RCGP response to the DHSC, NHSBSA, UKHSA, ONS and NHS England consultation on health and social care statistical outputs

General feedback on health and social care statistics

Before you answer any questions on your chosen topic areas, we would like to ask your views on health and social care statistics overall.

Statistical products on health and social care are published by a range of different organisations. This consultation covers statistics produced by:

- *Department of Health and Social Care (DHSC) - including smaller arm's length bodies such as NHS Business Services Authority (NHSBSA)*
- *UK Health Security Agency (UKHSA)*
- *Office for National Statistics (ONS)*
- *NHS England (NHSE)*

Statistics published by these organisations are presented in a range of different formats including:

- *data dashboards*
- *interactive tools*
- *statistical bulletins*
- *data tables*
- *data downloads*

We are interested in your feedback on how you find the health and care statistical system as a whole and what types of products are most useful to you.

Question

How do you find the process of finding the health and social care statistics that you need?

- Very easy
- Easy
- Neither easy nor difficult
- <u>Difficult</u>
- Very difficult

Please explain your answer. For example, if you think it could be improved, please provide suggestions on what would make it easier.

Whilst we appreciate the breadth of health and social care statistical publications collectively produced by HSCSLF's member organisations, we note that relevant publications are often spread over a multitude of platforms and therefore can be difficult to find. Navigating between multiple platforms to search for publications can be a time-consuming and complex process, which can lead to publications being missed and the statistics being excluded from subsequent policy and research work, especially for newly introduced data sets and lesser-known titles. For this reason, we would welcome the development of a unified and well-publicised platform that either hosts or links to all available data sets produced by the forum's member organisations.

We would also welcome better signposting measures between relevant and comparable publications produced either intra- or cross-organisationally. For example, improved linkage between data sets relating to social determinants of health for the purpose of analysis relating to health inequalities. This is especially helpful for data sets that cover similar time frames and/or are arranged by similar geographical or organisational structure and can therefore be utilised for multi-variate analysis.

Lastly, we would like to emphasise the utility of formatting longer documents in a way that allows for more effective use of the search function, for example through key word placement, and request that special consideration continue to be given to this.

Question

Statistics can be presented in different formats including:

- *short statistical commentary, highlighting key points*
- *longer statistical reports, with chapters on specific topics*
- *data provided in formatted spreadsheets, with metadata and explanatory footnotes*
- *downloadable aggregated data, typically in CSV format, with metadata or explanatory footnotes*
- *data dashboards and other interactive tools*

If you have any feedback on the format that health and social care data and statistics are provided in, please provide it here.

We find that short statistical commentaries highlighting key points are especially useful as platforms from which users can gain quick insight into a subject.

However, we would also like to emphasise the enormous value of having access to downloadable and aggregated data, for example in CVS format, as this allows for in-depth independent analysis, and we would request that this format be provided as consistently as possible. The provision of metadata and explanatory footnotes alongside raw data is appreciated as it provides scientific context and allows the compatibility with other data sets for combined usage to be assessed.

Dashboards and other interactive tools are appreciated for their ability to showcase trends but should not aim to replace downloadable raw data.

Question

ONS, DHSC, NHS England and UKHSA are all exploring the proposal to publish a higher proportion of outputs in a dashboard or interactive tool format. ***To what extent do you agree or disagree with this proposal?***

- Strongly agree
- Agree
- Neither agree nor disagree
- <u>Disagree</u>
- Strongly disagree

Please explain your answer.

Dashboards and interactive tools are useful for providing insight into trends and are therefore welcomed, however should not aim to replace aggregated data in downloadable format, which is essential for conducting independent analysis. We therefore request that any dashboards and interactive tools are accompanied by datasets in downloadable formats.

Question

ONS, DHSC and NHS England are all exploring the proposal to:

- *reduce the level of detailed commentary provided alongside statistical outputs*
- *reduce how frequently commentary is provided alongside statistical outputs*

To what extent do you agree or disagree with this proposal?

- Strongly agree
- Agree
- <u>Neither agree nor disagree</u>

- Disagree
- Strongly disagree

Please explain your answer.

We find that short statistical summaries with highlighted key points, accompanied by a link to downloadable raw data, are sufficient for many purposes. Increased regularity of statistical release, and consequently lower lag-time between data collection and publication, hold a higher priority than the provision of long and detailed commentary. Therefore, if there is a required trade-off between frequency of publication and detailed commentary, an increased frequency in publication will be preferred. However, we would like to emphasise the importance of metadata to outline definitions, time frames and the structure of data collection, to provide scientific context and allow for comparability with other data sets to be assessed.

