

Assessment of compliance with the Code of Practice for Official Statistics

Statistics on Adult Dental Health

*(produced by the NHS Information Centre for Health and
Social Care)*

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About the UK Statistics Authority

The UK Statistics Authority is an independent body operating at arm's length from government as a non-ministerial department, directly accountable to Parliament. It was established on 1 April 2008 by the *Statistics and Registration Service Act 2007*.

The Authority's overall objective is to promote and safeguard the production and publication of official statistics that serve the public good. It is also required to promote and safeguard the quality and comprehensiveness of official statistics, and good practice in relation to official statistics.

The Statistics Authority has two main functions:

1. oversight of the Office for National Statistics (ONS) – the executive office of the Authority;
2. independent scrutiny (monitoring and assessment) of all official statistics produced in the UK.

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ASSESSMENT AND DESIGNATION

The *Statistics and Registration Service Act 2007* gives the UK Statistics Authority a statutory power to assess sets of statistics against the *Code of Practice for Official Statistics*. Assessment will determine whether it is appropriate for the statistics to be designated as National Statistics.

Designation as National Statistics means that the statistics comply with the *Code of Practice*. The *Code* is wide-ranging. Designation can be interpreted to mean that the statistics: meet identified user needs; are produced, managed and disseminated to high standards; and are explained well.

Designation as National Statistics should not be interpreted to mean that the statistics are always correct. For example, whilst the *Code* requires statistics to be produced to a level of accuracy that meets users' needs, it also recognises that errors can occur – in which case it requires them to be corrected and publicised.

Assessment Reports will not normally comment further on a set of statistics, for example on their validity as social or economic measures. However, Reports may point to such questions if the Authority believes that further research would be desirable.

Assessment Reports typically provide an overview of any noteworthy features of the methods used to produce the statistics, and will highlight substantial concerns about quality. Assessment Reports also describe aspects of the ways in which the producer addresses the 'sound methods and assured quality' principle of the *Code*, but do not themselves constitute a review of the methods used to produce the statistics. However the *Code* requires producers to "seek to achieve continuous improvement in statistical processes by, for example, undertaking regular reviews".

The Authority may grant designation on condition that the producer body takes steps, within a stated timeframe, to fully meet the *Code's* requirements. This is to avoid public confusion and does not reduce the obligation to comply with the *Code*.

The Authority grants designation on the basis of three main sources of information:

- i. factual evidence and assurances by senior statisticians in the producer body;
- ii. the views of users who we contact, or who contact us, and;
- iii. our own review activity.

Should further information come to light subsequently which changes the Authority's analysis, it may withdraw the Assessment Report and revise it as necessary.

It is a statutory requirement on the producer body to ensure that it continues to produce the set of statistics designated as National Statistics in compliance with the *Code of Practice*.

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1 Summary of findings

1.1 Introduction

1.1.1 This is one of a series of reports¹ prepared under the provisions of the *Statistics and Registration Service Act 2007*². The Act requires all statistics currently designated as National Statistics to be assessed against the *Code of Practice for Official Statistics*³. The report covers the set of statistics from the Adult Dental Health Survey 2009 (ADHS) produced by the NHS Information Centre for Health and Social Care (NHS IC) and reported in an initial headline *First Release*⁴ and followed by the main release of a summary report, thematic series and country reports⁵:

- *Executive Summary;*
- *Theme 1: Oral Health and Function;*
- *Theme 2: Disease and Related Disorders;*
- *Theme 3: Urgent Conditions;*
- *Theme 4: Complexity and Maintenance;*
- *Theme 5: Preventive Behaviour and Risks to Oral Health;*
- *Theme 6: Service Considerations;*
- *Theme 7: Outcome and Impact;*
- *Theme 8: Access and Barriers to Care;*
- *England: Key Findings;*
- *Northern Ireland: Key Findings;* and
- *Wales: Key Findings.*

1.1.2 This report is shorter than normal; this abbreviated style of report reflects the Head of Assessment's consideration of aspects of risk and materiality⁶. The Assessment team nonetheless assessed compliance with all parts of the *Code of Practice*.

