

Consultation on changes to HSCIC Statistics 2016/17 – 2018/19

April 2016

About you

To help us better understand your needs, we would like to know a bit about you. We only intend to use this information for analysis purposes.

Are you answering this questionnaire on behalf of an organisation or as an individual?

Organisation

What is your organisation (if applicable)?

Optical Confederation

What sector do you work in? This will assist us in monitoring the range of users the consultation has reached.

- Academia / research
- Private health or care provider
- Journalists / media
- National government department / organisation
- Local or regional NHS organisation
- Local or regional government / other public organisation
- Voluntary and charity
- International organisation
- **Other (please specify) - professional body**

Your response

To support transparency in our decision making, responses to this consultation will be made public. This will include the name of your organisation, and with your permission, also your name.

Please let us know if you are content for your name to be published. We will not publish personal contact details. Any information provided in response to this consultation could be made publicly available if requested under a Freedom of Information request. The information you send us may be passed to other parts of Government.

Yes

May we contact you to discuss your response to this consultation? This may be to follow up any specific points that we need to clarify.

Yes

Are you happy for us to contact you about future HSCIC consultations and surveys?

Yes

Overall, how satisfied were you with our consultation process? (Please choose from: very satisfied, satisfied, neither, dissatisfied, very dissatisfied)

Satisfied

Annex A: Statistical products which could be affected by the proposal to change how we publish

Ref	Product	Proposal Details	Link	Q1. Select the level of impact of the change proposed?	Q2. Describe the impact of the change on you/ your work?	Q3. Do you have any suggestions for topics or themes where you would like us to provide more analysis? Please explain why this would be useful to you.	Q4. Do you have any other comments?
A1	Estates Return Information Collection (ERIC)	We will split the publication into two stages – an initial release of the base data with a short summary, followed by a more detailed public-facing publication some weeks later. Therefore data will be in the public domain at the earliest possible opportunity – probably some six weeks sooner that it would be.	Estates Return Information Collection (ERIC)	Do not use			
A2	NHS Outcomes Framework	We will reduce commentary, develop the dashboard and publish information in one location. Also see ref B1 and C1.	NHS Outcomes Framework	Low impact	We do not believe that this will affect our work.	Analysis on eye sight/ health would be useful.	No further comments.

Ref	Product	Proposal Details	Link	Q1. Select the level of impact of the change proposed?	Q2. Describe the impact of the change on you/ your work?	Q3. Do you have any suggestions for topics or themes where you would like us to provide more analysis? Please explain why this would be useful to you.	Q4. Do you have any other comments?
A3	Health Survey for England	<p>Annual report (volume 1) has previously covered a mix of regular and infrequent topics depending on the survey content each year. This report will be shorter and report on fewer topics in detail. There may be fewer tables on regular topics such as social care, obesity, alcohol and smoking in some years in future: maybe a small number of core tables each year with some additional tables that vary over the years.</p> <p>Population estimates tables and trend tables are unaffected. Commentary about trends will continue.</p> <p>The underlying dataset would still be made available via the UK Data Service archive.</p> <p>Also see ref B3.</p>	<p>Health Survey for England</p> <p>Health Survey for England: Trend Tables</p>	Low impact	Provided that visual impairment and general health are still included in the survey we do not believe that this will impact on our work.	<p>A survey on sight tests to determine:</p> <ul style="list-style-type: none"> whether people have had a test in the last two years whether it was private or NHS funded what made them seek the sight test if they have a visual impairment if they have children, have they taken them for a sight test before the age of 5? if they haven't recently had a sight test, have they ever had a sight test <p>This would be useful in order to determine the percentage of the population that are missing out on sight tests and highlight the importance of education as to why they are important.</p>	No further comments.
A4	Breast Screening Programme, England (Annual)	We will reduce commentary and increase use of infographic type presentation. Data tables unaffected.	Breast Screening Programme	Do not use			
A5	Cervical screening programme, England (Annual)	We will reduce commentary and increase use of infographic type presentation. Data tables unaffected.	Cervical screening programme	Do not use			

