

# Assessment of compliance with the Code of Practice for Official Statistics

## Statistics on Drug Treatment

*(produced by the National Treatment  
Agency for Substance Misuse)*

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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 of compliance with the Code of Practice for Official Statistics**

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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 reports<sup>1</sup> prepared under the provisions of the *Statistics and Registration Service Act 2007*<sup>2</sup>. The Act requires all statistics currently designated as National Statistics to be assessed against the *Code of Practice for Official Statistics*<sup>3</sup>. The report covers the sets of National Statistics reported in the following publications, produced by the National Treatment Agency for Substance Misuse (NTA):

- *Statistics from the National Drug Treatment Monitoring System (NDTMS)*<sup>4</sup> (referred to here as the ‘annual drug report’); and
- Monthly reports from the NDTMS<sup>5</sup> (referred to here as the ‘monthly drug statistics’).

1.1.2 These statistics were the subject of Assessment Report 1, which was published in June 2009<sup>6</sup>. They have been reassessed in response to changes introduced to the statistics since the last Assessment, public criticism of the statistics, and changes to the Assessment process. This is discussed further in section 2.

1.1.3 The NTA also publishes official statistics about alcohol treatment<sup>7</sup> and drug treatment for young people<sup>8</sup>. Officials in the NTA initially agreed that these releases should be included within the scope of this assessment. However, after reviewing a draft of this Assessment report, the NTA requested that the official statistics be removed from the assessment. The Authority Chair is writing to the Secretary of State for Health to request that these statistics be assessed under the provisions of section 16 of the Statistics Act.

1.1.4 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 confirms that the statistics published in the publications listed at paragraph 1.1.1 are designated as National Statistics, subject to the NTA providing the Authority with an action plan setting out how the Requirements in this report will be addressed (Requirement 1) by December 2011, and implementing the remaining Requirements listed in section 1.5 and reporting them to the Authority by February 2012.

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

<sup>2</sup> [http://www.opsi.gov.uk/Acts/acts2007/pdf/ukpga\\_20070018\\_en.pdf](http://www.opsi.gov.uk/Acts/acts2007/pdf/ukpga_20070018_en.pdf)

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

<sup>4</sup> <https://www.ndtms.net/Publications/AnnualReports.aspx>

<sup>5</sup> <https://www.ndtms.net/Reports.aspx>

<sup>6</sup> <http://www.statisticsauthority.gov.uk/assessment/assessment-reports/index.html>

<sup>7</sup> <https://www.ndtms.net/Publications/AnnualReports.aspx>

<sup>8</sup> <https://www.ndtms.net/Publications/AnnualReports.aspx>

### 1.3 Summary of strengths and weaknesses

- 1.3.1 The NTA uses the NDTMS as the basis for a range of timely statistics that local providers of treatment services use to monitor and assess performance.
- 1.3.2 The NTA does not have a statistical Head of Profession with sole responsibility for deciding on statistical issues<sup>9</sup>. Without this formal role the potential exists for statistical integrity to be compromised, for example through political or other pressures influencing the timing and content of statistical releases. Although steps have been taken to address this since the publication of the first Assessment report, more needs to be done. This is considered further in section 3 of this report.
- 1.3.3 Some of the language in the reports is not sufficiently policy-neutral and the reports need more contextual information about drug use.

### 1.4 Detailed recommendations

- 1.4.1 The Assessment team identified some areas where it felt that the NTA 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

<b>Requirement 1</b>	Provide the Authority with an action plan setting out how the Requirements in this report will be addressed (para 1.2.1).
<b>Requirement 2</b>	Take steps to develop a greater understanding of the needs of external users, document these needs and take account of them in statistical planning (para 3.1).
<b>Requirement 3</b>	Publish information about users' experience of these statistics (para 3.2).
<b>Requirement 4</b>	Review the presentation and commentary in the statistical releases to ensure that they are impartial and policy neutral (para 3.7).
<b>Requirement 5</b>	Confirm that a statistical Head of Profession has sole responsibility for deciding on statistical methods, standards and procedures, and on the content and timing of statistical releases (para 3.13).

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<sup>9</sup> For example, statistical methods, standards and procedures, and the content and timing of statistical releases.

