

Assessment of compliance with the Code of Practice for Official Statistics

Statistics on Ophthalmic Services in England and Wales

(produced by the Health and Social Care Information Centre)

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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 reports¹ 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 following set of statistics produced by the Health and Social Care Information Centre (HSCIC):

- *General Ophthalmic Services: Activity Statistics for England*⁴ (GOS Activity); and
- *General Ophthalmic Services: Workforce Statistics for England and Wales*⁵ (GOS Workforce).

1.1.2 Section 3 of this report adopts an ‘exception reporting’ approach – it includes text only to support the Requirements made to strengthen compliance with the *Code* and Suggestions made to improve confidence in the production, management and dissemination of these statistics. This abbreviated style of report reflects the Head of Assessment’s consideration of aspects of risk and materiality⁶. 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.

1.1.3 This report was prepared by the Authority’s Assessment team, and approved by the Board of the Statistics Authority on the advice of the Head of Assessment.

1.2 Decision concerning designation as National Statistics

1.2.1 The Statistics Authority judges that the statistics covered by this report are readily accessible, produced according to sound methods and managed impartially and objectively in the public interest, subject to any points for action in this report. The Statistics Authority confirms that the statistics listed in 1.1.1 are designated as National Statistics, subject to the HSCIC implementing the enhancements listed in section 1.5 and reporting them to the Authority by July 2012.

1.2.2 HSCIC has informed the Assessment team that it has started to implement the Requirements listed in section 1.5. The Statistics 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.ic.nhs.uk/statistics-and-data-collections/primary-care/eye-care/general-ophthalmic-services-activity-statistics-for-england-year-ending-31-march-2011>

⁵ <http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/eye-care/general-ophthalmic-services-workforce-statistics-for-england-and-wales-31-december-2010>

⁶ <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 uses its website to invite user comment about ophthalmic statistics, and engages with the NHS and members of the NHS's Central Ophthalmic Payments System (COPS) User Group. However, HSCIC does not actively engage with users from the private and voluntary sectors.
- 1.3.2 Data are extracted mainly from COPS, and are supplemented with information about: eligibility for NHS sight tests from the HSCIC's Omnibus collection of sample data from all PCTs; and the working patterns of Optometrists and Ophthalmic Medical Practitioners from the Sight Tests Volume and Workforce Survey. As a result of using an administrative system the costs to produce these statistics and the additional burden on suppliers is low – especially for the statistics contained in *GOS Workforce*.
- 1.3.3 HSCIC provides some context to the ophthalmic statistics in the releases, including information about the quality of the source data; more detailed information is provided in *NHS eye care publications – a guide*⁷. However, there is a lack of information in both releases about what is driving any changes in the statistics.

1.4 Detailed recommendations

- 1.4.1 The Assessment team identified some areas where it felt that the HSCIC could strengthen its compliance with the *Code*. Those which the Assessment team considers essential to enable designation as National Statistics are listed in section 1.5. Other suggestions, which would improve the statistics and the service provided to users but which are not formally required for their designation, are listed at annex 1.

1.5 Requirements for designation as National Statistics

Requirement 1	Take steps to develop a greater understanding of the use made of these statistics, publish the relevant information and assumptions, and use them to better support the use of the statistics (para 3.1).
Requirement 2	Provide more information about the impact of changes to General Ophthalmic Services (GOS) regulations on the local Primary Care Trust level statistics, particularly in relation to potential uses (para 3.3).
Requirement 3	Publish more information about the quality and accuracy of GOS statistics, including information about bias and error, and information about quality in relation to the range of potential uses (para 3.4).

⁷ http://www.ic.nhs.uk/webfiles/publications/Eye_Care_Flyers/NHSEyeCareData_Guide_version2.doc

Requirement 4

Provide information about the comparability of GOS statistics with those produced by the other administrations in the UK (para 3.5).

Requirement 5

Improve the commentary and analysis in the releases to aid user interpretation (para 3.7).

