UK Statistics Authority

Assessment of compliance with the Code of Practice for Official Statistics

Statistics on Children's Dental Health

(produced by the Health and Social Care Information Centre)

Assessment Report 298

December 2014

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About the UK Statistics Authority
The UK Statistics Authority is an independent body operating at arm's length from government as a non-ministerial department, directly accountable to Parliament. It was established on 1 April 2008 by the *Statistics and Registration Service Act 2007*.

The Authority's overall objective is to promote and safeguard the production and publication of official statistics that serve the public good. It is also required to promote and safeguard the quality and comprehensiveness of official statistics, and good practice in relation to official statistics.

The Statistics Authority has two main functions:
1. oversight of the Office for National Statistics (ONS) – the executive office of the Authority;
2. independent scrutiny (monitoring and assessment) of all official statistics produced in the UK.

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ASSESSMENT AND DESIGNATION

The *Statistics and Registration Service Act 2007* gives the UK Statistics Authority a statutory power to assess sets of statistics against the *Code of Practice for Official Statistics*. Assessment will determine whether it is appropriate for the statistics to be designated as National Statistics.

Designation as National Statistics means that the statistics comply with the *Code of Practice*. The *Code* is wide-ranging. Designation can be interpreted to mean that the statistics: meet identified user needs; are produced, managed and disseminated to high standards; and are explained well.

Designation as National Statistics should not be interpreted to mean that the statistics are always correct. For example, whilst the *Code* requires statistics to be produced to a level of accuracy that meets users' needs, it also recognises that errors can occur – in which case it requires them to be corrected and publicised.

Assessment reports will not normally comment further on a set of statistics, for example on their validity as social or economic measures. However, reports may point to such questions if the Authority believes that further research would be desirable.

Assessment reports typically provide an overview of any noteworthy features of the methods used to produce the statistics, and will highlight substantial concerns about quality. Assessment reports also describe aspects of the ways in which the producer addresses the 'sound methods and assured quality' principle of the *Code*, but do not themselves constitute a review of the methods used to produce the statistics. However the *Code* requires producers to "seek to achieve continuous improvement in statistical processes by, for example, undertaking regular reviews".

The Authority may grant designation on condition that the producer body takes steps, within a stated timeframe, to fully meet the *Code's* requirements. This is to avoid public confusion and does not reduce the obligation to comply with the *Code*.

The Authority grants designation on the basis of three main sources of information:

i. factual evidence and assurances by senior statisticians in the producer body;
ii. the views of users who we contact, or who contact us, and;
iii. our own review activity.

Should further information come to light subsequently which changes the Authority's analysis, it may withdraw the Assessment report and revise it as necessary.

It is a statutory requirement on the producer body to ensure that it continues to produce the set of statistics designated as National Statistics in compliance with the *Code of Practice.*

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1 Summary of findings

1.1 Introduction

1.1.1 This is one of a series of reports[1] prepared under the provisions of the *Statistics and Registration Service Act 2007*[2]. The Act requires all statistics currently designated as National Statistics to be assessed against the *Code of Practice for Official Statistics*[3]. The report covers the set of statistics produced by the Health and Social Care Information Centre (HSCIC) derived from the Dental Health Survey of Children and Young People, 2013 (*Children's Dental Health*).

1.1.2 Since the survey is run only every ten years, this Assessment has taken place ahead of the publication of the main survey outputs. The Assessment of the survey outputs has therefore been based on a skeleton of a summary statistical report, due for publication in February 2015.

1.1.3 Section 3 of this report adopts an 'exception reporting' approach – it includes text only to support the Requirements made to strengthen compliance with the *Code* and Suggestions made to improve confidence in the production, management and dissemination of these statistics. This abbreviated style of report reflects the Director General for Regulation's consideration of aspects of risk and materiality[4]. The Assessment team nonetheless assessed compliance with all parts of the *Code of Practice* and has commented on all those in respect of which some remedial action is recommended.

1.1.4 This report was prepared by the Authority's Assessment team, and approved by the Regulation Committee on behalf of the Board of the Statistics Authority, based on the advice of the Director General for Regulation.

