

# Assessment of compliance with the Code of Practice for Official Statistics

## Statistics on Dental and Ophthalmic Services and General Practice in Scotland

*(produced by the Information Services Division, NHS National  
Services Scotland)*

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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 of compliance with the Code of Practice for Official Statistics**

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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<sup>1</sup> prepared under the provisions of the *Statistics and Registration Service Act 2007*<sup>2</sup>. The Act requires all statistics currently designated as National Statistics to be assessed against the *Code of Practice for Official Statistics*<sup>3</sup>. The report covers the following sets of statistics produced by Information Services Division, NHS National Services Scotland (ISD) and reported in:

*Dental statistics*<sup>4</sup>:

- *NHS General Dental Service Registrations (Dental Registrations)*; and
- *NHS Fees and NHS GDS Treatments (Dental Fees)*.

*Ophthalmic statistics*:

- *General Ophthalmic Services Statistics*<sup>5</sup> (GOSS).

*General Practice statistics*<sup>6</sup>:

- *GP workforce and practice population statistics (GP Workforce)*;
- *Practice Team Information Annual Update (PTI)*; and
- *Quality and Outcomes Framework of the new GMS contract (QOF)*.

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 materiality<sup>7</sup>. 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 published in 1.1.1 are designated as National Statistics, subject to ISD implementing the

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<sup>1</sup> <http://www.statisticsauthority.gov.uk/assessment/assessment-reports/index.html>

<sup>2</sup> [http://www.opsi.gov.uk/Acts/acts2007/pdf/ukpga\\_20070018\\_en.pdf](http://www.opsi.gov.uk/Acts/acts2007/pdf/ukpga_20070018_en.pdf)

<sup>3</sup> <http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html>

<sup>4</sup> <http://www.isdscotland.org/Health-Topics/Dental-Care/Publications/index.asp>

<sup>5</sup> <http://www.isdscotland.org/Health-Topics/Eye-Care/>

<sup>6</sup> <http://www.isdscotland.org/Health-Topics/General-Practice/>

<sup>7</sup> <http://www.statisticsauthority.gov.uk/assessment/assessment/guidance-about-assessment/criteria-for-deciding-upon-the-format-of-an-assessment-report.pdf>

enhancements listed in section 1.5 and reporting them to the Authority by August 2012.

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

### 1.3 Summary of strengths and weaknesses

1.3.1 ISD meets the needs of the main users of statistics about dental and ophthalmic services and general practices. It runs a steering group for dental statistics, to oversee the information needs of Scottish Government and NHS Scotland. ISD provides extensive information online, to support the use of the PTI and QOF statistics. It has little engagement with users from other areas such as in the voluntary or business sectors.

1.3.2 ISD provides commentary, supported by charts and summary tables in each release, with the exception of *QOF*. Some commentary is extensive, such as in *PTI*, but other releases are brief, such as *GOSS*. The dental and ophthalmic statistical releases do not give information about the accuracy, completeness and comparability of the statistics.

### 1.4 Detailed recommendations

1.4.1 The Assessment team identified some areas where it felt that ISD 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

<b>Requirement 1</b>	(a) seek ways to engage users of the dental, ophthalmic and GP statistics outside the NHS and central government; and (b) take steps to develop a greater understanding of the use made of these statistics, document users' needs and use this information to better support the use of the statistics (para 3.1).
<b>Requirement 2</b>	Make clear the methods adopted to produce <i>Dental Fees</i> and explain why choices were made (para 3.3).
<b>Requirement 3</b>	Publish more information about the quality and reliability of the dental, ophthalmic and GP Workforce statistics, and make clear their strengths and limitations in relation to potential uses (para 3.4).
<b>Requirement 4</b>	Provide links, or other appropriate signposting to equivalent dental statistics for England, Wales and

Northern Ireland and any complementary statistics for Scotland (para 3.5).

**Requirement 5**

Improve the commentary in the dental, ophthalmic and *QOF* and *GP Workforce* statistical releases so that it aids user interpretation of the statistics (para 3.6).

