

Assessment of compliance with the Code of Practice for Official Statistics

Statistics on Scottish Patient Experience

(produced by the Scottish Government)

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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.

Contact us

Tel: 0845 604 1857

Email: authority.enquiries@statistics.gsi.gov.uk

Website: www.statisticsauthority.gov.uk

UK Statistics Authority
1 Drummond Gate
London
SW1V 2QQ

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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 Act also allows Ministers to request an assessment of other official statistics in order for them to gain National Statistics status. This report is in response to such a request. The report covers the sets of statistics reported in *Scottish Inpatient Patient Experience Survey National Results*⁴ (*Inpatient National Results*) and *Scottish GP Patient Experience Survey National Results*⁵ (*GP National Results*), produced by the Scottish Government.

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 has determined that the statistics published in *Inpatient National Results* and *GP National Results* are designated as National Statistics, subject to the Scottish Government implementing the enhancements listed in section 1.5 and reporting them to the Authority by October 2011.

1.3 Summary of strengths and weaknesses

1.3.1 The Scottish Government has engaged with users of the statistics during the production process and post publication using a variety of methods including steering groups and workshops. However, the Scottish Government has not published user feedback and information about how the statistics are used.

1.3.2 The Scottish Government makes results available at different levels of detail, including GP practice and hospital level, in response to user demand. It also makes results easily accessible via Excel tools. The commentary within *GP National Results* and *Inpatient National Results* reports on the results but does not discuss the implications of the results.

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.scotland.gov.uk/Publications/2010/09/28112720/0>

⁵ <http://www.scotland.gov.uk/Publications/2010/07/23150856/0>

1.3.3 Technical reports accompany both releases detailing the survey methodology but these include little information about the quality of the statistics.

1.4 Detailed recommendations

1.4.1 The Assessment team identified some areas where it felt that the Scottish Government should 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 | Publish information about users' experiences of patient experience statistics (para 3.1). |
| Requirement 2 | Document the use made of patient experience statistics and the types of decision they inform (para 3.2). |
| Requirement 3 | Ensure that government statements on Scottish Patient Experience statistics are clearly presented as policy statements and can be readily distinguished from statistical releases (para 3.7). |
| Requirement 4 | Publish the rationale for choice of weighting procedures and for the changes to the Inpatient Survey questionnaire (para 3.9). |
| Requirement 5 | Ensure that users are informed about the quality of the statistics, including estimates of the main sources of bias and other errors (para 3.10). |
| Requirement 6 | Provide evidence of how resources are allocated to the production of these statistics and are planned to be in the future (para 3.20). |
| Requirement 7 | Improve the commentary in the releases so that it aids user interpretation of the statistics (para 3.21). |

2 Subject of the assessment

- 2.1 The Scottish Government commissioned the General Practice (GP) Patient Experience Survey ('GP Survey') and the Inpatient Patient Experience Survey ('Inpatient Survey') to gather information from patients about their perceptions and experience of care provided by NHS Scotland. As part of implementing *The Healthcare Quality Strategy for NHS Scotland*⁶, health boards, hospitals, and GP practices use statistics on patient experience in improving health care. This assessment covers the two national reports of the survey results: *Inpatient National Results* and *GP National Results*. The Scottish Government also publishes statistics in Excel tables which accompany the statistical releases. For the Inpatient Survey, the statistics in these tables are at national, health board and hospital levels. For the GP survey they are at national, health board, Community Health Partnership (CHP)⁷ and practice level.
- 2.2 The GP survey is a postal survey of patients who have attended their general practice in the last year. The survey covers people's experiences of making an appointment, visiting the GP surgery, seeing staff and being prescribed medicines. The survey sample is a random sample, stratified by GP practice to enable statistics of adequate quality to be reported for each practice. 485,380 questionnaires were sent to people registered with a GP and 185,989 were returned completed. The Scottish Government contracted the Picker Institute Europe⁸ to administer the GP survey. The Scottish Government and Information Services Division of NHS National Services Scotland (ISD) provided day-to-day support for the administration of the survey. The Scottish Government has previously carried out surveys of GP patients⁹ designed to collect information about how easy it is for people to access their doctor or nurse (GP Access Survey), and the GP Survey was developed from the GP Access Survey by adding additional questions.
- 2.3 The Inpatient Survey is a postal sample survey of patients who have spent at least one night in an NHS hospital. The survey collects data about patients' perceptions of, and experiences with, the admission process, the hospital and ward environment, the care and treatment, the staff and the discharge process including advice and the information provided to patients. The sample is stratified within each NHS Board area by hospital, and in some cases specialty within a hospital, to meet the needs of the NHS Board. In total 62,308 questionnaires were issued and 30,880 were returned completed. NHS Boards were responsible for preparing samples but used an approved contractor to carry out the fieldwork. The Scottish Government commissioned PricewaterhouseCoopers¹⁰ to develop the survey tools and methodologies for capturing data, to support the survey fieldwork and analyse and report on the national results.

