation	We will review the content and format of outputs after the first year. These are currently Experimental statistics including quarterly and annual PDF report, supporting tables, CCG level tables and Open Data.	Female Genital Mutilation	Do not use			
A13	General Ophthalmic Services activity statistics (Annual)	We will merge these activity statistics with the General Ophthalmic services workforce statistics. Also see ref C6 and A14.	General Ophthalmic Services activity statistics	Do not use			

Ref	Product	Proposal Details	Link	Q1. Select the level of impact of the change proposed?	Q2. Describe the impact of the change on you/ your work?	Q3. Do you have any suggestions for topics or themes where you would like us to provide more analysis? Please explain why this would be useful to you.	Q4. Do you have any other comments?
A14	General Ophthalmic services workforce statistics (Annual)	We will merge these workforce statistics with the General Ophthalmic services activity statistics, once the new ophthalmic payment system is introduced and running (from 2017). Also see ref A13.	General Ophthalmic Services, Workforce Statistics	Do not use			
A15	Hospital Episode Statistics, Admitted Patient Care - England	We will reduce commentary in the Summary Report and merge the separate data quality notes into one. The name will be changed to be consistent with other HES annual publications.	Annual HES Admitted Patient Care	Low impact	N/A	N/A	N/A
A16	Hospital Outpatient Activity	We will reduce commentary in the Summary Report and merge the separate data quality notes into one. The name will be changed to be consistent with other HES annual publications.	Annual HES Outpatients	Do not use			
A17	Accident and Emergency Attendances in England	We will reduce commentary in the Summary Report and merge the separate data quality notes into one. The name will be changed to be consistent with other HES annual publications.	Annual HES A&E	Do not use			
A18	NHS Maternity Statistics - England	We will reduce commentary in the Summary Report and merge the separate data quality notes into one. The name will be changed to be consistent with other HES annual publications.	Annual HES Maternity	Do not use			
A19	Adult Critical Care Data in England	We will reduce commentary in the Summary Report. The name will be changed to be consistent with other HES annual publications.	Annual HES Critical Care	Do not use			
A20	Summary Hospital-level Mortality Indicator	We will publish the PDF report annually instead of quarterly. The quarterly publication would still include the underlying indicator, with data tables and key findings.	Summary Hospital-level Mortality Indicator	Do not use			

Ref	Product	Proposal Details	Link	Q1. Select the level of impact of the change proposed?	Q2. Describe the impact of the change on you/ your work?	Q3. Do you have any suggestions for topics or themes where you would like us to provide more analysis? Please explain why this would be useful to you.	Q4. Do you have any other comments?
A21	Mental Capacity Act 2005, Deprivation of Liberty Safeguards Assessments (England)	We will reduce commentary, increase the efficiency and utility of tables, and investigate other methods of presenting data.	Mental Capacity Act 2005, DoLS	Do not use			
A22	Measures from the Adult Social Care Outcomes Framework (ASCOF), England	We will reduce commentary and produce a high-level summary of key findings together with interactive dashboards and csv files. This will replace the existing pdf report, tables and charts annex, NASCIS OLAP, NASCIS standard reports and the current ASCOF website.	Measures from the Adult Social Care Outcomes Framework	Do not use			
A23	Community Care Statistics: Social Services Activity, England	We will reduce commentary, increase the efficiency and utility of tables, and investigate other methods of presenting data.	Community Care Statistics: Social Services Activity, England	Do not use			
A24	Personal Social Services Survey of Adult Carers in England (SACE)	We will reduce commentary and produce a high-level summary of key findings together with interactive dashboards and csv files. This will replace the existing pdf report.	Personal Social Services Survey of Adult Carers in England	Do not use			
A25	Safeguarding Adults	We will reduce commentary and alter the way the data is displayed to account for changes in the underlying data source.	Safeguarding Adults	Do not use			
A26	Personal Social Services: Expenditure and Unit Costs, England	We will reduce commentary and the number of tables to a single machine readable file of all data, one spreadsheet of summary tables, and a comparator tool.	Personal Social Services: Expenditure and Unit Costs, England	Do not use			

