

Assessment of compliance with the Code of Practice for Official Statistics

Statistics on Contraceptive Services

*(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 reported in *NHS Contraceptive Services, England*⁴, produced by the NHS Information Centre for Health and Social Care (NHS IC).

1.1.2 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 in this report. The Statistics Authority confirms that the statistics published in *NHS Contraceptive Services, England* are designated as National Statistics, subject to NHS IC implementing the enhancements listed in section 1.5 and reporting them to the Authority by October 2011 for requirements 3, 4, 6, 8 and 9 and by December 2011 for requirements 1, 2, 5, 7 and 10.

1.2.2 NHS IC has informed the Assessment team that it has started to implement the Requirements listed in section 1.5. The Statistics Authority welcomes this.

1.3 Summary of strengths and weaknesses

1.3.1 *NHS Contraceptive Services, England* is generally well presented, contains clear commentary and is easily accessible from NHS IC's website.

1.3.2 NHS IC engages with the main user of the statistics, the Department of Health (DH), but demonstrates little engagement with other users.

1.3.3 In addition, further improvements are necessary to improve user interpretation. These include clearly labelling the sources used to produce the statistics and making clear the coverage of the release. The release would also be improved by the addition of further information about the methods used and the strengths and weaknesses of the statistics presented.

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/health-and-lifestyles/contraception>

1.4 Detailed recommendations

- 1.4.1 The Assessment team identified some areas where it felt that the NHS IC could strengthen its compliance with the *Code*. Those which the Assessment team considers essential to enable designation as National Statistics are listed in section 1.5. Other suggestions, which would improve the statistics and the service provided to users but which are not formally required for their designation, are listed at annex 1.

1.5 Requirements for designation as National Statistics

- Requirement 1** Identify and document the users and uses made of *NHS Contraceptive Services, England* and take steps to engage with users of these statistics outside DH (para 3.1).
- Requirement 2** Carry out a user consultation on the proposed changes to the release which reaches a wide range of users of *NHS Contraceptive Services, England*, including those outside government, and publish details of user views and actions taken as a result of this consultation (para 3.3).
- Requirement 3** Announce changes to the methods used to produce *NHS Contraceptive Services, England* well in advance of the release of the statistics and confirm that future changes to methods or classifications will be announced in advance (para 3.4).
- Requirement 4** Add a statement to the 2007/08 publication of *NHS Contraceptive Services, England* and the associated Excel tables to explain they contain errors and provide a link to the published errata note. NHS IC should also confirm that stakeholders will be promptly notified of any errors that occur in the future (para 3.5).
- Requirement 5** Publish full details of the methods, particularly the data collection methods, and sources used to compile *NHS Contraceptive Services, England* (para 3.8).
- Requirement 6** Publish details of the analysis of SRHAD (Sexual and Reproductive Health Activity Dataset) data quality and ensure that this quality is sufficient to meet user needs (para 3.11).
- Requirement 7** Provide links to where users can find similar statistics for Wales and Scotland and information on the comparability of these statistics (para 3.13).

- Requirement 8** Adopt systematic planning arrangements that ensure the efficient production of *NHS Contraceptive Services, England*, and that these plans reflect user need (para 3.17).
- Requirement 9** Provide information on the quality, including strengths and limitations of the statistics, to aid user interpretation (para 3.18).
- Requirement 10** Review the suitability of the title and the commentary contained in *NHS Contraceptive Services, England* so that it accurately reflects the scope of the release and aids user interpretation (para 3.19).

