

Response ID ANON-47UU-7HUK-M

Submitted to **Consultation on the Scottish Health Survey questionnaire content**
Submitted on **2016-10-17 15:01:13**

About You

What is your name?

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Are you responding as an individual or an organisation?

Organisation

What is your organisation?

If responding on behalf of an organisation, please enter the organisation's name here.:

Asthma UK

If you are responding on behalf of your organisation, please specify which team or department.

team/department:

External Affairs

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

Publish response with name

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Yes

Respiratory health including asthma

1 Would you like to

b) Retain the questions in this topic with some changes?

If (b), please describe the changes you propose. If you propose that new questions are added to the topic, please explain whether the questions have been tested or used in another survey.:

Ideally, we would like to see two questions added. The first question has been used in the Scottish Health Survey (SHeS) previously (and was missing in 2012 and 2014) and regards healthcare utilisation:

"Were you treated in the past 12 months for wheeze by GP/nurse at surgery/community/school/district nurse/hospital, consultant/specialist at hospital, consultant/specialist elsewhere, homeopath/acupuncturist/other alternative medicine professional?"

This would help us develop our understanding of the cost of asthma to health services. Recent research (Mukherjee et al 2016 - <https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-016-0657-8>) has shown that asthma costs the Scottish public sector at least £92 million a year, so a further breakdown would help develop an understanding of where the cost pressures are and could save the Scottish Government and NHS Scotland money. A second question to consider for addition is on school absenteeism due to asthma. This question has previously been used in the Health Survey for England (see <http://doc.ukdataservice.ac.uk/doc/6986/mrdoc/pdf/6986interviewingdocs.pdf>). This question is:

Over the last 12 months, how many days has your (name) asthma/wheezing/whistling in (your/his/her) chest caused (you/him/her) to be absent from school?

1. None
2. Less than 5
3. 5-9
4. 10-14
5. 15-19
6. 20-29
7. 30 or more

8. Don't know / can't remember this

The inclusion of this question would again allow further analysis of the impact of asthma and respiratory conditions on public services, and also allow the building of a UK-wide figure on school absenteeism due to asthma. This figure enables an understanding of the cost and impact of asthma on people with asthma and public services. The figure used in recent Asthma UK funded research into the impact of asthma (Mukherjee et al 2016) found that the rate of school absence was 252 days per 1000 children. This figure is based on Health Survey for England data, so the inclusion of this question in SHeS would enable a figure for Scotland to be developed. The same points as above could be applied to a potential question on work absences.

2 How frequently do you require information gathered by the survey on this topic?

Biennially

Please explain why you require data at this frequency.:

Asthma UK believes that the current arrangement of the asthma module appearing biennially should be retained. This schedule allows us to understand the asthma prevalence rate in Scotland, and asking the question biennially allows us to maintain up to date evidence in our work. It means the evidence used for our health advice and policy work in Scotland is up to date, and that we have a good idea of the current scale of asthma and its impact in Scotland. Recent research (Mukherjee et al 2016 - <https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-016-0657-8>) has shown that asthma costs the Scottish public sector at least £92 million a year, and the knowledge gathered by the SHeS and analysed by researchers can help policymakers and commissioners improve asthma care and reduce the economic burden on the Scottish Government. We are currently fortunate that the Scottish Health Survey includes asthma as a core module at this frequency (something we wish to see echoed in the Health Survey for England), and wish for it to maintain this status.

3 What would be the impact on your area of work if this data were no longer collected in the Scottish Health Survey?

Major impact

Please describe the expected impact in the space provided. Please also explain how the information is used, e.g. to measure progress against targets or to support key policy initiatives.:

Knowing the number of people with asthma is one of the most important pieces of data that Asthma UK uses. A high quality prevalence figure, such as that derived from SHeS data, features prominently in our media messaging, policy work and health advice content. This figure helps outline the scale of the disease to people with asthma. Ceasing the collection of the asthma module would affect this, and negatively impact our work representing people with asthma in Scotland. A strong evidence base is absolutely crucial to our efforts to improve care for people with asthma and attract more funding for life-saving research. With the Quality and Outcomes Framework due to be finish in Scotland in 2017, we are keen to ensure that data on health prevalence and outcomes continues to be available.

