Royal College of General Practitioners

RCGP response to the ONS Consultation on the future of population and migration statistics in England and Wales

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Are you answering this questionnaire on behalf of an organisation?

- Yes
- No

If you are responding on behalf of an organisation, ***what is the name of the organisation?***
Royal College of General Practitioners

What sector does the organisation belong to*?*

- Central government
- Devolved administration
- Local government
- Other public body, for example health, transport, or emergency services
- Academia or research
- Religion or faith
- Charity or voluntary
- Business, industry or commercial
- Journalism or media
- Think tank
- No sector, I am responding in a personal capacity
- Other

If you selected 'Other', please provide your organisation's sector below.
Health membership body

In the last 12 months, approximately how often have you used or referred to statistics from the ONS?

- Daily
- A few times a week
- A few times a month
- A few times a year
- Less frequently than a few times a year
- Never
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What do you currently use the ONS's population statistics for?

- Academic research
- Service provision or business planning
- Personal use
- Public policy
- Other

Your population and migration statistical needs

1a. ***Please explain how you currently use ONS population and migration statistics.***

The most relevant uses of ONS data for our organisation are the following:

- Analysis related to health inequalities.
- Examining the relationship between health outcomes by region and demographic variables such as ethnicity, socioeconomic status, and level of deprivation.
- Utilising population statistics in multivariate analysis to understand demand for healthcare and primary care services across regions.

1b. Throughout the consultation document we have outlined our proposals for changes to our population and migration statistics, with detail provided in Section 3.
To what extent do these proposals meet your needs?

- The proposals meet all of my needs
- The proposals meet some of my needs
- The proposals do not meet any of my needs

1c. We have outlined the potential benefits of the transformed system within Section 6 of the consultation document.
Are your current information needs better met by these proposals?

- Yes
- No

Which of your information needs are better met by these proposals? Please explain the reasons for your answer.

Overall, we are pleased with the proposal, as it aims to widen the scope of the current data available and provide more up-to-date information. Specifically, we welcome the inclusion of income statistics, as this data was not previously covered by the census. Income data produced at LSOA level and on an annual basis will help in the analysis of health outcomes linked to income deprivation, as well as income by ethnicity and level of disability. Similarly, education data produced at LSOA level on an annual basis would be useful for the analysis of health outcomes linked to education and deprivation.

Additionally, we are pleased to see the inclusion of a dynamic population model and resulting estimates with less lag time and greater accuracy. That is useful to analyse the demand for

healthcare services and staff via geographical location. In a similar way, population estimates considering seasonal migration and temporary populations will be beneficial for analysis related to temporary variations in healthcare demand and under-represented population groups, such as students and immigrants, who may face unique barriers to accessing healthcare services.

1d. Would these proposals allow you to do anything new that you have not previously been able to do?

- Yes
- No
- I don't know
- I have no need to do anything new

Please explain the reasons for your answer.

With the implementation of the proposal as it is, overall, we would be able to access more up-to-date information that would help us in measuring deprivation. However, this would only be partial: more indicators, detailed in the next question, would be needed to conduct a complete evaluation of deprivation.

Despite this, the current proposal will be useful in modelling the demand for healthcare across regions of England and Wales with more granularity and help in the analysis of how healthcare investment and resources can best be distributed.

1e. Which of your current needs would not be met by these proposals?
Please include reasons for your answer. For example, information around levels of detail, accuracy, timeliness, or geography.

The RCGP strategic plan includes a focus on helping to reduce health inequalities in the UK and responding to the climate emergency. These are objectives shared by many healthcare organisations in the UK.

The Index of Multiple Deprivation (IMD) is currently updated every four years, which presents a significant lag time and challenge in conducting accurate analysis of health inequalities. Therefore, we would welcome being able to access similar or equivalent coverage of the domains of deprivation to those presented in the IMD, so we can regularly conduct a more accurate analysis of data relating to health inequalities, specifically health outcomes and demand for healthcare services by level of deprivation.

Whilst many datasets relating to indicators of deprivation are covered in the existing proposal, we would request employment[1], crime[2], barriers to housing[3], and living environment data to be included. It would be useful for this to be made available at LSOA level on an annual basis to allow for combined analysis with data relating to the other domains of deprivation. We request that for the crime domain, the violence indicator is expanded beyond its usual scope in the IMD to include recorded offenses of sexual assault, and domestic and child abuse.