## 2 Subject of the assessment

- 2.1 ISD publishes a range of National Statistics on general dental, general ophthalmic and GP services using information collated for mainly payment purposes, and practice records. It also publishes statistics from the National Dental Inspection Programme (NDIP)<sup>8</sup> and statistics relating to the Dental Action Plan of 2005, both of which are outside the scope of this assessment – ISD recently took over responsibility for NDIP statistics from the University of Dundee and published its first release in November 2011.
- 2.2 *NHS General Dental Service Registrations (Dental Registrations)* presents statistics on the number and proportion of patients that are registered with the NHS General Dental Service<sup>9</sup> (GDS) and the proportion that attend a GDS practice (participation statistics). The statistics are derived from the payment system, Management Information & Dental Accounting System (MIDAS) managed by NHS Scotland's Practitioner Services Division (PSD). ISD introduced the participation statistics in its November 2010 release as a measure of patient attendance at an NHS dental practice following the introduction of the non-time-limited registration policy<sup>10</sup> in Scotland in April 2010. Non-time limited registration effectively means lifetime registration and has lessened the relevance of registration as a measure of patient attendance. The statistics are presented for adults and children in Scotland, and by age group, administrative area and deprivation quintile. ISD published the statistical release quarterly until November 2011. Following discussions with its steering group (the Dental Informatics Group), from May 2012 it will publish the registration and participation statistics six-monthly, approximately two months after the reference period for the statistics. The release was first published in 2007.
- 2.3 *NHS Fees and NHS GDS Treatments (Dental Fees)* reports on fees and the numbers of courses of treatment for adults and children within the GDS. Dentists complete a claim form after providing treatment and submit it to PSD for payment. *Dental Fees* presents child and adult fees paid to dentists by local NHS boards. It also gives the cost of treating a child and an adult. The statistical release is accompanied by detailed Excel tables which give the average expenditure by dentist postcode. *Dental Fees* is published annually, approximately five months after the reference period for the statistics; it was first released in 2003.
- 2.4 *General Ophthalmic Services Statistics (GOSS)* presents annual statistics derived from the payment system for the General Ophthalmic Service in Scotland. This system is also managed by PSD, using the OPTIX database<sup>11</sup>. GOSS provides the number of eye examinations for Scotland and by NHS

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<sup>8</sup> <http://www.isdscotland.org/Health-Topics/Dental-Care/National-Dental-Inspection-Programme/>

<sup>9</sup> GDS is mainly comprised of 'high street' dentists – generally independent dentists contracted by NHS boards to provide NHS treatment. The NHS Community Dental Service provides dental treatment for people unable to access treatment through the GDS, for example, someone with special needs (such as physical disability, or mental health problems).

<sup>10</sup> <http://www.isdscotland.org/Health-Topics/Dental-Care/General-Dental-Service/registration-and-participation.asp>

<sup>11</sup> <http://www.isdscotland.org/Health-Topics/Eye-Care/General-Ophthalmic-Services/>

board. It also gives statistics on vouchers for patients entitled to receive help with the cost of eye care. Additional statistics are released online in Excel tables by type of eye exam and voucher by patient type and area. GOSS was first published in 2007 and is released approximately four months after the reference period for the statistics.

- 2.5 ISD publishes a range of statistics about general practices. *GP workforce and practice population statistics (GP Workforce)* gives statistics from 2004 on the number of GPs contracted to work in Scottish general practices. It includes information about salaried and trainee GPs but does not include locums – and hence the total numbers reported in the release do not represent all GPs working in Scotland. The release also gives information about the registered patient population. The statistics are derived from the GP Contractor Database, General Medical Services Data Warehouse and Community Health Index (CHI). The statistics are compiled from returns provided by NHS boards, which receive data initially from their local GP practices. CHI is used to determine the size of practice lists. The statistics were first released in the 1970s and are published annually.
- 2.6 ISD maintains the Practice Team Information (PTI) system, collecting GP practice data from a sample of Scottish general practices. These provide information about face-to-face consultations between patients and a member of the practice team (GPs and practice-employed nurses). The sample includes around 60 practices (around six per cent of all practices in Scotland). The sample is not random but ISD attempts to ensure that the sample is broadly representative of the population by monitoring the sample composition in terms of age, sex, deprivation and urban/rural mix. It invites practices in particular areas to participate – *Practice Team Information Annual Update (PTI)* estimated the number of patients consulting GP practices and the number of consultations for specific conditions by patient characteristics and staff discipline. Some statistics in *PTI* are shown by age and sex, and these are standardised to take account of differences between the sample population and the Scottish practice population by levels of deprivation. Top level estimates are standardised by all three variables (age, sex and deprivation). *PTI* statistics have been published annually since 2004; last year the publication was released seven months after the reference period for the statistics.
- 2.7 ISD publishes statistics derived from payments made under the Quality and Outcomes Framework<sup>12</sup> (QOF). QOF was introduced in 2004/05 under the General Medical Services<sup>13</sup> contract to pay practices on the basis of their achievements against a set of evidence-based indicators. These performance statistics are published for individual practices, as well as for Scotland, NHS boards and Community Health Partnerships. The total QOF payment is given for each practice with a standard contract (held by 87 per cent of practices). Practices on other contracts are not required to monitor their performance using QOF, but most choose to do so – *Quality and Outcomes Framework of the new GMS contract (QOF)* covers 98 per cent of general practices in

