

Assessment of compliance with the Code of Practice for Official Statistics

Statistics on Drug and Alcohol Treatment for Adults and Young People *(produced by Public Health England)*

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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

Statistics on Drug and Alcohol Treatment for Adults and Young People

(produced by Public Health England)

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 gives the Statistics Authority power to re-assess whether the *Code of Practice for Official Statistics*³ continues to be complied with in relation to official statistics already designated as National Statistics. The report covers the set of statistics produced by Public Health England (PHE) (previously produced by the National Treatment Agency for Substance Misuse) and reported in:

- *Statistics from the National Drug Treatment Monitoring System (NDTMS)*⁴ (*Annual Drug Report*)
- *Monthly reports from the NDTMS*⁵ (*Monthly Drug Report*)

1.1.2 The previous assessments of these sets of statistics were reported in Assessment reports 1⁶ and 142⁷. They have been re-assessed as part of the Statistics Authority's ongoing programme of re-assessment. This is discussed further in annex 4.

1.1.3 The Act allows an appropriate authority⁸ to request an assessment of other official statistics in order for them to gain National Statistics status. In response to such a request, this report also covers the following the sets of statistics produced by PHE:

- *Alcohol Statistics from the National Drug Treatment Monitoring System (NDTMS)*⁹ (*Annual Alcohol Report*)
- *Statistics from the National Drug Treatment Monitoring System (NDTMS): Statistics relating to young people*¹⁰ (*Annual Young People Report*)

1.1.4 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 materiality¹¹. The Assessment team nonetheless assessed compliance with all

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.nta.nhs.uk/uploads/statisticsfromndtms201112vol1thenumbersfinal.pdf>

⁵ <https://www.ndtms.net/Reports.aspx?time=M&theme=1>

⁶ <http://www.statisticsauthority.gov.uk/assessment/assessment/assessment-reports/assessment-report-1---national-drug-treatment-monitoring-system--24-june-2009.pdf>

⁷ <http://statisticsauthority.gov.uk/assessment/assessment/assessment-reports/assessment-report-142---statistics-on-drug-treatment.pdf>

⁸ Subsection 12(7) of the Act defines 'appropriate authority' as Ministers of the Crown, Scottish Ministers, Welsh Ministers, Northern Ireland departments or the National Statistician

⁹ <http://www.nta.nhs.uk/uploads/statisticalreportalcohol11-12.pdf>

¹⁰ [http://www.nta.nhs.uk/uploads/ypannualreport-statisticalreport\[1\].pdf](http://www.nta.nhs.uk/uploads/ypannualreport-statisticalreport[1].pdf)

¹¹ <http://www.statisticsauthority.gov.uk/assessment/assessment/guidance-about-assessment/criteria-for-deciding-upon-the-format-of-an-assessment-report.pdf>

parts of the *Code of Practice* and has commented on all those in respect of which some remedial action is recommended.

- 1.1.5 This report was prepared by the Authority's Assessment team, and approved by the Assessment Committee on behalf of the Board of the Statistics Authority, based 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 listed in paragraph 1.1.1 are designated as National Statistics, and has determined that the statistics listed in paragraph 1.1.3 can be designated as new National Statistics products subject to PHE implementing the enhancements listed in section 1.5 and reporting them to the Authority by February 2014.

1.3 Summary of strengths and weaknesses

- 1.3.1 PHE uses the NDTMS to produce a range of timely statistics that local providers of treatment services use to monitor and assess performance. The PHE reports present the main messages for drug and alcohol treatment for adults and young people. The commentary in the reports has improved significantly since the first Assessment report but they tend to include little description of trends over time and insufficient contextual information about the factors influencing the changes shown in the statistics.
- 1.3.2 Information about the quality of the statistics is limited for some topics, particularly the *Annual Alcohol Report* where the implications of the methods used to produce the statistics are not linked to their likely use, and is not clearly presented across the different reports. PHE has published a technical notes document alongside *Annual Drug Report* and *Monthly Drug Report* which would provide a good model for the other reports: *Annual Alcohol Report* and *Annual Young People Report*.