⁶ <http://scotland.gov.uk/Publications/2010/05/10102307/0>

⁷ <http://www.chp.scot.nhs.uk/>

⁸ <http://www.pickereurope.org/>

⁹ <http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/Survey>

¹⁰ <http://www.pwc.co.uk/>

- 2.4 The GP results are used by GP practices, NHS Boards and Community health Partnerships (CHPs) to identify areas for improvements. The Scottish Government and the Royal College of General Practitioners (RCGP) used the statistics to design a training programme to help practices with poor access results to improve. This built on earlier work in developing a 'GP Access Toolkit' to support practices in diagnosing and treating access / demand management problems. The results from the survey on GP access were used as part of the Quality and Outcomes Framework payments to GPs¹¹ and provide information to measure performance against the relevant HEAT targets¹². They will not be used in future as access has been removed from the updated framework.
- 2.5 The Inpatient statistics are used by NHS Boards, individual hospitals and CHPs to identify areas of concern to patients, develop improvement plans to tackle these issues, and inform their clients about their commitment to taking account of views of patients. Individual hospitals use these statistics to benchmark their performance, and in developing improvement programmes to address areas of concern.
- 2.6 The Scottish Government uses the Inpatient and GP statistics to monitor the quality of the experience of healthcare reported by patients. The Scottish Government has a national indicator¹³ on inpatient experience, and access to GP services was one of the core set of Ministerial objectives, targets and measures for the NHS in Scotland for 2010/11(HEAT targets)¹⁴.
- 2.7 These statistics are also used by external organisations such as Health Scotland, Audit Scotland¹⁵, the Equality and Human Rights Commission¹⁶, Office for Disability Issues and Consumer Focus Scotland¹⁷ to assess the performance of NHS Scotland. The statistics are used by patient groups and members of the public as a source of information on local services, and in lobbying for improvements.
- 2.8 The combined cost of the first GP and Inpatient surveys was estimated at £2.4 million. This includes the development of the surveys, fieldwork, analysis and publication. The combined cost of both surveys will vary year on year as depending on whether there are resources to repeat the surveys. It is estimated that for 2011/12 the cost will be half of the £2.4m due to the removal of the coordination centre and reduction in the reminders for the GP survey.

¹¹ <http://www.isdscotlandarchive.scot.nhs.uk/isd/3364.html>

¹² <http://www.isdscotland.org/qof/>

¹³ <http://www.scotland.gov.uk/About/scotPerforms/indicators/improveHealthcare>

¹⁴ <http://www.scotland.gov.uk/About/scotPerforms/partnerstories/NHSScotlandperformance>