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A6	National Child Measurement Programme, England	We will reduce commentary and publish in a PowerPoint format using infographics. Data tables unaffected.	National Child Measurement Programme	Do not use			
A7	Sexual and Reproductive Health Services, England	We will reduce commentary and publish in a PowerPoint format using infographics. Data tables unaffected.	Sexual and Reproductive Health Services	Do not use			
A8	Smoking, Drinking and Drug Use Among Young People in England	We will reduce commentary and publish in a PowerPoint format using infographics. Data tables unaffected. Also see ref C4.	Smoking, Drinking and Drug Use Among Young People	Do not use			
A9	Statistics on Women's Smoking Status at time of delivery, England	We will reduce commentary and publish in a PowerPoint format using infographics. Data tables unaffected.	Year-end: Smoking Status at delivery Quarterly: Smoking Status at delivery	Do not use			
A10	Statistics on NHS Stop Smoking Services in England	We will reduce commentary and publish in a PowerPoint format using infographics. Data tables unaffected. Also see ref C3.	Year-end: NHS Stop Smoking Services Quarterly: NHS Stop Smoking Services	Do not use			

Ref	Product	Proposal Details	Link	Q1. Select the level of impact of the change proposed?	Q2. Describe the impact of the change on you/ your work?	Q3. Do you have any suggestions for topics or themes where you would like us to provide more analysis? Please explain why this would be useful to you.	Q4. Do you have any other comments?
A11	NHS Immunisation Statistics, England (Annual)	We will reduce commentary and increase use of infographic type presentation. Data tables unaffected.	NHS Immunisation Statistics	Do not use			
A12	Female Genital Mutilation	We will review the content and format of outputs after the first year. These are currently Experimental statistics including quarterly and annual PDF report, supporting tables, CCG level tables and Open Data.	Female Genital Mutilation	Do not use			

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A13	General Ophthalmic Services activity statistics (Annual)	We will merge these activity statistics with the General Ophthalmic services workforce statistics. Also see ref C6 and A14.	General Ophthalmic Services activity statistics	Low impact	The Optical Confederation and our members use these statistics frequently. However we do not foresee any problems for us in merging these statistics with the ophthalmic service workforce statistics providing the detail is still captured.	Determining the percentage of NHS patients who are referred by their optometrist to their GP/the hospital. This is extremely important for planning capacity across primary and secondary care and understanding optometry's contribution to the wider activity of the NHS. It would be useful to have data on orthoptist led school vision screening - such as where the screening takes place and when it takes place (ie specific times of the year etc).	Combining these publications, providing no data are lost, could potentially make these publications more accessible, with the majority of the NHS ophthalmic statistical data in one place. E-GOS should enable better data collection and more accurate and greater analysis, however at present data availability has got worse as a result of PCSE batching claims. This has been a retrograde step which we hope will soon be reversed. As e-GOS is implemented it should enable more demographic and outcomes data to be collected. However this data should be harvested automatically and not add costs throughout the system.

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A14	General Ophthalmic services workforce statistics (Annual)	We will merge these workforce statistics with the General Ophthalmic services activity statistics, once the new ophthalmic payment system is introduced and running (from 2017). Also see ref A13.	General Ophthalmic Services, Workforce Statistics	Low impact	The Optical Confederation and our members use these statistics frequently for workforce planning purposes. However we do not foresee any problems for us in merging of these statistics with the ophthalmic service workforce statistics, provided the detail is still captured.		Combining these publications, provided that no data are lost, could potentially make these publications more accessible, with the majority of the NHS ophthalmic statistical data in one place.
A15	Hospital Episode Statistics, Admitted Patient Care - England	We will reduce commentary in the Summary Report and merge the separate data quality notes into one. The name will be changed to be consistent with other HES annual publications.	Annual HES Admitted Patient Care	Medium impact	Provided that the data and tables in the public domain remain as accessible as they currently do, it seems reasonable to reduce the commentary These data are essential for monitoring variations in activity at local and national level		No further comments