1.4 Detailed recommendations

- 1.4.1 The Assessment team identified some areas where it felt that PHE 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 these statistics, publish the relevant
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information and assumptions and use them to better support the use of the statistics (para 3.1).

Requirement 2

Provide more information about the quality and reliability of these statistics in relation to their use and potential use (para 3.2).

Requirement 3

Improve the commentary in *Annual Alcohol Report* and *Annual Young People Report*, including information about the policy context so that it aids user interpretation of the statistics (para 3.3).

Requirement 4

Provide links, or other appropriate signposting between the annual and monthly reports (para 3.4).

Requirement 5

Confirm that the named lead official has sole responsibility for deciding on the content and timing of statistical reports (para 3.6).

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 and records information about people receiving treatment for drug and alcohol misuse in England. Information about all clients in contact with services¹² is collected from treatment providers (structured community-based services, or residential and inpatient services). The NDTMS is the source of the statistics presented in the reports:

- *Statistics from the National Drug Treatment Monitoring System (NDTMS) (Annual Drug Report)*
- *Alcohol Statistics from the National Drug Treatment Monitoring System (NDTMS) (Annual Alcohol Report)*
- *Statistics from the National Drug Treatment Monitoring System (NDTMS): Statistics relating to young people (Annual Young People Report and Monthly Drug Report)*
- *Monthly reports from the NDTMS (Monthly Drug Report)*

2.2 Prior to the development of the NDTMS, information about new presentations to drug services, or presentations after a break in contact of six months or more, was collected and stored by Regional Drug Misuse Databases (RDMDs) and reported to DH for publication twice a year. Following a strategic review of the structure and operation of the information systems, NDTMS was introduced on 1 April 2001, replacing the RDMDs in England. NDTMS data are gathered from treatment providers by regional NDTMS centres, mostly Public Health Observatories. Between 2001 and 2003, client contact forms were completed on a client's first presentation, and review forms for all clients were completed at year-end. The data collection method was changed for 2003/04 data, replaced by a system whereby treatment services submit an electronic core data set¹³ of their client information as a database extract or a spreadsheet.

2.3 NDTMS data are collated by the National Drug Evidence Centre (NDEC) which is part of the Health Sciences Research Group in the School of Medicine at the University of Manchester, on behalf of PHE. PHE carries out analysis, processing and verification of the NDTMS data.

2.4 Responsibility for managing the NDTMS was transferred from DH to National Treatment Agency (NTA) on 1 April 2003 and NTA reorganised the NDTMS to bring the definition of drug treatment in line with national guidance¹⁴. Since 1 April 2013 NTA and the Public Health Observatories have been incorporated into PHE.

2.5 The three annual reports are published in PDF format, and are available from PHE's website. Tables published in the annual reports are available to download in Excel format. The Monthly reports covering statistics on drug and alcohol treatment for adults and young people are published on NDTMS's

¹² A small number of (predominantly residential) services do not participate in the data collection

¹³ <http://www.nta.nhs.uk/core-data-set.aspx>

¹⁴ http://www.nta.nhs.uk/uploads/nta_modelsofcare_update_2006_moc3.pdf

website¹⁵. Customised data tables by month can be accessed through a web tool which allows the data to be viewed and printed as a standard HTML web page and data for the latest month are able to be downloaded in Excel format. This equates to a level 2 rating under the Five Star Scheme proposed in the *Open Data White Paper: Unleashing the potential*¹⁶.