¹⁵ <http://www.audit-scotland.gov.uk/>

¹⁶ <http://www.equalityhumanrights.com/>

¹⁷ <http://www.consumerfocus.org.uk/>

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 The statistics are produced as part of the Better Together Patient Experience Programme¹⁸. The Better Together Programme Board and Measuring Patient Experience sub group, which was formed as part of this programme, investigated the best way to collect users' views about how to measure and report on patient experience. As a result, the statistics team consulted widely through steering groups, consumer panels (involving members of the public) and workshops on how to report the results. Once the releases were published, the team also sent stakeholders a questionnaire in order to collect feedback about the statistical releases. However, the Scottish Government has not published the feedback received from stakeholders and other users. As part of the designation as National Statistics, the Scottish Government should publish information about users' experiences of inpatient and GP patient experience statistics (Requirement 1)¹⁹.
- 3.2 The statistics team has visited health boards and Better Together steering groups to gain an understanding of how the statistics are used. The Scottish Government has not documented the outcome of these meetings. Neither has the Scottish Government published any other documentation about how the statistics are used. As part of the designation as National Statistics, the Scottish Government should document the use made of the inpatient and GP patient experience statistics and the types of decision they inform (Requirement 2)²⁰. We suggest the Scottish Government refers to the types of use put forward in the Statistics Authority's Monitoring Brief, *The Use Made of Official Statistics*²¹ when documenting use.

¹⁸ http://www.bettertogetherscotland.com/bettertogetherscotland/CCC_FirstPage.jsp

¹⁹ In relation to Principle 1, Practice 5 of the Code of Practice

²⁰ In relation to Principle 1, Practice 2 of the Code of Practice

²¹ www.statisticsauthority.gov.uk/.../monitoring-brief-6-2010---the-use-made-of-official-statistics.pdf

Principle 2: Impartiality and objectivity

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

- 3.3 The additional Excel tables containing detailed statistics on patient experience were released with provisional figures and then revised with final figures at the time *GP National Results* and *Inpatient National Results* were published. The Scottish Government has published a Revisions Policy²² which states that information about the nature and extent of revisions should be published. However, the technical report which was published alongside *GP National Results* explains only the nature of revisions made to provisional figures. The Scottish Government told us that it plans to release the national results together with the GP practice and hospital level results in future.
- 3.4 Some survey questions were changed between the first two years of the Inpatient Survey. The Scottish Government has stated on its Inpatient patient experience survey landing page²³ that changes have been made to this survey questionnaire for 2011 in advance of the release of the results from the 2011 survey. The statement includes a link to the new questionnaire where changes are highlighted²⁴. Scottish Government has not needed to announce any other changes to methods or classifications.
- 3.5 The Scottish Government told us it never charges for additional analysis; it would not carry out work that requires excessive resources.

²² <http://www.scotland.gov.uk/Topics/Statistics/About/CPSONRevisionsCorrections>

²³ <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/InpatientSurvey>

²⁴ <http://www.bettertogetherscotland.com/bettertogetherscotland/702.141.402.html>

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.

- 3.6 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.
- 3.7 The GP and Inpatient releases include a foreword from the Chief Executive of NHS Scotland, which highlights the use of the statistics in measuring the quality of the healthcare experience of patients. These forewords appear to be government statements and therefore should not be included in the statistical releases. The releases do not make clear that they are published by the Scottish Government. The front cover of each is confusing since it has three separate logos; Healthier Scotland, NHS Scotland and Better Together. As part of the designation as National Statistics, the Scottish Government should ensure that government statements on Scottish Patient Experience statistics are clearly presented as policy statements and can be readily distinguished from statistical releases (Requirement 3)²⁵. We suggest that the Scottish Government reviews the front of the releases to clarify that these statistics are published by the Scottish Government.

²⁵ In relation to Principle 1, Practice 5 of the Code of Practice

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 The statistics team decided the sample sizes for both surveys based on user requirements for accuracy and reporting level; users required results at health board and hospital level for the Inpatient Survey results and at GP practice level for the GP survey results. The Scottish Government consulted with users about quality needs via the Better Together Programme Board, the Measuring Patient Experience sub group, and through its steering groups.
- 3.9 Some information about the weighting which is carried out for both the GP and Inpatient Survey results is included within the technical reports which accompany these releases. However, there is a lack of information about the rationale behind these weighting decisions and the assumptions that are being made about the non-respondents. There have been some changes to the Inpatient Survey questionnaire. Although the Scottish Government announced these changes (see section 3.4), it has not published the reasons for these changes. As part of the designation as National Statistics, Scottish Government should publish the rationale for its choice of weighting procedures and for the changes to the Inpatient Survey questionnaire (Requirement 4)²⁶.
- 3.10 The Scottish Government has published little information about the extent of non-response bias or other main sources of bias. In addition, the Scottish Government has not published any information about other aspects of the quality of the statistics. As part of the designation as National Statistics, the Scottish Government should ensure that users are informed about the quality of the statistics, including estimates of the main sources of bias and other errors (Requirement 5)²⁷.
- 3.11 Scottish Government ensured that key results from the GP and Inpatient Surveys can be compared to the equivalent surveys for England, run by the Care Quality Commission²⁸. These results can also be internationally benchmarked. Each release includes a section which makes comparisons with the English survey results. The Scottish Government does not publish information about comparability with statistics produced by other UK countries and very little for countries outside the UK. We suggest that the Scottish Government provides information about the comparability of statistics on patient experience within the UK and internationally.