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A16	Hospital Outpatient Activity	We will reduce commentary in the Summary Report and merge the separate data quality notes into one. The name will be changed to be consistent with other HES annual publications.	Annual HES Outpatients	Medium impact	<p>Provided that the data and the tables in the public domain remain as accessible as they currently do, it seems reasonable to reduce the commentary</p> <p>Ophthalmic services are predominantly out-patient based. As such, any loss of outpatient activity data would have an adverse impact on ability to track and defend eye care services which are high volume and under extreme pressure.</p> <p>Capacity issues are amongst the most difficult challenges currently faced by eye clinics.</p>	<p>Improving the quality and completeness of Hospital Out-patient data coded for primary diagnosis and procedure would be enormously useful for reviewing and monitoring ophthalmic service activity, its variations, and informing service and capacity planning.</p> <p>Outpatient monitoring and treatment of chronic eye diseases comprises a large proportion of hospital eye services work. Preservation of vision for conditions such as macular degeneration, glaucoma and diabetic retinopathy depends on regular monitoring assessments and treatment. The quality of these services has a major impact on disease progression towards blindness.</p> <p>Understanding the extent and severity of delays to patient visits is a critical quality issue for eye clinics and these data are currently unavailable at a national level and frequently unavailable even at a local level.</p>	<p>This publication is used to determine the number of ophthalmology outpatient appointments in hospitals and the scope for shifting some of these appointments to community optical practices. Enabling optical practices to provide these community services under the NHS Standard Contract will ease pressure on hospitals. Currently ophthalmology outpatient appointments comprise 8.3% of outpatient appointments in hospitals (over 7 million), the second highest number of outpatient attendances. This is because most eye diseases are progressive and life-long follow up and intervention is required.</p> <p>Delayed visits are recognised and documented as having resulted in loss of vision for patients. This problem has been ongoing for over a decade.</p>

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A17	Accident and Emergency Attendances in England	We will reduce commentary in the Summary Report and merge the separate data quality notes into one. The name will be changed to be consistent with other HES annual publications.	Annual HES A&E	Low impact	These changes will not affect our work.	Capability to provide an analysis on the type of attendance would be useful, should the necessary data be provided by trusts. For example current categories include minor injury, single speciality, consultant led etc. It would be useful, however, to have more specific detail, for example the percentage of minor injuries that related to the eye. Some of these may be able to be treated by an optical practice to decrease pressure in hospital A & E Departments.	
A18	NHS Maternity Statistics - England	We will reduce commentary in the Summary Report and merge the separate data quality notes into one. The name will be changed to be consistent with other HES annual publications.	Annual HES Maternity	Do not use			
A19	Adult Critical Care Data in England	We will reduce commentary in the Summary Report. The name will be changed to be consistent with other HES annual publications.	Annual HES Critical Care	Do not use			
A20	Summary Hospital-level Mortality Indicator	We will publish the PDF report annually instead of quarterly. The quarterly publication would still include the underlying indicator, with data tables and key findings.	Summary Hospital-level Mortality Indicator	Do not use			

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A21	Mental Capacity Act 2005, Deprivation of Liberty Safeguards Assessments (England)	We will reduce commentary, increase the efficiency and utility of tables, and investigate other methods of presenting data.	Mental Capacity Act 2005, DoLS	Do not use			
A22	Measures from the Adult Social Care Outcomes Framework (ASCOF), England	We will reduce commentary and produce a high-level summary of key findings together with interactive dashboards and csv files. This will replace the existing pdf report, tables and charts annex, NASCIS OLAP, NASCIS standard reports and the current ASCOF website.	Measures from the Adult Social Care Outcomes Framework	Low impact			
A23	Community Care Statistics: Social Services Activity, England	We will reduce commentary, increase the efficiency and utility of tables, and investigate other methods of presenting data.	Community Care Statistics: Social Services Activity, England	Low impact	Reducing the commentary gives us no cause for concern provided that the data and tables are still available.	No further suggestions.	The statistics are useful in determining how many people may be entitled to domiciliary sight tests, and whether current domiciliary provision is adequate to meet needs.
A24	Personal Social Services Survey of Adult Carers in England (SACE)	We will reduce commentary and produce a high-level summary of key findings together with interactive dashboards and csv files. This will replace the existing pdf report.	Personal Social Services Survey of Adult Carers in England	Do not use			
A25	Safeguarding Adults	We will reduce commentary and alter the way the data is displayed to account for changes in the underlying data source.	Safeguarding Adults	Do not use			

