

NATIONAL STATISTICS CONSULTATION ON CHANGES TO DHSSPS PUBLICATIONS: RESPONSE FORM

(Please expand response boxes as required)

Details of respondent

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PART 1: EMERGENCY CARE WAITING TIMES

1. Do you currently use this publication? Yes ___ No (please tick your answer)

If yes, what uses do you make of the information in the publication (list as many as appropriate) and what types of decision does this information inform?

N/A

2. Do you currently use the downloadable Excel spreadsheet? Yes ___ No (please tick your answer)

If yes, what uses do you make of the data in the downloadable spreadsheets (list as many as appropriate) and what types of decision does this information inform?

N/A

3. Will the proposed changes have a significant impact on your use of the information/data? Yes ___ No ___

Proposed changes:

- a) replacing the commentary with a succinct set of Key Points, and
- b) removing some of the historical data from the publication but not the Excel tables

If yes, please list the main impacts, if any, associated with each change.

N/A

4. Do you see any other advantages to a shorter publication, apart from the resource saving?

N/A

5. Do you anticipate extending your use of the available information/data in the future, including using it for the first time? Yes ___ No ___ (please tick your answer)

If yes, what uses do you anticipate making of the information in the revised publication (include as many as appropriate) and what types of decision will this information inform?

If Asthma UK were to use the revised publication format, we would gain more use from the accompanying Excel spreadsheets, rather than a key points document. Access to the data tables would allow our own analysis, and allow us to be able to draw our own conclusions from the data.

If yes, what uses do you anticipate making of the data in the downloadable Excel spreadsheets (include as many as appropriate) and what types of decision will this data inform?

If Asthma UK were to use this dataset (and the outpatient, diagnostic and inpatient waiting times datasets), it would allow us to potentially monitor system capacity and seasonal fluctuations in health service usage. This would feed into our broader policy and campaigning work, as well as work on seasonal fluctuations in emergency admissions. However, the dataset would be of more use to us if a diagnosis (or broad condition, such as respiratory) specific breakdown were provided. This would allow us to analyse access to services for people with asthma, and for other conditions.

If yes, is there a reason why did you not previously use the information/data for these purposes?

e.g. you didn't know that downloadable data was available; you weren't aware of what was in the downloadable tables; your work area/ area of interest has changed

Asthma UK are constantly scoping and evaluating the data sources used in our analysis, and it is possible that waiting times could become an area of interest for us. The majority of asthma patient contact occurs in the primary care sector, but pressures in primary care translate to pressures in secondary care. Measures such as waiting time statistics can act as a bellwether for pressures in the system, and it is important for us to know the quality of data available. This means waiting time statistics for emergency care, outpatients, diagnostics and inpatients may prove to be a useful source of data for Asthma UK in the future. As mentioned above, the data is currently too broad for our usage, so a further breakdown in waiting times statistics would increase the chance of Asthma UK using them.

PART 2: OUTPATIENT WAITING TIMES

1. Do you currently use this publication? Yes ___ No (please tick your answer)

If yes, what uses do you make of a) the Outpatient Waiting Times information, b) the ICATS Waiting Times information and c) the Completed Outpatient Waits information in the publication and what types of decision does this information inform (list as many as appropriate)?

a) *Outpatient Waiting Times information:*

N/A

b) *ICATS Waiting Times information:*

N/A

c) *Completed Outpatient Waits information:*

N/A

2. Do you currently use the downloadable Excel spreadsheet? Yes ___ No (please tick your answer)

If yes, what uses do you make of a) the Outpatient Waiting Times data, and b) the ICATS Waiting Times data in the downloadable spreadsheets (list as many as appropriate) and what types of decision does this information inform?

a) *Outpatient Waiting Times data:*

N/A

b) ICATS Waiting Times data:

N/A

3. Will the proposed changes have a significant impact (positive or negative) on your use of the information/data? Yes ___ No (please tick your answer)

Proposed changes:

- a) replacing the commentary with a succinct set of Key Points;
- b) removing the ICATS waiting times data from the publication but not from the Excel tables;
- c) removing the completed Outpatient waits data from the publication (information for the complete year will continue to be available in the annual Hospital Statistics: Outpatient Activity publication), and
- d) removing some of the historical Outpatient waiting times data from the publication but not the Excel tables

If yes, please list the main impacts, if any, associated with each change.

