

Consultation response

The King's Fund response to 'Consultation on changes to HSCIC statistics 2016/17 –2018/19'

Introduction

The King's Fund is an independent charity working to improve health and health care in England. We help to shape policy and practice through research and analysis; develop individuals, teams and organisations; promote understanding of the health and social care system; and bring people together to learn, share knowledge and debate. Our vision is that the best possible care is available to all.

As long-term users of the statistics produced by the Health and Social Care Information Centre (HSCIC), we welcome the opportunity to respond to this consultation.

Overview

The consultation on changes to HSCIC's statistics comes at an opportune time (HSCIC 2016). The various options for reducing costs through cuts in the publication of health and social care statistics is driven by reductions to HSCIC's funding from the Department of Health as a result of the 2015 Spending Review. While we have provided responses to the specific consultation questions below, we believe it is important that HSCIC takes into consideration the wider context within which these proposed changes would occur before proceeding with any implementation.

The wider context

In February this year the UK Statistics Authority convened a roundtable of key leaders of the English health and care system to discuss '...how health and care statistics could be enhanced to better serve the public good: how the statistics might be improved, in order to support better decision-making' (UK Statistics Authority 2016b). The headline conclusion from the meeting was that while elements of current statistical system satisfied the UK Statistics Authority's strategy for UK statistics (UK Statistics Authority 2014) in being 'helpful, innovative, professional, efficient and capable', in general, the service

provided to users by the decentralised system was viewed to be 'incoherent and inconsistent' (UK Statistics Authority 2016b).

An initial mapping of health and social care statistics by collecting/collating/publishing organisation – a group of which HSCIC is a key member – reveals a fragmented system with no clear rationale for responsibilities and little indication of any overarching thought in terms of co-ordination of the huge – and immensely valuable – datasets on one of the largest sectors of the economy (UK Statistics Authority 2016).

As long-term users of this data in research and policy analysis, we would confirm these problems and add that there are significant difficulties in accessing some statistics. This has been a particular problem recently with data such as patient-record-based hospital episode statistics. Moreover, tracking trends and linking datasets are longstanding problems. There are also continuing problems with gaps in the collection and publication of some types of data (eg, on funding and spending, and primary and community care).

We therefore strongly endorse the recent initiative of the UK Statistics Authority in starting a discussion about health and social care statistics, to include a summit this year designed to 'move toward a more focused, balanced and insightful portfolio of national and official statistics; and to establish the architecture of future producer–user engagement about statistical needs' (UK Statistics Authority 2016b).

While there are (at least) ten organisations involved in the collection and publication of the vast array of health and social care statistics – from the Office for National Statistics, Department of Health and Public Health England, to NHS England, the Care Quality Commission and Ofsted – HSCIC clearly has a central role. Given the critique by the UK Statistics Authority of the production, promulgation and use of health and social care statistics and the consequent need for a rethink of the whole statistical system, we would suggest that HSCIC needs to frame its response to the current budget cuts in the wider context of changes needed for improvement (UK Statistics Authority 2016b).

In our view, therefore, while we recognise HSCIC's need to respond to the cut in the Department of Health's grant in aid (and we respond below to the detail of some of HSCIC's options), there is a danger that short-term budget decisions may conflict with the longer-term decisions needed to improve the health and social care statistical system.

We would suggest therefore that there needs to be a moratorium on budget decisions as set out in the current consultation while consideration is given as to how the proposed changes fit with the wider health and social care statistical system.

Specific responses to consultation questions

Rather than respond to each question in turn, we have provided comments on the proposals that directly affect The King's Fund when carrying out research and analysis of the health and social care sectors. Where we have do not have views on a proposal we have not provided comments.

Proposal A

We make extensive use of products A15–A20 (hospital episode statistics, admitted patient care – England; hospital outpatient activity; accident and emergency attendances in England; NHS maternity statistics – England; adult critical care data in England; and summary hospital-level mortality indicator). In using this data, our priority is to access it as quickly as possible so that we can run our own analysis. We are therefore content with the proposal to provide less detailed commentary around statistics but to continue to provide the same data, potentially more quickly.