1.1.3 This report was prepared by the Authority's Assessment team, and approved by the Board of the Statistics Authority on the advice of the Head of Assessment.

1.2 Decision concerning designation as National Statistics

1.2.1 The Statistics Authority judges that the statistics covered by this report are readily accessible, produced according to sound methods and managed impartially and objectively in the public interest, subject to any points for action

¹ <http://www.statisticsauthority.gov.uk/assessment/assessment-reports/index.html>

² http://www.opsi.gov.uk/Acts/acts2007/pdf/ukpga_20070018_en.pdf

³ <http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html>

⁴ <http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/dentistry/adult-dental-health-survey--2009-first-release>

⁵ <http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/dentistry/adult-dental-health-survey-2009--summary-report-and-thematic-series>

⁶ <http://www.statisticsauthority.gov.uk/assessment/guidance-about-assessment/criteria-for-deciding-upon-the-format-of-an-assessment-report.pdf>

in this report. The Statistics Authority confirms that the statistics published from the Adult Dental Health Survey can be designated as National Statistics.

1.3 Summary of strengths and weaknesses

- 1.3.1 NHS IC consulted the main users of dental health statistics, to inform the design of the survey and content of the summary, thematic and country reports. It established a steering group with a wide range of representatives from the government, health, dental care practice and research sectors.
- 1.3.2 NHS IC used robust survey methods and dental examination procedures. It ensured that the standards and measures used were consistent across the UK and with international standards. It also established sound quality assurance procedures.
- 1.3.3 NHS IC presented the statistics in a clear and impartial way, with detailed commentary, supported by summary charts and tables. It also provided background information about the survey design, potential sources of bias and the reliability of the statistics.

1.4 Detailed recommendations

- 1.4.1 The Assessment team identified areas where it felt that NHS IC could strengthen its compliance with the *Code*. NHS IC addressed these issues through the course of assessment in discussion with the Assessment team.

2 Subject of the assessment

- 2.1 The Adult Dental Health Survey (ADHS) 2009 is the fifth in a series of national dental surveys, and has been run around every ten years since 1968. The main purpose of these surveys has been to provide a picture of the dental health of the adult population and to monitor changes over time. The most recent ADHS was conducted during 2009 and 2010, with the results published in March 2011.
- 2.2 NHS Information Centre for Health and Social Care (NHS IC) commissioned a survey consortium to conduct the ADHS on behalf of the Department of Health (DH), the Welsh Assembly Health Department (WAHD), and the Department of Health, Social Services and Public Safety in Northern Ireland (DHSSPSNI). The survey was carried out in England, Wales and Northern Ireland only; Scotland chose not to participate in the 2009 survey. The Scottish Government collects information about dental health through the Scottish Health Survey. The Office for National Statistics (ONS) managed the survey consortium, working in partnership with the National Centre for Social Research, the Northern Ireland Statistics and Research Agency, and dental experts from the Universities of Birmingham, Cardiff, Dundee, Newcastle, and University College London.
- 2.3 The ADHS was conducted between October 2009 and April 2010. The survey comprised a questionnaire interview with around 11,400 adults, while a sub-set of these also underwent an oral examination of their mouth and teeth (6,500). NHS IC told us that the average interview length was 29 minutes and that dental examinations took 20 minutes on average.
- 2.4 The specific aims of the 2009 survey were to:
- establish the condition of the natural teeth and supporting tissues;
 - investigate dental experiences; and knowledge about, and attitudes towards, dental care and oral hygiene;
 - determine the state and use made of dentures worn in conjunction with natural teeth;
 - examine changes over time in dental health, attitudes and behaviour, and
 - monitor the extent to which government dental health targets are being met.
- 2.5 NHS IC released provisional statistics from the survey in *Adult Dental Health Survey – 2009, First Release*⁷ in December 2010. This release presented statistics on dental issues such as tooth condition, dental attendance and dental anxiety. The final statistics from the ADHS were presented in a series of reports which provide both national and regional estimates focusing on eight specific themes. As well as the thematic series, an overall summary report and separate key findings for England, Wales and Northern Ireland were published at the same time.