Question

Given the complexities of data collection, validation and analysis in health and social care statistics, it is not always possible to prioritise all of the following quality dimensions:

- *relevance of health and social care statistics to meet user needs in terms of content and coverage*
- *accuracy and reliability: how close the estimated result in health and social care statistics is to the true result*
- *timeliness and punctuality of health and social care statistics*
- *accessibility and clarity of health and social care statistics - including quality of metadata and accompanying advice, accessible data sets and visual content*
- *coherence and comparability of health and social care statistics over time and geography (as health and social care is devolved, coherence of statistics across the UK can be challenging. Where statistics are not comparable, explanations of different methodologies are recommended)*
- *availability of health and social care data at local level geographies*

Please add any comments about which of these quality dimensions should be prioritised.

We recognise all the above dimensions of data quality as being important and relevant to our work and would ideally prefer all six measures to be present to a high degree. However, considering the constraints of data collection and analysis, accuracy and reliability of data, timeliness and punctuality, and relevance in terms of content coverage stand as top priorities.

We acknowledge accuracy and reliability as a top priority as accurate statistics are essential for informing decisions around policy development and decision-making relating to the delivery of healthcare.

The dynamic nature of the health and social care landscape and the need to make informed decisions about policy and planning, means it is important that there is as little lag time between data collection and release as possible, placing timeliness and punctuality as another top priority. This is particularly important in relation to clinical data, for example the number of communicable disease cases, which are prone to seasonal variation and require urgent response. Timely release and analysis of clinical data, for example on a weekly basis, is vital for ensuring that local services can respond to spikes in demand and arrange the staff and resources needed to effectively deal with short-term pressures.

There are some instances where there is simply a lack of available data relevant to the subject, and therefore relevance of health and social care statistics to meet user needs in terms of content coverage, also form a high priority. We have provided some suggestions in the 'Workforce and Estates' section of the consultation as to how the content of these statistics may be enhanced.

In addition to the above core priorities, we would like to emphasise the immense value of coherence of data, especially in terms of institutional and organisational structure, e.g. ICS vs PCN. Coherence in this sense allows for greater compatibility between datasets in terms of time, geography, funding structure, and increases the suitability for multi-variate analysis in general. We also recognise the importance of making high quality statistics available to the devolved nations and would like to encourage efforts to build data coherence across the UK.

Whilst detailed geographical data is appreciated, frequency of publication takes precedence. Therefore, if there is a required trade-off between geographical granularity of data and frequency of publication, we would request that the latter be prioritised, with granular data still being released following a regular schedule but with lower frequency.

Visual data is appreciated for the insight it provides into trends, however, is not as suitable for conducting independent analysis. Therefore, if there is a required trade-off between data presented visually and downloadable raw data, the latter should be prioritised.

1. Adult social care

The adult social care data landscape has changed in recent years. We have seen improved timeliness and accessibility of data, but there are still many limitations.

The Office for Statistics Regulation (OSR) highlighted in its 2020 Report on adult social care statistics that the sector was hindered by the lack of good quality data and identified 3 key areas of focus:

- *lack of leadership and collaboration*
- *significant gaps in data that is collected*

- *lack of accessibility, coherence, quality, timeliness and granularity of existing data*

In early 2023, the government set out its roadmap for improving adult social care data in Care data matters: a roadmap for better data for adult social care. To help address gaps in adult social care data, the ambition over the next few years is to increasingly move away from collecting aggregate data to using (anonymised) client-level data. This will bring social care collections more into line with person-level NHS collections, using patient NHS number to enable data to be accurately and appropriately linked. It will help address known data gaps, such as on:

- *personal outcomes*
- *waiting times for assessments and services*
- *care hours provided*
- *discharge from primary and secondary care settings into community and social care*

Furthermore, this will help to understand how people move between the health and social care systems so that we can gain new and better insights into care outcomes, which interventions work best and how local system partners work together to provide the right care in the right place at the right time - see the 'Providing the right care in the right place at the right time' chapter of the People at the Heart of Care: adult social care reform white paper.

Some statistics on adult social care may be covered by other topic areas. If you are unable to find a publication you are interested in, refer to the directory at Annex A, which outlines which topics publications have been allocated to for the consultation.

For a number of publications, we are proposing to reduce supporting commentary. Relevant background and contextual information will still be provided, along with information to allow users to understand data quality. Analysis summarising the findings will not be available - however, users will still be able to conduct their own analysis from the published data.

How you use these publications

Question

Please explain which statistics you use on this topic area and summarise how you use them.

Adult social care monthly statistics are helpful for analysis relating to health inequalities, specifically for examining the relationship between service usage, geographical region, demographic variables such as ethnicity, socioeconomic status, and level of deprivation.

Our proposals to stop or significantly change publications

Question

Personal social services adult social care survey

Personal social services adult social care survey - annual report produced by NHS England.

Proposal

NHS England proposes to reduce the frequency of data collection and publication from annual to biennial (every other year).

This is in line with the final recommendations and conclusions of 'Annex C: ASCS and SACE discovery report' of Care data matters: a roadmap for better adult social care data.

NHS England also proposes to reduce commentary in this publication.

To what extent do you agree or disagree with this proposal?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please add any additional feedback on this proposed change.

