

Improving the Public Value of Health and Care Statistics in England

Summary

This report summarises the key findings, action taken and recommendations from a suite of co-ordinated activity undertaken by the Office for Statistics Regulation (OSR) to improve the coherence and accessibility of health and social care statistics in England.

As part of this systemic review the Office for Statistics Regulation took the lead on:

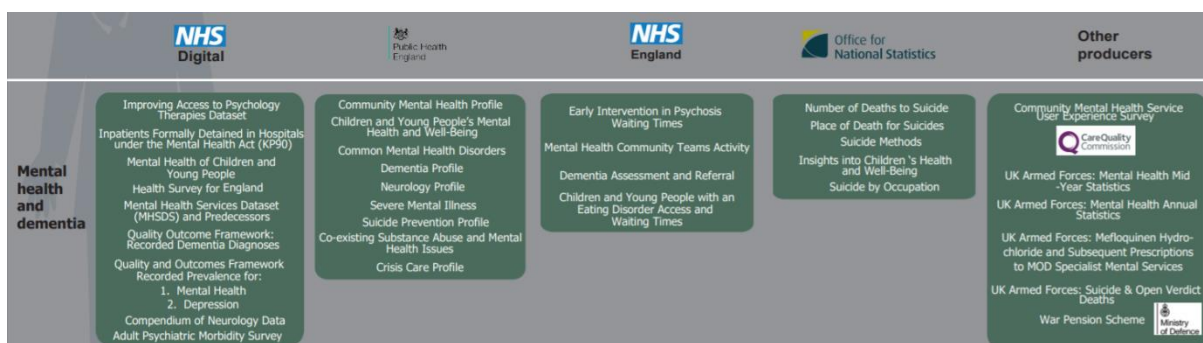
- identifying key issues of coordination and leadership within the statistical system
- obtaining acknowledgement of the issues by the organisations involved in producing these statistics
- asking producers to take ownership of the issues and commit to improvement
- facilitating discussions to develop actions for the statistical system

Our current strategy is that we will retain regulatory oversight to assist improvements with health and care statistics, but we are stepping back from convening producers and setting the agenda, allowing those producing the statistics in England to take leadership in setting the strategic direction for health and care statistics. We are encouraged at the building blocks now in place and look forward to further improvements.

Overview of the statistical system in England

This project has focused on England because, in England, there are many different organisations involved in the collection of health and social care data and the publication of different statistical outputs. NHS Digital, Public Health England (PHE), NHS England, the Office for National Statistics (ONS) and Care Quality Commission (CQC) publish the bulk of official statistics, and many other organisations publish health and care statistics that contribute to public debate. This means that users need to navigate their way around many producer websites to find the statistics they want. Figure 1 illustrates the complexity of the statistical system in terms of mental health. In a system like this, we expect statisticians to make every effort to ensure people using statistics can easily access the information they want and gain a complete and coherent picture of the topic in which they are interested.

Figure 1: Mental health and dementia statistical publications in England



Source: Health and Social Care Statistics Landscape <https://gss.civilservice.gov.uk/health/>

What did we do and what was the impact?

In 2015, we became concerned that there were issues within the statistical system that needed to be addressed to enhance the public value of health and social care statistics. We discovered from a series of Patient Experience assessments¹ published in 2014 that areas for improvement were replicated across a suite of statistics published by different producers indicating a systemic problem:

- The public and media were often unable to tell whether health outcomes from procedures funded by the NHS in England were becoming more efficient and effective
- There was a lack of an over-arching framework for the production and dissemination of statistics on health and social care in England
- There was organisational fragmentation, the statistics were produced in silos and staff tended to focus on satisfying internal users' needs
- The statisticians had a marginal role in the organisations
- The commentary did not include the bigger picture to enhance users' understanding and access to statistics and data was slow
- There was universal acknowledgement that information technology systems made it difficult to link or share data