Ref	Product	Proposal Details	Link	Q1. Select the level of impact of the change proposed?	Q2. Describe the impact of the change on you/ your work?	Q3. Do you have any suggestions for topics or themes where you would like us to provide more analysis? Please explain why this would be useful to you.	Q4. Do you have any other comments?
A27	Personal Social Services Adult Social Care Survey (ASCS), England	We will reduce commentary and produce a high-level summary of key findings together with interactive dashboards and csv files. This will replace the existing pdf report. Also see ref C8.	Personal Social Services Adult Social Care Survey, England	Do not use			
A28	Guardianship under the Mental Health Act, 1983	We will reduce commentary, increase the efficiency and utility of tables, and investigate other methods of presenting data. Also see ref C9.	Guardianship under the Mental Health Act 1983	Do not use			
A29	Maternity Services Monthly Statistics	We will reduce the number of supporting reference data tables as more measures are made available via the new iViewPlus system. This is an Experimental Statistic from the new Maternity Services Data Set which began flowing in April 2015.	Maternity Services Monthly Statistics	Do not use			
A30	Prescribing for Diabetes annual publication	We will reduce commentary.	Prescribing for Diabetes annual publication	Do not use			
A31	Prescriptions Dispensed in the Community	We will reduce commentary and the range of analyses and produce more factsheets. Some 10 year trends could be dropped.	Prescriptions Dispensed in the Community	Do not use			

Annex B: Statistical products which could be affected by the proposal to change scope

Ref	Product	Proposal	Link	Q5. Select the level of impact of the change proposed?	Q6. Describe the impact of the change on you/your work?	Q7. Do you have any other comments?
B1	NHS Outcomes Framework	<p>We will:</p> <ul style="list-style-type: none"> stop re-publishing indicators which are already published by other organisations; Set limit on time series of data to 5 or 10 years; Remove sub national breakdowns (eg local authority level) and other non-standard aggregations; Remove quarterly data periods from annual publications. <p>Also see ref A2 and C1.</p>	NHS Outcomes Framework	Do not use		
B2	CCG Outcomes Indicator Set	<p>We will stop re-publishing indicators which are already published by other organisations, and set limit on time series of data to 5 or 10 years.</p> <p>Also see ref C2.</p>	CCG Outcomes Indicator Set	Do not use		
B3	Health Survey for England (HSE)	<p>We will reduce sample size for nurse visits by offering the nurse visit in 80% rather than 100% of households where HSE interviews are achieved.</p> <p>The Child nurse visit will be dropped in some survey years.</p> <p>There will be some cuts to the interview content of HSE, the details of which will be determined with advice from the HSE Steering Group. The Steering Group includes various stakeholders including the Department of Health, Public Health England and NHS England.</p> <p>Also see ref A3.</p>	Health Survey for England (HSE)	Do not use		

Ref	Product	Proposal	Link	Q5. Select the level of impact of the change proposed?	Q6. Describe the impact of the change on you/your work?	Q7. Do you have any other comments?
B4	General Pharmaceutical Services in England	We will change the scope of this publication to ensure it better meets users' needs. The current publication does not report on all services and the contract for community pharmacists is under negotiation.	General Pharmaceutical Services in England	Do not use		
B5	NHS Dental Statistics for England, (three quarterly publications and one annual)	For the quarterly publication we will shorten the report to a one page highlight. For all the annual publication we will shorten the PDF report, and publish time series data.	Quarterly: NHS Dental Statistics Annual: NHS Dental Statistics	Do not use		
B6	NHS Continuing Healthcare Activity (quarterly)	We will shorten the PDF report to one page.	NHS Continuing Healthcare Activity Statistics	Do not use		
B7	Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data	We will stop routine production of HES special topics. Topic-specific analysis are likely to be incorporated into ad hoc special reports instead. We will incorporate the content of the Monthly HES-DID Linkage publication into Provisional Monthly HES publication, and discontinue the HES-DID Linkage publication series. Also see ref D4.	Provisional Monthly HES Monthly HES-DID Linkage	Low impact	There will be little change to our operations.	We notice that HSCIC will replace the routine production of <i>HES</i> special topics with that of ad hoc special reports. Given the new set of circumstances, we would appreciate the publication of special reports dealing with alcohol-related themes in future, especially in the case of Accident and Emergency data, which is otherwise hard to find.