<b>Requirement 6</b>	Improve, and make more accessible, information about the quality of these statistics, including strengths and limitations in relation to potential uses (para 3.18).
<b>Requirement 7</b>	Investigate the need for consistent historical data and take steps to meet any identified needs (para 3.20).
<b>Requirement 8</b>	Improve the commentary and contextual information accompanying the annual drug report (para 3.28).
<b>Requirement 9</b>	Improve the presentation of the monthly statistics to include contextual information and commentary that aids user understanding (para 3.29).
<b>Requirement 10</b>	Improve the accessibility of the statistics, disseminating them in forms that enable and encourage analysis and re-use (para 3.30).
<b>Requirement 11</b>	Improve the range of measures presented in the releases, to support the wider use of the statistics (para 3.31).
<b>Requirement 12</b>	Remove the UK Statistics Authority's logo from the statistical release (para 3.32).
<b>Requirement 13</b>	Ensure that appropriate documentation is published for any future consultations (para 3.33).
<b>Requirement 14</b>	Ensure that all statistics are issued at 9.30am on the day of release (para 3.36).
<b>Requirement 15</b>	Ensure that all statistics can be accessed from the National Statistics Publication Hub (para 3.38).



## 2 Subject of the assessment

- 2.1 The National Drug Treatment Monitoring System (NDTMS) was set up by the Department of Health (DH) in 2001. Its purpose is to record information about people receiving treatment for drug and alcohol misuse in England via structured community-based services, or residential and inpatient services. It aims to collect information about all clients in contact with services, although it is known that a small number of (predominantly residential) services do not participate.
- 2.2 Between 1990 and 2001, information about drug treatment was collected by the Regional Drug Misuse Databases and was reported by DH. Responsibility for managing the NDTMS was transferred from DH to the NTA on 1 April 2003.
- 2.3 Between 2001 and 2003, the majority of the data were collected on client contact forms, which were completed on a client's first presentation for treatment. Review forms for all clients were completed at the end of the year. This collection method was changed in 2003/04 to a system whereby treatment services submit an electronic core data set of their client information as a database extract or a spreadsheet.
- 2.4 NDTMS figures are collated by the National Drug Evidence Centre<sup>10</sup> (NDEC), which is part of the Health Sciences Research Group within the School of Medicine at the University of Manchester, on behalf of the NTA.
- 2.5 In most regions, operation of the NDTMS resides with Public Health Observatories, which are managed through formal Service Level Agreements with the NTA. A regional managers group meets monthly with the NTA to discuss programme implementation.
- 2.6 The annual drug report is published in PDF format, and is available from the NTA's website. The monthly drug statistics are available to download from NDEC's website. NDEC has recently developed a new website, NDTMS.net<sup>11</sup>, which integrates the monthly and annual statistics. More detailed statistics are available to treatment providers via a secure log in. The website was launched on 7 July 2011.
- 2.7 Separating the cost of the production of statistics from the rest of the NDTMS programme is not straightforward. Overall, the NDTMS programme costs around £3 million per annum. The NTA estimates that the production of publicly available statistics may account for approximately 10 per cent of this.
- 2.8 The statistics are used to inform the planning of local drug treatment services, and to allocate funds to local Drug Action Teams (DATs). Each local authority in England has a DAT which is responsible for setting and delivering local drug strategies. DATs are partnerships that include representatives from local authorities, health organisations, the probation service, prison service and voluntary sector. DATs take strategic decisions on local expenditure and

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<sup>10</sup> <http://www.medicine.manchester.ac.uk/healthmethodology/research/ndec/>

<sup>11</sup> [www.ndtms.net](http://www.ndtms.net)

commission service delivery to ensure that services are targeted at local needs. The NTA allocates funding to DATs; this is supplemented by other local funds.

2.9 The statistics are also used to monitor the performance of particular treatment providers, which often have formal Service Level Agreements with DATs. Previously they were used to measure progress towards the national drug strategy Public Service Agreement. Current uses of the statistics include the following:

- The University of Glasgow uses the data alongside other sources to estimate the prevalence of opiate and crack cocaine use, including for people not in treatment<sup>12</sup>;
- Developing policy – for example the Department for Education has used the statistics for a cost benefit analysis of young people's treatment services;
- Local treatment providers use the monthly statistics to monitor local trends and to compare with other areas;
- The statistics are a key component of the Home Office's Drugs Data Warehouse; the Home Office uses this to track the treatment and criminal justice journeys of drug-using offenders;
- The statistics are used for campaigning and lobbying by organisations that provide support for those affected by drug misuse;
- The Care Quality Commission uses the statistics to produce assessments of treatment providers. It is also assessing whether some data from the NDTMS would be suitable for use in its Quality and Risk Profiles.

