

Assessment of compliance with the Code of Practice for Official Statistics

Statistics on Community Health in England

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

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About the UK Statistics Authority

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

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

The Statistics Authority has two main functions:

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

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ASSESSMENT AND DESIGNATION

The *Statistics and Registration Service Act 2007* gives the UK Statistics Authority a statutory power to assess sets of statistics against the *Code of Practice for Official Statistics*.

Assessment will determine whether it is appropriate for the statistics to be designated as National Statistics.

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

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

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

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

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

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

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

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

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

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1 Summary of findings

1.1 Introduction

1.1.1 This is one of a series of reports¹ prepared under the provisions of the *Statistics and Registration Service Act 2007*². The Act requires all statistics currently designated as National Statistics to be assessed against the *Code of Practice for Official Statistics*³. The report covers the following sets of statistics produced by the NHS Information Centre for Health and Social Care (NHS IC):

- *NHS Immunisation Statistics, England*⁴ (*Immunisations*);
- *Ambulance Services, England*⁵ (*Ambulances*);
- *Data on Written Complaints in the NHS*⁶ (*Complaints*);
- *Cervical Screening Programme, England*⁷ (*Cervical Screening*); and
- *Breast Screening Programme, England*⁸ (*Breast Screening*).

This report will refer to the group of statistics included in this assessment as community health statistics.

1.1.2 Section 3 of this report adopts an ‘exception reporting’ approach – it includes text only to support the Requirements made to strengthen compliance with the *Code* and Suggestions made to improve confidence in the production, management and dissemination of these statistics. This abbreviated style of report reflects the Head of Assessment’s consideration of aspects of risk and materiality⁹. The Assessment team nonetheless assessed compliance with all parts of the *Code of Practice* and has commented on all those in respect of which some remedial action is recommended.

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

1.2 Decision concerning designation as National Statistics

1.2.1 The Statistics Authority judges that the statistics covered by this report are readily accessible, produced according to sound methods and managed impartially and objectively in the public interest, subject to any points for action in this report. The Statistics Authority confirms that the statistics published in: *NHS Immunisation Statistics, England; Ambulance Services, England; Data on Written Complaints in the NHS; Cervical Screening Programme, England, and Breast Screening Programme, England* can be designated as National Statistics, subject to NHS IC implementing the enhancements listed in section

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

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

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

⁴ <http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/immunisation>

⁵ <http://www.ic.nhs.uk/statistics-and-data-collections/audits-and-performance/ambulance>

⁶ <http://www.ic.nhs.uk/statistics-and-data-collections/audits-and-performance/complaints>

⁷ <http://www.ic.nhs.uk/statistics-and-data-collections/screening/cervical-screening>

⁸ <http://www.ic.nhs.uk/statistics-and-data-collections/screening/breast-screening>

⁹ <http://www.statisticsauthority.gov.uk/assessment/assessment/guidance-about-assessment/criteria-for-deciding-upon-the-format-of-an-assessment-report.pdf>

1.5 and reporting them to the Authority by March 2012 for Requirements 1 to 4 and by June 2011 for Requirement 5.

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

1.3 Summary of strengths and weaknesses

1.3.1 NHS IC presents useful contextual information alongside the statistics in *Immunisations*, *Cervical Screening* and *Breast Screening*, for example about the screening process and government policy. However, there is insufficient commentary and contextual information in *Ambulances* and *Complaints*.

1.3.2 NHS IC engages well with the Department of Health (DH), a key user of these statistics. However, NHS IC should do more to explore the needs of a wider range of users and to take account of users from outside government in its engagement activity.

1.3.3 NHS IC makes good use of administrative sources to produce these statistics.

1.4 Detailed recommendations

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

1.5 Requirements for designation as National Statistics

Requirement 1 Take steps to develop a greater understanding of the use made of each set of statistics; the needs of current and potential users, and user views on the service provided; and publish the information and assumptions and use them to better support the use of the statistics (para 3.1).