N/A

4. Do you see any other advantages to reducing the publication in this way, apart from the resource saving?

N/A

5. Do you anticipate extending your use of the available information/data in the future, including using it for the first time? Yes No ___ (please tick your answer)

If yes, what uses do you anticipate making of the information in the revised publication (include as many as appropriate) and what types of decision will this information inform?

Please refer to our comments in Part 1, Q5.

If yes, what uses do you anticipate making of the data in the downloadable Excel spreadsheets (include as many as appropriate) and what types of decision will this data inform?

a) *Outpatient Waiting Times data:*

Please refer to our comments in Part 1, Q5.

b) *ICATS Waiting Times data:*

Please refer to our comments in Part 1, Q5

If yes, is there a reason why did you not previously use the information/data for these purposes?

e.g. you didn't know that downloadable data was available; you weren't aware of what was in the downloadable tables; your work area/ area of interest has changed

We do not usually use outpatient data in our analysis, as we have reservations about the accuracy of the coding of this data. This applies to data collected in all four nations. If these reservations were assuaged, we may include outpatient data in our analysis.

Please also refer to the comments in Part 1, Q5.

PART 3: DIAGNOSTIC WAITING TIMES

1. **Do you currently use this publication?** Yes ___ No (please tick your answer)

If yes, what uses do you make of the information on a) diagnostic waiting times, b) diagnostic reporting times for urgent tests and c) diagnostic reporting times for routine tests and what types of decision does this information inform (list as many as appropriate)?

a) *Diagnostic Waiting Times information:*

N/A

b) *Diagnostic Reporting Times information for urgent tests:*

N/A

c) *Diagnostic Reporting Times information for routine tests:*

N/A

2. Do you currently use the downloadable Excel spreadsheet? Yes ___ No (please tick your answer)

If yes, what uses do you make of the Diagnostic Waiting Times data in the downloadable spreadsheets (list as many as appropriate) and what types of decision does this information inform?

N/A

3. Will the proposed changes have a significant impact (positive or negative) on your use of the information/data? Yes ___ No (please tick your answer)

Proposed changes:

- a) replacing the commentary with a succinct set of Key Points;
- b) removing the reporting times for routine tests data from the publication but including it in a new downloadable Excel table;
- c) removing some of the historical diagnostic waiting times data, and the 16 test split, from the publication but not from the Excel tables, and
- d) removing some of the historical urgent tests reporting times data from the publication but including these data in the new downloadable Excel table

If yes, please list the main impacts, if any, associated with each change.

N/A

4. Do you anticipate using the proposed new Excel table on Diagnostic Reporting times? Yes No

If yes, what uses do you anticipate making of the reporting times data for a) urgent tests and b) the routine tests (list as many as appropriate) and what types of decision will this data inform?

a) *Diagnostic Reporting Times data for urgent tests:*

Please refer to the comments in Part 1, Q5.

b) *Diagnostic Reporting Times data for routine tests:*

Please refer to the comments in Part 1, Q5.

5. Do you see any other advantages to reducing the publication in this way, apart from the resource saving?

It appears to be a logical move to move the data tables into a single Excel spreadsheet, rather than across the publication. Having all of the data in one place and in Excel format (rather than PDF) would potentially make our analysis more straightforward and efficient.

6. Do you anticipate extending your use of the available information/data in the future, including using it for the first time? Yes No (please tick your answer)

If yes, what uses do you anticipate making of the information in the revised publication (include as many as appropriate) and what types of decision will this information inform?

