Taking Care of Scottish Health Statistics: Can we make official health statistics better?

User Engagement Event
UK Statistics Authority & Information Services Division
17 June 2014
Background

Official health statistics in Scotland are primarily produced by the Information Services Division (ISD). ISD is part of NHS National Services Scotland, who provides national strategic support services and expert advice to NHSScotland.

The UK Statistics Authority is an independent body operating at arm’s length from government as a non-ministerial department, directly accountable to the UK Parliament and the devolved administrations.

The Statistics Authority’s statutory objective is to promote and safeguard the production and publication of official statistics that serve the public good. It is also required to promote and safeguard the quality and comprehensiveness of official statistics, and ensure good practice in relation to official statistics.

Engaging with Users

The Code of Practice for Official Statistics requires producers of statistics to engage effectively with users of statistics to promote trust and maximise public value.

As ISD is also keen to seek the views of users of health statistics in Scotland to improve the quality, value, accessibility and impact of its outputs a joint user engagement event was arranged. This document reports on that event.
Taking Care of Scottish Health Statistics:
Can we make official health statistics better?

This user engagement event was organised jointly with the Statistics Authority and ISD. It took place in Edinburgh on 17 June 2014.

Who was invited to the event?

The event was open to anybody with an interest in health statistics. An invite was emailed to a list of ISD and Statistics Authority contacts. This included:

- NHS Boards;
- Scottish Government;
- Local Authorities;
- charities and voluntary sector organisations;
- regulatory bodies;
- media;
- patient representative organisations; and
- other statistics producers from across the UK.

Information about the event was available on the home page of ISD’s website and promoted through @NHSNSS on Twitter to 2000 followers.

ISD managers were encouraged to circulate the invitation via their own networks e.g. Programme Boards and Steering Groups.

The full list of the organisations that were represented at the event is provided in Appendix One.

Format

The event comprised of both plenary and workshop sessions. It was chaired by Prof. David Rhind of the Statistics Authority.

Illustrator

During the day, a graphic artist captured themes and comments. These drawings were used as catalysts for discussion as well as a method for identifying key messages from the workshop feedback. Examples of this work illustrate this report.
Social Media
ISD promoted the event through social media, tweeting throughout the day using #healthstats hashtag.

Presentations
The Statistics Authority kicked the day off by introducing its role and responsibilities for monitoring and assessment. Sir Andrew Dilnott, Chair of the Statistics Authority, gave a keynote speech on enhancing the accessibility of Scottish Health Statistics. ISD explained its health service role and its position within NSS. The ISD presentation also introduced the Transforming Information Programme which aims to develop and improve the information ISD publishes and presents.

Workshop Sessions
Delegates were allocated to tables depending on the sector they represented. This was a deliberate decision to enable focused discussion of their sector’s needs.

Each table had a facilitator and a scribe. These roles were fulfilled by staff from NSS and the Statistics Authority with guidance notes being distributed and discussed beforehand to ensure that facilitators understood the intended focus of the discussions. Scribes captured comments on flipcharts.

Session One
Delegates were asked to frame their discussions around the following topic areas:

- Their use of health statistics – why did (or didn’t) they visit ISD’s website?
- Timeliness of publications – was this an issue for them?
- Release practices – what were their views on ISD’s policy of ‘bunching’ statistics into single day releases?
- Content/format – views on the current pdf/excel releases, and discussion of commentary and presentation of data within publications
- Geography/coverage – what level of geography did delegates need?

Each table was asked to feedback on three points:

- One thing they thought was fantastic about ISD’s publications/website
- One thing that drove them mad about ISD’s publications/website
- Any other points they wanted to raise

Session Two
In the afternoon we mixed the sectors together. Based on the key issues identified in Session One, the delegates were asked to review the feedback and answer the following questions:

- What is your view on the balance between ‘quick and dirty’ data vs. fully quality assured, ‘final’ data?
- What is your view on ISD’s release practices (bunching and “Super Stats Tuesday”)?
- What level of geography would you like to see statistics presented at?
Discussion
Delegates expressed a range of varied views and engaged fully and enthusiastically in each of the sessions. ISD staff found it inspiring to hear directly from a range of customers who clearly valued ISD and the information ISD provides.

Use of health statistics
Delegates reported a broad range of purposes for health statistics including benchmarking, performance monitoring, service redesign, interventions, activity levels and population statistics. Delegates expressed a positive appreciation of the breadth of statistics that ISD produces and of the confidence they have in the data ISD offers.

Timeliness
Many delegates expressed the view that timeliness of data was critical – they preferred to get ‘rough’ indicative data as quickly as possible with access to ‘final’ data once the full quality assurance process had completed. It was felt to be important to get access to the data promptly and that the commentary and analysis could come later. A balancing view was expressed that once numbers had been released they become ‘the truth’ and therefore later updates, even those giving a different story, could be missed.