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<sup>12</sup> <http://www.isdscotland.org/Health-Topics/General-Practice/Quality-And-Outcomes-Framework/>

<sup>13</sup> <http://www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/Pages/Contract.asp>

Scotland. The statistical release gives the number of points achieved by each participating practice overall, as well as for individual QOF indicators. It also gives crude prevalence rates for selected health conditions. The statistics are released annually online, approximately six months after the reference period for the statistics, and have been published since 2005.

- 2.8 These health statistics are used by Scottish Government, NHS boards and others within the NHS, local authorities, charities, and researchers, to inform policies and develop a better understanding of health and primary care in Scotland such as variations in general practice achievement and composition, and access to general dental services. The dental statistics are used to monitor the Scottish Government's HEAT<sup>14</sup> target 9: At least 60% of 3 and 4-year-old children in each Scottish Index of Multiple Deprivation (SIMD)<sup>15</sup> quintile to receive at least two applications of fluoride varnish per year by March 2014.
- 2.9 The ISD dental, ophthalmic and GP statistics teams provide a range of services, including producing official statistics, work on management information reports and systems, and responding to information requests. The GP workforce team consists of 2.0 full-time equivalent (FTE); the QOF team of 3.0 FTE; the PTI team of 3.85 FTE; and the team resource for producing the dental and ophthalmic services releases comprises around 1.3 FTE.

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<sup>14</sup> <http://www.scotland.gov.uk/About/scotPerforms/partnerstories/NHSScotlandperformance/Dentalregistrations>

<sup>15</sup> <http://www.scotland.gov.uk/Topics/Statistics/SIMD>

### 3 Assessment findings

- 3.1 ISD told us that it engages with users through a variety of means, such as through the Dental Informatics Group and GP users groups for *QOF* and *PTI*. The *PTI* team circulates an e-newsletter and regularly emails its participating general practices. ISD used feedback from users to guide changes to the statistics presented in *Dental Registrations*, *PTI* and *QOF*. The users of these statistics predominantly come from the NHS and Scottish Government. The ISD teams have little engagement with other types of users such as in the voluntary or business sectors (such as patient groups, pharmaceutical companies, ophthalmic commercial organisations). The releases include little information about users and uses and about the types of decisions that the statistics inform. As part of the designation as National Statistics, ISD should (a) seek ways to engage users of these statistics outside the NHS and central government; and (b) take steps to develop a greater understanding of the use made of the statistics, document users' needs and use this information to better support the use of the statistics<sup>16</sup> (Requirement 1). We suggest that ISD refer to the types of use put forward in the Statistics Authority's Monitoring Brief, *The Use Made of Official Statistics*<sup>17</sup> when documenting use.
- 3.2 ISD's policy on revisions to statistics<sup>18</sup> is set out on its website and states that where a revision has been made or is planned the publication concerned will explain the impact on key statistics and findings. A methodology change is described in *PTI* released in November 2011, detailing the reason and direction of the changes. During the course of this Assessment, ISD extended the description to give an indication of the scale of the revisions.
- 3.3 *Dental Fees* presents the average annual expenditure per head on GDS dental fees for adults and for children from 2004/05. The release does not make clear whether the statistics are adjusted to take account of the effect of inflation. As part of the designation as National Statistics, ISD should make clear the methods it has adopted to produce *Dental Fees* and explain why choices were made<sup>19</sup> (Requirement 2).
- 3.4 ISD has recently amended its template for releases and now includes, as standard, an appendix to its statistical releases which includes information (metadata) about the quality of the statistics. The most recent release of *GOSS* was before the change to the template and the metadata section does not give information about the accuracy, completion and comparability of the statistics. ISD told us that the next release would include the full version of the metadata template. *PTI* presents detailed quality information on its website<sup>20</sup> and has developed a star rating scheme to describe the quality of individual practice data. It also clearly describes the data collection and quality assurance process and explains its use of confidence intervals. *Dental Fees* and *Dental Registrations* present little information about the quality of the data from the administrative databases from which the statistics are compiled. During the

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<sup>16</sup> In relation to Principle 1, Practices 2 and 5 of the *Code of Practice*

<sup>17</sup> <http://www.statisticsauthority.gov.uk/assessment/monitoring/monitoring-briefs/index.html>

<sup>18</sup> <http://www.isdscotland.org/About-ISD/About-Our-Statistics/>

<sup>19</sup> In relation to Principle 4, Practice 1 of the *Code of Practice*

<sup>20</sup> <http://www.isdscotland.scot.nhs.uk/Health-Topics/General-Practice/PTI-Statistics/How-is-the-information-collected.asp>

course of this Assessment, ISD published more information about the completeness and accuracy of the *QOF* statistics. As part of the designation as National Statistics, ISD should publish more information about the quality and reliability of the dental, ophthalmic and *GP Workforce* statistics, and make clear their strengths and limitations in relation to potential uses<sup>21</sup> (Requirement 3).