2 Subject of the assessment

- 2.1 The General Ophthalmic Services (GOS) – Optometrists and Ophthalmic Medical Practitioners – provide eye care for: children; people aged 60 and over; people on low incomes; and those suffering from, or pre-disposed to, eye disease.
- 2.2 *GOS Workforce* provides annual statistics about the number of Optometrists and Ophthalmic Medical Practitioners (OMPs) – collectively referred to as ophthalmic practitioners - authorised by the NHS to carry out NHS-funded sight tests each year. The statistics present the number of ophthalmic practitioners by type, gender, and per 100,000 of resident population. *GOS Workforce* provides statistics for England, its Strategic Health Boards, and Primary Care Trusts (PCTs), and Wales, including its constituent Regions and Local Health Boards (LHBs). The data used to compile the statistics are taken from the Central Ophthalmic Payments System (COPS), which records payments to ophthalmic practitioners or from manual returns for those practitioners who do not use COPS. The working pattern data were collected through the Sight Tests Volume and Workforce Survey, carried out in 2005/06⁸.
- 2.3 *GOS Activity* provides statistics about the activity of ophthalmic practitioners providing services for the NHS. It includes the number of NHS sight test conducted and the number and value of NHS optical vouchers⁹ processed. Statistics are published annually and cover the financial year; they are published for England and its constituent PCTs. Administrative data and the Omnibus collection of sample data from all PCTs are used to produce the statistics: the data used to compile the statistics are taken from COPS; and the HSCIC's Omnibus collection is used to collect information about eligibility for assistance with the cost of eye care. HSCIC also publishes supplementary tables in spreadsheets, including an interactive 'Factsheet'¹⁰ which allows comparisons to be made between any two PCTs across a twelve-year period for statistics about sight tests and NHS optical vouchers. HSCIC also releases spreadsheets¹¹ in January each year that contain GOS Activity statistics for the first six months of the previous year. The six month spreadsheets are presented alongside a high-level summary of findings and a short report about the quality of the statistics.
- 2.4 The statistics are used by:
- the NHS and the Welsh Government for developing and monitoring ophthalmic policy and for workforce planning.

⁸ <http://www.ic.nhs.uk/pubs/sighttestvolandwforce>

⁹ NHS optical vouchers are vouchers which can be put towards the cost of having new lenses fitted to existing frames, buying spectacles, or contact lenses

¹⁰ http://www.ic.nhs.uk/webfiles/publications/007_Primary_Care/Eye_care/Ophthalmic_services_year_ending_31_March_2011/General_Ophthalmic_Services_Activity_Statistics_for_England_2010_11_Annex_F__PCT_factsheet.xls

¹¹ <http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/eye-care/general-ophthalmic-services-activity-statistics-selected-statistics-for-england-april-2011--september-2011>

- PCTs and LHBs to compare their performance with that of other organisations, and for monitoring the provision of ophthalmic services and ophthalmic expenditure.

2.5 HSCIC told us that the annual production of GOS Activity statistics costs approximately £290,000. The cost for *GOS Activity* is largely that involved in running the Omnibus collection of sample data from all PCTs. GOS Workforce statistics cost approximately £10,000 each year to produce.