Ref	Product	Proposal Details	Link	Q1. Select the level of impact of the change proposed?	Q2. Describe the impact of the change on you/ your work?	Q3. Do you have any suggestions for topics or themes where you would like us to provide more analysis? Please explain why this would be useful to you.	Q4. Do you have any other comments?
A26	Personal Social Services: Expenditure and Unit Costs, England	.We will reduce commentary and the number of tables to a single machine readable file of all data, one spreadsheet of summary tables, and a comparator tool.	Personal Social Services: Expenditure and Unit Costs, England	Do not use			
A27	Personal Social Services Adult Social Care Survey (ASCS), England	We will reduce commentary and produce a high-level summary of key findings together with interactive dashboards and csv files. This will replace the existing pdf report. Also see ref C8.	Personal Social Services Adult Social Care Survey, England	Do not use			
A28	Guardianship under the Mental Health Act, 1983	We will reduce commentary, increase the efficiency and utility of tables, and investigate other methods of presenting data. Also see ref C9.	Guardianship under the Mental Health Act 1983	Do not use			
A29	Maternity Services Monthly Statistics	We will reduce the number of supporting reference data tables as more measures are made available via the new iViewPlus system. This is an Experimental Statistic from the new Maternity Services Data Set which began flowing in April 2015.	Maternity Services Monthly Statistics	Do not use			
A30	Prescribing for Diabetes annual publication	We will reduce commentary.	Prescribing for Diabetes annual publication	Do not use			

Ref	Product	Proposal Details	Link	Q1. Select the level of impact of the change proposed?	Q2. Describe the impact of the change on you/ your work?	Q3. Do you have any suggestions for topics or themes where you would like us to provide more analysis? Please explain why this would be useful to you.	Q4. Do you have any other comments?
A31	Prescriptions Dispensed in the Community	We will reduce commentary and the range of analyses and produce more factsheets. Some 10 year trends could be dropped.	Prescriptions Dispensed in the Community	Low impact	These changes will not affect our work.	We would find it useful if prescriptions dispensed by community optometrists were included. Given the increase in optical practices providing community services this addition would be useful for the profession and commissioners.	As NHS community eye care services become commissioned as standard, we would expect optometrists' prescriptions also to feature in these statistics

Annex B: Statistical products which could be affected by the proposal to change scope

Ref	Product	Proposal	Link	Q5. Select the level of impact of the change proposed?	Q6. Describe the impact of the change on you/your work?	Q7. Do you have any other comments?
B1	NHS Outcomes Framework	<p>We will:</p> <ul style="list-style-type: none"> stop re-publishing indicators which are already published by other organisations; Set limit on time series of data to 5 or 10 years; Remove sub national breakdowns (eg local authority level) and other non-standard aggregations; Remove quarterly data periods from annual publications. <p>Also see ref A2 and C1.</p>	NHS Outcomes Framework	Low impact	The only proposed change that would impact adversely on our work is the removal of the sub national breakdowns. These are essential for comparative and planning purposes and the read-across to local authority areas is very helpful especially as more devolution and integrated planning and delivery takes place.	No further comments.
B2	CCG Outcomes Indicator Set	<p>We will stop re-publishing indicators which are already published by other organisations, and set limit on time series of data to 5 or 10 years.</p> <p>Also see ref C2.</p>	CCG Outcomes Indicator Set	Low impact	This is sensible and will not affect our work.	No further comments.
B3	Health Survey for England (HSE)	<p>We will reduce sample size for nurse visits by offering the nurse visit in 80% rather than 100% of households where HSE interviews are achieved.</p> <p>The Child nurse visit will be dropped in some survey years.</p> <p>There will be some cuts to the interview content of HSE, the details of which will be determined with advice from the HSE Steering Group. The Steering Group includes various stakeholders including the Department of Health, Public Health England and NHS England.</p> <p>Also see ref A3.</p>	Health Survey for England (HSE)	Low impact	These changes will not affect our work.	No further comments.

Ref	Product	Proposal	Link	Q5. Select the level of impact of the change proposed?	Q6. Describe the impact of the change on you/your work?	Q7. Do you have any other comments?
B4	General Pharmaceutical Services in England	We will change the scope of this publication to ensure it better meets users' needs. The current publication does not report on all services and the contract for community pharmacists is under negotiation.	General Pharmaceutical Services in England	Do not use		
B5	NHS Dental Statistics for England, (three quarterly publications and one annual)	For the quarterly publication we will shorten the report to a one page highlight. For all the annual publication we will shorten the PDF report, and publish time series data.	Quarterly: NHS Dental Statistics Annual: NHS Dental Statistics	Do not use		
B6	NHS Continuing Healthcare Activity (quarterly)	We will shorten the PDF report to one page.	NHS Continuing Healthcare Activity Statistics	Do not use		
B7	Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data	We will stop routine production of HES special topics. Topic-specific analysis are likely to be incorporated into ad hoc special reports instead. We will incorporate the content of the Monthly HES-DID Linkage publication into Provisional Monthly HES publication, and discontinue the HES-DID Linkage publication series. Also see ref D4.	Provisional Monthly HES Monthly HES-DID Linkage	Do not use		
B8	Patient Reported Outcome Measures (PROMs) in England	We will stop routine production of PROMs special topics. Topic-specific analysis likely to be incorporated into ad hoc special reports instead. Also see ref C7.	Patient Reported Outcome Measures	Do not use		

