



Consultation paper

Proposals for (i) rationalising and reducing the content of the five quarterly hospital waiting times publications (emergency care, outpatient, diagnostics, inpatient, and cancer), (ii) reducing the quarterly child protection statistics publication and the quarterly carers statistics publication to key tables, (iii) ceasing the publication of the annual mental health and learning disability hospital statistics publication (with information unique to this publication retained as downloadable data tables), (iv) replacing the annual smoking cessation publication with a key findings infographic or summary document, and (v) ceasing the publication of the annual firework injury statistics publication from 2016.

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Some web pages on the DHSSPS website will be moving to a different address during November. Where this affects a page referenced in this document, the new address has been included as a footnote.

EXECUTIVE SUMMARY

1. Information and Analysis Directorate (IAD), as part of the Northern Ireland Statistics and Research Agency (NISRA) within the DHSSPS, is responsible for the production and publication of a range of Health and Social Care statistics for Northern Ireland, covering Hospital Activity, Community Services, Public Health, Patient Experience, Family Health Services and Workforce Statistics. These statistics can be accessed from the DHSSPS website at <http://www.dhsspsni.gov.uk/index/statistics.htm>¹
2. As part of the process of managing health and social care in Northern Ireland it is important not only to have reliable and robust data on the performance of the health service, but also to understand where future demands and pressures are likely to arise and how best resources can be targeted to address these demands.
3. In order to allocate additional resource to carry out this value-added intelligent analysis, the Department have carried out a detailed review of the content and frequency of all existing statistical publications and have identified a number of areas where publications could be scaled back or where the data could be disseminated in a different way.
4. As a result it is proposed that:
 - the commentary in the quarterly Emergency Care*, Inpatient*, Outpatient*, Diagnostic and Cancer* Waiting Times publications is reduced to key points and any non-target related content is removed;
 - the quarterly Child Protection* and Carers' Assessments publications are reduced to key points accompanying the quarterly data tables, with more detailed information and commentary contained in annual publications;
 - the annual Mental Health and Learning Disability* (hospital statistics) publication is no longer published with information unique to this publication made available as downloadable data tables;
 - the annual Smoking Cessation publication is replaced with a key findings infographic or summary document; and
 - the annual Firework Injury Statistics* publication is discontinued from 2016 along with the associated data collection.
5. Seven of the publications affected by these changes (denoted by * above) are designated as National Statistics and are governed by the Statistics and Registration Services Act 2007 and the Code of Practice for Official Statistics. Within the Code, the Protocol on User Engagement requires all changes to a National Statistic to be subjected to a public consultation.

¹ After the DHSSPS website is migrated (during November) this page will move to:
<http://www.dhsspsni.gov.uk/topics/dhssps-statistics-and-research>

6. In compliance with this Protocol, the Department are carrying out this consultation which covers the proposed changes to the seven National Statistics publications and the three Official Statistics publications.
7. You are invited to provide feedback on these proposals (using the template provided in the Annex) no later than **Thursday 14th January 2016**.

1. INTRODUCTION

1.1 Background and Context

- 1.1.1 Information and Analysis Directorate (IAD), as part of the Northern Ireland Statistics and Research Agency (NISRA) within the DHSSPS, is responsible for the production and publication of a range of Health and Social Care statistics for Northern Ireland, covering Hospital Activity, Community Services, Public Health, Patient Experience, Family Health Services and Workforce Statistics. These statistics can be accessed from the DHSSPS website at <http://www.dhsspsni.gov.uk/index/statistics.htm>²
- 1.1.2 As part of the process of managing health and social care in Northern Ireland it is important not only to have reliable and robust data on the performance of the health service, but also to understand where future demands and pressures are likely to arise and how best resources can be targeted to address these demands.
- 1.1.3 In order to allocate additional resource to carry out this value-added intelligent analysis, the Department have carried out a detailed review of the content and frequency of all existing statistical publications and have identified a number of areas where publications could be scaled back or where the data could be disseminated in a different way.