The living environment quality indicator is relevant for us in terms of both the health inequalities and climate emergency agendas, as it covers elements of living conditions, covered by the indoor subdomain,[4] and measurement of air quality, covered by the outdoor subdomain[5]. Together with

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[1] **Employment:**
- Claimants of Jobseeker's Allowance (both contribution-based and income-based)
- Claimants of Employment and Support Allowance (both contribution-based and income-based)
- Claimants of Incapacity Benefit, women aged 18 to 59 and men aged 18 to 64
- Claimants of Severe Disablement Allowance, women aged 18 to 59 and men aged 18 to 64
- Claimants of Carer's Allowance, women aged 18 to 59 and men aged 18 to 64
- Claimants of Universal Credit in the 'Searching for work' and 'No work requirements' conditionality groups.

[2] **Crime:**
- Violence: The rate of violence per 1,000 at-risk population
- Burglary: The rate of burglary per 1,000 at-risk properties
- Theft: The rate of theft per 1,000 at-risk population
- Criminal Damage: The rate of criminal damage per 1,000 at-risk population.

[3] **Barriers to Housing and Services:**
- Road distance to a post office: A measure of the mean road distance to the closest post office for people living in the Lower-layer Super Output Area
- Road distance to a primary school: A measure of the mean road distance to the closest primary school for people living in the Lower-layer Super Output Area
- Road distance to a general store or supermarket: A measure of the mean road distance to the closest supermarket or general store for people living in the Lower-layer Super Output Area
- Road distance to a GP surgery: A measure of the mean road distance to the closest GP surgery for people living in the Lower-layer Super Output Area. Wider Barriers sub-domain
- Household overcrowding: The proportion of all households in a Lower-layer Super Output Area which are judged to have insufficient space to meet the household's needs.
- Homelessness: Local Authority District level rate of acceptances for housing assistance under the homelessness provisions of the 1996 Housing Act, assigned to the constituent Lower-layer Super Output Areas
- Housing affordability: Difficulty of access to owner-occupation or the private rental market, expressed as the inability to afford to enter owner-occupation or the private rental market.

[4] **Indoor sub-domain:**
- Houses without central heating: The proportion of houses that do not have central heating.
- Housing in poor condition: The proportion of social and private homes that fail to meet the Decent Homes standard.

[5] **Outdoors sub-domain:**
- Air quality: A measure of air quality based on emissions rates for four pollutants.
- Road traffic accidents involving injury to pedestrians and cyclists.

[6] **Transport and Connectivity**

-Journey times to key services: Average minimum travel time in minutes (15, 30, 45 or 60) to the nearest key service (including general practice, hospital, pharmacy, primary school, secondary school, further education, food store, city/town centre, airport, rail station and job centre).

- User access to key services by journey time: Number of potential service users who can access a key service within a given time limit by mode of transport (walking cycling, car, public transport), and proportion of service users in a local area who can access a key service within the given time limit by mode of transport.

-Number of Key services by journey time: Number of key service sites available within selected journey times by mode of transport

-Percentage of adults (aged 16+) who use a smartphone for personal use.

-Percentage of households with internet access.

-Percentage of adults who have used the internet in the last three months

this set of indicators, we would welcome the inclusion of journey time and connectivity statistics[6], for example, average minimum journey time to key centres such as general practices. We also recommend the inclusion of internet and smartphone access as indicators of connectivity, as these are highly relevant to the modern accessibility of health services, for example via the NHS app. Additionally, we request indicators of green space usage in rural and urban areas[7], such as average number of visits to a green and natural space within the last 12 months. Availability of these indicators at LOSA level on an annual basis will facilitate better assessment of active travel and access to green infrastructure.

The production of statistics that are comparable between urban and rural areas is important to understanding the scale of health inequalities between these settings. Therefore, we find it pertinent to emphasise that data collection methods are intentionally designed to be applicable to rural settings as well as urban areas, and that this is reflected in the range and scope of indicators. Finally, we consider it relevant to extend the scope of the 'health' indicator. It would be especially useful to extract health data on the prevalence of multi-morbidity, chronic conditions, and frailty as well as healthy life expectancy. This would allow for a more detailed analysis of health outcomes by various demographic characteristics and regions, as well as demand for healthcare staff.

Impact on your information needs

We are interested in how our proposal will impact your information needs.

2a. In the consultation document we have outlined our ambition to deliver characteristics estimates at Local Authority level, with some being available at lower levels (for example Lower Super Output Area). See Section 3.3.3 of the consultation document for further detail.

Do the proposed levels of geographic breakdown meet your information needs?

- Yes
- No
- I don't know

What additional geographic breakdowns would you need?

Please explain the reasons for your answer.

We consider it relevant to have access to the following:

- Employment by LSOA level
- Socio-economic status by LSOA level
- Indicators relating to crime, barriers to housing, and living environment by LSOA level

[7] **Green Space Usage**
- Average number of visits to a green space or water, including parks, woodlands, wetlands, and rivers, within the last 12 months.
-Main reason for not spending free time outdoors within the last 14 days.