Release practices
ISD was keen to explore views on the policy of ‘bunching’ statistics into single day releases. This question produced a broad range of responses; some felt that the practice of ‘bunching’ all ISD publications to the last Tuesday each month (colloquially known as ‘Super-Stats Tuesdays’) allowed customers to better plan and prepare for briefings and media queries. Others expressed frustration with having so much health data to examine at once, and others weren’t bothered either way as long as the data they were looking for were released.

In general, comments were made that publications should be released in a co-ordinated and logical manner – for example, single topics (e.g. all Waiting Times publications) on each date or publications from the same time period all being released together. The prevailing feeling (and an informal vote of those in the room) was that the current arrangements should be revisited.

Format of releases
ISD sought views on their current way of releasing data. The majority of publications have two PDF files (a Publication Summary and a full Publication Report) and supporting Excel files with tables containing all data relating to the release.

There was dissatisfaction with the format that statistical products are released. There was a desire from a significant proportion of delegates to just ‘get their hands on the data’. To facilitate this, they wish to see data released in other formats including simpler Excel files with less formatting or complex pivot tables; CSV files that could be used in other types of software and other types of ‘open data’ formats.
Commentary

There was a strongly expressed view that although many users still want to access data directly there was need to also have access to ‘interpretation’ and the story behind the statistics. Delegates wanted to see neutral, objective commentary alongside the statistics. Partly this related to the provision of information about data quality, coverage, completeness etc. but partly the delegates wanted more information and narrative about what the statistics were ‘telling' them.

There was a perceived tension between ‘statistics commentary’ and ‘health commentary’. ISD has a role to advise on interpretation to inform decisions that result in actions made by NHS Boards who are delivering services. ISD is also collating and sharing activity and performance information about the health service in a public scrutiny role which requires a different style/level of commentary and interpretation of the statistics.

Geography and Coverage

Views on geography and coverage varied, depending on the organisation represented. The general consensus was that having data available at the lowest possible level is preferred as it allows users to build their own geographies. Data published at data zone or intermediate geographies, as well as NHS Board, Local Authority and Scotland level would be welcomed as part of a tool that allowed the user to select areas they were interested in. The Scottish Public Health Observatory (ScotPHO) and Scottish Neighbourhood Statistics (SNS) were held up as good examples of where this is already done.

Comparability and Benchmarking

The majority of delegates wanted to be able to benchmark similar areas and the term ‘statistical neighbours’ was used to describe this i.e. areas (localities) that were demographically and geographically similar. Some delegates were interested in NHS Board and Scotland-wide comparisons, especially in relation to targets and key performance measures. There was no significant desire to compare outside Scotland (e.g. with other countries).

The feedback received will be invaluable in shaping the work we are doing. The detailed feedback from these sessions is provided in Appendix Two.
Key messages

• One size does not fit all - ISD needs to consider different ways of releasing information to suit a variety of user needs.

• For some users it is more important to get data quickly to allow timely action. ISD’s focus on providing quality assured but less timely data doesn’t fit with those customers’ needs.

• Users would value having indicators showing whether data were to be used with confidence (green) or caution (amber).

• Users would be happy with data being updated with ‘final’ versions after the initial release.

• There is a real appetite for ISD to offer ‘raw’ data to allow local analysis.

• ISD should review its publication release practices, moving to more frequent release dates.

• Good metadata are essential to interpreting the data.

• Time series trends need to be longer – comparing this quarter with the last quarter, or the same quarter last year, only gives a partial picture.

• Reports and publications should focus more on outcomes.

• A need for more interpretation of the information we publish to help users understand what the statistics are telling them.

• Local level statistics are important.

• Health is not the health service. Health includes healthcare, social care, housing, and education – across public, private and third sectors.

• ISD is part of a wider health information landscape and that other providers have data which would complement ISD’s statistical output.

• There was a clear appreciation of, and confidence in, the statistics produced by ISD.
Lessons Learned for future engagement work

It is important to plan: ISD and the Statistics Authority spent time before the event considering what we wanted to achieve and what questions would help to frame the discussions to the best effect.

What to include: It’s important to set the scene, but most delegates knew ISD and the website fairly well. The overall role and the monitoring and assessment function of the Statistics Authority was not widely known to participants, so it was well worth spending time explaining the context of official statistics and the National Statistics designation. As well as being interested in the role of the organisations, users were interested in the detail of planned changes and how they could influence them.

Everyone should understand the aims: Facilitators were briefed so that they understood the aims of the event – this ensured a consistent approach to facilitation.

Consider the staff development opportunity: Facilitators and scribes were taken from the Statistics Authority and ISD. All had an interest in the outcomes of the event and in hearing feedback from customers.

Social media is useful for raising awareness: We tweeted throughout the day which allowed us to produce a ‘Storify’ of those tweets: https://storify.com/joycedaigleish/taking-care-of-scottish-health-statistics. This has been used to continue to generate interest.

