

UK Statistics Authority Report on Patient Outcome Statistics in England: issues and consequences

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Purpose

To summarise the findings of the UKSA Report on Patient Outcome Statistics in England, published by UKSA on 7 February 2014 at <http://www.statisticsauthority.gov.uk/assessment/monitoring/monitoring-reviews/index.html> and to describe the issues and consequences of the Report as they affect HSCIC.

Background

The UK Statistics Authority (UKSA)

The UKSA has a role under section 8 of the Statistics and Registration Service Act (SRSA, 2007) to monitor the production and publication of Official Statistics, including those produced by the HSCIC, NHS England (NHSE), the Care Quality Commission (CQC) and the Department of Health (DH). It discharges this by enquiring into areas of interest or concern, and publishing reports of its findings.

The UKSA has responded to recommendations in the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (the Francis Inquiry Report). These were:

“There is a need for a review by DH, HSCIC and the UKSA of the patient outcome statistics, including hospital mortality and other outcome indicators. In particular, there could be benefit from consideration of the extent to which these statistics can be published in a form more readily useable by the public” (recommendation 270).

“To the extent that summary hospital-level mortality indicators are not already recognised as national or official statistics, the DH and HSCIC should work towards establishing such status for them or any successor hospital mortality figures, and other patient outcome statistics, including reports showing provider level detail” (recommendation 271).

In response, the UKSA launched a review of patient outcome statistics leading to the production of a monitoring report. In producing the report, the UKSA was informed by discussion with DH, HSCIC, NHS England and others. The report was published on 7 February 2014 and sent formally to the Secretary of State for Health.

The Report

The report makes six recommendations. These cover the following topics. The responsible organisations are shown in brackets.

1. Patient outcome statistics to be assessed for compliance with the Code of Practice for Official Statistics (HSCIC, NHSE, CQC).
2. A consistent approach to statistics on all publicly funded healthcare providers, whether NHS or independent sector (HSCIC, NHSE).
3. Improving the clarity and accessibility of patient outcome statistics (HSCIC, NHSE).
4. Provision of more straightforward guidance about hospital mortality statistics (HSCIC).
5. Further researching and publishing the views of users of the statistics about their needs (HSCIC, NHSE, CQC).

6. Gathering and publishing a wide range of user views on the Friends and Family Test (NHSE).

The UKSA makes further more general points in its Report and covering letter.

It notes that it is embarking on a new programme of work relating to the use of administrative sources (for example patient records from the NHS) in the production of official statistics. It will look at how such data are currently being quality assured and audited, and how to improve public confidence in the statistics. It will also look at the issues that arise when official statistics become the basis of performance targets at an individual or organisational level.

Finally, UKSA comments about what it views as lack of response to user needs beyond the NHS. It says

“...users of these statistics... tended to share the view expressed by Robert Francis in his report, that the statistics are not sufficiently accessible for use by the public. The presentation of the statistics often appears designed for performance management purposes and suited to expert users. Less-expert users... require further interpretation, guidance and summary... These comments... suggest that a fundamental change in attitude and culture within the bodies producing such health statistics is still needed. In particular, the recognition that supporting the beneficial use of official statistics outside the NHS, whether by Parliament, business, the voluntary sector or by patients and their families, is just as important as supporting the use within the NHS and within Government.”

The issues and consequences from the recommendations and more general comments are detailed below.

Assessment of Outcome Statistics

The UKSA has recommended that the following statistics are put forward for assessment of compliance with the Code of Practice for Official Statistics (the Code).

- NHS Outcomes Framework: quarterly update (produced by HSCIC).
- Summary hospital-level Mortality Indicator (produced by HSCIC).
- Provisional Monthly Patient Reported Outcome Measures (PROMs) in England (produced by HSCIC).
- NHS Safety Thermometer: Patient Harms and Harm Free Care (produced by HSCIC).
- Patient Experience Survey Statistics (produced by CQC).
- National Reporting and Learning System Quarterly Data Workbook (produced by NHSE).

All of the above are presently “Official Statistics”. “Official Statistics” which have been assessed by the UKSA and found to comply with the Code are badged as “National Statistics”. The decision on whether to seek assessment for a particular set of Official Statistics in health and care lies with the Secretary of State for Health, who may ask the UKSA to assess them (under s12 of the SRSA) either of his own volition, or in response to a request from UKSA under s16 of the SRSA.

The assessment process requires considerable work both by the producers of the statistics being assessed and by the UKSA. Evidence provided by the producing body and other

evidence collected by the UKSA is considered by them, and their verdict is published in a short report. This may either confirm compliance with the Code and therefore designation of the statistics as National Statistics, or, as has happened for most sets of statistics subjected to this process, give designation subject to the producer organisation meeting a list of “requirements” which must be met within stated timescales, typically 3 months. A small number of statistics are rejected completely. Requirements can vary considerably in their complexity and in the resources and time required to meet them. Failure to comply with requirements risks public criticism.

It is likely, given that the original Francis recommendation was accepted by the Government, that the Secretary of State will be advised to accept this recommendation, but we will engage with DH and UKSA to have some influence on the timing of the assessment processes, which would mitigate some of the resource issues. It is also likely on the basis of past experience that the UKSA will make some requirements. The usual areas of concern relate to user engagement and commentary, which they have noted already as being in need of improvement, and which we are working to improve. They have more recently started to express concerns about the accuracy of data sourced from administrative systems, including the NHS. We may be expected to better measure and document the accuracy of these systems. The resources required to implement any such requirements could be considerable.