Ref	Product	Proposal	Link	Q5. Select the level of impact of the change proposed?	Q6. Describe the impact of the change on you/your work?	Q7. Do you have any other comments?
B8	Patient Reported Outcome Measures (PROMs) in England	We will stop routine production of PROMs special topics. Topic-specific analysis likely to be incorporated into ad hoc special reports instead. Also see ref C7.	Patient Reported Outcome Measures	Do not use		

Annex C: Statistical products which could be affected by the proposal to change frequency of publication

Ref	Product	Proposal	Link	Q8. Select the level of impact of the change proposed?	Q9. Describe the impact of the change on you/ your work?	Q10. Do you have any other comments?
C1	NHS Outcomes Framework - commentary	We will reduce the frequency of commentary from quarterly to biannual. One indicator on patient safety will be published annually instead of biannually. Also see ref A2 and B1.	NHS Outcomes Framework - commentary	Do not use		
C2	CCG Outcomes Indicator Set	We will reduce the frequency of commentary from quarterly to biannual. A number of indicators will be published annually instead of quarterly (using final data only instead of provisional data). Also see ref B2.	CCG Outcomes Indicator Set	Do not use		
C3	Statistics on NHS Stop Smoking Services in England	We will reduce the frequency of this publication from quarterly to annual. Also see ref A10.	Year-end: NHS Stop Smoking Services Quarterly: NHS Stop Smoking Services	Do not use		

Ref	Product	Proposal	Link	Q8. Select the level of impact of the change proposed?	Q9. Describe the impact of the change on you/ your work?	Q10. Do you have any other comments?
C4	Smoking, Drinking and Drug Use Among Young People in England	<p>We will reduce the minimum frequency of this publication from annual to biennial. Surveys are currently planned for 2016 and 2018. There could be surveys in intervening years if externally funded.</p> <p>Also see ref A8.</p>	Smoking, Drinking and Drug Use Among Young People	High impact	<p>Retaining the current level of data collection on alcohol consumption with a continuous time series would be most helpful in order to enable us to maintain an accurate, detailed narrative of English drinking habits in the long run.</p> <p>The annual <i>SDD</i> report offers unusually good data for underage alcohol consumption levels among children, compared with the biennial <i>SALSUS</i> publication in Scotland. This is because yearly figures allow us to better spot signals from noise within the data, whereas biennial releases can delay the emergence of a trend by up to 6 years, thus obscuring our ability to develop timely policy proposals based upon changes to the evidence base.</p> <p>However, we do accept the circumstances under which the frequency of publication will be reduced (spending cuts), even as it will hamper IAS's ability to spot trends in the consumption habits of underage drinkers over time.</p>	<p>The datasets could be further improved by including more geographical breakdowns of respondents' answers where possible, in order to allow for comparisons between places, and to assess any potential impacts of interventions implemented at a local/regional level.</p> <p>A comprehensive geographical breakdown – into smaller units where possible – may also provide an opportunity for us to better track potential correlations between the prevalence of underage drinking by place and inequalities in health and socio-economic factors.</p>

Ref	Product	Proposal	Link	Q8. Select the level of impact of the change proposed?	Q9. Describe the impact of the change on you/ your work?	Q10. Do you have any other comments?
C5	Practice level prescribing data release	We will reduce frequency from monthly to quarterly reporting.	Practice level prescribing data release	Do not use		
C6	General Ophthalmic Services activity statistics, selected statistics (half year publication only)	We will reduce the frequency from biannual to annual publication only. Also see ref A13.	General Ophthalmic Services activity statistics, selected statistics	Do not use		
C7	Provisional Monthly Patient Reported Outcome Measures (PROMs) in England	We will stop monthly publication of PROMs and instead publish on a quarterly and annual basis only. Also see ref B8.	Patient Reported Outcome Measures	Do not use		
C8	Personal Social Services Adult Social Care Survey, England	We will reduce the frequency of the survey to run every two years. This would allow it to run alternately with Personal Social Services Survey of Adult Carers in England (SACE). Also see ref A27.	Personal Social Services Adult Social Care Survey	Do not use		
C9	Guardianship under the Mental Health Act, 1983	We will move to biennial collecting and reporting, and reduce the scope of the data so that it only covers activity in the current year. Also see ref A28.	Guardianship under the Mental Health Act 1983	Do not use		
C10	Assuring Transformation Collection – Monthly and quarterly release	We will stop the quarterly publication and move all additional elements of the quarterly publication into the monthly. This may mean that the monthly publication takes longer to produce.	Assuring Transformation Collection	Do not use		