1.2 Decision concerning designation as National Statistics

1.2.1 The Authority judges that the statistics covered by this report are produced according to sound methods and managed impartially and objectively in the public interest, subject to any points for action in this report. The Authority confirms that the statistics published in *Children's Dental Health* are designated as National Statistics, subject to HSCIC implementing the Requirements listed in section 1.5 and reporting them to the Authority by January 2015.

1.2.2 The HSCIC has informed the Assessment team that it has started to implement the Requirements listed in section 1.5. The Authority welcomes this.

[1] http://www.statisticsauthority.gov.uk/assessment/assessment-reports/index.html
[2] http://www.opsi.gov.uk/Acts/acts2007/pdf/ukpga_20070018_en.pdf
[3] http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html
[4] http://www.statisticsauthority.gov.uk/assessment/assessment/guidance-about-assessment/criteria-for-deciding-upon-the-format-of-an-assessment-report.pdf

1.3 Summary of strengths and weaknesses

1.3.1 HSCIC has been committed to the Assessment process and is open to learning and improving. The statistical team has shown good engagement with the main stakeholders and users of the statistics to ensure that the outputs will meet their requirements, establishing a steering group with a wide range of representatives from the government, health, dental care and research sectors. The steering group also assured the quality of the survey methodology.

1.3.2 The technical nature of the subject matter increases the potential for Children's Dental Health to be inaccessible to the less-expert user. Furthermore, the relatively short time for engagement with a wide base of users in the planning, testing and piloting stages may limit the further value that can be derived from the statistics beyond the needs of the main users. However, the range and format of outputs that HSCIC has planned could facilitate the effective dissemination of the results to a wider range of less-expert users.

1.3.3 There is a limit to the utility of the analysis that will be possible at regional or more local levels given the sample size and clustered sample design, which will need to be explained clearly in *Children's Dental Health*.

1.3.4 The timeliness of the ten-yearly data collection exercise, while sufficient for the immediate needs of the central government stakeholders, could reduce the value that the statistics add in terms of their usefulness in planning dental services. The Scottish Government's decision not to fund the 2013 data collection in Scotland has resulted in a lack of UK statistics for 2013 and the loss of a UK trend from the long-running *Children's Dental Health* series.

1.4 Detailed recommendations

1.4.1 The Assessment team identified some areas where it felt that HSCIC should improve the production and presentation of statistics on *Children's Dental Health*. Those which are essential for HSCIC to address in order to strengthen its compliance with the *Code* and to enable designation as National Statistics are listed – as Requirements – in section 1.5, alongside a short summary of the key findings that led to each Requirement being made. Other recommended changes, which the Assessment team considers would improve the statistics and the service provided to users but which are not formally required for their designation as National Statistics, are listed – as Suggestions – in section 1.6.

1.5 Requirements for designation as National Statistics

1.5.1 This section includes those improvements that HSCIC is required to make in respect of its statistics on *Children's Dental Health* in order to fully comply with the *Code of Practice for Official Statistics*, and to enable designation as National Statistics.

Finding	Requirement	
HSCIC has made several changes to the survey methods used since the 2003 survey. HSCIC should:	**1**	a) publish a survey technical report with associated metadata explaining the changes to the survey methods and amelioration applied to reduce bias. b) publish a quality report, including an explanation of the limitations of the statistics in relation to their known and potential use (para 3.3).
The technical nature of the subject matter and concepts used in *Children's Dental Health* has the potential to reduce the accessibility of the statistics for the less-expert user. HSCIC should:	**2**	Produce commentary to aid user interpretation of the statistics by: a) using straightforward language to describe the main concepts b) clearly describing the main patterns and quality of the statistics in relation to use c) drawing on material from other relevant reports, in particular, those from the Scotland's National Dental Inspection Programme (NDIP) d) providing appropriate policy context for the participating countries e) ensuring the consistency of presentation across each of the reports f) linking to appropriate metadata. HSCIC should send the Assessment team a mock-up version of the report ahead of publication (para 3.4).

