
Director General for Regulation

Martin Horwood MP
16 Hewlett Road
Cheltenham
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5th November 2014

Dear Mr Horwood,

Impact of 2013 changes to emergency care in Cheltenham

Glen Watson, the Director General of the Office for National Statistics, has passed your recent letter to me. I am the Director General for Regulation at the UK Statistics Authority, and I am responsible for the assessment of official statistics against the Code of Practice for Official Statistics, and monitoring and reporting publicly on the use of official statistics in public discourse.

I should begin my comments with a caveat – that the statutory remit of the Authority relates to official statistics. Whilst many of the items of statistical information related to emergency care that are included in the Gloucestershire Clinical Commissioning Group report (“Reconfiguration Report to the Health and Care Overview and Scrutiny Committee”) are the subject of official statistics, the Report itself is not an official statistical publication. It would not therefore be appropriate for me to comment in detail on the Report, and accordingly, I have sought to comment on aspects of statistical presentation drawn from our experience of official statistics, but that I think are relevant considerations in the current context.

First, official statistics are often most accessible when they are presented in a way that reflects the nature of the particular topic: this is often referred to as a statistical presentation framework. In the current context, a suitable high level framework might be couched in terms of a simple process model: inputs (patients and medical staff); processes; and outputs/outcomes. An alternative framework might relate supply (of staff and other resources) to demand (for emergency care). Either way, the use of such frameworks can help the statistical producer to ensure that they are addressing all relevant considerations systematically, and can help the user of the statistics to understand them - because the statistics are presented in a readily understandable context.

Second, the choice of comparator groups is vital. Of course it will depend on the nature of the statistics, and the purpose of the analysis – but for official health statistics, comparative analysis will typically include age, gender, ethnicity, and location – together with a suitable classification of the health issue in question (type of illness, type of emergency) and the health (or system) outcome.

The systematic use of such comparators can often identify particular population sub-groups whose experiences vary in ways that can focus more in-depth analysis.

Third, and an extension of the concept of comparability, is the choice of time periods and the length of any time series presented. Again this will depend on the topic that the statistics are illustrating, but in many cases it is most useful to show figures for five or more years – concentrating on a short period of time can often lead the user to draw inappropriate conclusions, particularly where there have been changes in the process or system that the statistics relate to.

Finally, the Authority believes strongly in the importance of good statistical commentary. Of course it should be objective and factually correct, but it should be more than this: it should identify key trends and it should seek to explain why the patterns in the statistics have arisen. We have worked with producers of official statistics for several years now to encourage a move away from ‘elevator commentary’ – “this has gone up; this has gone down” – to seek to answer repeated questions of “why has this gone up/down?”

These themes permeate many of the reports about UK official health statistics that the Authority has published in recent years, which have emphasised the importance of producers of the statistics having a good understanding of the types of use made of the statistics, and tailoring the way in which the statistics are presented in order to address these needs. Indeed the Authority is currently reviewing the management and presentation of official health statistics from the perspective of a wide range of users. I will bring your letter to the attention of the team working on this review because I think that it illustrates well the dichotomy that we see in relation to official health statistics between the perspectives of health professionals and other users.

Copies of this letter go to Jeremy Hunt (Secretary of State for Health), Dr David Bennett (Chief Executive, Monitor), John Pullinger (National Statistician), Glen Watson (Director General, Office for National Statistics), and Mark Svenson (Head of Profession for Statistics, Department of Health).

Yours sincerely,



Ed Humpherson