Annex C: Statistical products which could be affected by the proposal to change frequency of publication

Ref	Product	Proposal	Link	Q8. Select the level of impact of the change proposed?	Q9. Describe the impact of the change on you/ your work?	Q10. Do you have any other comments?
C1	NHS Outcomes Framework - commentary	We will reduce the frequency of commentary from quarterly to biannual. One indicator on patient safety will be published annually instead of biannually. Also see ref A2 and B1.	NHS Outcomes Framework - commentary	Low impact	These changes will not affect our work	No further comments.
C2	CCG Outcomes Indicator Set	We will reduce the frequency of commentary from quarterly to biannual. A number of indicators will be published annually instead of quarterly (using final data only instead of provisional data). Also see ref B2.	CCG Outcomes Indicator Set	Low impact	These changes will not affect our work	No further comments.
C3	Statistics on NHS Stop Smoking Services in England	We will reduce the frequency of this publication from quarterly to annual. Also see ref A10.	Year-end: NHS Stop Smoking Services Quarterly: NHS Stop Smoking Services	Do not use		
C4	Smoking, Drinking and Drug Use Among Young People in England	We will reduce the minimum frequency of this publication from annual to biennial. Surveys are currently planned for 2016 and 2018. There could be surveys in intervening years if externally funded. Also see ref A8.	Smoking, Drinking and Drug Use Among Young People	Do not use		
C5	Practice level prescribing data release	We will reduce frequency from monthly to quarterly reporting.	Practice level prescribing data release	Do not use		

C6	General Ophthalmic Services activity statistics, selected statistics (half year publication only)	We will reduce the frequency from biannual to annual publication only. Also see ref A13.	General Ophthalmic Services activity statistics, selected statistics	Low impact	We use these data to track important trends in eye health but, although we will have less early warning of changes, we can still work with annual data and so support the change.	We would however appreciate a monthly breakdown of sight tests in the annual publication, or at the very least still including the six month sight test figures in the annual publication so that they are still captured. Decisions regarding services and fees are generally only made once a year so the change to an annual publication shouldn't have a huge impact.
C7	Provisional Monthly Patient Reported Outcome Measures (PROMs) in England	We will stop monthly publication of PROMs and instead publish on a quarterly and annual basis only. Also see ref B8.	Patient Reported Outcome Measures	Do not use		
C8	Personal Social Services Adult Social Care Survey, England	We will reduce the frequency of the survey to run every two years. This would allow it to run alternately with Personal Social Services Survey of Adult Carers in England (SACE). Also see ref A27.	Personal Social Services Adult Social Care Survey	Do not use		
C9	Guardianship under the Mental Health Act, 1983	We will move to biennial collecting and reporting, and reduce the scope of the data so that it only covers activity in the current year. Also see ref A28.	Guardianship under the Mental Health Act 1983	Do not use		
C10	Assuring Transformation Collection – Monthly and quarterly release	We will stop the quarterly publication and move all additional elements of the quarterly publication into the monthly. This may mean that the monthly publication takes longer to produce.	Assuring Transformation Collection	Do not use		

Annex D: Statistical products which we propose to stop

Ref	Product	Proposal	Link	Q11. Select the level of impact if this product is stopped?	Q12. Describe the impact if we stopped producing the statistics you use?	Q13. Are there any other sources of funding that could be used for any of these statistics?	Q14. Do you have any other comments?