Annex D: Statistical products which we propose to stop

Ref	Product	Proposal	Link	Q11. Select the level of impact if this product is stopped?	Q12. Describe the impact if we stopped producing the statistics you use?	Q13. Are there any other sources of funding that could be used for any of these statistics?	Q14. Do you have any other comments?
D1	Registered Blind and Partially Sighted People	We propose to stop the triennial collection due as the data is held by local authorities and used by a limited stakeholder base. If it continues, we propose that it is included in the Community Care Statistics: Social Services Activity report.	Registered Blind and Partially Sighted People	Do not use			
D2	Personal Social Services: Staff of Social Services Departments, England	We propose that this publication will cease. This is due to limitations of the current data, in that it only covers staff employed (directly and indirectly) by adult social services departments in England.	Personal Social Services: Staff of Social Services Departments, England	Do not use			
D3	Dissemination of Adult Social Care statistics through the National Adult Social Care Intelligence Service (NASCIS)	We will no longer disseminate Adult Social Care statistics through the National Adult Social Care Intelligence Service (NASCIS). Data would be disseminated instead through other channels.	National Adult Social Care Intelligence Service (NASCIS)	Do not use			
D4	HES-DID Data Linkage Report - Provisional Summary Statistics, (Experimental)	We will incorporate the content of this publication into Provisional Monthly HES publication, and discontinue the HES-DID Linkage publication series. Also see ref B7.	Monthly HES-DID Linkage	Do not use			
D5	Numbers of Patients registered at a GP practice	We will stop this quarterly publication. Some information will continue to be available at national level via Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses.	Numbers of Patients registered at a GP practice	Do not use			

Ref	Product	Proposal	Link	Q11. Select the level of impact if this product is stopped?	Q12. Describe the impact if we stopped producing the statistics you use?	Q13. Are there any other sources of funding that could be used for any of these statistics?	Q14. Do you have any other comments?
D6	Provisional Accident and Emergency Quality Indicators - England	We will stop this monthly publication due to unclear need.	Monthly A&E Quality Indicators	Do not use			

Annex E: Statistical products which are not included in this consultation

Ref	Product	Status	Link	Q15. Do you have any comments on the status of the products in this section?
E1	National Diabetes Audit	Not a designated Official Statistic and directly commissioned by external agency therefore not included in planned changes. Comments however are welcome. Currently several annual reports with pdfs, a PowerPoint product, and various national and service level spreadsheets.	National Diabetes Audit	
E2	National Diabetes Inpatient Audit	Not a designated Official Statistic and directly commissioned by external agency therefore not included in planned changes. Comments however are welcome. Currently annual PDF report and PowerPoint product, supporting data excel and hospital level excel.	National diabetes inpatient audit	
E3	National Pregnancy in Diabetes Audit	Not a designated Official Statistic and directly commissioned by external agency therefore not included in planned changes. Comments however are welcome. Currently annual PDF national and regional reports, supporting data excel and patient facing report.	National pregnancy in Diabetes audit	
E4	National Diabetes Footcare Audit	Not a designated Official Statistic and directly commissioned by external agency therefore not included in planned changes. Comments however are welcome.	First publication due in 2016	
E5	National Pulmonary Hypertension Audit	Although moving into the 7 th annual report, this audit is new to being an Official Statistic. The report is undergoing structural changes this year which will incorporate principals of the approach proposed in this consultation. Currently annual PDF and supporting Excel. Directly commissioned by external agency therefore not included in planned changes. Comments however are welcome.	National Pulmonary Hypertension audit	

Ref	Product	Status	Link	Q15. Do you have any comments on the status of the products in this section?
E6	National Bowel Cancer Audit	Not a designated Official Statistic and directly commissioned by external agency therefore not included in planned changes. Comments however are welcome. Currently an annual PDF report and data for transparency.	National Bowel Cancer Audit	
E7	National Oesophago-Gastric Cancer Audit	Not a designated Official Statistic and directly commissioned by external agency therefore not included in planned changes. Comments however are welcome. Currently an annual PDF report and local action plan.	National Oesophago-Gastric Cancer Audit	
E8	NHS Safety Thermometer	Separate consultation to be undertaken on whether this is to remain as an Official Statistic. Additional questions on content, format and frequency to be considered.	NHS safety thermometer	
E9	Statistics on Smoking, England	Report was recently subjected to a National Statistics consultation. The results of that consultation will be combined with the results from the new consultation when formulating an action plan.	Statistics on Smoking, England Consultation on Lifestyles Compendia Reports	
E10	Statistics on Alcohol, England	Report was recently subjected to a National Statistics consultation. The results of that consultation will be combined with the results from the new consultation when formulating an action plan.	Statistics on Alcohol, England Consultation on Lifestyles Compendia Reports	
E11	Statistics on Drug Misuse, England	Report was recently subjected to a National Statistics consultation. The results of that consultation will be combined with the results from the new consultation when formulating an action plan.	Statistics on Drug Misuse, England Consultation on Lifestyles Compendia Reports	
E12	Statistics on Obesity, Physical Activity and Diet, England	Report was recently subjected to a National Statistics consultation. The results of that consultation will be combined with the results from the new consultation when formulating an action plan.	Statistics on Obesity, Physical Activity and Diet, England Consultation on Lifestyles Compendia Reports	