Requirement 2 Publish more detailed information about the methods used to compile the community health statistics and include explanations about why particular choices were made (para 3.4).

Requirement 3 Publish more information about potential sources of error associated with the community health statistics and the implications for quality in relation to use (para 3.5).

Requirement 4 Include links to equivalent UK statistics in *Ambulances*, *Complaints*, *Cervical Screening* and

Breast Screening and make any appropriate comparisons (para 3.7).

Requirement 5

Improve the explanation of the statistics in *Cervical Screening* and *Breast Screening*, and improve the commentary and contextual information in *Ambulances* and *Complaints*, to aid user interpretation (para 3.8).

2 Subject of the assessment

- 2.1 *NHS Immunisation Statistics, England (Immunisations)* presents statistics on rates of routine immunisation¹⁰ of children at ages 1, 2, 5 and 12 and over. The release also includes statistics on the numbers of tuberculosis vaccinations (Bacillus Calmette-Guerin -BCG) which is considered a non-routine vaccination. *Immunisations* also presents statistics on take-up rates of the influenza vaccine by persons aged 65 and over. NHS IC compiles the statistics from data provided by Primary Care Trusts (PCTs), the Health Protection Agency (HPA) and DH.
- 2.2 *Ambulance Services, England (Ambulances)* presents statistics on the response times achieved by Ambulance Trusts in England, by region and category of call (whether the call is life-threatening, serious, or other). The statistics are compiled from data provided by Ambulance Trusts in England, which submit the data using NHS IC's online data collection tool (known as Omnibus).
- 2.3 *Data on Written Complaints in the NHS (Complaints)* presents statistics on the number of written complaints made to NHS organisations¹¹, presented by region, organisation and category of complaint. NHS IC compiles the statistics using data that NHS Organisations submit using Omnibus.
- 2.4 *Cervical Screening Programme, England (Cervical Screening)* presents statistics on the coverage and outcomes of the NHS Cervical Screening Programme in England. The statistics are presented by age; region; PCT; pathology laboratory; and colposcopy clinic. NHS IC compiles the statistics from existing administrative data on PCTs, and from data provided by pathology laboratories and colposcopy clinics which are aggregated by RQACs.
- 2.5 *Breast Screening Programme, England (Breast Screening)* presents statistics on the coverage and outcomes of the NHS Breast Screening Programme in England. The statistics are presented by: age; region; PCT, and Breast Screening Unit (BSU). NHS IC compiles the statistics from existing administrative data from PCTs and from data provided by BSUs which are aggregated by Quality Assurance Regional Centres (QARCs) and sent to NHS IC.
- 2.6 *The community health statistics are used by government to develop and monitor policy and to benchmark performance against targets. The statistics are also used by government to develop indicators which also help patients select where to be treated. The statistics are used by academia for clinical research and by Public Health Authorities for comparing service performance across geographic areas. The HPA is both a data supplier and user, and are responsible for surveillance of vaccine preventable disease; the HPA told us that an integral part of this involves collecting data on and monitoring the*

¹⁰ Routine immunisations include: diphtheria, tetanus, polio, pertussis and Haemophilus influenzae type b (DTaP/IPV/Hib 5 in 1 vaccine); measles, mumps, rubella (MMR); meningococcal group C, Pneumococcal Conjugate Vaccine (PCV), and Human Papillomavirus (HPV).

¹¹ Including Foundation Trusts, NHS Direct and NHS walk-in centres

national immunisation programme. Other examples of uses of the community health statistics include:

- the media and the public use statistics in *Ambulances* to hold Ambulance Trusts to account; and
- *Complaints* is an indicator of patient satisfaction with different parts of the NHS and so can be used by local patient groups to compare local services with the national picture.