- 2.6 The statistics covered by this Assessment report are for England. The NDTMS figures for England are produced by NDEC, which also collates those for Wales, Scotland and Northern Ireland into a UK return for use by the European Monitoring Centre for Drugs and Drug Addiction's¹⁷ (EMCDDA) annual report and for the United Nations.
- 2.7 The statistics are used to inform the planning of local drug and alcohol 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 and alcohol strategies. DATs are partnerships that include representatives from local authorities, health organisations, the probation service, the prison service and the voluntary sector. DATs take strategic decisions on local expenditure and commission service delivery to ensure that services are targeted at local needs.
- 2.8 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 Agreements. Other 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 those people not in treatment¹⁸
 - 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 Warehouse¹⁹; 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 third sector organisations that provide support for those affected by drug and alcohol 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 Profiles²⁰

¹⁵ www.ndtms.net

¹⁶ <https://www.gov.uk/government/publications/open-data-white-paper-unleashing-the-potential> , page 2

¹⁷ <http://www.emcdda.europa.eu/>

¹⁸ <http://www.nta.nhs.uk/facts-prevalence.aspx>

¹⁹ <https://www.gov.uk/government/publications/the-drug-data-warehouse-linking-data-on-drug-misusers-and-drug-misusing-offenders>

2.9 Separating the cost relating to the production of statistics against the rest of the NDTMS programme output is not straightforward. Most of the NDTMS outputs are not national or official statistics. Overall, the NDTMS programme costs around £3 million. PHE told us that it considered that the production of publicly available statistics may account for approximately 10 per cent of this.

²⁰ <http://www.cqc.org.uk/organisations-we-regulate/registered-services/quality-and-risk-profiles-qrps>

3 Assessment findings

- 3.1 PHE holds meetings with a range of government and operational users and through these is able to collect information about these users' needs. PHE holds monthly meetings to manage the teams responsible for the collection of NDTMS data. PHE consults with users of NDTMS outputs through quarterly regional analysts' forum, which includes users in public health teams, treatment providers and commissioning bodies. The forum discusses data collection issues and methodological changes. PHE has used more formal methods for larger changes to the statistics, for example PHE conducted a user consultation²¹ in August 2012 to seek feedback on planned changes to the collection of data about substance misuse among young people. PHE has not published the outcome of this consultation. PHE told us that it receives many email queries from political interest groups and academics, and has a good understanding of the various uses of the statistics. Despite this it has not published any information about this, nor about how it uses this information to inform the production of the statistics. As part of the designation as National Statistics, PHE should take steps to develop a greater understanding of the use made of these statistics, publish the relevant information and assumptions and use them to better support the use of the statistics²² (Requirement 1). We suggest that in meeting this Requirement PHE should refer to the types of use put forward in the Statistics Authority's Monitoring Brief, *The Use Made of Official Statistics*²³. We also suggest that PHE publish the outcome of the 2012 consultation on changes to the data collection for substance misuse among young people.
- 3.2 PHE has published a technical notes document alongside *Annual Drug Report* which includes details of the methods used to produce the statistics and some information about quality. PHE has included some information about methods and quality in *Annual Young People Report*, including a section on variable incompleteness and inconsistency, but it does not sufficiently cover the full range of quality information, for example relevance, accuracy and timeliness. The information about quality published in *Annual Alcohol Report* does not explain the impact on the accuracy of the statistics in relation to use. PHE has published a data quality metrics table to accompany *Monthly Drug Report*, which sets out performance against specific quality targets, but it is not clear what the implications of these are for the use of the statistics. PHE does not explain the different uses of the monthly and annual statistics and strengths and weaknesses of each in relation to their use and potential use. As part of the designation as National Statistics, PHE should provide more information about the quality and reliability of these statistics in relation to their use and potential use²⁴ (Requirement 2). In meeting this Requirement, we suggest that PHE consider producing a technical notes document for *Annual Alcohol Report* and *Annual Young People Report*.

²¹ <http://www.nta.nhs.uk/yp-dataset-2012.aspx>

²² In relation to Principle 1, Practices 2 and 5 of the *Code of Practice*

²³ <http://www.statisticsauthority.gov.uk/assessment/monitoring/monitoring-briefs/monitoring-brief-6-2010---the-use-made-of-official-statistics.pdf>