The availability of SHeS data on asthma has also proved invaluable to research funded by Asthma UK. A recently published paper (<https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-016-0657-8>) by the Asthma UK Centre for Applied Research (AUKCAR), based at the University of Edinburgh, used SHes data to provide insight into the prevalence, healthcare utilisation and impact of asthma in Scotland and across the UK. The continuation of the respiratory and asthma modules would allow this work to be built on, and enable further research into the impact of asthma in Scotland. This work could inform improved care and service planning to reduce the cost. This work has also led to efforts harmonise questions on asthma across the four UK health surveys, and any changes to the questions would put this in jeopardy.

Asthma UK are keen to present and share our data analysis and knowledge with our supporters, as well as policymakers, researchers and journalists. We have developed a data portal (<https://www.asthma.org.uk/get-involved/campaigns/data-portal/>), an online tool visualising asthma data across the UK. The SHeS asthma data is a key element to this, and we are keen to develop our role in interpreting and presenting data for a lay audience. This work has the additional benefit of widening the audience for the SHeS data. The quality and rigour of the methodology used by SHeS means we have confidence in using and presenting the data to our supporters as an authoritative source. We are keen to continue and develop this role by using data such as that provided by SHeS.

4 Do you require the data at subnational level?

Yes

If Yes, please specify the geography and why this is required (e.g. NHS Health Board).:

NHS Health Board is the area of choice for subnational breakdowns. This breakdown is useful for us to provide local accountability and scrutiny for at a local level. It is also useful for commissioners and researchers, as it allows the comparison of outcomes and prevalence across Scotland. The ability for health boards to 'boost' the sample size allows the size of the sample and the quality of the data to be improved, too.

5 Is it important to link information on this topic to other questions/topics in SHeS?

Yes

If Yes, which questions/topics and how frequently?

If YES, which other topics and how frequently? - Age:

Biennial

If YES, which other topics and how frequently? - Sex:

Biennial

If YES, which other topics and how frequently? - *Household characteristics:

Any other question/topic, please specify.:

Not Answered

Any other question/topic, please specify.:

Not Answered

Any other question/topic, please specify.:

Not Answered

Please explain why you need to be able to link these topics.:

Asthma and respiratory conditions affects people of all ages and sexes, and the ability to better understand the age and sex breakdown of disease prevalence is essential to help reduce hospitalisations and deaths by asthma, which in 2015, were at the highest level in Scotland for a decade (NR Scotland - <http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/general-publications/vital-events-reference-tables/2015>). Data linking enabled us to find out, for instance, that over half of asthma deaths in Scotland in 2015 were women aged 75 or over (NR Scotland: <http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/general-publications/vital-events-reference-tables/2015>). For Asthma UK, knowing how many children have asthma is essential for our messaging and health advice. Linking the data allows this, and it improves our knowledge of asthma as a condition and means we can track prevalence trends in further detail. Linking data adds greater value to the data, and allows greater insight into asthma that can be used to improve care and outcomes.

6 Would you like your answers to questions 1-5 to apply to other topics? This will avoid you having to complete the same information for each topic if your needs are the same for each. Note that the Contents page will not show those additional topics as complete, but we will be able to link your answers.

If new topic, please specify.:

7 Is any of this information available from any other source?

Yes

If Yes, please state the alternative data sources and explain the benefits of gathering this information as part of the Scottish Health Survey.:

An alternative measure of prevalence for asthma is the Quality and Outcomes Framework (QOF) data. As of 1 April 2016, QOF in Scotland has ceased, and future data publication arrangements are unclear. This makes the availability of asthma prevalence data via SHeS all the more crucial. The QOF data provides the number of people registered as having asthma with their GP, but there are a number of reservations with this data source. QOF prevalence does not provide the possibility of an age, gender or socioeconomic breakdown, rather than the more sophisticated prevalence rate available in SHeS. The SHeS data provides patient-reported figures, which is unique and provides a better picture of asthma prevalence. For a variety of reasons, not all people with asthma will be registered with their GP and will not be captured in QOF data (or a future clinician-collected dataset). People with asthma may not have disclosed that they have asthma to their GP, and thus may not be on their GP's asthma register. The SHeS data collection avoids these problems, and is the 'gold standard' for prevalence statistics. The alternative data available is not of high enough quality to guarantee a true picture of asthma prevalence.