2.10 The statistics were the subject of Assessment Report 1, published in 2009. That Assessment Report included six Requirements and seven Suggestions for improvement, focussing on improving NTA's knowledge of (and service to) users of the statistics, and improving documentation and accessibility. The NTA took steps to address the issues identified in the Requirements. Since the publication of the first Assessment Report, there has been public criticism about how the statistics are interpreted within the NTA's releases<sup>13</sup>. The NTA has also made some changes to the statistics. In addition, the Assessment process itself has developed, with more standard processes introduced following the initial programme (which covered the first ten Assessments).

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<sup>12</sup> <http://www.nta.nhs.uk/facts-prevalence.aspx>

<sup>13</sup> [http://www.cps.org.uk/index.php?option=com\\_content&view=article&id=500:the-right-statistics-the-right-methods-and-the-right-explanation&catid=23:prisons-and-addiction&Itemid=42](http://www.cps.org.uk/index.php?option=com_content&view=article&id=500:the-right-statistics-the-right-methods-and-the-right-explanation&catid=23:prisons-and-addiction&Itemid=42)

### 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 NTA's user engagement activity is primarily focused on internal, government and operational users. Close working relationships with these users are maintained through a range of mechanisms including consultations and regional discussion events. Since the statistics were last assessed, the NTA has published a statement about user engagement. The NTA has a good understanding of the use that the statistics are put to within the drug treatment system – some of which is documented in the annual report. The statistics team is aware of other users and takes some steps to engage them. However, their needs are not clearly documented and it is not clear how the NTA takes account of the wider user need in its statistical planning. As part of the designation as National Statistics, the NTA should take steps to develop a greater understanding of the needs of external users, document these needs and take account of them in its statistical planning<sup>14</sup> (Requirement 2). We suggest that the NTA refer to the types of use put forward in the Statistics Authority's Monitoring Brief, *The Use Made of Official Statistics*<sup>15</sup> when documenting use.
- 3.2 The NTA has not published any information about users' experiences of statistical services, data quality or the format and timing of reports. As part of the designation as National Statistics, the NTA should publish information about users' experience of these statistics<sup>16</sup> (Requirement 3).
- 3.3 The new NDTMS.net website features a user forum, which we were told has been very successful at identifying and addressing issues, and has reduced the time the statistics team has to spend responding to queries. Access to the user forum is currently restricted to providers of authorised drug treatment service. We suggest that the NTA extend access to the NDTMS.net user forum to the public.

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<sup>14</sup> In relation to Principle 1, Practices 1, 2 and 3 of the *Code of Practice*

<sup>15</sup> <http://www.statisticsauthority.gov.uk/assessment/monitoring/monitoring-briefs/monitoring-brief-6-2010---the-use-made-of-official-statistics.pdf>

<sup>16</sup> In relation to Principle 1, Practice 5 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 In 2009 the NTA reviewed the ‘discharge codes’ that providers use to classify the outcome of a period of treatment. It found that the codes were being used inconsistently by treatment providers: some providers would interpret ‘drug free’ as completely abstinent from all drugs (including alcohol in some cases), while others would interpret it to mean abstinence only from the drug that they entered treatment for. The NTA consulted internal and operational users on proposed changes to the discharge codes, and developed detailed guidance on how the new codes should be used. The new codes were published on the NTA’s website six months before the statistical publication and an explanatory note was included in the release.
- 3.5 There has been public criticism<sup>17</sup> of the NDTMS. This relates to the fact that it is an administrative system designed to monitor drug treatment policy and, as a result, the system and resulting statistics reflect government policy rather than meeting potential wider user needs for consistent time series. The Assessment team considers that the NTA could do more to identify and support these wider user needs (see Requirements 2 and 11).
- 3.6 The close links between the statistics and drug treatment policy are also evident in some of the language and definitions used. For example, the term ‘successful completion’ is used to describe the status of individuals who leave treatment free from the drug that they entered treatment for, regardless of whether they still use other drugs. The annual drug report does not make it clear that terms such as ‘effective treatment’ and ‘successful completion’ are used because they relate directly to the NTA’s drug treatment policies and targets. The Assessment team considers that these terms should be used only when commenting specifically about progress against those targets and that this should be done in a clear, neutral way. The annual drug report includes a section that highlights key findings at the outset, but the first key findings highlighted in the 2009/10 report are focussed on policy targets (without stating that they are policy targets) at the expense of potentially more interesting findings.
- 3.7 As part of the designation as National Statistics, the NTA should review the presentation and commentary in its statistical releases to ensure that they are impartial and policy neutral<sup>18</sup> (Requirement 4).
- 3.8 The NTA has published a *Statement of Compliance with the National Statistics Code of Practice*<sup>19</sup>. This includes a revisions policy, and information about pre-release access. Some of the information is out of date. On its website, the NTA also has references to the *Framework for National Statistics*, which preceded