3 Assessment findings

- 3.1 HSCIC consulted the users of its GOS Activity statistics between January and April 2010 through an online consultation and published the results¹² on its website. The consultation sought responses to specific questions and proposals for source data used, timing and publication content. HSCIC told us that the consultation led to: the production of separate reports for England and Wales; a reduction in the frequency of data collection; and the inclusion of statistics about the value of optical vouchers processed. HSCIC also invites regular feedback about the ophthalmic statistics via the ‘Have your say’ link on the publication pages of its website. The feedback forms are easy to use and are accessible; however, the Assessment team was told that no feedback has been received relating to GOS Workforce statistics from this tool. HSCIC has not carried out a formal user consultation for *GOS Workforce*. HSCIC actively engages with public sector users of the statistics – including the NHS and the COPS User group¹³ – but does not engage with members of the private or voluntary sectors. As part of the designation as National Statistics, HSCIC should take steps to develop a greater understanding of the use made of these statistics, publish the relevant information and assumptions, and use them to better support the use of the statistics¹⁴ (Requirement 1). In meeting this Requirement, we suggest that HSCIC refer to the generic classes of use put forward in the Authority’s Monitoring Brief¹⁵, *The Use Made of Official Statistics*.
- 3.2 HSCIC has published a revisions policy¹⁶ for those statistics that are subject to scheduled revisions; however it is not clear in either of the GOS publications if these statistics are subject to revisions, nor when or how revisions will be made. We suggest that HSCIC include information about revisions, and links to its policy, within the GOS publications.
- 3.3 HSCIC told us that there had been changes to regulations that affected the GOS Workforce statistics and HSCIC’s ability to maintain a consistent time series for PCTs. New GOS regulations were introduced in England in 2005 and in Wales in 2006 that meant that two types of list had to be maintained: the ‘Ophthalmic Lists’¹⁷ (OL) and the ‘Supplementary Lists’¹⁸ (SOL). On 1 August 2008, further regulations were introduced in England that meant the OL and the SOL were replaced by a contractual regime for providers and a ‘Performers

¹² <http://www.ic.nhs.uk/work-with-us/consultations/consultation-on-eye-care-publications>

¹³ <http://www.connectingforhealth.nhs.uk/systemsandservices/ssd/usergroups/ophthalpayug>

¹⁴ In accordance with Principle 1, Practice 2 of the *Code of Practice*

¹⁵ <http://www.statisticsauthority.gov.uk/assessment/monitoring/monitoring-briefs/monitoring-brief-6-2010---the-use-made-of-official-statistics.pdf>

¹⁶

<http://www.ic.nhs.uk/webfiles/publications/publications%20calendar/Revisions%20Procedure%20300909.doc>

¹⁷ Ophthalmic Lists were held by each PCT/LHB and recorded the practitioners that provided GOS services there. A practitioner could hold a contract with more than one PCT/LHB, and would be recorded on the OL for all PCT/LHBs in which they operated. Practitioners that held contracts in more than one PCT/LHB would be counted only once in the national statistics shown in *GOS Activity*, but would be counted in each PCT/LHB-level data file

¹⁸ Supplementary Lists were held by each PCT/LHB and recorded details of the practitioners that ‘assist in the provision’ of GOS. These practitioners could register with one PCT/LHB at a time within England and Wales. However, being listed on an SOL, a practitioner could undertake NHS sight tests anywhere in the country of registration

List¹⁹ for clinicians; these regulations were not adopted in Wales. The regulation changes are documented in *GOS Workforce* along with a short summary of the impact that highlighted the issue of duplicate records, and how these were addressed in the national figures. HSCIC does not provide information about the amount of double counting, or where this is most likely to have an impact on the local area statistics. HSCIC told us that it would be difficult to create a comparable time series based on the 2008 regulations as it would have to make a judgement about which PCT it would apportion a particular practitioner to. As part of the designation as National Statistics, HSCIC should provide more information about the impact of changes to GOS regulations on the local PCT level statistics, particularly in relation to potential uses²⁰ (Requirement 2).