²⁶ In relation to Principle 4, Practice 1 of the Code of Practice

²⁷ In relation to Principle 4, Practice 2 of the Code of Practice

²⁸ <http://www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplewhouseservices/patientsurveys.cfm>

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.

- 3.12 The Scottish Government has published a confidentiality statement²⁹. The results of the surveys are released at GP practice level and hospital level. Where the hospital sites are small, results are grouped together to protect confidentiality. The surveys received ethical approval and the North West Ethics committee commented favourably on the steps being taken with the Inpatient survey.
- 3.13 The information sent to respondents includes a statement which outlines how their confidential details will be protected, and provides a link to further information³⁰.
- 3.14 The guidance manuals for those running the GP and Inpatient Surveys detail the responsibilities of NHS staff, ISD and the contractors for data protection and confidentiality issues³¹. The protocols/principles are laid out in the *Scottish Information Governance Framework*³², which covers the handling of health records held by the NHS. Only named staff in ISD and the approved contractors have access to patient identifiable data from the GP survey. For the Inpatient Survey, contractors sign confidentiality agreements and undergo NHS Research Passport checks. Patient information is stored securely with restricted access; personal information is destroyed once fieldwork is complete, and hard copies of returned survey forms are destroyed after 3 years. The Scottish Government does not receive any confidential data about individuals. Anonymised datasets of the results for the Inpatient and GP surveys will be lodged with the UK Data Archive for further analysis.

²⁹ <http://www.scotland.gov.uk/Topics/Statistics/About/compliance>

³⁰ <http://www.bettertogetherscotland.com/bettertogetherscotland/581.html>

³¹ <http://www.bettertogetherscotland.com/bettertogetherscotland/661.322.342.html>

³² http://www.elib.scot.nhs.uk/SharedSpace/ig/Uploads/2007/Aug/20070816135739_information-governance-standards-v2-web-070816.pdf

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 Completion of these survey questionnaires is relatively quick, taking around 10 minutes each to complete. The Scottish Government told us that it is planning to reduce the burden on respondents in future by removing some of the GP questions and not issuing two reminders, as currently reminders are sent to individuals who have not responded because they are not eligible for the survey.
- 3.16 For the Inpatient Survey, health boards are responsible for preparing a list of eligible patients from their hospital patient lists, and selecting the required sample, as specified by the statistics team³³. However, staff involved in sample preparation told us that it involved extensive work for them and for this reason it may have been better if it had been coordinated centrally. The Scottish Government has consulted with suppliers on the extent of the burden created by administering data collection and, as a result, has instigated a pilot on central sampling using records held by ISD³⁴.
- 3.17 Some suppliers told us that hospitals have not been cross checking adequately the National Records of Scotland's (NRS)³⁵ death records and patient records for the Inpatient Survey and, as a result, questionnaires were sent to many deceased individuals in 2010. The suppliers told us that this could cause distress and burden for relatives of the deceased. The Scottish Government is working with NHS Boards and NRS to reduce the number of surveys sent to the deceased. It will continue to be difficult to remove all deceased individuals from the sample since there is a time lag in receiving death records from NRS and because it is difficult to match records from different systems.

³³ <http://www.bettertogetherscotland.com/bettertogetherscotland/661.322.342.html>

³⁴ <http://www.isdscotland.org/>

³⁵ <http://www.nrscotland.gov.uk/>

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.