We are concerned about the proposal to provide fewer tables in product A3 (health survey for England). We, along with others, including parliamentarians, make use of the data provided in these tables in national discussions about the state of public health.

Proposal B

We make regular use of products B1 (NHS outcomes framework), B2 (CCG outcomes indicator set), B3 (health survey for England), B7 (provisional monthly hospital episode statistics for admitted patient care, outpatient and accident and emergency data) and B8 (patient-reported outcome measures in England).

We are concerned about the proposal to stop re-publishing indicators for products B1 and B2 where these are already published by other organisations as we believe this will make the process of using these datasets more onerous for some audiences – in particular local government and the NHS (eg, CCGs). It will also mean that this data is presented differently to indicators from the public health outcomes framework, which are published as a whole set.

We are also concerned about the proposal to set a limit on time series of five or ten years for data in products B1 and B2. Time-series data should not have a limit on it: first, because many indicators do not change dramatically year on year (for example, patient experience), and second, because for some indicators a long-term trend is informative (for example, re-admission rates).

We disagree with the proposal to drop the child nurse visit from the data set B3 (health survey for England); in some survey years as we use this data to monitor the coverage of this service.

We disagree with the proposal to stop routine production of special topics for products B7 and B8 as the analysis provided in these products is very informative for a wide range of audiences. We would also find it helpful if HSCIC were to make the raw patient-recorded outcome measures data available to researchers and provide support for using it.

Proposal C

We make regular use of products C2 (the CCG outcomes indicator set), C3 (statistics on NHS stop smoking services in England), C4 (smoking, drinking and drug use among young

people in England), C5 (the practice-level prescribing data release) and C8 (the personal social services adult social care survey, England).

We are concerned about the proposal to reduce the frequency of product C2. To be of maximal utility for CCGs we believe that CCG outcomes indicators should be published quarterly. Annual data is not sufficient to enable CCGs to operate effectively or NHS England to robustly monitor and hold them to account.

We are content with the proposal to reduce the frequency of product C3 from quarterly to annually.

However, we are concerned about the proposal to reduce the minimum frequency of product C4 from annually to every two years. Policy-makers need this data on an annual basis to monitor how young people's lifestyles are changing over time.

We disagree with the proposal to reduce the frequency of product C5 from monthly to quarterly. Prescribing accounts for a significant part of the NHS budget and it is therefore important that CCGs are able to monitor it effectively.

We strongly disagree with the proposal to reduce the frequency of product C8 from annually to every two years. This product is useful because it provides data about the personal impact of care services on users. This insight is currently more important than ever, given the rapidly shifting financial and policy environment.

Proposal D

We make regular use of products D3 (dissemination of adult social care statistics through the National Adult Social Care Intelligence Service) and D5 (numbers of patients registered at a GP practice).

We find it useful to be able to access the data within product D3 in one place. If a decision is taken to proceed with this proposal, we suggest that discussions should take place with the Local Government Association and the Association of Directors of Adult Social Services to agree alternative dissemination plans and ensure that this data remains accessible through a single portal.

We do not understand the proposal in relation to product D5 and would appreciate further clarification of what is intended here.

References

Health and Social Care Information Centre (2016). 'Consultation on changes to HSCIC statistics 2016/17–2018/19'. HSCIC website. Available at: www.hscic.gov.uk/article/7041 (accessed on 30 June 2016).

UK Statistics Authority (2016a). *Annex B: health statistics landscape* [online]. UK Statistics Authority website. Available at: www.statisticsauthority.gov.uk/publication/health-and-care-statistics-in-england-the-statistics-authoritys-direction-of-travel/ (accessed on 30 June 2016).

UK Statistics Authority (2016b). *Health and care statistics in England: the Statistics Authority's direction of travel* [online]. London: UK Statistics Authority. Available at: www.statisticsauthority.gov.uk/publication/health-and-care-statistics-in-england-the-statistics-authoritys-direction-of-travel/ (accessed on 30 June 2016).

UK Statistics Authority (2014). *Better statistics, better decisions: strategy for UK statistics: 2015 to 2020*. London: UK Statistics Authority. Available at: www.statisticsauthority.gov.uk/about-the-authority/strategy-and-business-plan/ (accessed on 30 June 2016).