Ref	Product	Proposal	Link	Q11. Select the level of impact if this product is stopped?	Q12. Describe the impact if we stopped producing the statistics you use?	Q13. Are there any other sources of funding that could be used for any of these statistics?	Q14. Do you have any other comments?
D1	Registered Blind and Partially Sighted People	We propose to stop the triennial collection due as the data is held by local authorities and used by a limited stakeholder base. If it continues, we propose that it is included in the Community Care Statistics: Social Services Activity report.	Registered Blind and Partially Sighted People	Medium impact	<p>These statistics are important as they support the national eye health indicator. They also provide information regarding the number of visually impaired people residing in the UK and the breakdown in terms of age. The numbers are important for our members to assess eye care needs. They are used by high street practices, hospitals, charities (such as Guide Dogs and RNIB) to anticipate demand, supply and for planning. They are also useful for policy planning, community service planning, spending etc and to determine changes over time. For example the most recent publication showed a 17% increase in blind children.</p> <p>There has also been a gradual increase in the visual impaired and blind populations in the 18 - 49 and 50 - 66 age groups since the report was first published.</p>	Not that we are aware of.	The proposed option of incorporating these statistics into the social services activity report would be a cost saving measure and definitely worth considering if this is the only way the statistics will continue to be captured. Confirmation, however, that this is occurring prior to the product being removed would be appreciated.

Ref	Product	Proposal	Link	Q11. Select the level of impact if this product is stopped?	Q12. Describe the impact if we stopped producing the statistics you use?	Q13. Are there any other sources of funding that could be used for any of these statistics?	Q14. Do you have any other comments?
D2	Personal Social Services: Staff of Social Services Departments, England	We propose that this publication will cease. This is due to limitations of the current data, in that it only covers staff employed (directly and indirectly) by adult social services departments in England.	Personal Social Services: Staff of Social Services Departments, England	Do not use			
D3	Dissemination of Adult Social Care statistics through the National Adult Social Care Intelligence Service (NASCIS)	We will no longer disseminate Adult Social Care statistics through the National Adult Social Care Intelligence Service (NASCIS). Data would be disseminated instead through other channels.	National Adult Social Care Intelligence Service (NASCIS)	Do not use			
D4	HES-DID Data Linkage Report - Provisional Summary Statistics, (Experimental)	We will incorporate the content of this publication into Provisional Monthly HES publication, and discontinue the HES-DID Linkage publication series. Also see ref B7.	Monthly HES-DID Linkage	Do not use			
D5	Numbers of Patients registered at a GP practice	We will stop this quarterly publication. Some information will continue to be available at national level via Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses.	Numbers of Patients registered at a GP practice	Do not use			
D6	Provisional Accident and Emergency Quality Indicators - England	We will stop this monthly publication due to unclear need.	Monthly A&E Quality Indicators	Do not use			

Annex E: Statistical products which are not included in this consultation

Ref	Product	Status	Link	Q15. Do you have any comments on the status of the products in this section?
E1	National Diabetes Audit	Not a designated Official Statistic and directly commissioned by external agency therefore not included in planned changes. Comments however are welcome. Currently several annual reports with pdfs, a PowerPoint product, and various national and service level spreadsheets.	National Diabetes Audit	
E2	National Diabetes Inpatient Audit	Not a designated Official Statistic and directly commissioned by external agency therefore not included in planned changes. Comments however are welcome. Currently annual PDF report and PowerPoint product, supporting data excel and hospital level excel.	National diabetes inpatient audit	
E3	National Pregnancy in Diabetes Audit	Not a designated Official Statistic and directly commissioned by external agency therefore not included in planned changes. Comments however are welcome. Currently annual PDF national and regional reports, supporting data excel and patient facing report.	National pregnancy in Diabetes audit	
E4	National Diabetes Footcare Audit	Not a designated Official Statistic and directly commissioned by external agency therefore not included in planned changes. Comments however are welcome.	First publication due in 2016	
E5	National Pulmonary Hypertension Audit	Although moving into the 7 th annual report, this audit is new to being an Official Statistic. The report is undergoing structural changes this year which will incorporate principals of the approach proposed in this consultation. Currently annual PDF and supporting Excel. Directly commissioned by external agency therefore not included in planned changes. Comments however are welcome.	National Pulmonary Hypertension audit	