We advise that data collection and publication of the 'Personal social services adult social care survey' is maintained on an annual basis, to allow for more frequent and current analysis of disparities in this area.

Other proposals for this topic

In this section we present all other statistical products on this topic area, including any other proposals to change products. These proposals may include:

- *merging statistical products*
- *reducing the frequency of statistical products*
- *reducing commentary around statistical products*

Note: for publications in this table with no current proposal, we will still be reviewing aspects such as their continued publication and their length, format and frequency over the coming months.

Publication	Current frequency	Current organisation	Proposal
Adult social care activity and finance report, England	Annual	NHSE	Incorporate the 'Deferred payment agreements' publication and reduce supporting commentary
Adult social care in England, monthly statistics	Monthly	DHSC	No current proposal
Adult social care statistics in England: an overview	Annual	NHSE	No current proposal
Care homes and estimating the self-funding population (England)	Annual	ONS	No current proposal
Deferred payment agreements	Annual	NHSE	Publish as part of the 'Adult social care activity and finance report' and reduce supporting commentary
Estimating the size of the self-funding population in the community, England	Annual	ONS	No current proposal
Guardianship under the Mental Health Act, 1983	Biennial	NHSE	Reduce supporting commentary
Life expectancy in care homes (England and Wales)	Annual	ONS	To explore alternative data sources to census to identify care homes residents and consider biennial publication frequency if feasible data sources found

Measures from the adult social care outcomes framework, England	_Annual_	_NHSE_	_Proposed to align with any change to the 'Personal social services adult social care survey'. Many indicators are sourced from this survey alone (8 in the current framework, 5 in the refreshed framework). Should the Personal social services adult social care survey move to biennial, these indicators will also move from an annual to a biennial refresh_
Mental Capacity Act 2005, deprivation of liberty safeguards	_Annual_	_NHSE_	_Reduce supporting commentary_
Registered blind and partially sighted people	_Triennial_	_NHSE_	_Explore alternative data sources for this publication to reduce the data collection burden on providers and reduce supporting commentary_
Safeguarding adults	_Annual_	_NHSE_	_Reduce supporting commentary_
Survey of adult carers in England	_Biennial_	_NHSE_	_Reduce supporting commentary_

Question

Please add any additional feedback around these proposals or statistics.

We welcome efforts to explore sources of data other than the census for the production of statistics describing life expectancy in care homes in England and Wales. This is due to the potential for a lowering of lag time between collection and publication, resulting in increased statistical accuracy. However, publication on an annual rather than biennially basis is preferable in order to allow more timely analysis and usage of data.

4. COVID-19 and COVID-19 and influenza vaccinations

Statistics on the prevalence and impact of COVID-19 have been published since 2020 and have evolved over time alongside our understanding of the disease. Recent developments in these statistics include:

- the launch of the Winter COVID-19 Infection Study (WCIS), which will run from November 2023 to March 2024
- the launch of the UKHSA data dashboard which contains statistics on a range of data related to COVID-19 and the will replace the COVID-19 dashboard

Future plans for publication on this topic in winter 2023 to 2024 include expanding the range of statistics on COVID-19 and influenza vaccinations to include statistics for healthcare workers and for care home residents and staff.

We are using this consultation as an opportunity to take views on the current suite of COVID-19 statistics and a suite of publications providing detail on seasonal vaccine uptake for both COVID-19 and influenza.

Some statistics on COVID-19 may be covered by other topic areas. If you are unable to find a publication you are interested in, refer to the directory at Annex A, which outlines which topics publications have been allocated to for the consultation.

How you use these publications

Question

Please explain which statistics you use on this topic area and summarise how you use them.

Statistics on covid-19 and seasonal influenza vaccination are useful for the identification of trends and disparities in vaccination uptake, as well as association with incidence of COVID-19 and flu.

Proposals to stop or significantly change publications

There are no current proposals to stop or significantly change publications.

Other proposals for this topic

Note: there are other publications included in other sections of this consultation that contain data related to COVID-19 and COVID-19 and influenza vaccinations, such as the ONS publication Deaths registered weekly in England and Wales.

We would welcome any feedback you wish to provide on a publication not listed below.

NHS England products not classified as <u>official statistics</u> are not included below.

Note: for publications in this table with no current proposal, we will still be reviewing aspects such as their continued publication and their length, format and frequency over the coming months.

Publication	Current Frequency	Current Organisation	Proposal
<u>Coronavirus as recorded in primary care</u>	*Paused*	*NHSE*	*Proposal to formally discontinue*
<u>National flu and COVID 19 surveillance reports</u>	*Weekly*	*UKHSA*	*No current proposal*
<u>Seasonal flu and COVID 19 vaccination uptake in frontline healthcare workers</u>	*Up to weekly in winter*	*UKHSA*	*No current proposal*
UK coronavirus dashboard	*Weekly*	*UKHSA*	*No current proposal. In the process of being replaced by UKHSA data dashboard*
<u>UKHSA data dashboard</u>	*Weekly*	*UKHSA*	*No current proposal*

Question

Please add any additional feedback around these proposals or statistics.