2.7 NHS IC told us that the total annual cost of producing the community health statistics is approximately £240,000.

3 Assessment findings

- 3.1 NHS IC seeks feedback from users via an online form on its community health statistics web pages. NHS IC has published a summary of this feedback¹² on its website. The statistical teams that produce these releases have regular meetings with DH, NHS Cancer Screening Programmes and the HPA, who are key users of the statistics. NHS IC told us it is also planning to formally consult users of *Immunisations* during 2012. Aside from these activities, NHS IC does not actively engage with its wider user base to ensure that the views of users from outside government are taken into account. As part of the designation as National Statistics, NHS IC should take steps to develop a greater understanding of the use made of each set of statistics; the needs of current and potential users, and user views on the service provided; and publish the information and assumptions and use them to better support the use of the statistics¹³ (Requirement 1). We suggest that in meeting this requirement NHS IC refer to the types of use put forward in the Authority's Monitoring Brief¹⁴, *The Use Made of Official Statistics*.
- 3.2 The community health releases include some information about the data sources that are used to compile the statistics. More detailed information about data sources is also published within NHS IC's Statement of Administrative Sources¹⁵. To aid user interpretation, we suggest that NHS IC add a link in the releases to the Statement of Administrative Sources where users can access more detailed information about the data sources used to compile the statistics.
- 3.3 The community health statistics are presented impartially and objectively, and are available free of charge on NHS IC's website. *Cervical Screening* and *Breast Screening* have previously been accompanied (on NHS IC's website) by headline text that is not demonstrably related to the statistics presented in the release and so could have been viewed as promoting government policy. For example, *Breast Screening* was presented alongside a headline which read 'NHS Screening Programme is now saving 1,400 lives a year', but this statistic is not drawn from the release. The Assessment team raised this issue with NHS IC during the course of this Assessment and NHS IC acted quickly to remove the text.
- 3.4 The community health statistics make use of several different data sources and involve complex data collection processes. NHS IC does not provide sufficient explanation about these processes or the methods that are used to compile the statistics in *Ambulances* and *Complaints*. *Immunisations*, *Cervical Screening* and *Breast Screening* include more information about data collection, but insufficient information about the methods that it uses to produce the statistics. For example, NHS IC does not explain where the data about the size of the population (which are used to calculate screening rates) come from. As part of the designation as National Statistics, NHS IC should publish more detailed information about the methods used to compile the community health statistics

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

¹³ In relation to Principle 1, Practice 2 of the *Code of Practice*

¹⁴ <http://statisticsauthority.gov.uk/assessment/monitoring-briefs/monitoring-brief-6-2010---the-use-made-of-official-statistics.pdf>

¹⁵ <http://www.ic.nhs.uk/statistics-and-data-collections/publications-calendar/administrative-sources>

and include explanations about why particular choices were made¹⁶ (Requirement 2).

- 3.5 The community health statistics releases include statements which present information about the different dimensions of quality¹⁷. The statements provide a useful and orderly snapshot of the key aspects of the quality of the statistics. The information about quality provided in *Immunisations* includes an appendix which explains in detail some problems that PCTs have experienced with the Child Health Information System¹⁸ (CHIS) database and the implications for the accuracy of the statistics. The Assessment Team regards this as a good example of useful information about the quality of a set of statistics. However, more generally there is scope to provide more detail about the strengths and weaknesses of the data, the sources of error associated with each output and the implications for the expected uses of the statistics. For example, NHS IC told us that the screening rates are calculated using PCT responsible populations¹⁹ but there is no information about the implications for the quality of the statistics. In addition, *Cervical Screening* and *Breast Screening* do not discuss the accuracy of the screening process: the presence, or extent, of 'false positive' results (diagnosing someone with cancer when they are healthy) and 'false negative' results (failing to diagnose a cancer which is present) and the impact these may have in relation to the use of the statistics. NHS IC does not publish sufficient information about the quality of the underlying administrative data, for example to explain how they are quality assured and, where applicable, audited. NHS IC told us that the statistics on ambulance response times are very robust, because Ambulance Trusts use standard IT systems to collect the data and there is a strong audit role but this information is not presented in the release. As part of the designation as National Statistics, NHS IC should publish more information about potential sources of error associated with the community health statistics and the implications for quality in relation to use²⁰ (Requirement 3).
- 3.6 The 2008/9 release of *Immunisations* included three new series, which NHS IC badged as experimental statistics²¹, analysing the coverage of:
- Pneumococcal Conjugate vaccine (PCV) at age two;
 - Haemophilus influenzae type b and meningococcal group C disease (Hib/MenC) immunisations at age two; and
 - Human Papilloma Virus (HPV) immunisations for females aged 12 to 13.

