

Annex: Review of actions taken in response to Assessment Report 379 : Accident and Emergency Activity Statistics in Scotland produced by Public Health Scotland (PHS)

Requirement	Actions taken by PHS to meet Requirements	OSR's evaluation of evidence
<p>Requirement 1</p> <p>PHS should regularly engage with a wider range of users to understand their needs and implement ongoing improvements to the statistics. For example, PHS could consider targeting known users such as the media, wider public sector bodies, academics and parliamentary researchers in order to understand ways in which the statistics can be further developed in order to enhance their public value.</p>	<p>PHS has been very proactive during the course of the assessment. It understood the need to take a broader approach to user engagement. To date PHS has:</p> <ul style="list-style-type: none"> • Reviewed its existing engagement, including internally within PHS, and reinstated an A&E statistics forum to ensure consistent and coherent use of A&E statistics across PHS. • Identified a broader range of external users to engage with including professional groups, parliamentary researchers and health think tanks. • Reached out to these users to invite them to complete a survey about the statistics and offer follow-up discussions. <p>PHS recently published information about this engagement and has committed to continuing to develop its user engagement. It will also continue to monitor website feedback and use this to inform developments.</p> <p>PHS is also planning a user consultation of all its statistical outputs which could help to provide further insight into some less frequent users.</p>	<p>We welcome PHS's commitment to extending its user engagement and its willingness to continue to broaden the content of the publication and develop the statistics based on a wider range of users' views.</p> <p>In response to our user feedback, PHS has published helpful explanations to facilitate decision making on which set of statistics to use. For example, it has added explanations of which sites are included in the monthly and weekly data. This has made it clearer that weekly updates only cover larger emergency departments and therefore should not be used for formal monitoring of the four-hour access standard.</p> <p>It is good that PHS is committed to enhancing these statistics as it gains further insight from wider users.</p>

<p>Requirement 2</p> <p>PHS should clearly signpost the work of the UKHSSG so that users can understand issues around UK comparisons. Information on what can and cannot be compared to Scottish A&E data and why should be clearly stated. PHS could also consider separating the UK comparability section from the service delivery comparability section, so it is easily locatable for users.</p>	<p>PHS has added new content to the Metadata – Data quality section which provides examples of service delivery and definitional differences across the four nations that impact the comparability of A&E statistics. It has included a link to the annual comparison that NHS Digital produces and explained why this is the best way to make comparisons. PHS also took on board our suggestion to separate the content on UK comparability from the content on within Scotland comparability.</p>	<p>We consider that PHS has adequately reviewed and provided guidance on what can and cannot be compared to Scottish A&E data. We endorse its ongoing work with the UK Health Statistics Steering Group (UKHSSG) to ensure that the definitions are understood and that comparisons with the other three UK nations to the Scottish statistics are only made when they are appropriate.</p>
<p>Requirement 3</p> <p>PHS should consider further ways to communicate uncertainty in the statistics to aid their interpretation. It would also support interpretation of the statistics if the target for 95% of patients waiting four hours could be represented on the charts.</p>	<p>In response to our suggestion, PHS added the 95% standard of patients waiting four hours on the appropriate charts.</p> <p>PHS has added new content about the robustness of the statistics at national level. It has also added more-prominent caveats to the interactive charts and data downloads to guide appropriate use. These include alerting users to the fact that variation in service delivery across sites can impact comparability.</p> <p>PHS has also updated its revisions statement to give further detail on how it reflects revised figures within the latest update.</p>	<p>We have seen positive progress towards meeting this requirement with PHS providing clearer explanations of uncertainty to support trust in the data.</p> <p>PHS has identified issues around site differences and highlighted comparability issues between sites and across NHS boards. It continues to work with data providers to make improvements to local definitions.</p>