2 Subject of the assessment

- 2.1 *NHS Contraceptive Services, England* presents statistics on the contraceptive services provided both by the NHS, through Primary Care Trusts (PCTs) in NHS clinics (and through domiciliary visits), and by Brook⁵, a voluntary sector organisation providing contraceptive advice and services to people under the age of 25.
- 2.2 The NHS Information Centre (NHS IC) compiles most of the statistics in *NHS Contraceptive Services, England* from an administrative source known as KT31. PCTs and Brook provide data aggregated by PCT annually through the KT31 return, a questionnaire in Excel format returned via NHS IC's Omnibus Survey online collection tool. Data have been collected since 1988. Return of data is mandatory for PCTs but voluntary for Brook. The KT31 dataset contains information on the first contact made with a particular client in a single financial year and records only the first contraceptive method selected, therefore omitting any subsequent change to the method used. Users consider this to be the main weakness of this data source.
- 2.3 To address the known weaknesses of KT31, the Department of Health (DH) has developed a new dataset known as SRHAD (Sexual and Reproductive Health Activity Dataset). The development of this dataset, over a period of 3 years, has been carried out solely by DH, without the involvement of NHS IC, but responsibility for the dataset has now been passed to NHS IC. SRHAD will contain quarterly data for individual patients, collected from each clinic providing contraceptive services.
- 2.4 Data will be collected for SRHAD using electronic methods with data being extracted directly from the computer system of each clinic and sent to NHS IC using the Data Depot⁶ secure transfer tool. Data collection commenced in the first quarter of 2010 but only on a voluntary basis to allow clinics time to amend their IT systems. All PCTs or Brook clinics without suitable IT systems will continue to provide data for the KT31 dataset. By 2012/13 the KT31 data return will no longer be available and all PCT and Brook clinics must return their data to SRHAD.
- 2.5 In addition to statistics from KT31, *NHS Contraceptive Services, England* presents statistics produced from other data sources. These sources include: NHS IC's *Hospital Episode Statistics*⁷; data on prescriptions from the Prescription Services Division⁸ and survey data from *Contraceptive and Sexual Health*⁹ produced by the Office for National Statistics. *Contraceptive and Sexual Health* was commissioned by NHS IC but was last produced in 2009.
- 2.6 The statistics presented in *NHS Contraceptive Services, England* are used by DH to support the Government's Sexual Health Strategy objective to reduce

⁵ <http://www.brook.org.uk/>

⁶ <http://www.ic.nhs.uk/webfiles/Services/Omnibus%20Guidance/Data%20Depot%20Guidance%20FINAL%20WEB.doc>

⁷ <http://www.hesonline.nhs.uk/>

⁸ <http://www.nhsbsa.nhs.uk/PrescriptionServices.aspx>

⁹ <http://www.statistics.gov.uk/statbase/Product.asp?vlnk=6988>

unintended pregnancies. DH uses the statistics to monitor trends in clinic attendance and contraceptives supplied to assess the effectiveness of policy decisions. DH also uses the statistics in the production of the Sexual Health Balanced Scorecard, a suite of national indicators of sexual health. The statistics have been used by the National Institute for Health and Clinical Excellence (NICE) to assess the cost effectiveness of Long Acting Reversible Contraceptives (LARCs). Additional uses of these statistics include research by academics and charities. PCTs use the data to monitor the uptake of the services they offer and to plan the services they offer.

2.7 *NHS Contraceptive Services, England* received 1,065 unique page views in the two months following publication of the 2008/09 report. It costs NHS IC approximately £70,000 per annum to produce these statistics.

3 Assessment findings

Principle 1: Meeting user needs

The production, management and dissemination of official statistics should meet the requirements of informed decision-making by government, public services, business, researchers and the public.

- 3.1 NHS IC engages with key users in DH through an annual meeting, held prior to the production of *NHS Contraceptive Services, England* and maintains informal contact via phone and email throughout the year. NHS IC also responds to ad hoc queries from users but this engagement and information about these users' needs are not documented. NHS IC told the Assessment team that it plans to include a paragraph detailing the users and the uses made of the statistics in the next release. DH set up a group comprising clinicians and data providers to act as an expert reference group as part of the SRHAD dataset development and pilot work. NHS IC plans to consult with this group on proposed changes to the release (see para 3.3). As part of the designation as National Statistics, NHS IC should identify and document the users and uses made of *NHS Contraceptive Services* and take steps to engage with users of these statistics outside DH¹⁰ (Requirement 1). We suggest that NHS IC refers to the generic classes of use put forward in the Authority's Monitoring Brief: *The Use Made of Official Statistics*¹¹ in meeting this Requirement.
- 3.2 NHS IC requests feedback from users using an online form on its website. Very little feedback is received for individual releases so NHS IC has produced a summary document¹² of feedback received across all of its statistical releases without any breakdown by individual release. This document includes information on the number and nature of comments received and the organisation of the user providing the comment but does not contain the actual feedback received. We suggest NHS IC publishes specific information about users' experiences of *NHS Contraceptive Services, England*.
- 3.3 NHS IC plans to make changes to *NHS Contraceptive Services, England* and introduce quarterly releases following the introduction of the new dataset, SRHAD. NHS IC has consulted with a group of clinicians and data providers on the content of these releases and plans to launch a wider user consultation in October 2011 through the existing annual release. As part of the designation as National Statistics, NHS IC should carry out a user consultation on the proposed changes to the release which reaches a wide range of users of *NHS Contraceptive Services, England*, including those outside government, and publish details of user views and actions taken as a result of this consultation¹³ (Requirement 2).