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<sup>17</sup> [http://www.cps.org.uk/index.php?option=com\\_content&view=article&id=500:the-right-statistics-the-right-methods-and-the-right-explanation&catid=23:prisons-and-addiction&Itemid=42](http://www.cps.org.uk/index.php?option=com_content&view=article&id=500:the-right-statistics-the-right-methods-and-the-right-explanation&catid=23:prisons-and-addiction&Itemid=42) and <http://www.addictiontoday.org/addictiontoday/2010/10/dodgy-dossier-3-nta-annual-report-and-2005-claims.html>

<sup>18</sup> In relation to Principle 2, Practice 2 of the *Code of Practice*

<sup>19</sup> <http://www.nta.nhs.uk/uploads/compliancstatementv1.4.pdf>

the arrangements established by the *Statistics and Registration Service Act 2007*. We suggest that the NTA update its *Statement of Compliance* and its website, in the light of the publication of the *Code of Practice for Official Statistics*.

- 3.9 The monthly statistics are revised only when errors are discovered in the data. The NTA told us that this happens rarely, and explanatory notes are included alongside any revisions stating their nature and extent.

## 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.**

- 3.10 The NTA is an agency funded by DH and is at arm's length from the main policy processes of central government. Until recently, there were no formal links with a statistical Head of Profession. The previous assessment of the NTA's statistics noted that the *Code* requires a senior statistical person to have overall responsibility for statistics, and that "there are potential risks to good statistical practice in such a situation [in an arm's length body] – one that will be common among organisations newly brought into the statutory arrangements for official statistics, and one that might usefully be addressed across the statistical system by the National Statistician".
- 3.11 After the publication of that report, the National Statistician set up a 'Task Force for the administration and support of the expanded UK statistical system – arm's length bodies (ALBs)'. In August 2010 the Task Force proposed a model for supporting ALBs, which involved statistical Heads of Profession providing advice, guidance and support to Lead Officials in ALBs, and Lead Officials being responsible for the production and publication of statistical outputs and for ensuring compliance with the *Code*.
- 3.12 The NTA has recognised this model, nominating a statistician to be its Lead Official on 13 July 2011. However, statistical staff within the NTA told us that they were uncertain whether such arrangements would be sufficiently strong to enable statisticians in ALBs to act against their own organisation's wishes in order to enforce the *Code of Practice*. We share their concerns. Without a formally recognised Head of Profession who has sole responsibility for deciding on statistical issues there remains a risk, or a perception, that an organisation's statistical integrity may be compromised. In the NTA's case, the Statement of Compliance still states that "the Chief Executive has responsibility for the contents and format of all statistical outputs in consultation with the Department of Health Statistical Head of Profession". Statistical staff within the NTA told us that there had been times when there had been 'professional tension' between the communication function of the NTA and the National Statistics function. We were told that the current statistical staff at the NTA were able to manage these internal pressures without difficulty. However, concern was expressed that an inexperienced individual producing statistics in an ALB in which they are subordinate to the head of communications, without governance links to a Head of Profession, represents a potential structural weakness in the current system.
- 3.13 While we recognise that the circumstances of each ALB will be different, and that the National Statistician's Task Force needed to address the whole picture, we feel that it is appropriate to take immediate, stronger steps to ensure that the production of the NTA's statistics is safeguarded. As part of the designation as National Statistics, the NTA should confirm that a statistical Head of Profession has sole responsibility for deciding on statistical methods, standards and procedures, and on the content and timing of statistical releases<sup>20</sup>

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<sup>20</sup> In relation to Principle 3, Practice 3 of the *Code of Practice*

(Requirement 5). It may be appropriate for DH's statistical Head of Profession to assume this role.