1.2 Overview of Changes

Hospital Waiting Times Publications

- 1.2.1 Hospital Information Branch currently produce a large number of quarterly and annual publications covering the different aspects of hospital activity including Emergency Care Activity and Waiting Times, Firework Injury Statistics, Inpatient Activity and Waiting Times, Termination of Pregnancy Statistics, Diagnostic Waiting Times, Outpatient Activity and Waiting Times, Cancer Waiting Times, Mental Health, Complaints and Clinical and Social Care Negligence. These statistical releases provide the public and other users with a comprehensive picture of activity within the health service, demand for health services and performance against the ministerial targets.
- 1.2.2 As more information has become available the coverage and size of these publications has increased. In particular the five waiting time publications, intended to allow users to monitor performance against the Ministerial targets, now include a lot of additional non-target related information and detailed commentary. This is very resource intensive as these publications are produced on a quarterly basis. It is therefore proposed to scale back these publications, replacing the detailed commentary with key points and removing any statistics which are not directly related to the target.

² After the DHSSPS website is migrated (during November) this page will move to:
<http://www.dhsspsni.gov.uk/topics/dhssps-statistics-and-research>

- 1.2.3 Any data which is removed from the publications will still be available via the downloadable Excel tables or on an annual basis in the Inpatient and Outpatient Hospital (Activity) Statistics publications.
- 1.2.4 Further details on the proposed changes can be found in Section 2.

Firework Injury Statistics Publication

- 1.2.5 The annual Firework Injury Statistics publication was introduced in 2000 to report on the number of persons presenting with firework related injuries at emergency care departments during the four week period mid-October to mid-November. Information on fireworks injuries during this period has been collected annually since 1996 following the enactment of legislation allowing the sale of fireworks in Northern Ireland. In 2002 the Explosives (Fireworks) Regulations (Northern Ireland) came into operation making it compulsory for anyone wishing to purchase, possess and use fireworks for a garden display, to obtain a license. There have also been a number of fireworks awareness, safety and enforcement campaigns delivered in partnership with the Department of Justice and in cooperation with the Police and the Fire Services.
- 1.2.6 Firework related injuries were highest in 1996 with 202 people injured, but have decreased significantly since the introduction of the new legislation in 2002. In recent years the numbers have been very small with 18 firework related injuries in 2014, 6 in 2013, 14 in 2012 and 25 in 2011.
- 1.2.7 The Code of Practice for Official Statistics states “*The cost burden on data suppliers should... be assessed relative to the benefits arising from the use of the statistics*” (Principle 6) and “*The resources made available for statistical activities should... be used effectively and efficiently*” (Principle 7).
- 1.2.8 Due to the small numbers involved, the burden on data suppliers i.e. the individual emergency care departments is no longer considered proportionate to the benefit derived from the data, and the processing of the data and preparation of the publication is no longer considered an efficient use of statistical resources. It is therefore proposed to discontinue this data collection and publication from 2016.
- 1.2.9 Further information on this proposed change can be found in Section 6.

Mental Health and Learning Disability (Hospital Statistics) publication

- 1.2.10 The annual Hospital Statistics: Mental Health and Learning Disability publication provides information on hospital activity within the Mental Health and Learning Disability Programmes of Care (POC) and within the ‘Old Age Psychiatry’ Specialty of the Elderly POC. It includes

information on inpatient, day case and consultant-led outpatient activity; as well as information on inpatients resident within the Mental Health or Learning Disability POC at 17 February (MILD Census day); and compulsory admissions under the Mental Health (NI) Order 1986.

- 1.2.1 Following the Bamford review³, which was published in August 2007, the way in which Mental Health and Learning Disability services are delivered has changed. The focus is now on the provision of services in the primary and community care settings rather than in a hospital setting. As a result, since 2006/07 the number of admissions to hospital under the Mental Health POC (4,875) has decreased by a third and the number of admissions to hospital under the Learning Disability POC (261) has decreased by almost two fifths⁴. At 17 February 2015, there were 683 mental health patients and 144 learning disability patients resident in hospital (including those on Home Leave). This is almost half the number of mental health patients, and less than a third of the number of learning disability patients resident in hospital at 17 February 2007⁵.
- 1.2.2 Some of the information included in the Mental Health and Learning Disability publication (the inpatient, day case and consultant-led outpatient activity) can also be found in the 'Inpatient and Day Case Activity' or 'Outpatient Activity' publications or extracted from the Excel tables accompanying these publications. This means that there is some duplication of effort.
- 1.2.3 The Code of Practice for Official Statistics states "*The production, management and dissemination of official statistics should meet the requirements of informed decision-making by government, public services, business, researchers and the public*" (Principle 1) and "*The resources made available for statistical activities should... be used effectively and efficiently*" (Principle 7).
- 1.2.4 Taking account of the decrease in hospital activity within the Mental Health and Learning Disability POCs, the move away from hospital based services to primary and community based services and the duplication of some of the information in the publication, it is proposed that the Mental Health and Learning Disability publication is discontinued. Any information which is unique to the publication, namely the results of the MILD Census and the information on compulsory admissions, will be retained and published as downloadable Excel tables. This will facilitate ongoing analysis and ensure that no information is lost moving forward.
- 1.2.5 Further information on this proposed change can be found in Section 5.