- 3.18 The Scottish Government told us that it is planning to reduce its use of consultants for reporting results of future surveys. The Scottish Government has told us that it has the skills in-house to do this and that it will enable it to have more control over the publications.
- 3.19 Data are collected for each individual practice for the GP survey and, as a result, the issued sample size is large (almost 500,000 people). Scottish Government has reviewed the level of accuracy required for the next survey (2011/12) and decided to drop the sample sizes by about a quarter, but still collect data for each practice. We suggest that the Scottish Government reviews the use of the statistics for individual GP practices, taking into account the quality required by users and the cost of the data collection.
- 3.20 The Scottish Government has published guidelines³⁶ on how statisticians should carry out statistical planning in order to meet the requirements of the Code of Practice. It has also published an overall Business Plan for the Office of the Chief Statistician³⁷ but this plan does not include information about how resources are allocated. The Scottish Government publishes timelines for the production of the GP³⁸ and Inpatient³⁹ survey results which detail tasks and deadlines but these do not include details of resource allocation. As part of the designation as National Statistics, the Scottish Government should provide evidence of how resources are allocated to the production of these statistics and how they are planned to be in the future (Requirement 6)⁴⁰.

³⁶ <http://www.scotland.gov.uk/Resource/Doc/933/0109980.pdf>

³⁷ <http://www.scotland.gov.uk/Topics/Statistics/About/OCSPan>

³⁸ <http://www.bettertogetherscotland.com/bettertogetherscotland/files/GP%20Survey%20Timeline%20for%20BT%20website.doc>

³⁹ <http://www.bettertogetherscotland.com/bettertogetherscotland/901.322.461.html>

⁴⁰ In relation to Principle 7, Practices 3 and 4 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.

- 3.21 The commentary within the releases is a report of the results for each question in the surveys. Neither release discusses the implications of the results nor comments on what the results say about patient experience in Scotland. As part of the designation as National Statistics, the Scottish Government should improve the commentary in the releases so that it aids user interpretation of the statistics (Requirement 7)⁴¹. In meeting this requirement the Scottish Government should consider the points detailed in Annex 2.
- 3.22 The releases do not make direct comparisons between health board areas due to differences in patient characteristics. The Scottish Government told us that it plans to carry out more in-depth analysis in response to user demand – this analysis will include comparisons between equality groups and explore the effects of various individual and organisational level factors. We suggest that the Scottish Government publishes a plan for the release of additional analysis of the patient experience survey data.
- 3.23 Statistics are accessible through an interactive map on the Better Together website for both the GP⁴² and Inpatient⁴³ Survey results. The Scottish Government publishes Excel spreadsheets to disseminate GP⁴⁴ and Inpatient⁴⁵ results and these are particularly useful for comparing results for hospitals/GP practices against national/health board weighted averages and demographically similar hospitals/practices.
- 3.24 The releases do not make clear that they are published by the Scottish Government. The front cover of each is confusing since it has three separate logos; Healthier Scotland, NHS Scotland and Better Together.
- 3.25 The statistical releases are lodged with the National Library for Scotland. We were told that an anonymised dataset of GP Survey and inpatients results will be lodged with the UK Data Archive. Raw anonymised data from the GP Survey are also available for further analysis through an online patient experience reporting tool website available only to GP practices, NHS boards and CHPs. The tool includes the results, patient comments and comparisons with practices with similar characteristics. In addition, the results have been inputted into the Analyser (QDA)⁴⁶. The QDA, which is hosted by the University of Dundee, provides more detailed analysis of a range of practice performance measurements including patient experience, and allows comparisons with other practices.

⁴¹ In relation to Principle 8, Practice 2 of the Code of Practice

⁴² <http://www.bettertogetherscotland.com/bettertogetherscotland/922.28.501.html>

⁴³ <http://www.bettertogetherscotland.com/bettertogetherscotland/923.28.502.html>

⁴⁴ <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey>

⁴⁵ <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/InpatientSurvey>

⁴⁶ <http://qofanalyser.dundee.ac.uk/>

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.

3.26 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.