- 3.14 In parallel, we suggest that the NTA investigate what further steps it can take to: (a) ensure that those producing statistical reports are protected from inappropriate pressures; and (b) to promote a culture within which statistical experts can comment publicly on statistical issues.
- 3.15 Under proposals to restructure healthcare delivery, plans are in place for the NTA's functions to be subsumed into a new organisation, Public Health England (PHE), which will bring together the work of different ALBs. The NTA told us that work to put together a governance structure has begun and the change is provisionally scheduled for April 2013. This may simplify the professional accountability of statistical producers in these ALBs.

## 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.**

- 3.16 The annual drug report includes summary information about the methods used to compile these statistics and further detail is available on NDTMS.net. However, this information can be hard to find and the language is sometimes too technical to be understood by non-experts. We suggest that the NTA make information about methods more accessible from the statistical releases.
- 3.17 We were told that the NTA and NDEC carry out extensive quality assurance of the data that underpin these statistics, to ensure the accuracy of the data. The statistics are used to measure treatment providers' performance, which influences future funding. The NTA recognises that there is scope for a treatment provider to supply inaccurate information in an attempt to improve its future funding, but the NTA told us that it believes such instances would be identified by its data quality assurance. There have been instances when the NTA has found treatment providers supplying incorrect data and has taken appropriate corrective action – including visiting treatment providers to audit their returns, if necessary. In 2009/10 it undertook an audit of all records, as a result of which between two and three percent of records were removed from the data. The NTA reports that this is a result of treatment providers not updating databases when individuals are discharged.
- 3.18 Some of the NTA's releases include information about the quality of the statistics, but the information is not complete. For example, while the releases include good discussion of the extent of incomplete data, and include information about data validation rules, they do not include information about how incomplete data are treated. Furthermore, no explanation is given of the effect that incomplete data might have on the statistics. It is difficult to locate information about the quality of the monthly statistics. As part of the designation as National Statistics, the NTA should improve, and make more accessible, information about the quality of these statistics, including strengths and limitations in relation to potential uses<sup>21</sup> (Requirement 6)
- 3.19 The published statistics are based on returns from every treatment provider contracted by DATs. Other organisations, not funded by DATs, also provide treatment services (usually residential rehabilitation centres). The NTA requests the same data from these organisations, but we were told that return rates are low because there is no incentive for them to comply (they do not receive funding from either the NTA or DATs). The NTA told us that these organisations represent about two per cent of all drug treatment. The NTA is currently investigating options for improving coverage, reflecting internal user interest in these organisations.
- 3.20 When the NTA revised the discharge codes in 2009/10 it introduced a break into the time series. The annual drug report did not include any estimate of the impact of the change. The NTA told us that it would be possible to produce

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<sup>21</sup> In relation to Principle 4, Practice 2 and Principle 8, Practice 1 of the *Code of Practice*



some consistent historical data, by combining the different ‘treatment complete’ categories. However, it was not sure whether there was sufficient user interest to carry out this work. As part of the designation as National Statistics, the NTA should investigate the need for consistent historical data and take steps to meet any needs identified<sup>22</sup> (Requirement 7).

- 3.21 The NTA told us that the statistics for England are not easily comparable with statistics from other UK administrations, due to different data systems. However, the figures for all four administrations are collated by NDEC into a UK return for the European Monitoring Centre for Drugs and Drug Addiction<sup>23</sup> (EMCDDA), so UK data are available. We suggest the NTA introduce some UK and EU data into its publications.

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<sup>22</sup> In relation to Principle 4, Practice 7 of the *Code of Practice*

<sup>23</sup> <http://www.emcdda.europa.eu/>

## **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.**

- 3.22 The NTA has assured us that it takes all necessary steps to protect the confidentiality of the data collected for these statistics. This includes: disclosure rules and checks; a registration process for treatment providers wishing to access detailed statistics on NDTMS.net; and signed confidentiality agreements for staff who access confidential data.
- 3.23 During the development of the new NDTMS.net website, unsuppressed information was available from the test version of the site on 17 June 2011. The NTA told us that this was due to a technical fault, which was spotted within hours and addressed immediately. We suggest that the NTA should prepare a breach report outlining the circumstances that led to the release of unsuppressed information, and any action taken to prevent unsuppressed information being made available in future.