Next Steps

The learning from this event will greatly inform the Transforming Information Programme.

As part of that Programme, ISD is planning to take a systematic look at what it does with the data it holds, consider how it can improve the way it analyse and present information and how it works with partners. In particular it aims to move from static publications to improved access to information directly through its website.

The Programme has a number of different workstreams focused on a range of subject areas within the Programme and a Programme Board to govern their work. ISD will use the Model for Improvement to try out small steps of change and to incrementally develop their services.

The Programme have launched a blog www.trip.scot.nhs.uk where you can find details of the programme and the latest updates. The blog is a new way of engaging with our users and a ‘small step of change’. We will be consulting on all of our changes as we progress and launching a more formal consultation after we have tried and tested some new ways of working.

**Model for Improvement**

<table>
<thead>
<tr>
<th>What are we trying to accomplish?</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will we know that a change is an improvement?</td>
</tr>
<tr>
<td>What change can we make that will result in improvement?</td>
</tr>
</tbody>
</table>

Act  
Plan  
Study  
Do
Appendix One

Attendee Organisations

Breakthrough Breast Cancer
British Broadcasting Corporation
Business Improvement & Performance, Perth & Kinross Council
Care Inspectorate
Chief Executive’s Office, North Lanarkshire Council
Citizens Advice Scotland
Community Planning, Woodhill House
Directorate of Public Health, NHS Dumfries and Galloway
East Renfrewshire CHCP
Fife Community Safety Partnership
Finance and Corporate Services, Renfrewshire Council
Finance, NHS Lothian
Frontline Improvement Team, Social Work Services
Health Advisory, Capita Consulting
Health and Social Care Information Centre
Health Improvement, Perth & Kinross Council
Health Inequalities Team, NHS Fife
Health Scotland
Home Care Services, West Dunbartonshire Community Health Partnership
Housing & Social Work, Aberdeenshire Council
Moray Community Health & Social Care Partnership
National Records of Scotland
NHS Ayrshire and Arran
NHS Forth Valley
NHS Grampian
NHS National Services Scotland
Ninewells Hospital, NHS Tayside
Older People’s Services, NHS Lothian
Perth & Kinross Council
Planned Care, NHS Fife
Police Scotland
Public Health Department, NHS Ayrshire & Arran
Public Health England
Scottish Environment Protection Agency
Scottish Government: Access Support
Scottish Government: Directorate for Health and Social Care
Scottish Government: Directorate for Health Workforce and Performance
Scottish Government: Health Analytical Services
Scottish Government: Leading Improvement Team
Scottish Government: NHS Resilience and Business Management Team
Scottish Government: Public Health Analytical Services
Scottish Government: The Quality Unit, Analytical Services
Scottish Government: Workforce Planning and Development
Scottish Social Services Council
Service Development Team, SW
Social Work Services
Strategic Policy Unit, Chief Executive’s Department, Scottish Borders Council
Synexus UK Limited
The Herald
The Scotsman
UK Statistics Authority
Welsh Government
Appendix Two

In Session One, delegates were asked to frame their discussions around the following topic areas:

• Their use of health statistics – why did (or didn’t) they visit ISD’s website?
• Timeliness of publications – was this an issue for them?
• Release practices – what were their views on ISD’s policy of ‘bunching’ statistics into single
  day releases?
• Content/format – views on the current pdf/excel releases, and discussion of commentary
  and presentation of data within publications
• Geography/coverage – what level of geography did delegates need?

Each table was asked to feedback on 3 points:

• One thing they thought was fantastic about ISD’s publications/website.
• One thing that drove them mad about ISD’s publications/website.
• Any other points they wanted to raise.

Feedback:

One thing that delegates thought was fantastic about ISD’s publications/website.

• ISD and its staff: reliability; availability; consistency; knowledgeable; responsive; engaging;
  personal contact.
• Data: robust; confidence; reliable; broad range; align with other sources; public domain.
• Statistical releases: credibility (National Statistics); well-organised/scheduled (bunching);
  time series/trends.
• Products: ScotPHO (comparability, geographical coverage); access to bespoke systems.
• Consultations like this event are valuable.

One thing that drove delegates mad about ISD’s publications/website.

• Data: timeliness; incompleteness; volume of statistical returns for NHS Boards.
• Statistical releases: trends split across different files; formatting in excel; bunching;
  geographical breakdown (need small area building blocks); number of caveats; too many
  ‘key’ points.
• Website: navigation; location of data/information required; logic of index.

Any other points delegates wanted to raise (that haven’t been raised above)

• Align with other related organisations and products to add value; signposting to relevant
  data/information/products where relevant.
• Find a balance between simplifying and detail.
• Exploit data visualisation techniques.
• Make ‘project’ data available to all.
• Ensure metadata are consistent across geographies (UK, local).
• Market our services/offers more.
• Statistics on new outcome measures for Integrated Authorities.