⁷ <http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/dentistry/adult-dental-health-survey--2009-first-release>

2.6 DH will use the statistics in its assessment of the demand and need for dental care, for its dental workforce planning. The UK Government is currently developing a dental care contract that will use a newly formulated framework to monitor clinical outcomes⁸. WAHD requires the ADHS to provide detailed statistics on variations in oral health in Wales. The statistics will be used by DHSSPSNI to monitor progress against targets in the *Oral Health Strategy for Northern Ireland*⁹, including:

- To reduce the proportion of adults without any natural teeth to 8% or less by 2008 (baseline 12% in 1998);
- To increase the proportion of adults with 21 or more natural teeth to 78% by 2008 (baseline 71% in 1998); and
- By 2008 reduce the proportion of adults reporting at least one problem related to oral health from 47% to 40%.

Commissioners of dental health care, clinical specialists, public health specialists, trade associations and patient groups are likely to use the ADHS statistics to understand the changing patterns of adult dental health, for example, how the increasing numbers of older people with their own teeth will access oral care, as well as to prioritise services and to bid for funding.

2.7 The survey was approved by the Oxford Research Ethics Committee B, which provides independent advice to ensure that research complies with recognised ethical standards. Consistent with this, respondents were asked to provide written consent for the dental examination. Respondents in England and Wales were also asked to consent to their data being linked with other NHS datasets such as the Hospital Episodes Statistics Register¹⁰. Data linkage is intended to allow the follow up of the health status of respondents. Respondents did not have to provide consent for data linkage in order to take part in the main survey.

2.8 The full cost of managing and delivering the survey and producing the publications was around £3.5 million. This included NHS IC costs of around £85,000. The survey was jointly funded by the Department of Health (DH), the Welsh Assembly Health Department (WAHD) and the Department of Health, Social Services and Public Safety in Northern Ireland (DHSSPSNI).

2.9 The Assessment team conducted this assessment mainly during the period that NHS IC was preparing the survey outputs. We were shown draft versions of several of the reports and we provided feedback to the producers on issues relating to compliance with the *Code*, so that the producers were able to address them in the published reports. This approach was taken due to the infrequent nature of the survey.

⁸ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122660

⁹ <http://www.dhsspsni.gov.uk/index/dental/dental-pubs.htm>

¹⁰ <http://www.ic.nhs.uk/statistics-and-data-collections/hospital-care/hospital-activity-hospital-episode-statistics--hes>

3 Assessment findings

- 3.1 NHS IC commissioned a review¹¹ of its programme of surveys in 2008, to ensure that the information it collects is fit for purpose, meets users' needs and is in line with the organisation's strategic objectives. In the course of the review, NHS IC consulted the main users in government and the NHS and used their feedback to inform its statistics and survey planning. Users identified dental health as an area where more-recent information was needed. This led to NHS IC commissioning the 2009 survey.
- 3.2 NHS IC consulted the main users of the dental health data, including a series of focus groups with 100 participants, to determine their statistical needs. The user feedback informed the changes to the ADHS questionnaire to reflect current dental practice, as well as the data required for comparisons with previous surveys. NHS IC established a steering group to advise on the conduct of the survey and the nature of the statistical outputs. The group included representatives from DH, WAHD and DHSSPSNI, as well as representatives from the NHS, the Dental Observatory and the British Dental Association. A technical report¹², released alongside the ADHS summary, thematic and country reports, describes the consultation with users and the role of the steering group.
- 3.3 NHS IC used robust survey methods and dental examination procedures. It ensured that standards and measures used were consistent across the UK and with international standards. A series of quality assurance stages was established, including detailed checks on the survey design with ONS's Methodology Centre and on the Blaise programming of the survey by a specialist team in ONS. NHS IC statisticians approved the final output. NHS IC published detailed information on the reliability of the statistics alongside the survey reports, including sample errors, confidence intervals and survey design factors. It also published a data quality statement which included the main sources of potential bias and the impact on the results. While the survey covers England, Wales and Northern Ireland only, NHS IC presented equivalent statistics for Scotland where possible and signposted users to the Scottish Health Survey¹³.
- 3.4 The steering group advised on the content and format of the statistical publications so that, for example, a series of thematic reports was prepared rather than one overall survey report. The summary, thematic and country reports give detailed, factual commentary with some information on the use of the statistics and explanation of the main findings, supported by clear summary charts and tables. The reports also relate the results to dental health practice. NHS IC published the detailed tables in both PDF and Excel formats to support re-use by users. We were told that the microdata from the survey will be available through the UK Data Archive to verified researchers.
- 3.5 The reports included the name and contact details of the responsible statistician. The statistics are available through the National Statistics Publication Hub and were released at 9.30am.