## **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.**

- 3.24 The NTA uses NDTMS data to allocate each DAT's funding from the pooled treatment budget, which the DATs use to commission treatment providers. This creates an incentive for treatment providers, and DATs, to provide data – so that performance can be measured, local treatment needs assessed, and funding adjusted accordingly. DATs agree contractual performance measures with the treatment providers, and progress is measured using statistics from the NDTMS.
- 3.25 There is no legal obligation on treatment providers to supply data. The burden that data collection places on the treatment providers is monitored and reported through DH's Review of Central Returns (ROCR).

## 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.**

- 3.26 The NTA told us that reductions in available resources have put increased pressure on the production of the statistics.
- 3.27 The NTA does not routinely recruit its statistical staff from the Government Statistical Service (GSS) and does not use standard GSS recruitment processes. However, staff are required to demonstrate that they have appropriate statistical skills. The NTA told us that there may be scope to align its recruitment procedures with DH and the wider GSS, once Public Health England is introduced.

## Principle 8: Frankness and accessibility

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

- 3.28 The annual drug report provides factual commentary and information about the operational context in which the data are collected. However, the report needs clearer information about the policy context and wider use of the statistics – including what they should and should not be used for. For example, it would not be suitable to use the treatment statistics on their own as an indicator of the extent of drug use, but the NTA should draw in statistics from other sources to provide this and other contextual information. As part of the designation as National Statistics, the NTA should improve the commentary and contextual information accompanying the annual drug report<sup>24</sup> (Requirement 8). We suggest that in meeting this requirement the NTA should consider the points detailed in annex 2.
- 3.29 The monthly statistics are not published in the format of a traditional statistical release. The statistics are available from the NDTMS.net website, where users are able to generate their own ‘reports’ by identifying the particular statistics and geography that they are interested in. Each request generates a set of data tables accompanied by definitions of key terms. There is no accompanying commentary that explains the statistics, nor any wider contextual information. The NTA told us that it views the monthly statistics mainly as an operational management tool for data providers, commissioners and policy users. However, contextual information and commentary is still important to help these (and other) users interpret the headline statistics. In addition, while the capacity to develop bespoke tabulations is a very useful feature, particularly for users interested in specific geographic areas, the absence of a published output each month makes it difficult to establish what statistics are available and when they have been (and will be) updated. As part of the designation as National Statistics, the NTA should improve the presentation of the monthly statistics to include contextual information and commentary that aids user understanding<sup>25</sup> (Requirement 9).
- 3.30 The annual report is published in PDF format. The monthly statistics are provided as a standard HTML webpage. None are available in alternative formats that encourage re-use of the data. In addition the monthly tabulation tool only allows the user to generate reports for one geographical area at a time, so to compare areas it is necessary to generate multiple reports. There is no clear navigation from the NTA’s website to NDTMS.net for the monthly statistics. As part of the designation as National Statistics, the NTA should improve the accessibility of the statistics, disseminating them in forms that enable and encourage analysis and re-use<sup>26</sup> (Requirement 10).
- 3.31 The NTA told us that it produces additional analyses of the data for colleagues within the NTA and others. The NTA also provides statistical analysis for DATs to help them understand the local needs and to inform local drug treatment

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<sup>24</sup> In relation to Principle 8, Practice 2 of the *Code of Practice*

<sup>25</sup> In relation to Principle 8, Practice 2 of the *Code of Practice*

<sup>26</sup> In relation to Principle 8, Practice 6 of the *Code of Practice*

strategies. The data available to providers through NDEC's website enables more detailed analysis, including quarterly analysis. Some of this additional analysis, for example, information about the number of repeat clients, might be useful to other users and the NTA told us that it could be included in the releases quite easily. As part of the designation as National Statistics, the NTA should improve the range of measures presented in the releases, to support the wider use of the statistics<sup>27</sup> (Requirement 11). The documentation of user needs (in response to Requirement 2) will help identify additional analysis that will best support the wider use of the statistics.

- 3.32 The annual drug report inappropriately includes the UK Statistics Authority logo. As part of the designation as National Statistics, the NTA should remove the UK Statistics Authority's logo from the statistical release<sup>28</sup> (Requirement 12)

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<sup>27</sup> In relation to Principle 8, Practice 3 of the *Code of Practice*

<sup>28</sup> In relation to Principle 8, Practice 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.**

3.33 The NTA told us that in March 2009 it carried out a full consultation about proposals to change drug treatment intervention codes. However, the documentation on its website about the consultation does not include the responses that it received or the action it took. The NTA told us that this information was lost when its website was updated and that it would therefore not be possible to publish appropriate documentation about the consultation. We think that this is regrettable. As part of the designation as National Statistics, the NTA should ensure that appropriate documentation is published for any future consultations<sup>29</sup> (Requirement 13).