Ref	Product	Status	Link	Q15. Do you have any comments on the status of the products in this section?
E13	Health and Wellbeing of 15-year-olds in England - Main findings from What About YOUth?	The survey recently underwent a user consultation. The results of that consultation will be combined with the results from this consultation when formulating an action plan.	Health and Wellbeing of 15-year-olds in England Consultation for What About YOUth	
E14	Survey of the Mental Health of Children and Young People	This is an infrequent survey and was last carried out in 2004. A 2016 survey will be carried out and reported on in 2018.	Survey of the Mental Health of Children and Young People	
E15	Children's Dental Health Survey	This survey is carried out every 10 years, subject to funding being available. The next publication in 2024 sits outside the scope of this consultation.	Children's Dental Health Survey	
E16	Adult Dental Health Survey	This is a 10 yearly survey, subject to government funding. Next due in 2019.	Adult Dental Health Survey	
E17	Adult Psychiatric Morbidity Survey - Survey of Mental Health and Wellbeing, England	This is a 7 yearly survey, subject to government funding. 2014 Survey has been defined and is to be published in September 2016. The following publication in 2023 sits outside the scope of this consultation.	2007 Adult Psychiatric Morbidity Survey - Survey of Mental Health and Wellbeing, England 2014 Adult Psychiatric Morbidity Survey - Survey of Mental Health and Wellbeing, England	
E18	Prescription Cost Analysis, England	This publication is already efficiently produced in line with the modernised publication principles described in section A and therefore no changes are planned.	Prescription Cost Analysis, England	
E19	NICE Technology Appraisals in the NHS in England (Innovation Scorecard)	Recent user feedback is being used to improve this publication. Changes will be determined with advice from the Innovation Scorecard operational group. Moving from Experimental to Official Statistics status in April 2016.	Innovation Scorecard	

Ref	Product	Status	Link	Q15. Do you have any comments on the status of the products in this section?
E20	CCG Prescribing Data	Quarterly data release via csv files and on iView analytical tool. This publication is already efficiently produced in line with the modernised publication principles described in section A and therefore no changes are planned.	CCG Prescribing Data	
E21	Prescribing Costs in Hospitals and the Community annual publication	Publication was reviewed and streamlined in 2015. No further updates planned at this time.	Prescribing costs in hospitals and the community	
E22	Quality and Outcomes Framework, Achievement, prevalence and exceptions data, annual publication	Consultation in 2014 identified changes and updates. No further updates planned at this time.	Quality and Outcomes Framework, Achievement, prevalence and exceptions data, annual publication	
E23	Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses (Monthly)	This is a relatively new publication which was developed in line with the modernised publication principles described in section A and therefore no changes are planned at this time.	Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses, monthly publication	
E24	GP Contract Services, annual publications of GP contract services, grouped	This is a relatively new publication which was developed in line with the modernised publication principles described in section A. Feedback is welcome to inform continuous improvement.	GP Contract Services, annual publications of GP contract services, grouped	
E25	Finalised Patient Reported Outcome Measures (PROMs) in England	NHS England are carrying out a separate consultation on the PROMs programme. Any changes to this statistical product will result from the outcome of that consultation.	Patient Reported Outcome Measures	