- 3.4 *GOS Workforce* contains a summary of the quality of the statistics, which provides an overview of their accuracy, relevance and timeliness. *GOS Activity* provides a link to information about the quality of the statistics in a separate publication²¹. However the releases do not provide much information about the overall quality of the statistics, especially in relation to the range of potential uses. *GOS Activity* uses data about patients' eligibility for assistance with eye care costs collected in HSCIC's Omnibus collection of sample data from all PCTs. HSCIC does not publish more detailed information about the collection, such as sample size and responses rates, or estimates of sampling error, in the published statistics. As part of the designation as National Statistics, HSCIC should publish more information about the quality and accuracy of its GOS statistics, including estimates of bias and error and information about quality in relation to the range of potential uses²² (Requirement 3).
- 3.5 The GOS statistics provide links to similar statistics for the other countries of the UK, but give no information about the comparability of these statistics. As part of the designation as National Statistics, HSCIC should provide information about the comparability of GOS statistics with those produced by the other administrations in the UK²³ (Requirement 4).
- 3.6 Data are collected about the number and activity of ophthalmic practitioners that provide services for the NHS. HSCIC provides information about ophthalmic practitioners that undertake private eye care, in *Sight Tests Volume and Workforce Survey*²⁴ (STVW). However, the STVW was last carried out in 2005/06 and it is not clear whether the information provided by HSCIC gives an accurate reflection of the number and activity of current private ophthalmic practitioners. HSCIC told us that the STVW is no longer conducted due to disproportionate costs involved in its operation. However, we suggest that

¹⁹ The Performers List is a record of all ophthalmic practitioners authorised by a PCT to perform NHS sight tests. Each PCT maintains a Performers Lists and a practitioner may be recorded on only one List, but by being recorded on that list is authorised to perform sight tests anywhere in England

²⁰ In relation to Principle 4, Practice 2, and Principle 8, Practice 1 of the *Code of Practice*

²¹

http://www.ic.nhs.uk/webfiles/publications/007_Primary_Care/Eye_care/gosactivity1011p1/Ophthalmic_Data_Quality_Statement_update_DEC11.pdf

²² In relation to Principle 4, Practice 2 of the *Code of Practice*

²³ In relation to Principle 4, Practice 6 of the *Code of Practice*

²⁴ www.ic.nhs.uk/statistics-and-data-collections/primary-care/eye-care/sight-tests-volume-and-workforce-survey-2005-06

HSCIC investigate ways to provide more recent information about private ophthalmic practitioners.

- 3.7 *GOS Activity* and *GOS Workforce* include short introductions about the background to the statistics. The releases also provide some basic information about the quality of the statistics. The commentary tends to describe rises and falls since the last year with little explanation of these changes. The language used in the releases is mostly straightforward, with some explanation of technical terms within the main text. *GOS Workforce* also contains an annex that presents information about the working patterns of ophthalmic practitioners, such as the number working full-time or part-time and the hours worked. However, the information about working hours is not summarised in the main report. As part of the designation as National Statistics, HSCIC should improve the commentary and analysis in the releases to aid user interpretation²⁵ (Requirement 5). We suggest that in meeting this requirement HSCIC should consider the points detailed in annex 2.

²⁵ In relation to Principle 8, Practices 1 and 2 of the *Code of Practice*

Annex 1: Suggestions for improvement

A1.1 This annex includes some suggestions for improvement to HSCIC’s ophthalmic statistics, in the interest of the public good. These are not formally required for designation, but the Assessment team considers that their implementation will improve public confidence in the production, management and dissemination of official statistics.

- | | |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Suggestion 1 | Refer to the generic classes of use put forward in the Authority’s Monitoring Brief, <i>The Use Made of Official Statistics</i> , when documenting use (para 3.1). |
| Suggestion 2 | Include information about revisions, and link to the organisational revisions policy, within the GOS publications (para 3.2). |
| Suggestion 3 | Investigate ways to provide more recent information about private ophthalmic practitioners (para 3.6). |
| Suggestion 4 | Consider the points detailed in annex 2, in seeking to improve the statistical releases (para 3.7). |

Annex 2: Compliance with Standards for Statistical Releases

- A2.1 In October 2010, the Statistics Authority issued a statement on *Standards for Statistical Releases*²⁶. While this is not part of the *Code of Practice for Official Statistics*, the Authority regards it as advice that will promote both understanding and compliance with the *Code*. In relation to the statistical releases associated with Ophthalmic Statistics, this annex comments on compliance with the statement on standards.
- A2.2 In implementing any Requirements of this report (at paragraph 1.5) which relate to the content of statistical releases, we encourage the producer body to apply the standards as fully as possible.