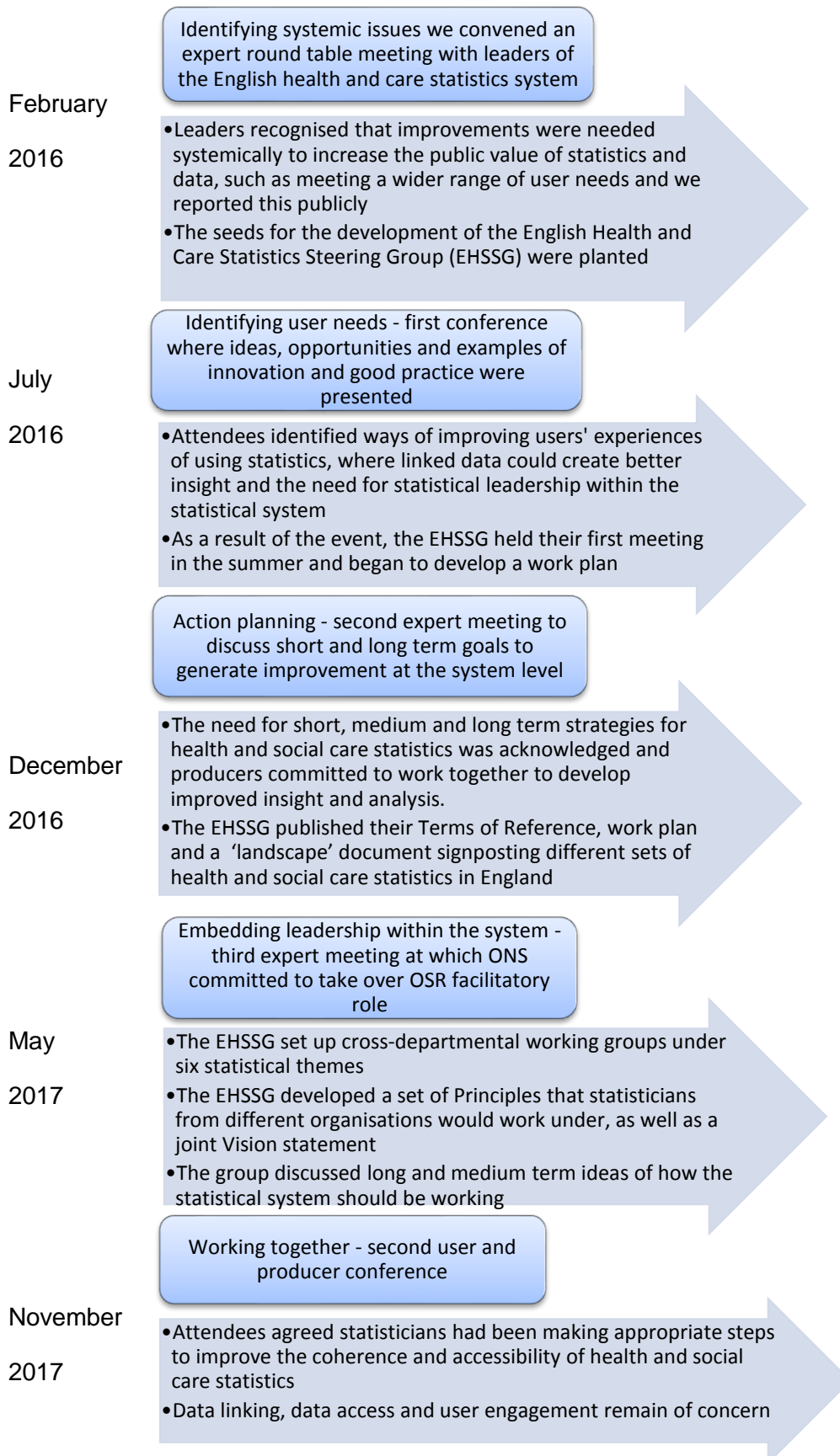
In the autumn of 2015, we crystallised our efforts into identifying and energising the actors and alliances necessary to effect change. We performed an extensive stakeholder engagement exercise and prioritised the key issues of public value to focus on - the coherence and accessibility of health and care statistics in England. Throughout 2016 and 2017 we held a series of Round Table meetings² and conferences with statistics users and producers designed to gain recognition of the issues and drive improvements. These are summarised in Figure 2 and more detail is available on our website³.