8 Please provide any further comments you have on the future design and content of the Scottish Health Survey.

Please provide any further comments you have on the future design and content of the Scottish Health Survey.:

We look forward to finding out the results of this consultation, and would welcome the opportunity to contribute further.

Adult and child physical activity

1 Would you like to

a) Retain the questions in this topic without any changes?

If (b), please describe the changes you propose. If you propose that new questions are added to the topic, please explain whether the questions have been tested or used in another survey.:

2 How frequently do you require information gathered by the survey on this topic?

Biennially

Please explain why you require data at this frequency.:

We wish to retain the data collection schedule in order to track trends across time and understand the success of new initiatives. The current biennial schedule is adequate.

3 What would be the impact on your area of work if this data were no longer collected in the Scottish Health Survey?

Some impact

Please describe the expected impact in the space provided. Please also explain how the information is used, e.g. to measure progress against targets or to support key policy initiatives.:

We know that physical activity is good for people with asthma, and can help reduce asthma symptoms, as well improving general health and well being. Although we have not used physical activity data recently, it is something we monitor and could potentially be used in our health advice messaging and media work to help stop asthma attacks and support people with asthma. Respondent-reported data provides the most accurate, impartial data, and it is the source we would use if

we were to develop our knowledge of levels of physical activity. As asthma can affect anyone of any age, we need to understand the lifestyles of the wide range of people that affects to best provide meaningful support and intelligence. The Scottish Health Survey (SHeS) provides this data and it is important that it is maintained.

4 Do you require the data at subnational level?

Yes

If Yes, please specify the geography and why this is required (e.g. NHS Health Board):

NHS Health Board is the area of choice for subnational breakdowns. This breakdown is useful for us to provide local accountability and scrutiny for at a local level. It is also useful for commissioners and researchers, as it allows the comparison of outcomes and prevalence across Scotland. The ability for health boards to 'boost' the sample size allows the size of the sample and the quality of the data to be improved, too.

5 Is it important to link information on this topic to other questions/topics in SHeS?

Yes

If Yes, which questions/topics and how frequently?

If YES, which other topics and how frequently? - Age:

Biennial

If YES, which other topics and how frequently? - Sex:

Biennial

If YES, which other topics and how frequently? - *Household characteristics:

Any other question/topic, please specify.:

Not Answered

Any other question/topic, please specify.:

Not Answered

Any other question/topic, please specify.:

Not Answered

Please explain why you need to be able to link these topics.:

Levels of physical activity vary widely across age groups, and being able to gather an understanding of this breakdown is essential to better understand the lifestyles of people with asthma, and improve our health advice to people with asthma. Asthma affects people of all ages, and providing a breakdown of physical activity levels by age and sex would increase knowledge and assist healthcare planning and treatments, as well as allow Asthma UK to tailor our health advice content.

6 Would you like your answers to questions 1-5 to apply to other topics? This will avoid you having to complete the same information for each topic if your needs are the same for each. Note that the Contents page will not show those additional topics as complete, but we will be able to link your answers.

If new topic, please specify.:

7 Is any of this information available from any other source?

No

If Yes, please state the alternative data sources and explain the benefits of gathering this information as part of the Scottish Health Survey.:

8 Please provide any further comments you have on the future design and content of the Scottish Health Survey.

Please provide any further comments you have on the future design and content of the Scottish Health Survey.:

We look forward to finding out the results of this consultation, and would welcome the opportunity to contribute further.

Smoking and e-cigarettes

1 Would you like to

a) Retain the questions in this topic without any changes?

If (b), please describe the changes you propose. If you propose that new questions are added to the topic, please explain whether the questions have been tested or used in another survey.:

2 How frequently do you require information gathered by the survey on this topic?

Annually

Please explain why you require data at this frequency.:

Smoking makes asthma worse and can trigger life-threatening asthma attacks. Up to date knowledge on the impact of smoking in Scotland helps improve the services and advice provided to encourage people to quit. Therefore, we wish for questions on smoking to continue to be asked on an annual basis. This will allow Asthma UK to continue our monitoring of smoking prevalence trends, and also to track the impact of laws we have campaigned for, such as the new law in Scotland banning smoking in cars containing children, and the UK-wide plain packaging legislation. Legislation on tobacco has moved at a pace in recent years, and frequent data collection enables the scrutiny and evaluation of the impact of these changes.