¹⁰ In relation to Principle 1, Practices 1 and 2 of the *Code of Practice*

¹¹ <http://www.statisticsauthority.gov.uk/assessment/monitoring/monitoring-briefs/monitoring-brief-6-2010---the-use-made-of-official-statistics.pdf>

¹² <http://www.ic.nhs.uk/webfiles/publications/publications%20calendar/Userfeedbacksummary.pdf>

¹³ In relation to Protocol 1, Practices 3 and 7 of the *Code of Practice*

Principle 2: Impartiality and objectivity

Official statistics, and information about statistical processes, should be managed impartially and objectively.

- 3.4 NHS IC told the Assessment team that no changes have been made to the methods or classifications used in *NHS Contraceptive Services, England*. However, the next release will contain data from both the KT31 and the SRHAD dataset and this has not yet been announced. A paragraph was included in the 2009/10 release stating that the SRHAD dataset had been introduced to replace KT31 but gave no details about how this would affect the statistics or when any changes to the statistics would be made. As part of the designation as National Statistics, NHS IC should announce changes to the methods used to produce *NHS Contraceptive Services, England* well in advance of the release of the statistics and confirm that future changes to methods or classifications will be announced in advance¹⁴ (Requirement 3).
- 3.5 NHS IC discovered some errors in the 2007/08 publication of *NHS Contraceptive Services, England*, published in October 2008, while compiling the 2008/09 publication. NHS IC produced an errata note¹⁵ to highlight these errors but due to the amount of work required to produce this note, it was published at the same time as the new release, around six weeks after the errors were first discovered. Users of these statistics were not notified of the errors in any other way. The original 2007/08 publication, containing errors, is still published on NHS IC's website and no corrected version of the release has been issued. Errors are also contained in the associated tables released in Excel. NHS IC followed its revisions policy in dealing with these errors. This allows releases to remain uncorrected in certain cases. As part of the designation as National Statistics, NHS IC should add a statement to the 2007/08 publication of *NHS Contraceptive Services, England* and the associated Excel tables to explain they contain errors and provide a link to the published errata note. NHS IC should also confirm that stakeholders will be promptly notified of any errors that occur in the future¹⁶ (Requirement 4).
- 3.6 NHS IC provides some supplementary statistical services in relation to these statistics, and does not currently charge for these services. NHS IC has a charging policy¹⁷ which is available on its website.

¹⁴ In relation to Principle 2, Practice 4 of the *Code of Practice*

¹⁵ http://www.ic.nhs.uk/webfiles/publications/Contraception0708/Contraceptive_Services_2007_2008_Errata_Note.pdf

¹⁶ In relation to Principle 2, Practice 7 of the *Code of Practice*

¹⁷ <http://www.ic.nhs.uk/webfiles/COMMS/Principles%20for%20IC%20Service%20Costing%20v.pdf>

Principle 3: Integrity

At all stages in the production, management and dissemination of official statistics, the public interest should prevail over organisational, political or personal interests.

- 3.7 No incidents of political pressures, abuses of trust or complaints relating to professional integrity, quality or standards were reported to or identified by the Assessment team.

Principle 4: Sound methods and assured quality

Statistical methods should be consistent with scientific principles and internationally recognised best practices, and be fully documented. Quality should be monitored and assured taking account of internationally agreed practices.