²⁴ In relation to Principle 4, Practices 2 and 4 of the *Code of Practice*

- 3.3 The commentary in *Annual Drug Report* has improved since Assessment report 142; however the commentary in *Annual Alcohol Report* and *Annual Young People Report* does not provide users with sufficient information about the policy context and interpretation 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 from *Annual Young People Report* on their own as an indicator of the extent of drug use among young people. *Annual Young People Report* includes sections on ‘policy context’ and ‘other sources of statistics about drugs and alcohol’ and the British Crime Survey is listed as a source of information about the prevalence of drug use but the report includes no figures on the changing levels of drug use for young people to provide context for the drug treatment statistics. Similarly all three annual reports provide breakdowns of drug and alcohol treatment by characteristics such as age, sex and ethnicity but do not explain how these compare with the national breakdowns for the whole population. The commentary in all three annual reports does not provide sufficient explanation of the factors which affect patterns in the statistics, such as changes in policy and service provision. As part of the designation as National Statistics, PHE should improve the commentary in *Annual Alcohol Report* and *Annual Young People Report*, including information about the policy context so that it aids user interpretation of the statistics²⁵ (Requirement 3). We suggest that in meeting this requirement PHE should consider the points detailed in annex 2.
- 3.4 Monthly tables on drug and alcohol treatment for adults and young people are produced using NDTMS to provide more timely statistics, primarily for treatment providers to monitor activity, than the statistics included in the annual reports. The presentation of the annual and monthly statistics is confusing as they are published on separate websites and insufficient links are provided between the published statistics. PHE publishes the three annual reports on its own website in PDF format with accompanying tables in Excel formats. The monthly tables are accessed on the separate NDTMS website and users are able to create bespoke tables using a tabulation tool. The resulting tables are able to be printed but only those for the latest month can be downloaded in Excel format. Monthly tables can be produced by DATs although tables can only be produced in Excel for one geographical area at a time, so to compare areas multiple tables have to be produced. A guidance note is available alongside the monthly tables which explain some of the technical terms used in the tables but no links are provided to the annual reports to aid users’ interpretation of the statistics and provide relevant contextual information. As part of the designation as National Statistics, PHE should provide links, or other appropriate signposting between the annual and monthly reports²⁶ (Requirement 4).
- 3.5 All of the statistics in the annual and monthly reports relate to England. The annual reports include links to information about drug and alcohol treatment in Wales, Scotland and Northern Ireland although no information is provided to explain whether these figures are comparable to those for England. We suggest that PHE provide an explanation of the comparability of the statistics for England to those for Wales, Scotland and Northern Ireland. Responses to the user consultation carried out as part of this assessment indicated that some

²⁵ In relation to Principle 8, Practice 2 of the *Code of Practice*

²⁶ In relation to Principle 8, Practices 3 and 4 of the *Code of Practice*

users would find regional drug and alcohol treatment statistics useful so that statistics for local areas could be compared with neighbouring areas. We also suggest that PHE investigate the possibility of producing statistics for geographies below the national level.

- 3.6 Before April 2013, NTA was responsible for the production of the statistics covered by this Assessment report. Since April NTA has been absorbed into PHE, an executive agency of DH. At the start of this assessment PHE had no named lead official responsible for the production of the statistics. The lack of Head of Profession in NTA was reported in Assessment reports 1 and 142 as a concern in relation to the statistical integrity of the organisation. PHE has subsequently informed the Statistics Authority that it has a named lead official and a process for communicating with the Head of Profession in DH. As part of the designation as National Statistics, PHE should confirm that the named lead official has sole responsibility for deciding on the content and timing of statistical reports²⁷ (Requirement 5).

²⁷ In relation to Principle 3, Practice 3 of the *Code of Practice*

Annex 1: Suggestions for improvement

A1.1 This annex includes some suggestions for improvement to statistics on Drug and Alcohol Treatment for Adults and Young People produced by Public Health England, 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 Statistics Authority's Monitoring Brief, <i>The Use Made of Official Statistics</i> when documenting use (para 3.1). |
| Suggestion 2 | Publish the outcome of the 2012 consultation on changes to the data collection for substance misuse among young people (para 3.1). |
| Suggestion 3 | Consider producing a technical notes document for the <i>Annual Alcohol Report</i> and <i>Annual Young People Report</i> (para 3.2). |
| Suggestion 4 | Consider the points detailed in annex 2, in seeking to improve the statistical reports (para 3.3). |
| Suggestion 5 | Provide an explanation of the comparability of the statistics for England to those for Wales, Scotland and Northern Ireland (para 3.5). |
| Suggestion 6 | Investigate the possibility of producing statistics for geographies below the national level (para 3.5). |