3 What would be the impact on your area of work if this data were no longer collected in the Scottish Health Survey?

Major impact

Please describe the expected impact in the space provided. Please also explain how the information is used, e.g. to measure progress against targets or to support key policy initiatives.:

Smoking rates, e-cigarette usage and smoking cessation is an issue that Asthma UK continually monitors. 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. We work closely with Action on Smoking and Health Scotland (ASH) and other key health organisations on this issue.

Although there is another reliable source of smoking prevalence data available (the Scottish Household Survey), the Scottish Health Survey (SHeS) is the preferred data source for Asthma UK. These reasons are discussed later in the consultation response. Having good quality data continue to be collected on the number of smokers and people affected by smoking is essential to our health advice work, supporting people with asthma in Scotland and campaigning activities in Scotland.

Smoking cessation data collection is also important, and observing increases in the success rates of smoking cessation services helps Asthma UK encourage those committing to quit. It is also important for us to monitor the relative success rates of the different quit methods available, in order to make sure our knowledge and messaging is up to date.

4 Do you require the data at subnational level?

Yes

If Yes, please specify the geography and why this is required (e.g. NHS Health Board).:

NHS Health Board is the area of choice for subnational breakdowns. This breakdown is useful for us to provide local accountability and scrutiny for at a local level. It is also useful for commissioners and researchers, as it allows the comparison of outcomes and prevalence across Scotland. The ability for health boards to 'boost' the sample size allows the size of the sample and the quality of the data to be improved, too.

5 Is it important to link information on this topic to other questions/topics in SHeS?

Yes

If Yes, which questions/topics and how frequently?

If YES, which other topics and how frequently? - Age:

Annual

If YES, which other topics and how frequently? - Sex:

Annual

If YES, which other topics and how frequently? - *Household characteristics:

Any other question/topic, please specify.:

Not Answered

Any other question/topic, please specify.:

Not Answered

Any other question/topic, please specify.:

Not Answered

Please explain why you need to be able to link these topics.:

Providing a demographic and geographic breakdown of smoking prevalence and behaviour allows Asthma UK to analyse differing levels of smoking prevalence and 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, and to better understand the impact of smoking on asthma.

6 Would you like your answers to questions 1-5 to apply to other topics? This will avoid you having to complete the same information for each topic if your needs are the same for each. Note that the Contents page will not show those additional topics as complete, but we will be able to link your answers.

If new topic, please specify.:

7 Is any of this information available from any other source?

Not Answered

If Yes, please state the alternative data sources and explain the benefits of gathering this information as part of the Scottish Health Survey.:

The Scottish Household Survey (SHS) also provides smoking prevalence figures. The SHS is a high-quality survey that has many valuable uses, but the SHeS provides a more in-depth range of questioning on smoking behaviour, has a larger sample and a longer history. We support it becoming the preferred data source for Scottish smoking prevalence (<http://www.gov.scot/Resource/0050/00506173.pdf>). However, if there are to be changes to the structure and questions asked in the Scottish Health Survey, it should be done with the collaboration of the SHS to ensure no knowledge is lost.

We also use smoking cessation data available from ISD Scotland. This is also high quality data, with breakdowns for geography, quit method and demography. However, it only covers those contacting NHS services. Those who use other methods or do it with no support will not be covered. This dataset would be an acceptable substitute for the SHeS data, but the self-reported and independent nature of SHeS allows perhaps a closer reflection of the true scale and success rates of those seeking to quit smoking.

8 Please provide any further comments you have on the future design and content of the Scottish Health Survey.

Please provide any further comments you have on the future design and content of the Scottish Health Survey.:

We look forward to finding out the results of this consultation, and would welcome the opportunity to contribute further.

Evaluation

7 Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)

Matrix 1 - How satisfied were you with this consultation?:

Slightly satisfied

Please enter comments here.:

In general, quite clear about the purpose of the consultation, and the supporting material was easy to access and useful.

Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?:

Slightly satisfied

Please enter comments here.:

The online form was fine to use, but alternative methods of responding (such as a letter should be promoted as being available. A general comments section for the whole consultation may be useful too.