¹¹ <http://www.ic.nhs.uk/work-with-us/consultations/review-of-population-based-health--related-surveys>

¹² See Foundation Report: <http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/dentistry/adult-dental-health-survey-2009--summary-report-and-thematic-series>

¹³ <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey>

- 3.6 NHS IC granted pre-release access to 22 people in DH, WAHD and DHSSPSNI. It told us that a minor breach of *The Pre-release Access to Official Statistics Order 2008*¹⁴ occurred when the survey reports were shared with two senior officials in DH and DHSSPSNI without NHS IC's prior approval. NHS IC has revised its instructions to its staff and to recipients to clarify the pre-release arrangements. It has also introduced changes to its procedures to ensure that it releases the list of recipients at the same time as the statistics.

¹⁴ <http://www.legislation.gov.uk/uksi/2008/2998/contents/made>

Annex 1: Summary of assessment process and users' views

- A1.1 This assessment was conducted from August 2010 to April 2011.
- A1.2 The Assessment team – Penny Babb and David Duncan-Fraser – agreed the scope of and timetable for this assessment with representatives of the NHS IC in August 2010. The Written Evidence for Assessment was provided on 15 September 2010. The Assessment team subsequently met the NHS IC during April 2011 to review compliance with the *Code of Practice*, taking account of the written evidence provided and other relevant sources of evidence.

Summary of users contacted, and issues raised

- A1.3 Part of the assessment process involves our consideration of the views of users. We approach some known and potential users of the set of statistics, and we invite comments via an open note on the Authority's website. This process is not a statistical survey, but it enables us to gain some insights about the extent to which the statistics meet users' needs and the extent to which users feel that the producers of those statistics engage with them. We are aware that responses from users may not be representative of wider views, and we take account of this in the way that we prepare assessment reports.
- A1.4 Most of this assessment exercise took place before the publication of the final Adult Dental Health reports, so it wasn't possible to collect user views on these releases. However, the Assessment team contacted some potential users. The Assessment team also sought views on the preliminary statistics presented in *Adult Dental Health Survey - 2009, First Release*, published in December 2010.
- A1.5 The Assessment team received 7 responses from the user/supplier consultation. The respondents were grouped as follows:
- | | |
|--------------------------|---|
| Government Department | 1 |
| Devolved Administration | 2 |
| Health Trust | 1 |
| ADH Consortium Suppliers | 3 |
- A1.6 Overall, users were content with the preliminary statistics released in December 2010 and the level of engagement with NHS IC. Users were generally happy with the coverage and presentation of the First Release and appreciated the early release of headline results. One user said that they would have preferred a focus on socio-economic area comparisons rather than by country. Another would have liked information on adults with disabilities but appreciated the financial and time constraints that prevented this.
- A1.7 The suppliers responding to our consultation said that there was good engagement with NHS IC and other stakeholders. Suppliers commented on NHS IC's understanding of the data collection and the types of outputs that could be presented.

Key documents/links provided

Written Evidence for Assessment document