Appropriate identification of the statistics being released

- A2.3 The titles of the publications describe the geographical coverage and period to which they relate. *GOS Workforce* includes a statement about the frequency of release, but such a statement is absent from *GOS Activity*.
- A2.4 The releases use appropriate headings, formats and logos for National Statistics products and clearly indicate which statistics are new. The publications also include the name of the responsible statistician and the originating department. The releases include contents pages which helpfully summarise the contents of the releases. In both releases the source of the data on charts and tables is labelled as the organisation producing the publication, rather than the data source.

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

- A2.5 The releases include executive summaries which describe four or five of the main points from the release. The language used in the releases is mostly straightforward, with some explanation of technical terms within the main text. The releases do not include supporting explanations of why these statistics are important and to whom. *GOS Activity* provides information about the use made of these statistics and the range of potential users in a technical annex, but this information is not included near the start of the release. HSCIC presents no information about the use of the *GOS Workforce* statistics. The maps included in *GOS Activity*, while helpful in principle, are unhelpful when printed in black and white.

Use language that is impartial, objective and professionally sound

- A2.6 The text used in the releases is impartial and evidence based. The descriptions of proportions, rates and changes and trends in the releases are appropriate. The releases provide some information about the quality of the data that underpin the statistics, but no information is included about sampling and non-sampling variability.

²⁶ <http://www.statisticsauthority.gov.uk/news/standards-for-statistical-releases.html>

Include information about the context and likely uses

A2.7 The releases provide little information about the policy and wider context of these statistics, including: information about blind and partially sighted individuals; and information about eye health. The releases do not include much information about the reliability of the statistics. It would be appropriate to comment on the range of uses to which people are likely to put the statistics.

Include, or link to, appropriate metadata

A2.8 The releases include some information about the sources and the methods used to compile these statistics with additional information contained within the *NHS eye care publications – a guide*. *GOS Activity* includes useful links to ophthalmic activity statistics for other UK countries, but no explanation of the differences between the countries is provided.

A2.9 In 2005 (2006 in Wales) and 2008, new regulations came into effect in England and as a result the GOS Workforce statistics before 2008 at PCT level, are not comparable. *GOS Workforce* contains a short summary of the impact; highlighting the issue of duplicate records, and how these were addressed in the national figures.

Annex 3: Summary of assessment process and users' views

A3.1 This assessment was conducted from November 2011 to March 2012.

A3.2 The Assessment team – Gary Wainman and David Duncan-Fraser – agreed the scope of and timetable for this assessment with representatives of the HSCIC in November 2011. The Written Evidence for Assessment was provided on 12 December 2011. The Assessment team subsequently contacted HSCIC during January 2012 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

A3.3 Part of the assessment process involves our consideration of the views of users. We approach some known and potential users of the set of statistics, and we invite comments via an open note on the Authority's website. This process is not a statistical survey, but it enables us to gain some insights about the extent to which the statistics meet users' needs and the extent to which users feel that the producers of those statistics engage with them. We are aware that responses from users may not be representative of wider views, and we take account of this in the way that we prepare assessment reports.

A3.4 The Assessment team received 5 responses from the user and supplier consultations. The respondents were grouped as follows:

Trade organisations	1
NHS	3
Department of Health	1

A3.5 Users reported that the statistics generally met their needs; one user was complimentary about the timeliness, presentation and accessibility of the statistics. The Assessment team was told that the statistics are used to assist planning, for example by, analysing changes in trends in workforce numbers and eligibility for assistance with the costs of eye care through various schemes. Some users indicated that they would like to see more information presented about private sight tests. The majority of users told us that they would like better engagement with HSCIC about these statistics.

A3.6 Suppliers told us that they found it relatively straightforward to provide data and were satisfied with the guidance provided. Suppliers had a mixed level of awareness of what the data are used for; one supplier was unaware of HSCIC's use of the data.

Key documents/links provided

Written Evidence for Assessment document

