

23rd June 2020

BY EMAIL

Dear UK Statistics Authority

RE: Public Health England Care Home Management Information

We are writing on behalf of Camden Council and in relation to the [PHE management information on care homes](#).

Camden Council have had serious concerns about how the data on outbreaks within care homes for Camden have been represented. The data first came to our attention a few weeks ago when the percentage of outbreaks was over 100% and subsequently rose to 136% when the local evidence shows the percentage affected is actually much lower. The discrepancy has caused a lot of work locally in explaining to political leaders and the media why the figure is incorrect and it is of particular concern to us that it was being reported in this way from a national agency. It has caused substantial issues around credibility and trust of statistics. On further review of the outputs from the data, we are equally concerned that the presentation of this management information is generally misleading and below the standards we normally expect to see.

While we appreciate that PHE has now corrected the Camden data (by removing homeless hostels from figures and a care home which on testing had negative results) and has made an amendment in the meta data to make it clearer that the numerator and denominator are not equivalent, we still think more should be done to ensure that the data that is being published by a national agency is not misleading. We also understand that PHE are looking into making further amendments to this data, but we are unclear about what specific action they will be taking to rectify issues.

Our specific concerns are:

1. Discrepancy between the numerator and the denominator

The reason that Camden has been reported >100% is that the numerator and denominator are not equivalent, with non CQC registered care settings included in the numerator but not the denominator.

We have requested that PHE reviews whether it is appropriate to publish data with this type of discrepancy when it should be possible to limit the numerator to CQC registered care homes and make the numerator and denominator data equivalent.

We have also requested that PHE considers whether combining settings into a 'care home' category like this is meaningful to social care. Within social care, the term care home does not incorporate these wider settings.

2. Presentation within the infographic

There is no explanation of the major limitations of these statistics on the infographic provided by PHE and we think that some of the wording and presentation of the data needs to be amended so it is not misleading. Given the way it has been calculated, it will become more misleading as the pandemic progresses and less useful.

It would be easy for someone looking at these statistics (bottom graph) to come to the conclusion that there were 111 outbreaks in care homes during the week of the 25th May 2020. When in fact, the actual figure is somewhere between 111 and 6,225 if there are some ongoing in some care settings and there are new outbreaks in care homes that have already had one.

We think that the wording about the 'weekly suspected or confirmed COVID-19 outbreaks in care homes' needs to be amended to show they are new outbreaks and in homes that have previously not had a reported outbreak (or may still be having one) and may include other care settings too.

We have discussed with PHE that they are looking at ways to start calculating the beginning and the end of an outbreak using the data, and this would clearly be a better way of describing the impact of COVID-19 on care homes / settings, and enabling areas to identify whether they have care homes / settings with repeated outbreaks which may require further interventions and support. We would be supportive of this but only if PHE can provide accurate and meaningful data.

3. Meta data and data tables

In line with comments above on the infographic, we think the meta data and data tables also need to be clearer on all of these points.

As we have said above, the production of this management information has caused us a lot of work locally because in our view, there has been insufficient thought about how the data are presented, its limitations, and understanding of social care settings. We have been in dialogue with PHE about this for three weeks, and while we are pleased that they have now corrected the Camden figures, we are not clear whether they accept our points above and will be modifying their outputs in line with this. Given the amount of mistrust this has all caused in statistics locally, we would be grateful if the regulator could look into this and take a view to prevent this happening again in the future.

Yours faithfully



Jess McGregor, Director of Adult Social Care



Julie Billett, Director of Public Health