1.6 Suggestions for extracting maximum value from the statistics

1.6.1 This section includes one suggestion for improvement to HSCIC's statistics on *Children's Dental Health* in the interest of the public good. This is not formally required for designation, but the Assessment team considers that its implementation will improve public confidence in the production, management and dissemination of official statistics.

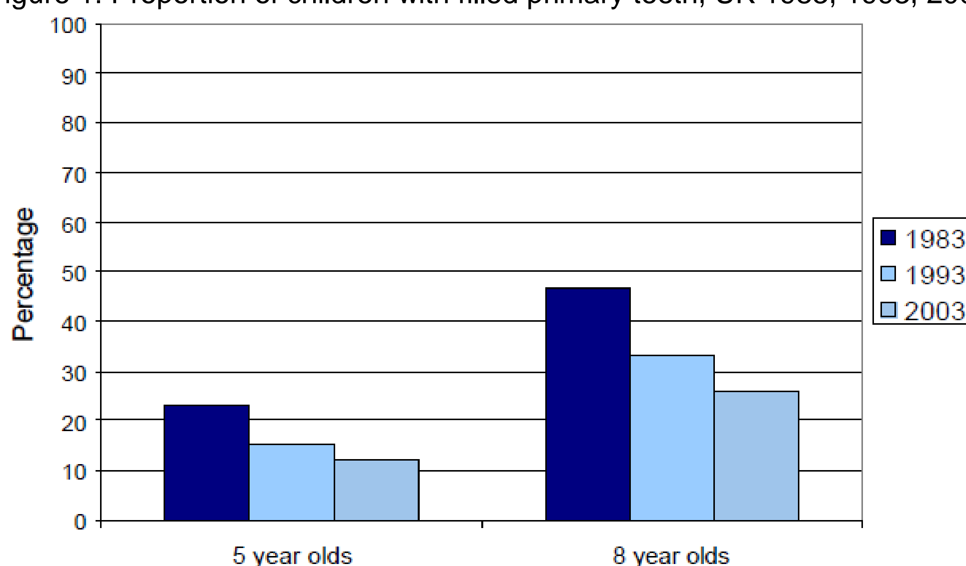
We suggest that HSCIC:

1	Publish its future plans for meeting Children's Dental Health statistics users' needs, clearly illustrating the variety of approaches it is taking to facilitate access to the statistics, referring to the Authority's Monitoring Brief *The Use Made of Official Statistics and* taking account of the points raised in annex 1 (para 3.2).

2 Subject of the assessment

2.1 The Health and Social Care Information Centre (HSCIC)[5] produces statistics on children's dental health based on data collected through the Dental Health Survey of Children and Young People. *Children's Dental Health* is the latest in a series of statistics on children's dental health published since 1973. The survey is conducted approximately every ten years, with the previous survey having been conducted in 2003. The survey combines data collected on oral health conditions, behaviours and attitudes to dental care, to allow richer analysis than is possible using other sources such as child dental health epidemiology programmes[6,7]. Figure 1 below shows historical UK trends for the decline in the proportion of five- and eight-year-olds with filled primary teeth, taken from the 2003 survey report[8] (noting that statistics for 1973 are not included in time series because they cover only England and Wales – for more details see para 2.8 of this Assessment report).

Figure 1: Proportion of children with filled primary teeth, UK 1983, 1993, 2003[1]



Source: Children's dental health in the United Kingdom, 2003
1. Estimates for 1973 are not included as the first survey covered England and Wales only.

2.2 The 2013 survey is being administered by a research consortium led by the Office for National Statistics (ONS), which also includes the National Centre for Social Research (NatCen), the Northern Ireland Statistics and Research Agency (NISRA) and dental schools at five UK universities (University of Birmingham, Cardiff University, Newcastle University, University College London and King's College London). The consortium won a competitive tender exercise to obtain the contract in 2012.