- 3.8 *NHS Contraceptive Services, England* contains some information on the methods used to compile the statistics and a sample copy of the KT31 questionnaire used to supply data. However, this information is not comprehensive and appears to be directed towards PCTs completing the KT31 return rather than the users of the statistics. It is not made clear whether the data are collected using a census or a sample survey and it is not explained that Brook provides data on a voluntary basis only. No information is given on how the return is completed or returned and no explanation of the handling of situations of non-response or changes to PCT boundaries is provided. Little information is given about the additional data sources used. As part of the designation as National Statistics, NHS IC should publish full details of the methods, particularly the data collection methods, and sources used to compile *NHS Contraceptive Services, England*¹⁸ (Requirement 5).
- 3.9 NHS IC's Omnibus team validates the data, examines outliers and makes comparisons with similar data produced by other organisations and with NHS IC time series data. The team liaises directly with the data suppliers to investigate any discrepancies. Analysis of the data and subsequent quality assurance of the statistics are conducted by the Lifestyles team which is also responsible for the publication of these statistics. NHS IC has not documented all of the quality assurance processes used and the Lifestyles team appears to have little knowledge of the quality assurance carried out by the Omnibus team. NHS IC has recently introduced a new publications process which uses check lists of all processes involved in publishing a release, including quality assurance. This has been followed by all publications since April 2011 and is an example of good practice, but is not intended to be a substitute for detailed publication-specific desk instructions. We suggest NHS IC fully document the quality assurance procedures used in the production of *NHS Contraceptive Services, England* and take steps to ensure that all teams involved in the production process have a reasonable understanding of all quality assurance conducted.
- 3.10 NHS IC has not consulted users on the quality of the statistics it publishes in *NHS Contraceptive Services, England*. However, some users told the Assessment team that the statistics do not currently meet their needs due to the limitations of the KT31 dataset, namely a lack of detail and a lack of information about changes to contraceptive methods used. NHS IC told us that these limitations will be addressed by the introduction of SRHAD and they plan to consult with users on their needs (see para 3.3).
- 3.11 NHS IC is currently carrying out a series of quality checks on the data returned via SRHAD and told the Assessment team that the quality is not as good as it had expected. This is largely the result of coding errors or the incorrect

¹⁸ In relation to Principle 4, Practice 1 of the *Code of Practice*

completion of the return by clinics. Supplier and user comments received by the Assessment team also mentioned concerns about the quality of the dataset. NHS IC has made some revisions to the guidance in response to definitional issues and publishes details of any issues in quarterly newsletters¹⁹ made available to data suppliers. As part of the designation as National Statistics, NHS IC should publish details of the analysis of SRHAD data quality and ensure that this quality is sufficient to meet user needs²⁰ (Requirement 6).

- 3.12 *NHS Contraceptive Services, England* presents time series data for some of the tables from 1997/98. Any policy changes that affect consistency, such as the reclassification of Emergency Hormonal Contraception making it available without prescription, are mentioned in the text of the release. NHS IC statisticians told the Assessment team that they expect to maintain these consistent time series following the move to SRHAD and in the interim, when the statistics will be compiled using both SRHAD and KT31. There is no period of parallel running between the two datasets but NHS IC told us that it plans to conduct analysis into the impact of the new dataset. We suggest NHS IC publish this analysis.
- 3.13 Statistics on NHS contraceptive sources are produced for Wales²¹ by the Welsh Assembly Government and for Scotland²² by Information Services Division of NHS National Services Scotland. NHS IC statisticians do not have any contact with those producing similar statistics in the devolved administrations and provide no information in the release about how to find these statistics or their comparability. NHS IC told the Assessment team that it is planning to include links to where these statistics can be found in the next release. As part of the designation as National Statistics, NHS IC should provide links to where users can find similar statistics for Wales and Scotland and information about the comparability of these statistics²³ (Requirement 7). We suggest that NHS IC seek to engage with statisticians in the devolved administrations to consider whether the comparability of the statistics can be improved.

¹⁹ <http://www.ic.nhs.uk/services/omnibus-survey/using-the-service/data-collections/sexual-and-reproductive-health-activity-dataset-srhad>

²⁰ In relation to Principle 4, Practice 2 of the *Code of Practice*

²¹ <http://wales.gov.uk/topics/statistics/headlines/health2010/101215/?lang=en>

²² <http://www.isdscotland.org/isd/5410.html>

²³ In relation to Principle 4, Practice 6 of the *Code of Practice*

Principle 5: Confidentiality

Private information about individual persons (including bodies corporate) compiled in the production of official statistics is confidential, and should be used for statistical purposes only.