Annex 2: Compliance with Standards for Statistical Reports

- A2.1 In November 2012, the Statistics Authority issued a statement on *Standards for Statistical Reports*²⁸. While 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 reports associated with the National Drug Treatment Monitoring System, 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 reports, we encourage the producer body to apply the standards as fully as possible.

Include an impartial narrative in plain English that draws out the main messages from the statistics

- A2.3 The reports contain impartial commentary and each includes an executive summary which provides key points that are consistent with the statistics. The reports include a section on abbreviations and definitions which is useful but does not contain definitions for all of the technical terms used in the reports. The commentary is sometimes unclear because of the use of unexplained technical terms such as would be made clearer in places if terms were explained in the text.
- A2.4 The annual reports provide a summary of main messages at the front of the reports.
- A2.5 The annual reports are labelled as 'reports' on PHE's website and published alongside a 'statistical release' which is a summary of main findings in the report. This naming convention may be confusing for users as the statistical release does not include the statistics.

Include information about the context and likely uses of the statistics

- A2.6 The annual reports include a useful introduction which provides background information about the purpose of collecting treatment data and links to other relevant data sources, including comparable information for Wales, Scotland and Northern Ireland. Although PHE gives some information to explain how the statistics are used by policy-makers, no information is given on wider use, for example using drug and alcohol treatment statistics alongside other sources of prevalence data.

Include information about the strengths and limitations of the statistics in relation to their potential use

- A2.7 *Annual Drug Report* is accompanied by a technical notes document which provides information about the methods used to produce the statistics, and information about quality, but no information about the strengths and limitations of the statistics in relation to their potential use. *Annual Alcohol Report* and *Annual Young People Report* are accompanied by some information about the quality of statistics but not about their strengths and limitations in relation to their potential use.

²⁸ <http://www.statisticsauthority.gov.uk/news/standards-for-statistical-reports.html>

Be professionally sound

A2.8 The annual reports use a mix of mean and median to measure different indicators, for example the median is used for average age of clients and the mean used for average waiting times for treatment. The terms would benefit from an explanation of why different measures are used to aid interpretation of the statistics.

Include, or link to, appropriate metadata

A2.9 Some inconsistencies exist in the ways in which each of the annual reports presents information about methods, which results in a lack of clarity for users about how to access the information relevant to their needs. For example, *Annual Drug Report* includes a link to a technical notes document which includes background information about the NDTMS, definitions of terms used in the report and detailed methodological notes. *Annual Alcohol Report* and *Annual Young People Report* include information about methods as a separate section in each statistical report.

A2.10 The annual reports include links to statistics for Wales, Scotland and Northern Ireland although the reports do not explain some of the difficulties in producing comparable UK statistics.

Annex 3: Summary of assessment process and users' views

A3.1 This assessment was conducted from April to September 2013.

A3.2 The Assessment team – Emma Bowditch and Catherine Barham – agreed the scope of and timetable for this assessment with representatives of PHE in May. The Written Evidence for Assessment was provided on 7 May and 28 June . The Assessment team met PHE in May and 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 7 responses from the user consultation. The respondents were grouped as follows:

Central government	2
Local authority	3
Charity	1
Private company	1

A3.5 Most users reported that the statistics met their needs, particularly noting the access to timely monthly NDTMS data tables, as well as the annual reports for overall trends. One user commented on the importance of the statistics in providing evidence of effectiveness of interventions and referrals. Most users were content with the engagement with the producer team but comments indicated that some users thought more could be done to keep all users informed and consulted on changes. Some users raised the issue of not being able to compare statistics for their own regions or local areas with neighbouring areas, only with the national figures. Other users commented that the statistics can be difficult to interpret due to the use of highly specific definitions, and that comparisons are made over different time periods which can be confusing.