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[5] http://www.hscic.gov.uk/
[6] http://www.nwph.net/dentalhealth/
[7] http://www.cardiff.ac.uk/dentl/research/themes/appliedclinicalresearch/epidemiology/oralhealth/index.html
[8] http://www.ons.gov.uk/ons/guide-method/method-quality/specific/health-methodology/dental-health/dental-health-of-children/cdh-summary-2003.pdf

2.3 The consortium members perform specialist roles within the overall survey programme. ONS is responsible for the sampling, some of the data collection, the processing, the imputation and the weighting of the data. NatCen and NISRA contribute towards the design of the methodology and the data collection and NatCen is involved in the data analysis, with the statistical team from HSCIC. The university dental schools were responsible for a variety of specific tasks between them. These included recruiting and training NHS dentists for the survey, providing clinical expertise in the areas of paediatric dentistry and ethics, and working with schools, children, parents and other users of the survey outputs as part of the consultation process.

2.4 In 2010/11, the Chief Dental Officer for England initiated planning for the 2013 survey by setting out two main objectives:

- to update the ten yearly estimates and trend analysis since the last survey took place in 2003

- to obtain a benchmark of children's dental health ahead of a general shift in dental practice towards a more preventative approach due to be reflected in forthcoming changes to NHS dental contracts[9]

2.5 Results from the survey are expected to allow commissioners of dental health services to monitor progress against public health targets[10,11,12,13] to allocate resources and to prioritise dental health services for children in future. They may also be used by regulators of dental health services, such as the General Dental Council (GDC)[14], to monitor the performance of preventative dental health providers across different regions. Statistics from the survey are expected to be used by dental professionals to see how oral health is changing over time and the survey data will also be used to produce a range of further academic research, building upon that produced using findings from the 2003 survey[15,16,17,18].

2.6 At the national level, the 2013 survey is expected to provide a benchmark for the dental health of school children ahead of the introduction of the new NHS dental contracts in England from 2015/16[19].

2.7 There is international interest in the survey results:

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[9] https://www.gov.uk/government/publications/dental-contract-pilots-evidence-and-learning
[10] https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention
[11] https://www.gov.uk/government/publications/dental-quality-and-outcomes-framework
[12] http://wales.gov.uk/topics/health/cmo/professionals/dental/smile/?lang=en
[13] http://www.dhsspsni.gov.uk/2007_06_25_ohs_full_7.0.pdf
[14] http://www.gdc-uk.org/Pages/default.aspx
[15] http://www.nature.com/bdj/journal/v200/n9/full/4813523a.html
[16] http://www.nature.com/bdj/journal/v200/n8/full/4813462a.html
[17] http://www.nature.com/bdj/journal/v213/n3/full/sj.bdj.2012.668.html
[18] http://www.nature.com/bdj/journal/v204/n7/full/bdj.2008.239.html
[19] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/317956/Paper_1.pdf

- Monitoring improvements to children's dental health is a commitment of the World Health Organisation (WHO)[20]

- the EU sees the UK as one of only a few Western European countries to have established national data collection methods for measuring the dental health of the population[21]

- The Organisation for Economic Cooperation and Development (OECD) may use the 2013 survey results for its health indicator series[22]

2.8 The 1973 survey was the first in the series, and produced tooth decay estimates for England and Wales only. From 1983, up to and including 2003, UK estimates and country-level estimates of tooth decay were published. However, the Scottish Government decided not to participate in the 2013 survey, but has an alternative method of measuring the dental health of children and young people in Scotland[23]. This is the National Dental Inspection Programme (NDIP) which is carried out annually. The latest report from the programme was published on 28 October 2014[24]. Wales and Northern Ireland have similar policy objectives to England, since they are also planning to move to a more preventative model of treatment. As a result, the focus of *Children's Dental Health* will be national level estimates for England, Wales, and Northern Ireland, and comparisons at that level of geography. The statistical team told us that the 2013 survey methodology was designed to be largely the same as that used in 2003 to allow for comparability and trend analysis, but that changes to dental classification systems between 1973 and 1983, would mean that it would not be possible to make comparisons all the way back to 1973 for England and Wales. The main differences for the 2013 survey (other than the lack of UK-level estimates noted above) are the inclusion of a new dental health questionnaire for 12- and 15-year-olds, and changes to the procedures for obtaining informed consent. For five- and eight-year-olds, parental opt-in was required.