3.14 NHS IC has assured us that it takes all necessary steps to protect the confidentiality of the data it collects. Under the KT31 dataset, no confidential data are provided and the statistics are published at a high level of aggregation. Individual-level data will be available through SRHAD but this will be anonymised by the clinics providing the data. Data-sharing agreements are put in place when data are shared with any third party organisations.

Principle 6: Proportionate burden

The cost burden on data suppliers should not be excessive and should be assessed relative to the benefits arising from the use of the statistics.

- 3.15 The introduction of SHRAD which uses electronic data collection direct from the clinic's own computer records will reduce the burden on suppliers, compared with KT31 where a manually completed form is used. However, one supplier who currently returns data to SRHAD voiced frustrations over the guidelines provided and the level of engagement they have had with NHS IC. We suggest NHS IC review the level of engagement with suppliers and the information available to them about the new dataset, SRHAD.

Principle 7: Resources

The resources made available for statistical activities should be sufficient to meet the requirements of this Code and should be used efficiently and effectively.

- 3.16 The production of *NHS Contraceptive Services, England* appears to be adequately resourced to meet the standards required by the *Code*. NHS IC told us that it costs approximately £70,000 to produce these statistics.
- 3.17 NHS IC has an up-to-date, detailed timetable showing how the production of *NHS Contraceptive Services, England* is planned but this timetable was not produced prior to the commencement of data collection. NHS IC has not provided any other evidence of resource allocation or planning for this release. As part of the designation as National Statistics, NHS IC should adopt systematic planning arrangements that ensure the efficient production of *NHS Contraceptive Services, England*, and that these plans reflect user need²⁴ (Requirement 8).

²⁴ In relation to Principle 7, Practice 3 of the *Code of Practice*

Principle 8: Frankness and accessibility

Official statistics, accompanied by full and frank commentary, should be readily accessible to all users.

- 3.18 *NHS Contraceptive Services, England* presents statistics from a range of different sources. The source used for a particular statistic is not always made clear in the release and one user commented that they find it difficult to know which statistic they should use, particularly when similar statistics taken from different sources are presented. NHS IC does not provide any information about the quality or reliability of the statistics presented in *NHS Contraceptive Services, England* but told the Assessment team that it plans to issue a statement about quality alongside the next release. As part of the designation as National Statistics, NHS IC should provide information on the quality, including the strengths and limitations, of the statistics to aid user interpretation²⁵ (Requirement 9).
- 3.19 *NHS Contraceptive Services, England* contains commentary that is clear and accessible to users and includes a summary of the main findings. However, the commentary could go further to explain the reasons for particular changes and refer to trends over longer periods of time. The release does not contain detailed statistics on all contraceptive services provided by the NHS, such as those offered by GPs, and also includes services offered by the voluntary sector, but this is not reflected clearly in the release itself or in its title. As part of the designation as National Statistics, NHS IC should review the suitability of the title and the commentary contained in *NHS Contraceptive Services, England* so that it accurately reflects the scope of the release and aids user interpretation²⁶ (Requirement 10).
- 3.20 Statistics in *NHS Contraceptive Services, England* are presented at a reasonably high level of detail; however, in the interests of transparency, NHS IC plans to release the whole dataset. Since data are currently only received at PCT level, there is no issue surrounding confidentiality but this may become a problem following the introduction of SRHAD. We suggest NHS IC ensure that the dataset be released in a format that is convenient to users and be accompanied by appropriate documentation.

²⁵ In relation to Principle 8, Practice 1 of the *Code of Practice*

²⁶ In relation to Principle 8, Practices 1, 2 and 4 of the *Code of Practice*

Protocol 1: User engagement

Effective user engagement is fundamental both to trust in statistics and securing maximum public value. This Protocol draws together the relevant practices set out elsewhere in the Code and expands on the requirements in relation to consultation.

3.21 The requirements for this Protocol are covered elsewhere in this report.

Protocol 2: Release practices

Statistical reports should be released into the public domain in an orderly manner that promotes public confidence and gives equal access to all, subject to relevant legislation.