We welcome further development of the UKHSA data dashboard to include options for breakdown by gender, ethnicity and area of deprivation, which will allow for analysis of health inequalities relating to deaths, cases, patients admitted, testing and vaccination uptake.

Since testing and vaccination delivery contribute significantly to general practice workload, we would also welcome the inclusion of breakdown by care setting in which services are delivered. A short statistical summary highlighting the percentage of featured services delivered within primary care would be useful for analysing the extent to which COVID-19 and seasonal influenza viruses contribute to seasonal pressures.

5. Disability, learning disability and autism

This section covers statistics on disability and outcomes for disabled people, learning disabilities and autism. Data on disability is produced across government, while this consultation only covers those produced by the member organisations of the HSCSLF.

Some statistics on health outcomes and care use of disabled people may be covered by other topic areas. If you are unable to find a publication you are interested in, refer to the directory at Annex A, which outlines which topics publications have been allocated to for the consultation.

How you use these publications

Question

Please explain which statistics you use on this topic area and summarise how you use them.

Statistics relating to disability, learning disability and autism are used both in the analysis of health inequalities and in decision-making processes at local level, for example as part of health needs assessments. These include statistics on health outcomes, prevalence of multi-morbidity, accessibility to healthcare, and patient and carer experiences of health services.

What changes to statistics on this topic area might be beneficial for you in the future and why?

We recognise that people with learning disabilities form a segment of the population that is generally underrepresented in statistical publications and that there is an overall need for more regular and detailed statistical reporting on health outcomes, prevalence of multi-morbidity, accessibility to healthcare and patient and carer experiences of health services in this population group.

Proposals to stop or significantly change publications

Question

Learning disability profiles
Learning disability profiles - currently paused, produced by DHSC.

Proposal
This Fingertips profile had already been paused and it is proposed to be formally discontinued.

To what extent do you agree or disagree with this proposal?

- Strongly agree
- Agree
- Neither agree nor disagree
- <u>Disagree</u>
- Strongly disagree

Please add any additional feedback on this proposed change.

We advise that continuation of the learning disability fingertips profile is important to maintain statistical representation of this population group, increase awareness of the scale of health disparities, provide up-to-date information on the demand for services, and to promote increased service accessibility. In particular, general practices rely heavily on up-to-date local-level data for a variety of essential procedures, including quality assurance reports, health needs assessments, auditing, and service development. The dispersion of local-level data over a variety of platforms presents a significant challenge to decision-makers trying to access this data, and therefore the maintenance of up-to-date fingertips profiles are essential to supporting effective decision making at practice-level. We would also welcome expansion of the learning disability profile to include further information on the prevalence of multi-morbidity, and patient and carer experience of interacting with health services.

Question

Outcomes for disabled people in the UK

<u>*Outcomes for disabled people in the UK*</u> *- irregular report produced by ONS.*

Proposal

This publication is currently paused while methods, data sources and efficiency are reviewed. It is proposed that publication move to biennial following conclusion of this review.

To what extent do you agree or disagree with this proposal?

- Strongly agree
- Agree
- Neither agree nor disagree
- <u>Disagree</u>
- Strongly disagree

Please add any additional feedback on this proposed change.

We support the shift from the production of an irregular report on 'outcomes for disabled people in the UK' to a standardised and regular release schedule. However, we request that efforts be made to produce the report annually instead of biennially.

Not only will this allow statistics to be utilised in a timelier manner, but it is important to note that a more regular publication schedule increases the likelihood that data will be considered in routine decision making, for example as part of 'Health Needs Assessments'. This is especially important for underrepresented groups such as people with learning disability. We appreciate the current breakdown of outcomes in the report and request the addition of life expectancy and multi-morbidity.

8. Health inequalities

There are numerous tools and ad hoc publications produced by DHSC, ONS and NHS England with health inequalities as the focus. However, sociodemographic information (and therefore the potential for assessing health inequalities) are present in many health statistics publications.

Health inequalities can be assessed from many different dimensions such as sex, ethnicity, economic background, geography and so on. This means as a topic it's very broad and, consequently, the current consultation has considered publications with health inequalities as a focus - however, we welcome feedback on health inequalities in publications more generally.

Some statistics on health inequalities may be covered by other topic areas. If you are unable to find a publication you are interested in, refer to the directory at Annex A, which outlines which topics publications have been allocated to for the consultation.

How you use these publications

Questions

Please explain which statistics you use on this topic area and summarise how you use them.

Statistics relating to health inequalities are used to inform strategy pertaining to service delivery and allocation of resources at local level. This encompasses a wide variety of statistics, including demographics, risk factors for disease, social determinants of health, deprivation, and health outcomes.

What changes to statistics on this topic area might be beneficial for you in the future and why?