E6	National Bowel Cancer Audit	Not a designated Official Statistic and directly commissioned by external agency therefore not included in planned changes. Comments however are welcome. Currently an annual PDF report and data for transparency.	National Bowel Cancer Audit	
E7	National Oesophago-Gastric Cancer Audit	Not a designated Official Statistic and directly commissioned by external agency therefore not included in planned changes. Comments however are welcome. Currently an annual PDF report and local action plan.	National Oesophago-Gastric Cancer Audit	
E8	NHS Safety Thermometer	Separate consultation to be undertaken on whether this is to remain as an Official Statistic. Additional questions on content, format and frequency to be considered.	NHS safety thermometer	
E9	Statistics on Smoking, England	Report was recently subjected to a National Statistics consultation. The results of that consultation will be combined with the results from the new consultation when formulating an action plan.	Statistics on Smoking, England Consultation on Lifestyles Compendia Reports	
E10	Statistics on Alcohol, England	Report was recently subjected to a National Statistics consultation. The results of that consultation will be combined with the results from the new consultation when formulating an action plan.	Statistics on Alcohol, England Consultation on Lifestyles Compendia Reports	
E11	Statistics on Drug Misuse, England	Report was recently subjected to a National Statistics consultation. The results of that consultation will be combined with the results from the new consultation when formulating an action plan.	Statistics on Drug Misuse, England Consultation on Lifestyles Compendia Reports	
E12	Statistics on Obesity, Physical Activity and Diet, England	Report was recently subjected to a National Statistics consultation. The results of that consultation will be combined with the results from the new consultation when formulating an action plan.	Statistics on Obesity, Physical Activity and Diet, England Consultation on Lifestyles Compendia Reports	

E13	Health and Wellbeing of 15-year-olds in England - Main findings from What About YOUth?	The survey recently underwent a user consultation. The results of that consultation will be combined with the results from this consultation when formulating an action plan.	Health and Wellbeing of 15-year-olds in England Consultation for What About YOUth	
E14	Survey of the Mental Health of Children and Young People	This is an infrequent survey and was last carried out in 2004. A 2016 survey will be carried out and reported on in 2018.	Survey of the Mental Health of Children and Young People	
E15	Children's Dental Health Survey	This survey is carried out every 10 years, subject to funding being available. The next publication in 2024 sits outside the scope of this consultation.	Children's Dental Health Survey	
E16	Adult Dental Health Survey	This is a 10 yearly survey, subject to government funding. Next due in 2019.	Adult Dental Health Survey	
E17	Adult Psychiatric Morbidity Survey - Survey of Mental Health and Wellbeing, England	This is a 7 yearly survey, subject to government funding. 2014 Survey has been defined and is to be published in September 2016. The following publication in 2023 sits outside the scope of this consultation.	2007 Adult Psychiatric Morbidity Survey - Survey of Mental Health and Wellbeing, England 2014 Adult Psychiatric Morbidity Survey - Survey of Mental Health and Wellbeing, England	
E18	Prescription Cost Analysis, England	This publication is already efficiently produced in line with the modernised publication principles described in section A and therefore no changes are planned.	Prescription Cost Analysis, England	
E19	NICE Technology Appraisals in the NHS in England (Innovation Scorecard)	Recent user feedback is being used to improve this publication. Changes will be determined with advice from the Innovation Scorecard operational group. Moving from Experimental to Official Statistics status in April 2016.	Innovation Scorecard	

E20	CCG Prescribing Data	Quarterly data release via csv files and on iView analytical tool. This publication is already efficiently produced in line with the modernised publication principles described in section A and therefore no changes are planned.	CCG Prescribing Data	
E21	Prescribing Costs in Hospitals and the Community annual publication	Publication was reviewed and streamlined in 2015. No further updates planned at this time.	Prescribing costs in hospitals and the community	
E22	Quality and Outcomes Framework, Achievement, prevalence and exceptions data, annual publication	Consultation in 2014 identified changes and updates. No further updates planned at this time.	Quality and Outcomes Framework, Achievement, prevalence and exceptions data, annual publication	
E23	Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses (Monthly)	This is a relatively new publication which was developed in line with the modernised publication principles described in section A and therefore no changes are planned at this time.	Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses, monthly publication	
E24	GP Contract Services, annual publications of GP contract services, grouped	This is a relatively new publication which was developed in line with the modernised publication principles described in section A. Feedback is welcome to inform continuous improvement.	GP Contract Services, annual publications of GP contract services, grouped	
E25	Finalised Patient Reported Outcome Measures (PROMs) in England	NHS England are carrying out a separate consultation on the PROMs programme. Any changes to this statistical product will result from the outcome of that consultation.	Patient Reported Outcome Measures	
E26	Compendium of population health indicators: readmissions within 28 days of a hospital discharge	A Compendium specific consultation is planned in late Spring/early Summer 2016 which will cover the whole Compendium of Population Health Indicators set.	Compendium of population health indicators: readmissions within 28 days of a hospital discharge	