- 3.27 The Scottish Government has published a timetable of statistical releases for 12 months in advance⁴⁷. This includes *Inpatient National Results* and *GP National Results*.
- 3.28 The Scottish Government follows the Pre-release Access to Official Statistics (Scotland) Order 2008⁴⁸. The pre-release access list for *GP National Results* includes 34 recipients and the list for *Inpatient National Results* includes 98 recipients. The lists mainly consist of individuals working within the Scottish Government. We suggest that the Scottish Government reviews and publishes the list of those with pre-release access to the statistics.
- 3.29 Both *Inpatient National Results* and *GP National Results* (2009/10) were sent to individuals who were not involved in the production of the statistics prior to the latest publication. These breaches of the Code of Practice were reported on the Scottish Government website⁴⁹. The Scottish Government now asks pre-release recipients, other than Scottish Government staff, to sign a non-disclosure agreement that clearly outlines their responsibilities.
- 3.30 The statistics are released separately from any ministerial statement on the Scottish Government's website.

⁴⁷ <http://www.scotland.gov.uk/Publications/2005/03/18798>

⁴⁸ http://www.legislation.gov.uk/ssi/2008/399/pdfs/ssi_20080399_en.pdf

⁴⁹ <http://www.scotland.gov.uk/Topics/Statistics/About/Breach>

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.

- 3.31 The Scottish Government uses the Community Health Index, the administrative records of people registered with a GP, as a sampling frame for the GP Survey. The sample of patients attending hospital as inpatients is drawn from the Scottish Morbidity Records (SMR01) and other NHS patient records which are derived from hospital admission systems. In addition, NRS death data are used to exclude deceased people from both samples.
- 3.32 The Scottish Government has published a Statement of Administrative Sources⁵⁰.

⁵⁰<http://www.scotland.gov.uk/Topics/Statistics/About/StatementAdminSources/Q/EditMode/on/ForceUpdate/on>

Annex 1: Suggestions for improvement

A1.1 This annex includes some suggestions for improvement to the Scottish Government's *Inpatient National Results* and *GP National Results*, 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.

- | | |
|---------------------|---|
| Suggestion 1 | Refer to the types of use put forward in the Statistics Authority's Monitoring Brief, <i>The Use Made of Official Statistics</i> when documenting use (para 3.2). |
| Suggestion 2 | Review the front of the releases to make the publishing organisation obvious (para 3.7). |
| Suggestion 3 | Provide information about the comparability of statistics on patient experience within the UK and internationally (para 3.11). |
| Suggestion 4 | Review the use of the statistics for individual GP practices, taking into account the quality required by users and the cost of the data collection (para 3.19). |
| Suggestion 5 | Publish a plan for the release of additional analysis of the patient experience survey data (para 3.22). |
| Suggestion 6 | Review and publish the list of those with pre-release access to the statistics (para 3.28). |

Annex 2: Compliance with the Standards for Statistical Releases

- A2.1 As part of the assessment process, we investigate the extent to which the *Standards for Statistical Releases*⁵¹ are met. This annex presents the documentation of this exercise. The purpose of this is to assist producers of statistics to identify where they do and do not meet the standards, and to provide guidance in meeting Requirements which relate to the standards. The standards mainly relate to Principle 8 of the *Code of Practice for Official Statistics*, which focuses on the 'frankness and accessibility' of official statistics. An important aspect of this is the need for comprehensive and appropriate commentary, and ensuring that statistical releases are accessible to a wide range of users.
- A2.2 Whilst this annex presents additional detail about the general strengths and weaknesses of the relevant statistical releases, it does not constitute an exhaustive account of all such features of them. In implementing any Requirements of this report, we encourage producer bodies to apply the general principles underpinning these observations as widely as possible.

Appropriate identification of the statistics being released

- A2.3 The titles of all releases include the period to which the statistics relate. The geographical coverage is included in the title of the releases.
- A2.4 The releases do not mention the frequency of the surveys, although the Scottish Government's website mentions that the Inpatient survey will be repeated for 2011.
- A2.5 The releases include the title 'An Official Statistics Publication for Scotland' and include logos on the front page for *NHS Scotland*, the *Better Together: Scotland's Patient Experience Programme* and *Scottish Government Healthier Scotland*. This does not make it immediately clear who is responsible for publishing the statistics. *GP National Results* includes a standard back page which is used for official statistics published by the Scottish Government and includes the name and contact details of the responsible statisticians. This is not included in *Inpatient National Results*.
- A2.6 Both *Inpatient National Results* and *GP National Results* include a summary of findings, and a table of contents which describes what is covered by the report. *GP National Results* also includes a list of tables and charts.