The RCGP's strategy includes a focus on reducing health inequalities in the UK. Measuring health outcomes against level of deprivation is essential to this process, however there is challenge in accessing up-to-date data regarding deprivation. 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 (Income, Employment, Education, Skills and Training, Health and Disability, Crime, Barriers to Housing and Services, Living Environment), so that 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. Ideally, this would be published on an annual basis and be compatible with data on health outcomes in terms of timeframe and geographical/organisational structure. We recognise that changes to service provision can be implemented relatively quickly at a local level, and therefore an increase in frequency and geographical granularity of data relating to deprivation will be particularly valuable for addressing health inequalities.

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 of deprivation.

Publication	Current frequency	Current organisation	Proposal
Avoidable mortality in the UK	*Annual*	*ONS*	*Merge with 'Socioeconomic inequalities in avoidable mortality in England' and 'Socioeconomic inequalities in avoidable mortality in Wales', and move frequency of output to biennial*
Health inequalities dashboard	*Annual*	*DHSC*	*Merge with the segment tool. Merging would rationalise the number of inequality tools produced by DHSC and help users effectively navigate between the sources of data*
Health state life expectancies by national deprivation deciles, England	*Annual*	*ONS*	*Merge with Wales and UK publications and 'Life expectancy for local areas of the UK' - consolidate into one biennial life expectancy publication*
Health state life expectancies by national deprivation deciles, Wales	*Annual*	*ONS*	*Merge with England and UK publications and 'Life expectancy for local areas of the UK' - consolidate into one biennial life expectancy publication*

Health state life expectancies, UK	*Annual*	*ONS*	*Merge with England and Wales publications on 'Life expectancy for local areas of the UK' - consolidate into one biennial life expectancy publication*
Life expectancy for local areas of the UK	*Annual*	*ONS*	*Merge with 'Health state life expectancy' publications, consolidating into one biennial life expectancy publication*
Segment tool	*Annual*	*DHSC*	*Merge with the health inequalities dashboard. Merging would rationalise the number of inequality tools produced by DHSC and help users effectively navigate between the sources of data*
Socioeconomic inequalities in avoidable mortality in England	*Annual*	*ONS*	*Merge with Wales publication and 'Avoidable mortality in the UK', and move frequency to biennial*
Socioeconomic inequalities in avoidable mortality in Wales	*Annual*	*ONS*	*Merge with England publication and 'Avoidable mortality in the UK', and move frequency to biennial*
Spotlight dashboard	*Irregular*	*DHSC*	*No current proposal*
Trend in life expectancy by socioeconomic classification, England and Wales	*Irregular*	*ONS*	*No current proposal*

Question

Please add any additional feedback around these proposals or statistics.

We agree with the proposal to merge the publications 'Socioeconomic inequalities in avoidable mortality in England' and 'Socioeconomic inequalities in avoidable mortality in Wales', on the grounds that data from England and Wales will still be clearly distinct and there will be no loss in geographical granularity. Statistics on avoidable mortality are extremely useful for combined analysis alongside range of variables such as risk factors, social determinants of health, and for monitoring the performance of health services as a whole. Therefore, we request that release of the publication is maintained on an annual basis to decrease lag-time between data collection and release and allow for timely analysis of emerging trends.

We welcome the creation of a unified platform for health inequalities data formed by the merging of the segment tool and the health inequalities dashboard, as this will make the navigation process more efficient, on the grounds that there will be no loss in functionality in terms data breakdown.

It is important to note that demographical composition can vary significantly between local areas, and therefore statistics describing national-level health inequalities are not always applicable at local-level.

Conversely, local-level demographic data can be used by service providers to understand the health inequalities that exist within their area, which in turn allows for more effective decisions to be made regarding resource allocation and service delivery. Importantly, change at local level can be implemented much quicker than at national-level, and therefore the potential benefit of local-level data to communities is enormous.

Therefore, we would like to highlight the value of geographical granularity in relation to health inequalities data and ask that this be taken into consideration in the development of the segment tool.

9. Major conditions

DHSC have published the _case for change and strategic framework for its forthcoming major conditions strategy_, which looks at 6 groups of conditions:

- _cancers_
- _cardiovascular disease (CVD) (including stroke and diabetes)_
- _musculoskeletal disorders (MSK)_
- _mental ill health_
- _dementia_
- _chronic respiratory disease (CRD)_

Together, these 6 groups of conditions drive over 60% of mortality and morbidity in England, and it is increasingly common for patients to experience 2 or more of these conditions at the same time.

Both mental health and cancer are covered separately in standalone sections within this consultation, due to the breadth of published statistical products on those areas.

There are a range of statistical outputs published on the other 'major conditions' areas - almost all published by DHSC.

On musculoskeletal health, the Musculoskeletal health: trends, risk factors and disparities in England report, published by DHSC, has been paused. DHSC would welcome views on the future of this report.