2.9 The survey's target population is eligible[25] children in state schools, independent schools, academies and free schools. The survey was conducted through schools. The National Pupil Database was used as the sample frame for selecting the schools surveyed in 2013. Schools in Wales and Northern Ireland were oversampled to allow better quality national-level estimates for each age cohort to be produced for those countries. Around a third of the sample was drawn from schools with more than 3 per cent free school meal eligibility[26] to enhance the analysis of children's dental health in relation to relative deprivation. The sample design was heavily clustered to allow a relatively large sample to be covered over a short period of time. An important change for the 2013 survey was to the procedures for obtaining informed

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[20] http://www.who.int/oral_health/en/
[21] http://ec.europa.eu/health/archive/ph_threats/non_com/docs/mcd_report_en.pdf
[22] http://www.oecd.org/health/health-systems/44117530.pdf
[23] http://www.isdscotland.org/Health-Topics/Dental-Care/National-Dental-Inspection-Programme/
[24] http://www.isdscotland.org/Health-Topics/Dental-Care/Publications/2014-10-28/2014-10-28-NDIP-Report.pdf
[25] Children were eligible to be selected if they were aged 5, 8, 12 or 15 years, as at 31 August 2013
[26] Eligibility for free school meals is used by social researchers as an indicator of possible deprivation

consent to participate in the survey. In 2013, for ethical purposes, positive (opt-in) written consent was required from parents of five- and eight-year-olds, with the opportunity for these children to opt out on the day. For 12- and 15-year-olds, parents were provided with an opportunity to opt out in advance, but these children could still verbally opt in on the day. Compared to the response rate in 2003, HSCIC assumed a five percentage point reduction in the response rate due to these changes and so the size of the initial sample drawn was increased to achieve a similar number of responses. HSCIC's draft survey technical report notes "The written parental opt in consent rate was 75 per cent for five year olds and 70 per cent for eight year olds." In spite of the changes in coverage, methodology and a reduced response rate compared to 2003, as Table 1 below shows, the achieved sample sizes for 2013 are slightly larger than the survey run in 2003.

Table 1: Total sample sizes and response rates by survey year for England, Wales and Northern Ireland

Item description	Survey year	Eligible sample	Number achieved from sample	Response rate
Parent questionnaires	2003	5,066[a]	3,046	60%
	2013	9,866[b]	4,214	43%
Productive examinations	2003	11,739	9,605	82%
	2013	13,610	9,866	72%

Sources: HSCIC and ONS[27]

[a] Half of parents whose offspring were examined in 2003 were sent a questionnaire

[b] All parents whose offspring were examined in 2013 were sent a questionnaire

2.10 Various forms of bias (selection bias and non-response bias, for example) will occur in a number of places in the design and fieldwork phases of such a complex survey. These will need to be taken into account in order for the resulting estimates to be representative of the population being studied. In order that the sample estimates should be representative of children in England, Wales and Northern Ireland data will be weighted to population proportions within age groups for each country. This weighting includes design weighting, non-response adjustment and then calibration to population totals.

2.11 Since the survey is run only every ten years, this Assessment has taken place ahead of the publication of the main survey outputs. The Assessment of the survey outputs has therefore been based on a skeleton of the summary statistical report and a draft survey technical report, due for publication in February 2015. The statistical team told us that a two-stage dissemination approach was being proposed to accommodate the needs of the multiple audiences involved. The provisional structure for the release of results in February 2015 is expected to be:

[27] Technical report Children's dental health in the UK, 2003

- a headline findings (two to three page) report
- a summary report highlighting the most noteworthy findings across all three countries (from the topic reports below), placing these in context
- a country specific report – one for each of England, Wales and Northern Ireland
- a set of topic reports, for example, *Attitudes, Behaviours and Children's Dental Health*
- a survey technical report

2.12 HSCIC also plans a secondary dissemination of results in May 2015, including:

- a second stage of official statistics releases on ONS's website taking a 'short story' approach
- the release of the survey data set on the UK Data Service[28] website
- an easy-to-read summary report produced with the needs of schools and parents in mind
- a one day user symposium to open up further access to users, particularly those from the academic community who would potentially present examples of the further analysis possible with the survey data set

2.13 HSCIC told us that the total survey costs, including HSCIC staff costs, are expected to total £2.4 million over the financial years 2012/13 to 2014/15.