3.34 The other requirements for this Protocol are covered elsewhere in this report.

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<sup>29</sup> In relation to Protocol 1, Practice 7 of the *Code of Practice*

## 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.**

- 3.35 The monthly statistics become available about four weeks after the end of the month. The release date for *Annual Drugs Report* is set to accommodate the needs of the Care Quality Commission, which uses the data to produce assessments of treatment providers.
- 3.36 The NTA told us there have been two occasions where – due to staff absence at NDEC – the monthly statistics weren't released at 9.30am. On both occasions the statistics were published following a short (15 to 30 minute) delay. The NTA told us it is unlikely that this will happen again in future. As part of the designation as National Statistics, the NTA should ensure that all statistics are issued at 9.30am on the day of release<sup>30</sup> (Requirement 14).
- 3.37 The NTA told us that pre-release access lists for the annual releases are reviewed each year. Ten individuals received early access to the 2009/10 annual drug report. Nobody received pre-release access to the monthly reports.
- 3.38 There are entries for the statistics on the National Statistics Publication Hub. However, some editions of the statistics are not accessible from the Publication Hub, and some forward dates for releases are missing. As part of the designation as National Statistics, the NTA should ensure that all statistics can be accessed from the National Statistics Publication Hub<sup>31</sup> (Requirement 15).

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<sup>30</sup> In relation to Protocol 2, Practice 4 of the *Code of Practice*

<sup>31</sup> In relation to Protocol 2, Practice 3 of the *Code of Practice*



### **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.**

- 3.39 The data underpinning these statistics are administrative data from the NDTMS. The NTA has a published Statement of Administrative Sources that covers all the elements required by the Code.

## Annex 1: Suggestions for improvement

A1.1 This annex includes some suggestions for improvement to the NTA's statistical outputs, 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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|---------------------|---|
| <b>Suggestion 1</b> | 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 3.1).   |
| <b>Suggestion 2</b> | Extend access to the NDTMS.net user forum to the public (para 3.3).   |
| <b>Suggestion 3</b> | Update the <i>Statement of Compliance</i> and the NTA website in light of the publication of the Code of Practice for Official Statistics (para 3.8).   |
| <b>Suggestion 4</b> | Investigate further steps to: (a) ensure that those producing statistical reports are protected from inappropriate pressures; and (b) to promote a culture within which statistical experts can comment publicly on statistical issues (para 3.14). |
| <b>Suggestion 5</b> | Make information about methods more accessible from the statistical releases (para 3.16).   |
| <b>Suggestion 6</b> | Introduce some UK and EU data into the publications (para 3.21).  |
| <b>Suggestion 7</b> | Prepare a breach report outlining the circumstances that led to the release of unsuppressed information, and any action taken to prevent unsuppressed information being made available in future (para 3.23).                                       |
| <b>Suggestion 8</b> | Consider the points detailed in Annex 2, in seeking to improve the statistical releases (para 3.28).  |

## **Annex 2: Compliance with Standards for Statistical Releases**

- A2.1 In October 2010, the Statistics Authority issued a statement on *Standards for Statistical Releases*<sup>32</sup>. Whilst this is not part of the *Code of Practice for Official Statistics*, the Authority regards it as advice that will promote both understanding and compliance with the Code. In relation to the statistical releases associated with the statistics covered by this report, this annex comments on compliance with the statement on standards.
- A2.2 In implementing any Requirements of this report (at paragraph 1.5) which relate to the content of statistical releases, we encourage the producer body to apply the standards as fully as possible.

### **Appropriate identification of the statistics being released**

- A2.3 The title of *Statistics from the National Drug Treatment Monitoring System* (the annual drug report) describes the content of the release and the period to which the data relate. The monthly statistics available on NDTMS.net website are generated based on the user specifying their requirements. There is no statistical release, and therefore no clear title explaining what is in the release. The releases make it clear that the statistics relate only to England.
- A2.4 The frequency of the statistics is clear, either from the title or the background information included in the release. The releases discuss the availability of the underlying data.
- A2.5 The 'National Statistics' logo is used appropriately. The UK Statistics Authority logo is used erroneously in the annual drug report.
- A2.6 The releases clearly identify the originating department and provide contact details for the responsible statistician.
- A2.7 The annual drug report includes a background section which outlines the content of the releases, and a contents page that lists the tables. It is quite difficult to establish what analysis is available in the monthly drug statistics on the NDTMS.net website.
- A2.8 The releases do not explicitly state which of the statistics are new.