DHSC will be publishing an online tool alongside the major conditions strategy that will enable users to explore prevalence of a number of key conditions and risk factors (over time, by deprivation decile and by local area) as well as their health impacts and costs. DHSC Fingertips profiles already contain a range of information on prevalence, admissions, mortality and risk factors for the major conditions.

Some statistics on major conditions may be covered by other topic areas. If you are unable to find a publication you are interested in, refer to the directory at Annex A, which outlines which topics publications have been allocated to for the consultation.

How you use these publications

Questions

Please explain which statistics you use on this topic area and summarise how you use them.

Local-level data on major conditions are used in quality assurance processes and to inform decision-making pertaining to service delivery, for example as part of health needs assessments. On a broader scale, statistics on major conditions and mortality are used alongside data on deprivation, demographics and social determinants of health in the analysis of health inequalities.

What changes to statistics on this topic area might be beneficial for you in the future and why?

The creation of an online tool that allows exploration of prevalence of key conditions, risk factors, health impacts and costs is highly welcomed. While we acknowledge the breadth of information already contained in the fingertips profiles for major conditions, we recommend expansion of the profiles to include the prevalence of risk factors such as smoking and obesity, as well as breakdown by social determinants of health, such as employment and access to green space. We would also welcome inclusion of data on prevalence of multi-morbidity.

Proposals to stop or significantly change publications

There are no current proposals to stop or significantly change publications.

Other proposals for this topic

In this section, we present all other statistical products on this topic area, including any other proposals to change products. These proposals may include:

- *merging statistical products*
- *reducing the frequency of statistical products*

- *reducing commentary around statistical products*

Note: for publications in this table with no current proposal, we will still be reviewing aspects such as their continued publication and their length, format and frequency over the coming months.

Publication	Current frequency	Current organisation	Proposal
Cardiovascular disease, diabetes and kidney profiles	Irregular	DHSC	Publication will be reviewed and lesser-used indicators could be discontinued
CVD prevention packs	Annual	DHSC	Publication will be reviewed and lesser-used indicators could be discontinued
CVDPREVENT - national audit of GP records to understand cardiovascular disease and risk	Quarterly	DHSC	No current proposal
Dementia profile report	Paused	DHSC	Report is currently paused, and will resume as a quarterly publication rather than monthly. Monthly data will be available in Fingertips
Inequalities in mortality involving common physical health conditions	One-off	ONS and DHSC	ONS and DHSC are exploring the feasibility of producing more regular statistics on mortality rates for a range of conditions across socioeconomic characteristics. ONS recently published a one-off article to inform the major conditions strategy, presenting mortality rates for a range of conditions across socioeconomic characteristics. ONS and DHSC are exploring the possibility of increasing the regularity of these statistics in future and extending the analysis, pending availability of resources
Interactive health atlas of lung conditions in England (INHALE)	Irregular, approximately twice a year	DHSC	Publication will be reviewed and lesser-used indicators could be discontinued
Musculoskeletal health local profiles	Annual	DHSC	Publication will be reviewed and lesser-used indicators could be discontinued

NHS Health Check	Quarterly	DHSC	No current proposal

Question

Please add any additional feedback around these proposals or statistics.

We strongly agree with proposals to increase the regularity of production of statistics describing 'health inequalities in mortality involving common physical health conditions', which would ideally be produced on an annual basis. Additionally, we would welcome the expansion of analysis to include social determinants of health and mortality rates associated with frailty.

14. Primary care, community health and oral health

NHS England, DHSC, UKHSA and NHSBSA all produce statistics around primary care, community and oral health, which have been considered as part of this consultation.

Dental commissioning statistics, produced by NHS England, has already been stopped. However, NHSBSA, an arm's length body of DHSC, has begun to publish regular dental statistics that will continue to be developed to cover the data previously published by NHS England. Alongside this, NHS England is also working with NHSBSA to transfer NHS dental statistics to NHSBSA from August 2024.

A new publication within this topic area is Submissions via online consultation systems in general practice produced by NHS England. We welcome feedback on this.

Some primary care, community health and oral health statistical outputs may be covered by other topic areas. If you are unable to find a publication you are interested in, refer to the directory at Annex A, which outlines which topics publications have been allocated to for the consultation.

How you use these publications

Questions

Please explain which statistics you use on this topic area and summarise how you use them.

Statistics on appointments in general practice are heavily used to analyse and track changes in service demand and staff workload over time.

Proposals to stop or significantly change publications

Question

New dental profile

A new DHSC dental Fingertips profile is being developed by DHSC.

Proposal

A new dental Fingertips profile is being developed to provide a similar set of indicators to the <u>GP profiles for patients</u> and also draw in wider key oral health metrics. We will regularly review this new dental profile, and seek to add new indicators and data where useful and appropriate.