¹⁶ In relation to Principle 4, Practice 1 of the *Code of Practice*

¹⁷ The six dimensions of the European Statistical System Quality Framework are: relevance; accuracy; timeliness and punctuality; accessibility and clarity; comparability; and coherence

¹⁸ The problems are mainly experienced by PCTs in London and relate to technical issues associated with implementing the new CHIS databases; as a result of these issues some PCTs were unable to supply complete data sets in previous years. In 2009-10, all 152 PCTs were able to supply complete datasets and there was a reduction in the number of PCTs reporting issues with CHIS

¹⁹ The PCT responsible population is derived from the population registers held on management systems, for example CHIS. It is different from estimated resident population figures and from registered population figures obtained from GP management systems.

²⁰ In relation to Principle 4, Practice 2, and Principle 8 Practice 1 of the *Code of Practice*

²¹ Experimental statistics are new official statistics undergoing evaluation. They are published in order to involve users and stakeholders in their development and as a means to build in quality at an early stage.

NHS IC invited users' views about these statistics, but told us it didn't receive any responses. NHS IC reviewed these series in 2010 and did not identify any issues with the statistics on PCV and Hib/MenC, so it removed the experimental statistics badge from the series in the 2009/10 release of *Immunisations*. NHS IC decided not to publish the experimental HPV statistics in the 2009/10 release because the data available at the time was not complete; these statistics are also published later by DH. *Immunisation explains* the reasons for not including the statistics on take up of HPV immunisations and provides a link to other HPV statistics. Although NHS IC has tried to engage users in the development of these Experimental Statistics, we suggest it review how it can engage users more proactively in the development of experimental statistics in future, to ensure that the statistics are developed to a quality that meets user needs.

- 3.7 *Immunisations* includes data tables and a section of commentary which compares the statistics for England with equivalent statistics for Wales, Scotland and Northern Ireland. NHS IC told us that it is currently investigating the availability of international data on immunisation coverage and plans to include these data in the forthcoming release of *Immunisations*. Methodological differences make it difficult to make direct comparisons between the four countries of the UK of the statistics presented in *Ambulances*, *Complaints*, *Cervical Screening* and *Breast Screening*. However NHS IC told us that it is currently in discussions with the producers of equivalent statistics in the other UK countries to identify differences between the statistics. The Assessment team considers that this would add value to the statistics and suggests that NHS IC engage with statisticians in the other countries of the UK, under the auspices of the GSS's Inter Administration Committee²², to consider whether the comparability of the statistics can be improved – and then publish details about the level of comparability. In addition, as part of the designation as National Statistics, NHS IC should include links to equivalent UK statistics in *Ambulances*, *Complaints*, *Cervical Screening* and *Breast Screening* and make any appropriate comparisons²³ (Requirement 4).
- 3.8 The depth of analysis and amount of commentary presented alongside the statistics varies between the releases. *Immunisations*, *Cervical Screening* and *Breast Screening* include factual information about the medical procedures and issues that are referred to in the releases. These releases also present useful policy and operational information, providing a context within which to interpret the statistics. In these respects the releases are good, but in some places the statistics in *Cervical Screening* and *Breast Screening* are difficult to interpret, so NHS IC should provide more explanation of the statistics and explain technical terms. *Ambulances* and *Complaints* provide some commentary alongside the statistics; however there is scope to increase the depth of analysis and include contextual information about the statistics to aid user interpretation. For example, *Complaints* presents the number of complaints at PCT level, but there is no contextual information regarding the size of the population used, which could be a major factor in determining the number of complaints. As part of the designation as National Statistics, NHS IC should