We would be much more likely to use the Excel tables for our analysis than the revised publication.

Please also refer to the comments in Part 1, Q5.

If yes, what uses do you anticipate making of the data for Diagnostic Waiting times in the downloadable Excel spreadsheets (include as many as appropriate) and what types of decision will this data inform?

Please refer to the comments in Part 1, Q5.

(for the Diagnostic Reporting times Excel spreadsheet see question 4 above)

If yes, is there a reason why did you not previously use the information/data for these purposes?
e.g. you didn't know that downloadable data was available; you weren't aware of what was in the downloadable tables; your work area/ area of interest has changed

Please refer to the comments in Part 1, Q5.

PART 4: INPATIENT WAITING TIMES

1. Do you currently use this publication? Yes ___ No (please tick your answer)

If yes, what uses do you make of a) the inpatient waiting times information and b) the completed inpatient waits information in the publication and what types of decision does this information inform (list as many as appropriate)?

a) *Inpatient Waiting Times information:*

N/A

b) *Completed Inpatient Waits information:*

N/A

2. Do you currently use the downloadable Excel spreadsheet? Yes ___ No (please tick your answer)

If yes, what uses do you make of Inpatient Waiting Times data in the downloadable spreadsheets (list as many as appropriate) and what types of decision does this information inform?

N/A

3. Will the proposed changes have a significant impact (positive or negative) on your use of the information/data? Yes ___ No (please tick your answer)

Proposed changes:

- a) replacing the commentary with a succinct set of Key Points;
- b) removing the completed Inpatient waits data from the publication (information for the complete year will continue to be available in the annual Hospital Statistics: Inpatient and Day Case Activity publication), and
- c) removing some of the historical Inpatient waiting times data from the publication but not the Excel tables.

If yes, please list the main impacts, if any, associated with each change.

N/A

4. Do you see any other advantages to reducing the publication in this way, apart from the resource saving?

N/A

5. Do you anticipate extending your use of the available information/data in the future, including using it for the first time? Yes No (please tick your answer)

If yes, what uses do you anticipate making of the information in the revised publication (include as many as appropriate) and what types of decision will this information inform?

Please refer to the comments in Part 1, Q5.

If yes, what uses do you anticipate making of the data in the downloadable Excel spreadsheets (include as many as appropriate) and what types of decision will this data inform?

Please refer to the comments in Part 1, Q5.

If yes, is there a reason why did you not previously use the information/data for these purposes?

e.g. you didn't know that downloadable data was available; you weren't aware of what was in the downloadable tables; your work area/ area of interest has changed

Please refer to the comments in Part 1, Q5.

PART 5: CANCER WAITING TIMES

1. Do you currently use this publication? Yes No (please tick your answer)

If yes, what uses do you make of a) the 62 day information, b) the 31 day information and c) the 14 day information in the publication and what types of decision does this information inform (list as many as appropriate)?

a) the 62 day information:

N/A

b) the 31 day information:

N/A

c) the 14 day information:

N/A

2. Do you currently use the downloadable Excel spreadsheet? Yes ___ No (please tick your answer)

If yes, what uses do you make of a) the 62 day data, b) the 31 day data and c) the 14 day data in the downloadable spreadsheets (list as many as appropriate) and what types of decision does this information inform?

a) the 62 day data:

N/A

b) the 31 day data:

N/A

c) the 14 day data:

N/A

3. Will the proposed changes have a significant impact on your use of the information/data? Yes ___ No ___

Proposed changes:

- a) replacing the commentary with a succinct set of Key Points; and
- b) removing some of the historical 62 day, 31 day and 14 day cancer waiting times data from the publication but not the Excel tables

If yes, please list the main impacts, if any, associated with each change.

N/A

4. Do you see any other advantages to a shorter publication, apart from the resource saving?

N/A

5. Do you anticipate extending your use of the available information/data in the future, including using it for the first time? Yes ___ No ___ (please tick your answer)

If yes, what uses do you anticipate making of the information in the revised publication (include as many as appropriate) and what types of decision will this information inform?