¹ https://www.statisticsauthority.gov.uk/wp-content/uploads/2015/12/images-mr11_tcm97-43578.pdf

² Organisations represented at the Round Tables were: Department of Health and Social Care, ONS, CQC, NHS Digital, Kings Fund, NHS England, UK Statistics Authority, PHE, Administrative Data Research Network

³ <https://www.statisticsauthority.gov.uk/publication/health-and-social-care-statistics-in-england-update-on-systemic-review/>

Figure 2: Bringing together statistics users and producers to drive improvements



As a result of these activities, we formulated a set of performance goals for the statistical system. We asked producers of official statistics to:

- Listen and respond to the needs of different types of users
- Establish leadership, co-ordination and accountability in the health and care statistical system
- Establish a strong skills base, where the workforce can manage, analyse, interpret, and communicate data
- Ensure that data can be accessed, linked and shared securely, as appropriate for statistical purposes
- Identify the gaps, overlaps, and no longer relevant official statistics and address through the creation, adaptation, and cessation of statistical products
- Establish coherence within and across the different health and care themes, through collaboration across departments and outside government

What changes have we seen?

Statisticians have been actively responding to our challenge to improve the coherence and accessibility of health and social care statistics. The EHSSG⁴ is providing effective leadership at an operational level and senior leaders have indicated their commitment in Round Table membership.

We think that the development of the EHSSG has been a positive development and that the group is building the right foundations to ensure change occurs across the system. For example, its remit is to “oversee collaborative working across English health bodies to ensure priority user needs for health and social care statistics are met in a timely, coherent and accessible way”. Six thematic cross-departmental working groups⁵ have been set up and plans are in place for ten more groups that are tasked to improve the coherence and accessibility of the statistics they produce. Each of these groups should have an action plan published on the Government Statistical Service’s website⁶ alongside the annual EHSSG work plan⁷.

We can also see evidence of joint working in the landscape that maps⁸ available statistics to help users understand what information is produced and where, in the harmonisation of

⁴ Member organisations of the EHSSG are ONS, Public Health England, NHS Digital, NHS England, NHS Improvement and the Department of Health and Social Care

⁵ The themes are: 1) Smoking 2) Alcohol 3) Obesity 4) Health Inequalities 5) Primary and Dental Care 6) Urgent and emergency care

⁶ <https://gss.civilservice.gov.uk/health/english-health-statistics-steering-group/>

⁷ <https://gss.civilservice.gov.uk/wp-content/uploads/2017/05/Increasing-the-Coherence-of-English-Health-and-Care-Statistics-Action-Plan.docx>

⁸ <https://gss.civilservice.gov.uk/health/>

definitions and changes to publications to meet user needs⁹. The Health and Social Care Publication Advisory Board¹⁰ is also an interesting development.

Recommendations for action

Building these foundations has taken longer than expected and there remains a lot of work to do. We understand that lessons are slowly being shared across the different topic networks but it seems, many of the changes are not yet known about in the user community, and so there is a clear need for better user-producer communication. Statisticians should proactively aim to identify a wide range of users of their statistics and the thematic groups should help this. We also expect those in senior roles to support the work underway and we will hold the EHSSG to account in terms of meeting their actions.

Themes emerging from the November user conference included that there is a great appetite to fully utilise the power of data linkage and the statistics system needs to grasp opportunities, such as using the powers conferred by the Digital Economy Act to strengthen collaborative working, enable data sharing and data linking.

While our work has focused on the situation in England, it is also apparent that there is a user need for comparable UK health statistics. We are very pleased to see statisticians across the UK proactively working together to ensure users understand the differences in outputs and producing comparable statistics where possible.