²² <http://statisticsauthority.gov.uk/about-the-authority/uk-statistical-system/history/key-documents-about-the-uk-system/inter-administration-working-agreement-on-statistics.pdf>

²³ In relation to Principle 4, Practice 6 and Principle 8 Practice 2 of the *Code of Practice*

improve the explanation of the statistics in *Cervical Screening* and *Breast Screening*, and improve the commentary and contextual information in *Ambulances* and *Complaints*, to aid user interpretation²⁴ (Requirement 5). We suggest that in meeting this requirement NHS IC should consider the points detailed in annex 2.

²⁴ In relation to Principle 8, Practice 2 of the *Code of Practice*

Annex 1: Suggestions for improvement

A1.1 This annex includes some suggestions for improvement to NHS IC's community health statistics, in the interest of the public good. These are not formally required for designation, but the Assessment team considers that their implementation will improve public confidence in the production, management and dissemination of official statistics.

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|---------------------|---|
| Suggestion 1 | Refer to the types of use put forward in the Authority's Monitoring Brief, <i>The Use Made of Official Statistics</i> when documenting use (para 3.1). |
| Suggestion 2 | Add a link in the releases to the Statement of Administrative Sources where users can access more detailed information about the data sources used to compile the statistics (para 3.2). |
| Suggestion 3 | Review how users might be engaged with more pro-actively in the development of experimental statistics in future, to ensure that the statistics are developed to a quality that meets user needs (para 3.6). |
| Suggestion 4 | Engage with statisticians in the other countries of the UK, under the auspices of the GSS's Inter Administration Committee, to consider whether the comparability of the statistics can be improved – and then publish details about the level of comparability (para 3.7). |
| Suggestion 5 | Consider the points detailed in annex 2, in seeking to improve the statistical releases (para 3.8). |

Annex 2: Compliance with Standards for Statistical Releases

- A2.1 In October 2010, the Statistics Authority issued a statement on *Standards for Statistical Releases*²⁵. 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 NHS IC's English Community Health Statistics, 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 titles of the releases clearly describe their coverage and the period to which the data relate. It is clear that the releases are annual and in the introductions the data sources are described, including reference to the frequency of data collection. The releases display the National Statistics logo, identify the originating department and provide contact details for the responsible statistician. It is reasonably clear which statistics are new.
- A2.4 The introductions in *Immunisations*, *Cervical Screening*, and *Breast Screening* include a section that outlines the structure of the release, identifying the main topics that the release covers. There is no account of what statistics are included in *Ambulances* and *Complaints*.

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

- A2.5 The releases highlight key findings at the outset, but not always clearly. For example, *Ambulances* refers to category B and category C calls in the executive summary without explaining what these categories mean. Furthermore, the executive summary in *Immunisations* is several pages long and so the key findings are lost.
- A2.6 *Immunisations* uses language suitable for the non-expert user, explaining most technical terms in the text and in a glossary. *Cervical Screening* and *Breast Screening* describe the screening processes clearly, in language suitable for non-experts, but the explanations of the statistics themselves are not always sufficiently clear – for example, tables 14 and 15 in *Breast Screening Programme, England 2009/10* are difficult to interpret. Both screening releases include a glossary but, as with *Immunisations*, there are still some unexplained terms, for example *eligible population* and *screened adequately*. *Ambulances* uses technical terms (including *categories* of emergency calls and *types* of destinations) without explaining them in the flow of the text. There is insufficient explanation of the data for non-expert users. For example, there is no description of what differentiates an urgent call from an emergency call, and

²⁵ <http://www.statisticsauthority.gov.uk/news/standards-for-statistical-releases.html>

how non-urgent calls are treated in the statistics. There is very little text in *Complaints*, but it uses some terms and phrases without providing sufficient explanation, for example *professions supplementary to medicine*, *NHS Direct* and *NHS walk-in centres*.