- 3.22 The pre-release access list²⁷ for *NHS Contraceptive Services, England* contains seven individuals, all from DH. NHS IC told the Assessment team that this has recently been reviewed and the number of people to whom pre-release access is given has been reduced.
- 3.23 *NHS Contraceptive Services, England* is available via the National Statistics Publication Hub but different names are used for previous releases, meaning that the 2009/10 release is located in a different place to the 2008/09 release. We suggest that NHS IC ensure all releases are published in the same place on the Publication Hub.
- 3.24 *NHS Contraceptive Services, England* contains the name of the responsible statistician in a prominent position at the beginning of the release and on the back of the release. However, only generic contact details are provided. We suggest NHS IC publish full contact details for the responsible statistician in the release.

²⁷http://www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/nhscontra0910/NHS_Contraceptive_Services_England_2009_10_PRA.pdf

Protocol 3: The use of administrative sources for statistical purposes

Administrative sources should be fully exploited for statistical purposes, subject to adherence to appropriate safeguards.

3.25 NHS IC has published a comprehensive Statement of Administrative Sources²⁸ on its website including all of the elements required by the *Code*; we consider it to be an example of good practice. All of the administrative sources currently used to produce *NHS Contraceptive Services, England* are included in the Statement.

²⁸ <http://www.ic.nhs.uk/statistics-and-data-collections/publications-calendar/administrative-sources>

Annex 1: Suggestions for improvement

A1.1 This annex includes some suggestions for improvement to the NHS Information Centre for Health and Social Care, in the interest of the public good. These are not formally required for designation, but the *Assessment team considers that their implementation will improve public confidence in the production, management and dissemination of official statistics.*

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|---------------------|--|
| Suggestion 1 | Refer to the generic classes of use put forward in the Authority's Monitoring Brief: <i>The Use Made of Official Statistics</i> ²⁹ in meeting Requirement 1 (para 3.1). |
| Suggestion 2 | Publish specific information about users' experiences of <i>NHS Contraceptive Services, England</i> (para 3.2). |
| Suggestion 3 | Fully document the quality assurance procedures used in the production of <i>NHS Contraceptive Services, England</i> and take steps to ensure that all teams involved in the production process have a reasonable understanding of all quality assurance conducted (para 3.9). |
| Suggestion 4 | Publish the results of the analysis of the impact of introducing a new dataset on the time series presented in <i>NHS Contraceptive Services, England</i> (para 3.12). |
| Suggestion 5 | Seek to engage with statisticians in the devolved administrations to consider whether the comparability of the statistics can be improved (para 3.13). |
| Suggestion 6 | Review the level of engagement with suppliers and the information available to them about the new dataset, SRHAD (para 3.15). |
| Suggestion 7 | Ensure that the dataset is released in a format that is convenient to users and is accompanied by appropriate documentation to enhance use (para 3.20) |
| Suggestion 8 | Ensure all releases are published in the same place on the Publication Hub (para 3.23). |
| Suggestion 9 | Publish full contact details for the responsible statistician in the release (para 3.24). |

²⁹ <http://www.statisticsauthority.gov.uk/assessment/monitoring/monitoring-briefs/monitoring-brief-6-2010---the-use-made-of-official-statistics.pdf>

Annex 2: Summary of assessment process and users' views

A2.1 This assessment was conducted from February to May 2011.

A2.2 The Assessment team – Kat Pegler and Emma Bowditch – agreed the scope of and timetable for this assessment with representatives of the NHS IC in February. The Written Evidence for Assessment was provided on 21 June 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

A2.3 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.

A2.4 The Assessment team received 4 responses from the user consultation plus 2 responses from data suppliers. The respondents were grouped as follows:

Academic	2
Government Department	1
Charity	1
Data suppliers	2

A2.5 Overall, users were happy with the level of engagement received from NHS IC. Three users would like to see the statistics presented at a greater level of detail and one user commented that they would like the statistics to be available more frequently. One user suggested that an explanation of differences arising through the use of different data sources is necessary. One user raised concerns about the quality of the data collected using a new dataset recently introduced, a concern also highlighted by a supplier providing data in this new format who also commented on the increase in burden that it causes.

Key documents/links provided

Written Evidence for Assessment document