Ref	Product	Status	Link	Q15. Do you have any comments on the status of the products in this section?
E26	Compendium of population health indicators: readmissions within 28 days of a hospital discharge	A Compendium specific consultation is planned in late Spring/early Summer 2016 which will cover the whole Compendium of Population Health Indicators set.	Compendium of population health indicators: readmissions within 28 days of a hospital discharge	
E27	Compendium of population health indicators: HES: deaths within 30 days of a hospital procedure or of an emergency admission to hospital	A Compendium specific consultation is planned in late Spring/early Summer 2016 which will cover the whole Compendium of Population Health Indicators set.	Compendium of population health indicators	
E28	NHS Sickness Absence Rates – Monthly Provisional Statistics	Planning a separate in depth consultation. This will likely challenge the methodology, ensuring the statistics make use of the full potential of the Workforce Minimum Data Set recently agreed with other central bodies.	NHS Sickness Absence Rates – Monthly Provisional Statistics	
E29	NHS Staff Earnings Estimates – Quarterly Provisional Statistics	This was partially covered by recent workforce statistics consultation which led to the reduction in frequency of publication and the reduction of accompanying text in the report. Make use of interactive tools, allowing users to view information in a different way.	NHS Staff Earnings Estimates Consultation on NHS Hospital and Community Health Service workforce statistics	
E30	NHS Workforce statistics	Statistics have recently been consulted on in depth. Future publications will have reduced report content, focus on user requirements, increase the scope of the accompanying flat file and make use of pivot tables, - and other interactive tools when resources permit development.	NHS Workforce statistics Consultation on NHS Hospital and Community Health Service workforce statistics	
E31	Patient-Led Assessments of the Care Environment	No changes proposed. Following feedback from data providers we have amended the quantity and format of data provided back to them through the on-line system.	Patient-Led Assessments of the Care Environment	

Ref	Product	Status	Link	Q15. Do you have any comments on the status of the products in this section?
E32	Investment in General Practice	Annual publications are commissioned and agreed by stakeholder steering group and meet specific needs. Feedback is welcome to inform continuous improvement.	Investment in General Practice	
E33	NHS Payments to General Practice	Annual publications are commissioned and agreed by stakeholder steering group and meet specific needs. Feedback is welcome to inform continuous improvement.	NHS Payments to General Practice	
E34	Dental Earnings and Expenses	Annual publications are commissioned and agreed by stakeholder steering group and meet specific needs. Feedback is welcome to inform continuous improvement.	Dental Earnings and Expenses	
E35	GP Earnings and Expenses	Annual publications are commissioned and agreed by stakeholder steering group and meet specific needs. Feedback is welcome to inform continuous improvement.	GP Earnings and Expenses	
E36	Dental Working Hours	Biennial publications are commissioned and agreed by stakeholder steering group and meet specific needs; publication based upon survey data. Feedback is welcome to inform continuous improvement.	Dental Working Hours	
E37	Data on written complaints in the NHS	Quarterly: No changes proposed, consultation held in 2014 with the revisions implemented from April 2015. Annual publication consisting of both the quarterly HCHS complaints data (consulted on 2014) and the annual GP and Dental practices data. GP and Dental practices data consulted on in 2015. No further changes proposed.	Data on written complaints in the NHS	
E38	General and Personal Medical Services, England	No changes proposed. Consultation held in 2014 with the revisions implemented 2015.	General and Personal Medical Services	
E39	NHS Vacancy Statistics	New publication. First publication was a joint publication/consultation document. The second publication published in February 2016 presented the responses to the consultation and sought further feedback to inform the next publication due in August.	NHS Vacancy Statistics	

Ref	Product	Status	Link	Q15. Do you have any comments on the status of the products in this section?
E40	Mental Health and Learning Disabilities Statistics (MHLDS), Monthly	Changes being taken forward through separate consultation, response published in November 2015, on development resulting from the implementation of the Mental Health Services Data Set (MHSDS).	Reports from MHMDS/MHLDDS Consultation on Adult Mental Health Statistics	
E41	Mental Health Bulletin, Annual Report From MHSDS Returns	Changes being taken forward through separate consultation, response published in November 2015, on development resulting from the implementation of the Mental Health Services Data Set (MHSDS).	Reports from MHMDS/MHLDDS Consultation on Adult Mental Health Statistics	
E42	Improving Access to Psychological Therapies (IAPT)	Proposed changes to publications being taken forward through separate consultation to be carried out in April 2016. Consultation will cover format and content of monthly IAPT publications.	Improving Access to Psychological Therapies (IAPT)	
E43	Survey of carers in households in England	An irregular survey of carers in private households in England, subject to government funding, last undertaken in 2009-10. Looks at the prevalence of caring, demographic profile of carers, the impact of caring duties upon the carer, details of the services carers receive and a profile of the cared for people.	2009 Survey of carers in households in England	