A2.7 *Immunisations*, *Cervical Screening* and *Breast Screening* include some good commentary and analysis of the statistics. *Immunisations* explains the possible reasons for changes in the statistics and presents the government policy context while remaining impartial. It also provides relevant UK comparisons. *Cervical Screening* and *Breast Screening* could go further, drawing together related series to provide better explanations of the trends, and comparing with UK and international statistics. The commentary in *Ambulances and Complaints* is high level and does not provide a narrative that explains the statistics. Some of the main messages from the charts in *Ambulances* are not discussed in the text, while some of the charts use scales that could mislead, or focus on absolute numbers when proportions would have been more informative.

Use language that is impartial, objective and professionally sound

A2.8 The text in all the releases is impartial and objective and reflects the statistics presented. All the releases include some information about the quality of the statistics. *Complaints* presents the number of complaints at PCT level, but there is no contextual information about the size of the population, so there is scope for the statistics to mislead in the absence of any commentary. *Complaints* also states that part of the data return is a survey, but does not refer to sampling error.

Include information about the context and likely uses

A2.9 The releases include some factual information about the policy and operational context in which the statistics have been collected and will be used, including references to targets where appropriate. *Complaints* would benefit from more discussion of the policy and operational context.

A2.10 All the releases include a statement about the quality of the data that addresses different dimensions of data quality. However, these statements do not address possible sources of error and the implications for quality, in relation to potential uses. *Complaints* describes a potential issue with coverage, but does not explain the impact on the statistics.

Include, or link to, appropriate metadata

A2.11 All the releases describe the data sources that underpin the statistics and provide data collection forms. *Immunisations*, *Cervical Screening* and *Breast Screening* include discussion of the data collection process. However, none of the releases provides sufficient information about the methods used to calculate the statistics. The information about methods and sources is most incomplete in *Complaints*, while *Immunisations* does provide some useful information.

A2.12 The releases all cover England and, with the exception of *Immunisations*, do not provide comparisons with other UK countries or links to where this information can be found.

A2.13 The releases all describe recent changes to the statistics. For example, *Breast Screening* explains changes to the age groups invited to be screened and the tables provide data on a consistent basis for comparison purposes, where possible. *Ambulances* indicates when time series comparisons might be problematic, but it does not include any numerical comparisons so that users can see the extent of the changes.

A2.14 There are no routine revisions to the statistics presented in these releases.

Annex 3: Summary of assessment process and users' views

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

A3.2 The Assessment team – Ruth James and Jacob Wilcock – agreed the scope of and timetable for this assessment with representatives of NHS IC in April. The Written Evidence for Assessment was provided on 1 June. The Assessment team subsequently met NHS IC during June and September 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 16 responses from the user consultation. The respondents were grouped as follows:

Public Health Authority	1
Government	2
Professional organisation	1
Academia	1
Data suppliers	11

A3.5 The community health statistics are used by government to monitor and benchmark performance against targets, and to inform policy and Parliamentary business. The statistics are also used by government to develop clinical indicators which help patients select where to have treatment. The statistics are used by academia for clinical research and by Public Health Authorities for comparing service performance across geographic areas.

A3.6 The statistics were reported to be accessible and timely. The academic respondent was impressed by the completeness of the data and the format of presentation. Several users felt that it would be useful if the data were presented for other geographic areas, for example local authorities. In particular, it was noted that the statistics for London were sometimes presented as a single entity which may obscure significant variations in such a diverse population. NHS IC told us that it publishes statistics at all geographic levels the data permit.

Key documents/links provided

Written Evidence for Assessment document