The initial release of indicators provides an overview of data that is important to dentistry professionals, commissioners and patients, such as:

- *how many adults have been seen in the last 24 months*
- *how many children have been seen in the last 12 months*
- *how much of commissioned dental activity has been delivered in the local area*

Users are able to compare the outcomes of indicators to other local areas and view how the indicators are changing over time.

To what extent do you agree or disagree with this proposal?

- <u>Strongly agree</u>
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please add any additional feedback on this proposed change.

We recognise that data on dental outcomes are a strong indicator of health inequalities and therefore support the production of regular local-level dental statistics via a fingertips profile.

Question

Appointments in general practice

<u>*Appointments in general practice*</u> *- produced by NHS England.*

Proposal

We will consolidate the 2 existing Excel documents into a single Excel summary, with breakdowns from national level down to general practice level of all measures.

We will look to reduce the number of different CSV files while having minimal impact on available cross-tabulations. A mapping file will be provided that will allow aggregations up to primary care network, sub-integrated care board, integrated care board, regional and national when joined with the CSV spreadsheets.

Finally, we will be removing breakdowns of GP appointments at a daily level and only presenting the figures at a monthly level.

This will make the process more efficient without reducing the quality or quantity of data available to users and improve the usefulness of the outputs.

To what extent do you agree or disagree with this proposal?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- <u>Strongly disagree</u>

Please add any additional feedback on this proposed change.

The inclusion of appointment breakdown at day-level allows us to assess the trends in workload pressures across the week. This is extremely valuable in the assessment of demand and ideal timing for additional out-of-hours services. We therefore request that breakdown of appointments at a daily level continues to be maintained in future publications.

Question

GP patient survey

<u>*GP patient survey*</u> *- produced by NHS England.*

Proposal

NHS England proposes to review the survey and streamline where elements are no longer required. It will be reviewed alongside other NHS England surveys on other topic areas and is currently being redeveloped with new survey questions being designed.

One proposed change to improve coherence is for the dental section of the GP patient survey to be published alongside the main survey, rather than separately.

To what extent do you agree or disagree with this proposal?

- Strongly agree

- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please add any additional feedback on this proposed change.

We advise that due to the difference in funding models between general practice and dental care, it is important that results are published separately.

Other proposals for this topic

In this section, we present all other statistical products on this topic area, including any other proposals to change products. These proposals may include:

- *merging statistical products*
- *reducing the frequency of statistical products*
- *reducing commentary around statistical products*

Note: for publications in this table with no current proposal, we will still be reviewing aspects such as their continued publication and their length, format and frequency over the coming months.

Publication	Current frequency	Current organisation	Proposal
Adult oral health survey	Ad hoc	DHSC	No current proposal
Community services statistics	Monthly	NHSE	No current proposal
Dependency forming medicines - England	Annual	NHSBSA	No current proposal
Fit notes issued by GP practices, England	Quarterly	NHSE	No current proposal
General pharmaceutical services - England	Annual	NHSBSA	No current proposal
GP in-hours syndromic surveillance	Weekly	UKHSA	No current proposal
GP out-of-hours syndromic surveillance	Weekly	UKHSA	No current proposal
GP profiles for patients	Monthly	DHSC	Review and streamline DHSC GP products
Health and care of people with learning disabilities	Annual	NHSE	No current proposal
Hormone replacement therapy - England	Annual	NHSBSA	No current proposal

Hospital tooth extractions in 0 to 19 year olds	_Annual_	_DHSC_	_No current proposal_
Medicine used in mental health - England	_Quarterly_	_NHSBSA_	_No current proposal_
National general practice profiles	_Annual_	_DHSC_	_Review and streamline DHSC GP products_
NHS dental statistics	_Annual_	_NHSE_	_No current proposal_
NHS payments to general practice	_Annual_	_NHSE_	_No current proposal_
Oral health survey of 5 year old children	_Biennial_	_DHSC_	_No current proposal_
Patients registered at a general practice	_Monthly_	_NHSE_	_No current proposal_
Prescribing costs in hospitals and the community - England	_Annual_	_NHSBSA_	_No current proposal_
Prescribing for diabetes - England	_Annual_	_NHSBSA_	_No current proposal_
Prescription cost analysis - England	_Annual_	_NHSBSA_	_No current proposal_
Primary care dementia data	_Monthly_	_NHSE_	_No current proposal_
Quality and Outcomes Framework	_Annual_	_NHSE_	_No current proposal_

Question

Please add any additional feedback around these proposals or statistics.

We request that data on the number of relevant appointments for seasonal influenza vaccination delivery are included in the 'Appointments in General Practice' data set (in a similar way to the existing breakdown of COVID-19 vaccination appointments). This will allow for clearer assessment of the seasonal workload pressures associated with influenza vaccine delivery.

17. Workforce and estates

There are a large number of publications produced by NHS England to varying frequencies in this domain. Products in this area are continually reviewed, production processes updated and content changes made with incremental changes introduced where appropriate to ensure that key information is available in the public domain.