The reason for requesting LSOA level granularity is that we would find it useful to combine multiple indicators of deprivation to produce an overall deprivation score, similar to the IMD. For this, all indicators would need to be at the same geographical level.

2b. The use of administrative data could result in less detailed breakdowns for characteristics being available, particularly where more detailed breakdowns are collected in the census beyond standard tick-box options. See Section 3.3.3 of the consultation document for further detail.
Would this change in available detail still meet your needs?

- Yes
- No
- I don't know

What impact would this change in available detail have on your use of our population and migration statistics?
Please explain your answer.

Linking with administrative data will allow us to gain access to more timely and regular information that we would otherwise not have access to. Extending the range of data available will make it easier to evaluate issues among the core areas of work of the College. Having access to more detailed data is the ideal, but we value the benefits of improved regularity and better geographical breakdowns for some indicators.

Population definitions and estimates

3a. Section 3.1.1 of the *consultation document explains that we will continue to produce population and migration estimates based on our current 'usual resident' definition but are exploring alternative definitions.*
Do you need definitions for population estimates other than 'usual resident'?

- Yes
- No

3b. Section 3.1.1 of the consultation document outlines the potential to also provide estimates of populations based on different reference periods, these are termed "population present".
For population present estimates, what is of interest to you? *Please select all that apply and explain the reason for needing each definition.*

- Overnight
- By day of week
- Daytime
- By weekday or weekend
- Average

- As a weekly average
- Other
- I don't need data on "population present".

Please explain why you need this definition of "population present".

We request population present estimates for overnight and weekends to facilitate analysis of trends in the demand for out of hours health services.

3c. What, if any, other definitions could we use to estimate population and migration that would better meet your needs?
Please explain the reasons for needing any additional definitions.

We are interested in using the definition of *'temporary resident'* as this covers seasonal migrants or those who move into and out of areas, such as students, whether they are moving for a short term internationally or from one part of the country to another. This is useful as seasonal migration patterns can impact the demand for healthcare.

Delivering future population estimates

4a. Section 3.1 of the consultation document sets out our plans for future population estimates.
For the usual resident population how frequently would you like population estimates?
Please select the most important frequency for you.

- More frequently than once a year
- Annually
- I don't use population estimates
- Other

Please explain the reasons for your selected frequency and how it would meet your needs.

We would ideally appreciate having access to the data on a quarterly basis, so that we can produce combined analysis alongside other variables such as epidemiological data and health service workforce and workload data (e.g., England-only general practice data which is produced and analysed every month). For instance, being able to calculate the number of GPs per 10,000 of the population, (based on the population data that you provide), instead of calculating this against the number of patients (data provided by NHS England), would provide a more accurate picture of this ratio.

4b. Section 3.1 sets out our plans for delivering provisional and final estimates.
How timely would you like population estimates to be?

- Early provisional estimates, followed by updated estimates 12 months after the reference period
- Final estimates only, 12 months after the reference period.

- I don't know
- I do not use population estimates

Please explain the reason for your answer.

Early provisional estimates are requested to allow for a timely identification of population trends and analysis of data relating to topical issues, such as epidemiological issues and trends in the health service workforce and workload.

Data needs for historical purposes

5a. Section 3.5 of the consultation document outlines the potential to securely retain personal information obtained from administrative data used to create our statistics, for historical purposes.
What details from population and social characteristics data do you see as being important to be preserved for future generations, if any?
Please explain why this data is important to be preserved.
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Other comments

6a. Is there anything else about the transformation of population and migration statistics proposal that you wish to add to your response?

The College considers it important to produce data that is comparable across the four nations. We would request that, wherever possible, data be made comparable in terms of breadth, breakdown, and regularity between England and Wales. However, we acknowledge that access to administrative sources of data is more challenging in Wales as compared to England, which might limit the production of equivalent information.

Finally, we would like to highlight that the College firmly believes in the power of data to improve research and health management. It is for this reason that we have continued to support initiatives such as the RCGP Research and Surveillance Centre, a well-known source of information, analysis, and interpretation of primary care data. We appreciate ONS's efforts to boost access to information at different geographical levels, and with greater frequency.

This consultation relates to ONS population and migration statistics for England and Wales, which contribute to the production of UK statistics.

Which of these geographies do you mainly use ONS population statistics for? If you use more than one, please select all that apply.

- England and Wales
- Wales only
- England only
- UK-wide
- None of these

Thank you for taking the time to complete this consultation.

Can ONS contact you for further information on your answers?

Yes

No