Presentation of statistics on independent providers

The UKSA have recommended that HSCIC and NHSE disseminate consistent patient outcome statistics from all publicly funded healthcare providers (whether NHS or independent sector) and, in the interim, state clearly whether current statistics do so.

For some of our standard statistical series, information on the coverage of independent sector providers is available. For other series, the requirement would necessitate maintaining lists of independent sector providers who have been contracted to provide services. This would require work with DH or NHSE to determine which organisations are contracted at any time, and where necessary to collect such information.

The UKSA Report could be read as if they saw figures in NHS Choices as delivery of statistics. Although it uses HSCIC statistics, we had not previously viewed Choices in this way. The recommendation around presenting clearly the extent to which independent providers are reported on in Choices would be covered by the work above; the wider question around the status of quantitative information in Choices would require further consideration within HSCIC and with NHSE as commissioners.

Improving clarity and accessibility

The UKSA have heard from third sector organisations that they want easier access to patient outcomes information relevant to their work, with statistics provided in forms that are accessible to their client groups. They have recommended that HSCIC and NHSE engage closely with expert users such as in the third sector organisations with a view to improving the clarity and accessibility of current patient outcome statistics for less expert users.

The need to make data more accessible is already recognised within our strategy, under the banner of providing information to support better care, and we have started to produce statistics aimed more at a general audience, including the ‘Focus on...’ series. The work required is additional engagement work by the producers of the statistics, but is a matter of good practice. We should pick this up further through the current work to develop a Publications Strategy, and liaise with NHSE on it.

Guidance on hospital mortality statistics

The UKSA have concluded that the presentation of hospital mortality indicators, SHMI and HSMR (produced by DFI) is not well suited to the needs of less-expert users – who, while less expert than NHS professionals are nonetheless in aggregate a very important audience for the statistical data. UKSA have recommended that HSCIC provide more straightforward guidance about hospital mortality statistics, directed towards less-expert users.

This will be work for the indicators team with HSCIC, which they would expect to have to do in any case as part of achieving National Statistics status (see recommendation above). We should therefore accept the recommendation. It may prove more challenging than envisaged by the UKSA, simply because of the general complexity of indicator interpretation, but should be manageable. It is not clear what, if anything, is expected in respect of HSMR, as it is not the responsibility of HSCIC, and the UKSA remit does not presently extend to any statistics produced by private sector bodies.

Publishing user views

The UKSA identified aspects of patient outcomes where more, or more detailed information than is currently published is required by users of our statistics. Examples include patient equalities characteristics, a wider range of PROMS, and surgery outcomes at more disaggregated level. They have recommended that HSCIC, CQC and NHSE further research and publish the views of a wide range of users about their needs in respect of (a) ensuring that the presentation of statistics is accessible, clear and at a level of detail which supports their future use and (b) extending the range of patient statistics to address currently unmet needs.

The requirement is to research and publish the views, and therefore to consider them, not necessarily to implement. Work to develop a better understanding of users' views and needs will form part of the development of a Publications Strategy, but work will be needed with NHSE and CQC to produce a coherent picture.

Other recommendations and comments

The final recommendation, to gather and publish the views of a wide range of users of the Friends and Family Test statistics is for NHSE to take forward.

On the more general points, HSCIC is planning to investigate how to support the UKSA work to look at how data are currently being quality assured and audited, and how to improve public confidence in the statistics. Possibilities to be investigated include some form of audit function, and initial analysis to see where performance targets may have affected statistics.

The more general point about changing the attitude and culture of producer bodies, including HSCIC, to recognise and support the needs of a wider range of users than just the NHS, will require work. Although we do recognise the needs of a wider range of users, for example through the 'making data more accessible' element of our Strategy (section 3.2) we may need to highlight this further in presenting the Strategy, so that, to appropriate audiences, it is clear that our interest in presenting figures, our understanding of needs, and our commitment to support extends beyond the NHS.

Implications

As is evident from the HSCIC strategy, we recognise the need to modernise how we provide data and information services to users, including the public. Many of the recommendations

chime with work which is to be taken forward as part of developing a Publications Strategy and work being done to develop a strategy on patient and public involvement, and it is therefore timely that the UKSA have issued this report.

There are however a number of practicalities which will need to be worked through, and resources will be required to deliver against the recommendations.

The covering letter from UKSA to the Secretary of State says that the National Statistician will explore with the Head of Profession for Statistics (HoP) in NHS England how the recommendations might be taken forward in an appropriate timescale. In practice they are likely to deal with the relevant HoP or Lead Official in DH, NHSE, HSCIC or CQC. Each affected body will need to advise Ministers or CEOs; we would in general expect a positive response, but not all recommendations may be accepted by all bodies. An implementation plan will need to be worked up and the bodies will need to agree how this is to be governed and coordinated to ensure alignment and a consistent approach. Such a plan will make clearer the resources needed to deliver the requirements, and where the resulting work will fall. Initial contact with DH and NHSE suggests that they are content to produce a first draft of such a plan this month, which HSCIC can then quality assure and add its own detail. In the meantime, HSCIC can make progress with elements of the recommendations as part of its on-going improvement work.

An update on progress against the plan will be provided to the Board in around 3 months' time.

Actions Required of the Board

To note and comment.