Finally, we are still asking the statistical system to continue addressing our original performance goals as outlined at the beginning of this paper. Reflecting on the past two years and the changes made, we have additional recommendations that we would like the EHSSG to consider. The recommendations and rationale for them are set out in Table 1.

Table 1: Recommendations

Recommendation for EHSSG	Why is this important?
Develop and implement a user/stakeholder engagement strategy, taking into account the wide range of users and information needs.	It was clear from both user conferences that better user engagement was a priority and the theme groups are a key avenue for achieving this. Without improvements here, statisticians will find it difficult to meet user needs.
Develop a long-term strategy for improving coherence and accessibility of statistics and embed this in an operating model.	To date, we have seen useful short-term work plans to guide developments, but it would now be beneficial to set these in the context of a long-term strategy, explaining its operationalisation to ensure gains are sustained.
Publish a progress update against the 2017 EHSSG work plan and develop a	Many actions have now been addressed but not all and the areas of interest continue to evolve so a plan

⁹ See Annex A for examples of improvements to statistical outputs identified by the EHSSG

¹⁰ <https://gss.civilservice.gov.uk/wp-content/uploads/2017/04/Health-Care-Publication-Advisory-Board-TofR-Dec16.pdf>

new work plan which goes further, giving consideration to data linkage.	for 2018 should be developed alongside the update for 2017.
Publish action plans for each topic network group and monitor progress against these.	Establishing the topic networks has taken longer than expected and few action plans have yet been published, even with some groups being operational for over a year.
Implement mechanisms to share lessons learned and good practice across the topic networks.	It is clear that the groups will have a lot to learn from one another but apparent that there have been few opportunities to date for some learning.
Develop metrics and provide regular updates to OSR on progress towards meeting the performance goals.	As part of the strategy, the performance goals set by OSR should be translated into measures that can be used to assess whether progress is ultimately being made.

Next steps

From OSR's perspective, from April 2018, we will move to a 'review and report' phase focused on monitoring the progress made by EHSSG to improve the coherence and accessibility of health and care statistics. In this next phase, anticipated to last for about two years, we will regularly monitor the actions led by the EHSSG to tackle the issues across the statistical system that are making health and care statistics hard to use.

We will also continue to engage at the executive level to ensure the EHSSG has a clear link to those leading the organisations providing official statistics and data and ensure that users' voices are more prominent. Should we not see substantial evidence of change in the short to medium term we will reconsider our position, but we hope that the structures are now in place and commitment is there to bring around real and sustained improvements across the system.

Annex A – Examples of improvements to statistical outputs

Topic	Statistical releases	Improvements seen
Alcohol	Statistics on Alcohol, England 2017 Adult drinking habits in Great Britain Alcohol-specific deaths in the UK	Coordination of release dates and aligning the definition of alcohol related mortality across the UK
Smoking	Statistics on Smoking, England	Publication using data from NHS Digital, ONS, DH and HMRC
Drugs	Deaths related to drug poisoning in England and Wales	Joint work by ONS/PHE on coroner records
Obesity, diet and physical activity	Statistics on obesity, physical activity and diet, England	Harmonisation of definitions, earlier access to data, combined activity on under-reporting
Cancer	Cancer Survival in England	ONS and PHE rationalising cancer registration system, joint publication and quality assurance of statistics
Mental health	Suicide by occupation, England	Joint work on suicides by occupation; review of aggregate data collections as record level Mental Health
Primary care and dental care	General Practice Data Hub	New GP data hub launch signposting to data published at GP level, to be expanded to cover conditions such as dementia and depression
Urgent and Emergency care	A&E Attendances and Emergency Admissions	Publication using data previously published separately by NHS England and NHS Digital
Learning disabilities	Learning Disabilities Observatory	Joint work and launch event by NHS England and PHE on the Learning Disabilities Observatory

Source: EHSSG <https://gss.civilservice.gov.uk/health/english-health-statistics-steering-group/>