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

- A2.9 The annual drug report includes a section that highlights 'key findings' at the outset. However, the first key findings highlighted in the 2009/10 annual drug report are focussed on policy targets (without stating that they are policy targets) at the expense of potentially more interesting findings. The monthly drug statistics do not identify main messages.

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<sup>32</sup> <http://www.statisticsauthority.gov.uk/news/standards-for-statistical-releases.html>

- A2.10 Most of the language used is straightforward and there is a glossary of technical terms, but some terms (particularly terms from drugs policy and the treatment process) warrant further explanation, if there is no plain language alternative. The annual drug report explains the treatment process. The monthly statistics include guidance notes that include definitions of the main terms used.
- A2.11 The annual drug report includes some good commentary to explain the statistics. However, it would benefit from more contextual information, including statistics from other sources, for example about the changing levels of drug use. The annual drug report includes a breakdown by ethnicity, but does not put this in to context: what is the national ethnic breakdown for the whole population, or for relevant sub populations or geographies? There is no comparative UK data, or international data. The monthly statistics include no commentary about the statistics.

### **Use language that is impartial, objective and professionally sound**

- A2.12 The text in the annual drug report is objective and evidence-based. However, by using policy terms, such as 'successful completion', the impartiality of the reports is compromised. There are statistics in the report, including in the key points in the executive summary, that appear to be included because they address organisational targets. However, this is not clearly explained.
- A2.13 The commentary in the annual drug report is consistent with the statistics presented.
- A2.14 The descriptions of the changes and trends in the annual drug report are professionally sound. The commentary explains about breaks in the time series. However, there are tables that show the time series without clearly showing the discontinuities.

### **Include information about the context and likely uses**

- A2.15 The annual drug report clearly explains the operational context behind the data. The statistics would benefit from more factual information about the use of the statistics, in particular to present clearly, but impartially, the policy context in which the statistics have been collected.
- A2.16 The annual drug report includes some information about the quality of the statistics. There is some information about the quality of the monthly statistics, but it is difficult to find.

### **Include, or link to, appropriate metadata**

- A2.17 The annual drug report and the monthly statistics include some information about methods, although this can be hard to find.
- A2.18 The releases cover England. There is no indication of comparability with data across the UK or internationally.
- A2.19 The annual drug report explains changes to the underlying data and in some cases discusses the impact of the changes. In the 2009/10 annual drug report

a change in the coding for the underlying dataset was introduced, but there was no indication of the impact on the statistics and no revised time series was presented. It is hard to find relevant information about the monthly statistics.

A2.20 There are no routine revisions to these statistics.

## Annex 3: Summary of assessment process and users' views

A3.1 This assessment was conducted from April to August 2011.

A3.2 The Assessment team – Joe Cuddeford and Jacob Wilcock – agreed the scope of and timetable for this assessment with representatives of the NTA in April. The Written Evidence for Assessment was provided on 10 June. The Assessment team subsequently met the NTA during July 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 14 responses from the user consultation. The respondents were grouped as follows:

NTA	1
Drug treatment operational users	4
Government departments	4
Academic	1
Arm's length body	1
Media	1
Local authority	2

A3.5 Most users that we contacted used the data for operational purposes or were internal government users, as NTA were not able to provide many contacts for other users. These users reported that the statistics meet their needs, particularly in terms of the timeliness and frequency of publication. However, some users would like more flexibility in how these statistics can be accessed. Some users would like more detailed statistics. Other general issues raised included: lack of information about methods; lack of commentary; and problems with return rates for residential rehabilitation centres.

A3.6 The majority of operational and government users were very satisfied with engagement with the NTA. One government user reported that engagement had improved dramatically over the past 18 months. However, some users felt that they had little engagement with NTA, that responses to requests/queries could be slow, or that user views were sought at too late a stage.

A3.7 One user from outside the government and operational community voiced strong concerns about the integrity and impartiality of the statistics.

## **Key documents/links provided**

Written Evidence for Assessment document