Include commentary that is helpful to the non-expert and presents the main messages in plain English

- A2.7 The language used in the releases is clear. The concepts reported in the release are straightforward and reflect the questions asked of patients. Both releases include a section on key messages. In *Inpatient National Results* these messages report results for the questions with the highest and lowest

⁵¹ <http://www.statisticsauthority.gov.uk/news/standards-for-statistical-releases.html>

levels of positive response overall, and where there are differences in satisfaction between patient groups for example gender, age groups and levels of self-reported health. *GP National Results* includes a selection of the findings from each topic of the questionnaire and also describes differences in patient experience between patient groups. The results are presented for each question or set of questions in turn, without any narrative to describe the importance or the implication of the results.

Use language that is impartial, objective and professionally sound

A2.8 The statistics reported in *GP National Results* are based on a varying number of individuals, depending on the number of valid responses to individual questions. The total number of respondents with valid responses is not reported, and so there is no simple way of assessing the accuracy of the response. There are no confidence intervals provided for the national results. There are 95% confidence intervals provided for the GP level responses.

A2.9 *Inpatient National Results* reports for each NHS Board questions where the response is statistically significant from the average response. Differences between patient groups are highlighted when they are statistically significant. There are no confidence intervals provided for the estimated levels of satisfaction, although these could be useful for the statistics reported on groups of patients with small numbers as they give an indication of the underlying level of satisfaction.

Include information about the context and likely uses

A2.10 The Better Together Patient Experience Programme is described in the releases. There are no specific mentions of government targets, although the releases state that the Better Together Programme supports NHS Scotland's Quality strategy (which aims to improve the delivery of healthcare in Scotland).

A2.11 There is very little comment on the quality and reliability of the statistics presented in *GP National Results*. Some information about quality is included in the technical document, but not in relation to uses. Given the range of outputs from GP level results to national summary statistics, the quality issues will vary.

A2.12 *Inpatient National Results* includes background about the development and refinement of the survey. It reports on the extent of non-response and it deals with sampling error issues by reporting on the subset of comparisons which are statistically significant. There is no specific comment about how any of the quality issues impact on uses.

Include, or link to, appropriate metadata

A2.13 The releases include a link to a detailed technical document which includes documentation such as the questionnaire, information on the development of the survey, and background research.

A2.14 *Inpatient National Results* includes two background and two conclusions sections which could be incorporated into one.

A2.15 There are comparisons included with questions which are common between the Scottish and English surveys, although in most cases there is not a direct match and no guidance is given on how to make valid comparisons.

A2.16 In addition to the national reports, there are accompanying spreadsheets which include the tables and charts used in the report, and more detailed analysis by GP practice or hospital site. In some cases these spreadsheets include metadata which include links to the main survey results, technical report and questionnaire. However, in some cases the spreadsheets contain the statistics but no metadata.

Annex 3: Summary of assessment process and users' views

A3.1 This assessment was conducted from February to June 2011.

A3.2 The Assessment team – Emma Bowditch and Celia Macintyre – agreed the scope of and timetable for this assessment with representatives of the Scottish Government in February. The Written Evidence for Assessment was provided on 22 March. The Assessment team subsequently met the Scottish Government in May 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

A3.3 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.

A3.4 The Assessment team received 12 responses from the user consultation. The respondents were grouped as follows:

| | |
|---------------------|---|
| NHS | 9 |
| Scottish Government | 1 |
| Contractors | 2 |

A3.5 Users reported being content with the presentation of the statistics. Some users mentioned that full results including patient comments are not easily accessible since they are available only through a password-protected website. Some users commented that the statistics can be very general so accompanying narrative is important in order to identify where there are specific issues. Suggestions for changes included running surveys more regularly with smaller sample sizes, and reviewing the wording of some questions that were considered misleading. Users reported being satisfied with the engagement with the producer.

A3.6 Feedback from contractors included that the sampling procedure was too complex. Supplier feedback included the difficulty in ensuring the death data was up to date and the amount of work involved in collecting the data.

Key documents/links provided

Written Evidence for Assessment document