N/A

If yes, what uses do you anticipate making of a) the 62 day data, b) the 31 day data and c) the 14 day data in the downloadable Excel spreadsheets (include as many as appropriate) and what types of decision will this data inform?

a) *the 62 day data:*

N/A

b) the 31 day data:

N/A

c) the 14 day data:

N/A

If yes, is there a reason why did you not previously use the information/data for these purposes?

e.g. you didn't know that downloadable data was available; you weren't aware of what was in the downloadable tables; your work area/ area of interest has changed

N/A

PART 6: CHILD PROTECTION STATISTICS

1. Do you currently use this publication? Yes ___ No (please tick your answer)

- If so, what uses do you make of the information in the publication (list as many as appropriate) and what types of decision does this information inform?

N/A

2. Will the proposed changes have a significant impact on your use of the information/data? Yes ___ No

Proposed changes:

[changes are reduction of the publication to annual with only quarterly key tables made available as described above in 3.3].

- If so, please list the main impacts.

N/A

3. Do you see any other advantages to reducing the publication frequency, apart from the resource saving?

N/A

PART 7: CARERS STATISTICS

1. Do you currently use this publication? Yes ___ No (please tick your answer)

- If so, what uses do you make of the information in the publication (list as many as appropriate) and what types of decision does this information inform?

N/A

2. Will the proposed changes have a significant impact on your use of the information/data? Yes ___ No

Proposed changes:

[changes are reduction of the publication to annual with only quarterly key tables made available as described above in 3.3].

- If so, please list the main impacts.

N/A

3. Do you see any other advantages to reducing the publication frequency, apart from the resource saving?

N/A

PART 8: MENTAL HEALTH AND LEARNING DISABILITY PUBLICATION

1. Do you currently use this publication? Yes ___ No (please tick your answer)

If yes, what uses do you make of the information in the publication for each of the areas listed below, and what types of decision does this information inform (list as many as appropriate)?

- Mental Health Inpatient and Day Case Activity (Tables 1.1, 1.2, 1.3, 1.9, 1.10, 1.11)
- Mental Health Outpatient Activity (Tables 1.1, 1.2, 1.4, 1.5, 1.12, 1.13)
- Mental Health Non-inpatient Activity (Multi-disciplinary) (Tables 1.17, 1.18)
- Compulsory Admissions (Mental Illness) (Tables 1.6, 1.7, 1.8)
- MILD Census: Mental Illness Inpatients (Tables 1.14, 1.15, 1.16)

- Learning Disability Inpatient and Day Case Activity (Tables 2.1, 2.2, 2.3)
- Learning Disability Outpatient Activity (Tables 2.1, 2.2, 2.4, 2.5)
- Learning Disability Compulsory Admissions (Tables 2.6, 2.7)
- MILD Census: Learning Disability Inpatients (Tables 2.8, 2.9, 2.10)

- Old Age Psychiatry Inpatient and Day Case Activity (Tables 3.1, 3.2, 3.3)
- Old Age Psychiatry Outpatient Activity (Tables 3.1, 3.2, 3.4, 3.5)

a) Inpatient and Day Case Activity data:

<p><i>Mental Health:</i></p> <p>N/A</p> <p><i>Learning Disability:</i></p> <p><i>Old Age Psychiatry:</i></p>

b) Outpatient (and Non-Inpatient Mental Health) Activity data:

Mental Health – Outpatient data:

N/A

Mental Health – Non-Inpatient (Multidisciplinary) data:

Learning Disability:

Old Age Psychiatry:

c) Compulsory Admissions data:

Mental Health:

N/A

Learning Disability:

d) MILD Census data:

Mental Health:

N/A

Learning Disability:

2. Will the proposal to discontinue the publication, changing how the data are accessed and removing the commentary, have a significant impact (positive or negative) on your use of the information/data? Yes__

No_✓_

Proposed changes:

- a) Inpatient and Day Case Activity data only available from 'Inpatient and Day Case Activity' publication or downloadable tables, and removal of bespoke commentary;
- b) Outpatient Activity data only available from 'Outpatient Activity' publication or downloadable tables, and removal of bespoke commentary;
- c) Non-Inpatient Mental Health (Multi-disciplinary) Activity information moved to 'Outpatient Activity' publication;
- d) Compulsory Admissions data now available (and only available) as a downloadable Excel tables, with additional historical data, but no accompanying commentary;
- e) MILD Census data now available (and only available) as a downloadable Excel tables, with additional historical data, but no accompanying commentary].

If yes, please list the main impacts, if any, associated with each dataset/ change

N/A

3. Do you anticipate extending your use of the available information/data in the future, including using it for the first time? Yes ___ No_✓_ (please tick your answer)

If yes, what additional uses do you anticipate making of the available information (include as many as appropriate) and what types of decision will this information inform?

Please indicate which topic area(s) the use relates to, i.e. Mental Health, Learning Disability or Old Age Psychiatry.

a) Inpatient and Day Case Activity data:

N/A

b) Outpatient Activity data:

N/A

c) Non-Inpatient Mental Health (Multi-Disciplinary) Activity data:

N/A

d) Compulsory Admissions data:

N/A

e) MILD Census data:

N/A

4. Is there any other information relating to Mental Health, Learning Disability or Old Age Psychiatry that you would like to see published? If so, please specify:

N/A

PART 9: SMOKING CESSATION PUBLICATION

1. Do you currently use this publication? Yes No (please tick your answer)

- If so, what uses do you make of the publication in relation to people setting a quit date by age and gender, number/proportion of those quit at 4 weeks/52 weeks, provider type and HSCT
- What use do you make of type of therapeutic interventions used?
- What use do you make in terms of adults setting a quit date by deprivation quintile?
- What use do you make in terms of young people (under 18 years old) setting a quit date by deprivation?
- What use do you make of pregnant women setting a quit date?

- If yes, what uses do you make of the information in the publication (list as many as appropriate) and what types of decision does this information inform?

Smoking rates, tobacco control and policy is an issue Asthma UK continually monitors. We work closely with Action on Smoking and Health (ASH) and other key health organisations on this issue.

A key function of Asthma UK is to offer health advice to people with asthma, and this is our primary use of smoking cessation statistics. The health impact of smoking on asthma is enormous: it causes people to develop asthma, makes their asthma symptoms more severe and can lessen the effectiveness of some asthma medicines. It also increases the risk of more potentially life threatening asthma attacks, and even death. Asthma UK encourages people to stop smoking. The provision of smoking cessation statistics allows Asthma UK to understand the success rates of smoking cessation services, and to find out the relative merits of different therapeutic interventions and cessation methods. This feeds into our health advice, and has a direct impact on people living with asthma. Observing increases in the success rates of smoking cessation services may help Asthma UK encourage those committing to quit.

Providing a demographic and geographic breakdown of smoking cessation activity allows Asthma UK to analyse the merits of different smoking cessation methods. We analyse data from the four UK nations, and the current data release allows these national comparisons. The demographic breakdown allows us to tailor our health messaging to appeal to specific groups.

An improvement that could be made to smoking cessation data collection in Northern Ireland is the collection of CO validated quit data. Of the four UK nations, Northern Ireland is the only one not to collect this information, relying on self-reporting for the quit statistics. This means that we cannot compare this more accurate reporting method to Northern Irish results, and collecting such data would provide a true picture of the success of smoking cessation services.

2. Will the replacement of this publication with summarised statistics published on the website affect your organisation (either positively or negatively)? Yes No (please tick your answer)

If yes, please list the main impacts:

The replacement of this publication with an infographic and/or summarised statistics may make interpretation of the data easier for the general public, and thus drive engagement. It may also allow Asthma UK to present the data on our website or via social media channels in a more attractive manner.