- 3.5 The releases provide little information about the comparability with similar statistics for other administrations in the UK or to the dental statistics from the Scottish Health Survey<sup>22</sup>. There is no signposting to such complementary statistics in the ISD dental releases. *QOF* highlights that the framework is UK-wide and broadly outlines the comparability of the statistics with the equivalent figures for the other UK countries; however, no comparison is made over time for the UK or between the countries. As part of the designation as National Statistics, ISD should provide links, or other appropriate signposting, to equivalent dental statistics for England, Wales and Northern Ireland and any complementary statistics for Scotland<sup>23</sup> (Requirement 4). We suggest that ISD provide users with summary information about other comparable statistics and make any appropriate comparisons.
- 3.6 *PTI* presents detailed commentary with charts and summary tables to enhance the interpretability of the statistics. *QOF* does not enhance users' understanding through the use of charts or summary tables. *GP Workforce* is a short release with commentary focused on a few principal findings and a brief outline of the statistics. *PTI* and *QOF* provide complementary statistics based on primary healthcare data. *PTI* includes information about *QOF* statistics to help explain the differences in the statistics between the two releases; *QOF* does not however provide reciprocal information. As part of the designation as National Statistics, ISD should improve the commentary in the dental, ophthalmic and *QOF* and *GP Workforce* statistical releases so that it aids user interpretation of the statistics<sup>24</sup> (Requirement 5). We suggest that ISD consider the points detailed in annex 2, in seeking to improve the statistical releases. We further suggest that ISD review the Health and Social Care Information Centre's statistical release<sup>25</sup> about *QOF* in England for examples on data presentation and analysis.

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<sup>21</sup> In relation to Principle 4, Practice 2 and Principle 8, Practice 1 of the *Code of Practice*

<sup>22</sup> <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey>

<sup>23</sup> In relation to Principle 4, Practice 6 of the *Code of Practice*

<sup>24</sup> In relation to Principle 8, Practice 2 of the *Code of Practice*

<sup>25</sup> <http://www.ic.nhs.uk/statistics-and-data-collections/audits-and-performance/the-quality-and-outcomes-framework/the-quality-and-outcomes-framework-2010-11>

## Annex 1: Suggestions for improvement

A1.1 This annex includes some suggestions for improvement to ISD’s dental, ophthalmic and GP statistical outputs, 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.

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|---------------------|--|
| <b>Suggestion 1</b> | 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).         |
| <b>Suggestion 2</b> | Provide users with summary information about other comparable statistics and make any appropriate comparisons (para 3.5).  |
| <b>Suggestion 3</b> | Consider the points detailed in annex 2, in seeking to improve the statistical releases (para 3.6).  |
| <b>Suggestion 4</b> | Review the Health and Social Care Information Centre’s statistical release <sup>26</sup> about QOF in England for examples on data presentation and analysis (para 3.6). |

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<sup>26</sup> <http://www.ic.nhs.uk/statistics-and-data-collections/audits-and-performance/the-quality-and-outcomes-framework/the-quality-and-outcomes-framework-2010-11>

## Annex 2: Compliance with Standards for Statistical Releases

- A2.1 In October 2010, the Statistics Authority issued a statement on *Standards for Statistical Releases*<sup>27</sup>. 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 ISD's dental, ophthalmic and GP 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 dental, ophthalmic and GP statistical releases have titles and introductions that include the coverage of the statistics and the periods to which the latest statistics relate. Each release is accompanied on ISD's website by a publication summary – these give the frequency of the release, the coverage and reference period. The frequency of publication is also given in the metadata annex in each of the main releases. The releases also have an introduction which sets out what is covered in the report, including the subjects discussed.