There are several changes to statistical outputs for workforce and estates-related publications produced by NHS England that are proposed in this consultation. Most are related to ensuring production processes are efficient while still providing the data users need.

Some statistics on this area may be covered by other topic areas. If you are unable to find a publication you are interested in, refer to the directory at Annex A, which outlines which topics publications have been allocated to for the consultation.

How you use these publications

Questions

Please explain which statistics you use on this topic area and summarise how you use them.

The 'General Practice Workforce' and 'Appointments in General Practice' publications are heavily utilised for the analysis of trends in workforce, workload, and balance between service demand and capacity.

What changes to statistics on this topic area might be beneficial for you in the future and why?

A particularly useful aspect of the 'General Practice Workforce' publication is the breakdown of the GP workforce by role. Whilst this breakdown includes much appreciated data on the number of 'retainer' GPs, there remains to be a lack of more information on the usage of other key retention schemes. Data on retention scheme uptake is extremely important to monitoring the success of retention measures and to inform future decisions about investment in this area. Therefore, we request that statistics on the uptake of retention schemes are considered for inclusion in future publications, including the General Practice Fellowships.

More robust data on the recruitment of newly qualified GPs is required. The quarterly GP 'joiners and leavers' data set is helpful for these purposes, however there are some concerns over accuracy due to the phenomenon of GPs moving between practices or rejoining the workforce. Therefore, we would welcome the production of regular statistics identifying the number of newly qualified GPs as a subset of the workforce, specifically those working within one and five years of qualifying.

Lastly, we would like to request that more detailed data on practice closures vs practice mergers be included as part of the 'General Practice Workforce' and 'Appointments in General Practice' publications. Whilst these publications track the number of practices over time, there is not enough information to decipher what proportion of the reduction in the number of practices over time is due to isolated closure vs practices merging. Having access to this information would allow us to gain

a clearer insight into the true nature of the changes taking place within the general practice landscape, in terms of overall capacity and structure of services.

Publication	Current frequency	Current organisation	Proposal
Data on written complaints	Annual	NHSE	No current proposal
Dental earnings and expenses	Annual	NHSE	Reduce some of the data-specific pages in the publication and make available in CSV format or Power BI dashboard instead. Merge and restructure the 4 time series Excel data files into one
Dentists' working patterns, motivation and morale	Biannually	NHSE	Reduce supporting commentary
Estates returns information collection	Annual	NHSE	No current proposal
General practice workforce	Monthly	NHSE	Merge publication with 'Primary care network workforce' series. Turn the published timeseries tables into rolling series, with earlier periods removed at each release. This is to improve coherence and create efficiencies
GP earnings and expenses estimates	Annual	NHSE	Reduce supporting commentary
National NHS staff survey	Annual	NHSE	Review to assess whether any elements are no longer required
NHS sickness absence rates	Monthly	NHSE	No current proposal
NHS staff earnings estimates	Quarterly	NHSE	No current proposal
NHS surplus land	Quarterly	NHSE	Review approach to data quality-related outputs, moving them to HTML format and including static information
NHS vacancy statistics, England	Quarterly	NHSE	Remove statistics that are based on the Trac and Electronic Staff Record (ESR) data. We would like to understand if or how users make use of the Trac and ESR data sources within this publication and invite feedback

NHS workforce statistics	_Monthly_	_NHSE_	_Remove Excel pivot tables but continue to provide the underlying data in CSV format. Reduce duplication where identical data is provided in different formats: retire the 'Redundancies table' from the 'Reason for leaving' series, retire 'National time series in NHS and core orgs' summary tables. This is to reduce overlaps and improve efficiency where data is duplicated. Reduce the 'Equality and diversity in trust and core orgs' to every 6 months (currently quarterly), on the basis that this only changes slowly over time_
Patient-led assessments of the care environment (PLACE)	_Annual_	_NHSE_	_Review data quality statement, simplify and provide in HTML format. Remove the PowerPoint presentation and replace with limited additional Power BI pages._
Primary care network workforce	_Monthly_	_NHSE_	_Merge publication with 'General practice workforce' series to improve coherence and create efficiencies by combining publications covering related topics_
Primary care workforce quarterly update	_Quarterly_	_NHSE_	_Review the need for GP locum data lag_

Question

Please add any additional feedback around these proposals or statistics.

We have significant concerns with the proposal to merge the Primary Care Network Workforce' publication with the 'General Practice Workforce' series. Whilst we appreciate that the merging of these series may be beneficial in terms of making navigation between data sets more efficient, we find it necessary to emphasise the importance of maintaining the two data sets as distinct entities, with minimal overlapping of data. This will allow for clear insight into the unique state of both systems in terms of funding and staff composition, as well as providing assurance that the data will remain robustly and easily comparable over time.

We would like to highlight that workforce data pertaining to 'ARRS' roles contained within the 'Primary Care Network Workforce' publication, is particularly valuable, and we would find a separate short statistical summary highlighting trends in this group to be useful.