Key documents/links provided

Written Evidence for Assessment document

Annex 4: Summary of Requirements from Assessment report 142

A4.1 The statistics from the National Drug Treatment Monitoring System were assessed in Assessment report 1²⁹, published in June 2009 and in Assessment report 142³⁰, published in November 2011. They have been re-assessed as part of the Statistics Authority's on-going programme of re-assessment.

A4.2 Assessment report 142 identified the following Requirements in relation to the statistics being re-assessed here:

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| Requirement 1 | Provide the Authority with an action plan setting out how the Requirements in this report will be addressed. |
| Requirement 2 | Take steps to develop a greater understanding of the needs of external users, document these needs and take account of them in statistical planning. |
| Requirement 3 | Publish information about users' experience of these statistics. |
| Requirement 4 | Review the presentation and commentary in the statistical releases to ensure that they are impartial and policy neutral. |
| Requirement 5 | 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. |
| Requirement 6 | Improve, and make more accessible, information about the quality of these statistics, including strengths and limitations in relation to potential uses. |
| Requirement 7 | Investigate the need for consistent historical data and take steps to meet any identified needs. |
| Requirement 8 | Improve the commentary and contextual information accompanying the annual drug report. |
| Requirement 9 | Improve the presentation of the monthly statistics to include contextual information and commentary that aids user understanding. |
| Requirement 10 | Improve the accessibility of the statistics, disseminating them in forms that enable and encourage analysis and re-use. |

²⁹ <http://www.statisticsauthority.gov.uk/assessment/assessment/assessment-reports/assessment-report-1---national-drug-treatment-monitoring-system--24-june-2009.pdf>

³⁰ <http://www.statisticsauthority.gov.uk/assessment/assessment/assessment-reports/assessment-report-142---statistics-on-drug-treatment.pdf>

- Requirement 11** Improve the range of measures presented in the releases, to support the wider use of the statistics.
- Requirement 12** Remove the UK Statistics Authority's logo from the statistical release.
- Requirement 13** Ensure that appropriate documentation is published for any future consultations.
- Requirement 14** Ensure that all statistics are issued at 9.30am on the day of release.
- Requirement 15** Ensure that all statistics can be accessed from the National Statistics Publication Hub.
- A4.3 The Statistics Authority confirmed the National Statistics designation of these statistics in a letter to PHE on 1 December 2009³¹ for Assessment report 1 and 23 July 2012³² for Assessment report 142.
- A4.4 Two Requirements within this report relate to aspects of *Code* compliance that resulted in Requirements in Assessment report 142. These are:
- Requirement 1** Take steps to develop a greater understanding of the use made of these statistics, publish the relevant information and assumptions and use them to better support the use of the statistics (para 3.1).
- Requirement 2** Provide more information about the quality and reliability of these statistics in relation to their use and potential use (para 3.2).
- A4.5 Requirements 2 and 3 in Assessment report 142 resulted from a lack of understanding of user needs. In meeting this requirement, PHE published the results of a user engagement exercise and published a summary alongside the annual statistics. PHE has not continued to publish information about use and users in the annual reports leading to Requirement 1 in this report.
- A4.5 Requirement 6 in Assessment report 142 resulted from incomplete quality information in *Annual Drug Report* and *Monthly Drug Report*. In meeting this Requirement, PHE published data quality metrics alongside *Monthly Drug Report*. However this information is too technical to be understood by non-experts and the impact on the use of the monthly statistics is not made clear, nor has sufficient quality information has not been published in *Annual Drug Report* leading to Requirement 2 in this report.

³¹ <http://www.statisticsauthority.gov.uk/assessment/assessment/assessment-reports/confirmation-of-designation-letters/confirmation-of-designation-letter---assessment-report-1.pdf>

³² <http://www.statisticsauthority.gov.uk/assessment/assessment/assessment-reports/confirmation-of-designation-letters/letter-of-confirmation-as-national-statistics---assessment-report-142.pdf>