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

- A2.4 Each release includes a key points section that sets out some of the main findings. The releases also have introductions that provide some background to the collection of the statistics within the NHS. The amount of description varies across the releases; it is extensive in *PTI* and *QOF*, while *GOSS* and *GP Workforce* are brief. For example, *PTI* provides detailed commentary supported by charts and summary tables, *QOF* includes some description of the statistics but it does not summarise the results using charts, whereas *GP Workforce* includes little commentary. It includes some explanation of the statistics, but does not sufficiently explain the change in training arrangements in 2008. It also does not set the number of GPs covered by the statistics in the context of the overall number of GPs.
- A2.5 *Dental Registrations* explains the GDS and defines the registered population. It refers to the non-time-limited policy but doesn't sufficiently explain the impact of the policy on the statistics. It also refers briefly to the Community Dental Service but no information is given on the numbers attending this or when the statistics will become available. The commentary is extremely brief accompanied by one summary table but no charts. However charts are included in the detailed (Excel) tables. It highlights the NHS boards with the highest and lowest results but gives no explanation of whether this is a consistent pattern each year.
- A2.6 *Dental Fees* gives contextual information about the dental service and payment system but doesn't adequately define 'total item of service earnings',

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<sup>27</sup> <http://www.statisticsauthority.gov.uk/news/standards-for-statistical-releases.html>

'capitation', 'continuing care payments', and 'total spend on NHS GDS child and adult item of service fees and registrations'. It lists a number of examinations but doesn't explain them, for example, clinical, extensive clinical, full case assessment. The commentary is accompanied by a chart and two summary tables and has clear links to the relevant detailed tables. It provides the short term trend but it isn't clear if longer term trends are available.

A2.7 GOSS provides little information about NHS ophthalmic service and focuses on the types of forms used to return the data. The commentary is brief but is supported by a map, charts and a summary table. The descriptions of the patterns could be extended – the first set of results begins with an area comparison and doesn't give the overall results for Scotland. The table shows a 150 per cent increase in supplementary eye exams; the release provides an explanation in an annex but the impact of the new legislation is not explained alongside the statistics.

### **Use language that is impartial, objective and professionally sound**

A2.8 The commentary is impartial and factually based. The descriptions of the statistics are mostly sound. *Dental Registrations* gives inconsistent results for the headline figure for adults – with a difference between the text and summary table. ISD could make the definition of 'children' clearer in *Dental Fees*. This release does not make clear whether the statistics are adjusted to take account of the effect of inflation. In GOSS, the design of the chart giving the percentage of the population receiving eye exams by NHS board for each year 2007 to 2011 could be improved – the chart makes it appear that a far smaller number of vouchers were claimed in 2007 than in subsequent years.

### **Include information about the context and likely uses**

A2.9 *PTI* and *QOF* provide some contextual information and highlight some uses but this could be extended and links provided to additional material on the ISD website. For example, *PTI* gives some explanation for observed trends, such as the flu pandemic in 2009/10 and further information on a 'uses and limitations' webpage<sup>28</sup>; *QOF* includes a general description of use. The other releases refer to some relevant policies (for example, GOSS gives some information in an annex about NHS eye exams and associated Regulations), but do not specifically set out the uses made of the statistics.

### **Include, or link to, appropriate metadata**

A2.10 Each of the releases includes some metadata but for some releases it is particularly brief. GOSS provides no information about the accuracy, completeness, and comparability of the statistics. *GP Workforce* includes little information about problems that affect the data for individual practices and describe quality in broad terms, such as 'a high degree of overall accuracy'. *PTI* has detailed quality information – it provides a clear description of the quality dimensions of the statistics and has developed a star rating indicating the quality of individual practice data.

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<sup>28</sup> <http://www.isdscotland.org/Health-Topics/General-Practice/PTI-Statistics/Uses-and-limitations-of-the-data.asp>

## Annex 3: Summary of assessment process and users' views

A3.1 This assessment was conducted from February to April 2012.

A3.2 The Assessment team – Penny Babb and Iain Russell – agreed the scope of and timetable for this assessment with representatives of ISD in February. The Assessment team met the ISD producer team during January to review compliance with the *Code of Practice*, taking account of any 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 12 responses from the user/supplier consultation. The respondents were grouped as follows:

NHS (including 4 suppliers)	8
Academic researchers	2
Central government	1
Private sector	1

A3.5 Overall the users were satisfied that the statistics meet their main needs. They were positive about their engagement with the statistics producer teams in ISD. Areas where some users suggested improvements could be made were in releasing the dental statistics more quickly following the reference period; fuller commentary and explanations; and more detailed dental statistics on deprivation by age and statistics by Community Health Partnerships.

A3.6 The suppliers said that they were satisfied with the guidelines and support received from ISD and the level of engagement. One GP practice had some difficulties in migrating to a new IT system but said that clear protocols were provided and that they received advice. Another supplier said that they receive helpful advice from the QOF team in verifying the data.