2.14 HSCIC plans to publish *Children's Dental Health* in pdf format, with supplementary tables published in excel and csv formats and datasets published in SPSS formats. This equates to a level of three stars under the Five Star Scheme that forms part of the Open Standards Principles proposed in the *Open Data White Paper: Unleashing the Potential*[29] and adopted as UK government policy in November 2012[30]. Five stars represents the highest star rating within the Scheme.

[28] www.ukdataservice.ac.uk
[29] http://data.gov.uk/sites/default/files/Open_data_White_Paper.pdf
[30] https://www.gov.uk/government/publications/open-standards-principles/open-standards-principles

3 Assessment findings

3.1 There is no dedicated budget within statistical teams in HSCIC for user engagement. However, the children's dental health statistical team and the consortium have carried out a good range of engagement activities with known users of *Children's Dental Health*. Some user feedback to the Assessment team as part of this assessment indicated that more time should have been given in the initial stages of planning the survey to facilitate involvement from a wider group of users, including those attempting to harmonise other dental health surveys with *Children's Dental Health*. HSCIC intends to publish the findings from the initial user consultation in the survey technical report and indicate to users how they might involve themselves in future engagement activities about *Children's Dental Health*. HSCIC has made some progress in engaging with a broader range of potential users by producing a video podcast[31] to explain the background to *Children's Dental Health*.

3.2 HSCIC uses a well-developed range of methods to disseminate its statistics. However, HSCIC's website can be confusing to navigate for the less-expert user. The statistical team plans to produce an infographic of the statistics to accompany the main survey reports, allowing potential users to access the key findings using social media. HSCIC is planning a second round of dissemination of official statistics outputs for May 2015 to coincide with the release of non-disclosive survey data. The statistical team has confirmed that initial user feedback about the main statistical reports due to be published in February 2015 will feed into the planned release of secondary outputs. The statistical team also told us that it plans to publish an easy-to-read summary and teaching material from the report findings to make them more accessible for schools and families. HSCIC also intends to hold a one-day user symposium to further showcase the potential of the Children's Dental Health data. We suggest that HSCIC publish its future plans for obtaining and meeting users' needs for Children's Dental Health statistics, clearly illustrating the variety of approaches it is taking to facilitate access to the statistics, referring to the Authority's Monitoring Brief *The Use Made of Official Statistics*[32] and taking account of the points raised in annex 1.

3.3 To facilitate trend analysis of the estimates, the 2013 survey methods are similar to those of the previous surveys in the series, particularly the 2003 survey. HSCIC informed us that it consulted users about their data needs and that a small number of improvements to the methods were introduced following this review. The latest harmonised professional standards, for example, in terms of question design, and dental classifications have been used. Due to the Scottish Government's decision not to participate in the 2013 survey, the statistical team is planning to facilitate trend analysis by creating comparable estimates (using England, Wales and Northern Ireland data only) from the 2003 dataset. There have also been two other methodological changes: the addition of a pupil questionnaire and a move towards opt in consent. Various forms of

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[31] http://www.ons.gov.uk/ons/external-links/social-media/youtube-videos/podcast-about-the-dental-health-survey-of-children-and-young-people.html