E27	Compendium of population health indicators: HES: deaths within 30 days of a hospital procedure or of an emergency admission to hospital	A Compendium specific consultation is planned in late Spring/early Summer 2016 which will cover the whole Compendium of Population Health Indicators set.	Compendium of population health indicators	
E28	NHS Sickness Absence Rates – Monthly Provisional Statistics	Planning a separate in depth consultation. This will likely challenge the methodology, ensuring the statistics make use of the full potential of the Workforce Minimum Data Set recently agreed with other central bodies.	NHS Sickness Absence Rates – Monthly Provisional Statistics	
E29	NHS Staff Earnings Estimates – Quarterly Provisional Statistics	This was partially covered by recent workforce statistics consultation which led to the reduction in frequency of publication and the reduction of accompanying text in the report. Make use of interactive tools, allowing users to view information in a different way.	NHS Staff Earnings Estimates Consultation on NHS Hospital and Community Health Service workforce statistics	
E30	NHS Workforce statistics	Statistics have recently been consulted on in depth. Future publications will have reduced report content, focus on user requirements, increase the scope of the accompanying flat file and make use of pivot tables, - and other interactive tools when resources permit development.	NHS Workforce statistics Consultation on NHS Hospital and Community Health Service workforce statistics	
E31	Patient-Led Assessments of the Care Environment	No changes proposed. Following feedback from data providers we have amended the quantity and format of data provided back to them through the on-line system.	Patient-Led Assessments of the Care Environment	
E32	Investment in General Practice	Annual publications are commissioned and agreed by stakeholder steering group and meet specific needs. Feedback is welcome to inform continuous improvement.	Investment in General Practice	
E33	NHS Payments to General Practice	Annual publications are commissioned and agreed by stakeholder steering group and meet specific needs. Feedback is welcome to inform continuous improvement.	NHS Payments to General Practice	

E34	Dental Earnings and Expenses	Annual publications are commissioned and agreed by stakeholder steering group and meet specific needs. Feedback is welcome to inform continuous improvement.	Dental Earnings and Expenses	
E35	GP Earnings and Expenses	Annual publications are commissioned and agreed by stakeholder steering group and meet specific needs. Feedback is welcome to inform continuous improvement.	GP Earnings and Expenses	
E36	Dental Working Hours	Biennial publications are commissioned and agreed by stakeholder steering group and meet specific needs; publication based upon survey data. Feedback is welcome to inform continuous improvement.	Dental Working Hours	
E37	Data on written complaints in the NHS	Quarterly: No changes proposed, consultation held in 2014 with the revisions implemented from April 2015. Annual publication consisting of both the quarterly HCHS complaints data (consulted on 2014) and the annual GP and Dental practices data. GP and Dental practices data consulted on in 2015. No further changes proposed.	Data on written complaints in the NHS	
E38	General and Personal Medical Services, England	No changes proposed. Consultation held in 2014 with the revisions implemented 2015.	General and Personal Medical Services	
E39	NHS Vacancy Statistics	New publication. First publication was a joint publication/consultation document. The second publication published in February 2016 presented the responses to the consultation and sought further feedback to inform the next publication due in August.	NHS Vacancy Statistics	
E40	Mental Health and Learning Disabilities Statistics (MHL), Monthly	Changes being taken forward through separate consultation, response published in November 2015, on development resulting from the implementation of the Mental Health Services Data Set (MHSDS).	Reports from MHMDS/MHLDDS Consultation on Adult Mental Health Statistics	
E41	Mental Health Bulletin, Annual Report From MHSDS Returns	Changes being taken forward through separate consultation, response published in November 2015, on development resulting from the implementation of the Mental Health Services Data Set (MHSDS).	Reports from MHMDS/MHLDDS Consultation on Adult Mental Health Statistics	

E42	Improving Access to Psychological Therapies (IAPT)	Proposed changes to publications being taken forward through separate consultation to be carried out in April 2016. Consultation will cover format and content of monthly IAPT publications.	Improving Access to Psychological Therapies (IAPT)	
E43	Survey of carers in households in England	An irregular survey of carers in private households in England, subject to government funding, last undertaken in 2009-10. Looks at the prevalence of caring, demographic profile of carers, the impact of caring duties upon the carer, details of the services carers receive and a profile of the cared for people.	2009 Survey of carers in households in England	