Presenting only an infographic and/or summarised tables precludes transparency in the data. Although there are benefits to adjusting the presentation of official data, the publication of associated data tables behind the new format would be beneficial.

3. Will discontinuation of associated tables impact your organisation (either positively or negatively)?

Yes No (please tick your answer)

If yes, please list the main impacts:

The discontinuation of the smoking cessation tables may have a negative impact upon Asthma UK. It will preclude us from continuing to undertake our own analysis of the data provided in the tables, and of being able to track trends over time. Again, the problem of comparability with the rest of UK is apparent.

We would also like further clarification on what data the 'key tables' will include, and if they will be repeated year-on-year. There is too little detail included in the consultation to fully gauge the impact of the proposed changes.

PART 10: FIREWORK INJURY STATISTICS

1. Do you currently use this publication? Yes ___ No (please tick your answer)

If yes, what uses do you make of the information in the publication (list as many as appropriate) and what types of decision does this information inform?

N/A

2. Will the discontinuation of this publication and the associated data collection significantly affect your organisation (either positively or negatively) ? Yes ___ No (please tick your answer)

If yes, please list the main impacts:

N/A

3. If reason for attendance at an emergency care department was to become available in the future, how would this be of benefit to your organisation? Yes ___ No (please tick your answer)

Please list the main benefits, including the uses you would anticipate making of these data and what types of decision these data would inform (include as many as appropriate)

N/A

ANY OTHER COMMENTS

Do you have any other comments relevant to this consultation?

Asthma UK's remit is for the whole of the UK, and our reputation as an evidence-based organisation relies in part on transparent and rigorous data collection across the four nations. We constantly monitor data collection across the UK, and although each data collection organisation presents their data slightly differently, they are broadly equitable. We have recently experienced problems with bespoke data requests from the DHSSPSNI and have been informed that no requests will be accepted until April 2016 at the earliest. Asthma UK rely heavily on these requests in order to gain more specific data and would like to seek clarity on the future of bespoke data requests from DHSSPSNI. It would be of great reassurance to know that data in general, as well as that affected, would be available via data requests, and it would allow us to continue our efforts to improve the lives of people with asthma in Northern Ireland.

Coupling this with the scaling back of data and presentation proposed in this consultation presents a concerning trend for health data in Northern Ireland. Although the main data publications we use (such as Quality Outcomes Framework (QOF) tables, Health Survey Northern Ireland and Emergency Care data) are unaffected by the proposed changes, we are concerned that they could be at risk in the future. We have previously had positive experiences with acquiring data from Northern Ireland. The efficient provision of data requests has allowed Asthma UK to conduct analysis and engage with policymakers and health boards to improve services and improve the lives of people with asthma. Northern Ireland has also proved to be an innovator in the collection and analysis of data, and has informed the UK-wide practice and dialogue on data collection. We do hope that Northern Ireland maintains its commitment to the collection and presentation of quality health data, and that Asthma UK can build on its work in Northern Ireland.

We recognise there are advantages to streamlining the presentation of data to include more key findings, summaries and infographics. This will help engage the public with the data presented, and perhaps widen the impact of the data collection. However, it is important the underlying data tables are still presented, to allow organisations to conduct their own analysis, and allow cross-UK comparisons of key indicators.

The provision of good quality data, including full access to data tables, from organisations such as the DHSSPS allows Asthma UK to deliver the greatest impact for people with asthma. It is key to our analytical and policy work, and our ability to make an impact and improve lives for people with asthma in Northern Ireland and across the UK. We will follow the development of this issue with interest.

Responses should be returned no later than Thursday 14th January 2016.

Please return to: statistics@dhsspsni.gov.uk

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Many thanks for your response to this consultation. Please note that responses may be made public and attributable to the respondent.