[32] http://www.statisticsauthority.gov.uk/assessment/monitoring/monitoring-reviews/monitoring-brief-6-2010---the-use-made-of-official-statistics.pdf

bias will occur in a number of places in the design and fieldwork phases of such a complex survey. These will need to be taken into account in order for the resulting estimates to be representative of the population being studied. HSCIC plans to publish a detailed technical report explaining these forms of bias and is assessing the resulting estimates for comparability with previous surveys along with explaining non-response adjustment and how it is taken into account. The standard errors, design factors and confidence intervals will be published as annexes in the respective reports. HSCIC is also planning to publish a quality report, which will include a review of the statistics against the ESS quality dimensions[33]. As part of the designation as National Statistics, HSCIC should: a) publish a survey technical report with associated metadata explaining the changes to the survey methods and amelioration applied to reduce bias; and b) publish a quality report, including an explanation of the limitations of the statistics in relation to their known and potential use[34] (Requirement 1).

3.4 The statistical team involves members of the steering group in discussions about the structure and content of the statistical reports. The technical nature of the subject matter and concepts used in *Children's Dental Health* have the potential to limit accessibility to the main findings for the less-expert user. HSCIC has provided us with a skeleton of the summary statistical report, but this has not included any commentary as analysis and writing is in progress. As part of the designation as National Statistics, HSCIC should produce commentary to aid user interpretation of the statistics by: a) using straightforward language to describe the main concepts; b) clearly describing the main patterns and quality of the statistics in relation to use; c) drawing on material from other relevant reports, in particular, those from the Scotland's National Dental Inspection Programme (NDIP); d) providing appropriate policy context for the participating countries; e) ensuring the consistency of presentation across each of the reports; and f) linking to appropriate metadata. HSCIC should send the Assessment team a mock-up version of the report ahead of publication[35] (Requirement 2).

[33] http://epp.eurostat.ec.europa.eu/portal/page/portal/quality/code_of_practice
[34] In relation to Principle 4, Practices 1 and 2 and Principle 8, Practice 1 of the *Code of Practice for Official Statistics*
[35] In relation to Principle 8, Practice 2 of the *Code of Practice for Official Statistics*

Annex 1: Summary of assessment process and users' views

A1.1 This assessment was conducted from February to August 2014.

A1.2 The Assessment team – Caroline Jones and Oliver Tatum – agreed the scope of and timetable for this assessment with representatives of HSCIC in February 2014. The Written Evidence for Assessment was provided on 23 May 2014. The Assessment team subsequently met HSCIC during August to review compliance with the *Code of Practice*, taking account of the written evidence provided and other relevant sources of evidence.

Summary of users contacted, and issues raised

A1.3 Part of the assessment process involves our consideration of the views of users. We approach some known and potential users of the set of statistics, and we invite comments via an open note on the Authority's website. This process is not a statistical survey, but it enables us to gain some insights about the extent to which the statistics meet users' needs and the extent to which users feel that the producers of those statistics engage with them. We are aware that responses from users may not be representative of wider views, and we take account of this in the way that we prepare Assessment reports.

A1.4 The Assessment team received seven responses from the user consultation. The respondents were grouped as follows:

Central Government	3
Devolved Government	2
Research and academia	2

A1.5 All users recognised that the estimates from the survey would be a vital source of information on children's dental health. This was because the survey collected more information than that obtainable through broader public dental health epidemiology programmes. The main uses reported by the users include:

- understanding changing trends in children's oral disease for different social groups over time
- understanding the impact of different treatment contracts in different regions in order to evaluate and plan future dental service provision
- further academic research and teaching purposes

A1.6 Some users identified the relatively small sample size as the survey's main weakness, due to the limitations this places on local-level analysis. However, these users also recognised the trade-off required between cost and coverage. Some users felt that the survey data would become less useful in the years following the initial data release.

A1.7 While the majority of users and suppliers were generally very satisfied with HSCIC's level and approach to engagement, one user raised several specific concerns. This user specifically requested that the planning of future dental health surveys (such as HSCIC's 2018 survey of adult dental health) should begin sooner to allow better harmonisation with parallel local dental studies and to allow better consideration of the needs of users beyond the main stakeholder group.

Key documents/links provided
Written Evidence for Assessment document

www.statisticsauthority.gov.uk