³ <http://www.dhsspsni.gov.uk/promoting-social-inclusion.pdf>. Following migration of the DHSSPS website (during November) information on the Bamford Review will be available from www.dhsspsni.gov.uk/topics/mental-health-and-learning-disabilities/bamford-review-mental-health-and-learning-disability

⁴ In 2006/07 there were 6,875 inpatients and 1,166 day case in the Mental Health POC, and 777 inpatients and 4 day case in the Learning Disability POC. In 2014/15 there were 4,631 inpatients and 244 day case in the Mental Health POC, and 261 inpatients and 0 day case in the Learning Disability POC.

⁵ At 17 February 2007, there were 1,318 mental health patients and 464 learning disability patients resident in hospital.

Child Protection and Carers Statistics Publications

- 1.2.6 Community Information Branch currently produce a range of statistics covering social care at home, social care not at home and children's social care. These releases cover services relating to domiciliary care, direct payments, residential and nursing care, looked after children, child protection, children in need and other children's services, autism prevalence as well as assessments relating to carers.
- 1.2.7 Currently the Child Protection bulletin is issued quarterly, with accompanying commentary. This is a National Statistics publication. Over the past number of quarters the numbers of children on the child protection register has remained relatively stable and as such the release of the bulletin tends not to attract much in the way of media attention or comments from interest groups. It is proposed to continue publishing a report on the number of children on the child protection register annually in the existing Children's Social care publication (<http://www.dhsspsni.gov.uk/index/statistics/socialcare/children-in-need.htm>) with only key tables being released during the intervening quarters.
- 1.2.8 Similarly, a report is issued quarterly on the number of carers' assessments and reassessments performed by the Health and Social Care Trusts and the reasons for a carer declining an assessment. This is an Official Statistics publication. It is proposed to continue publishing a report on the number of carer assessments and reassessments annually with only key tables being released during the intervening quarters.
- 1.2.9 Further details on the proposed changes can be found in Section 3.

Smoking Cessation Publication

- 1.2.10 Public Health Information and Research Branch currently produce an annual bulletin detailing the number of clients who set a quit date and those who had successfully quit at 4 weeks. The information is broken down by age, gender, Health and Social Care Trust, provider type and type of therapeutic intervention.
- 1.2.11 The most recent publication of the 'Statistics on Smoking Cessation Services in Northern Ireland' can be viewed on the DHSSPS website at:
<http://www.dhsspsni.gov.uk/index/statistics/lcb/tobacco.htm>⁶
- 1.2.12 The Public Health Agency (PHA) are responsible for implementing the tobacco strategy and they already carry out extensive monitoring of smoking cessation data. Therefore there is a high duplication of effort.

⁶ After the DHSSPS website is migrated (during November) this page will move to:
<http://www.dhsspsni.gov.uk/articles/tobacco-statistics>

1.2.13 The Code of Practice for Official Statistics states “*The resources made available for statistical activities should... be used effectively and efficiently*” (Principle 7).

1.3 National Statistics Obligations

1.3.1 Seven of the publications affected by these changes are designated as National Statistics by the UK Statistics Authority. These publications include the annual Firework Injury Statistics publication, the annual Mental Health and Learning Disability (Hospital Statistics) publication, the quarterly Child Protection Statistics publication, and four of the quarterly Waiting Times publications (Emergency Care, Outpatient, Inpatient and Cancer Waiting Times).

1.3.2 National Statistics publications are governed by the Statistics and Registration Services Act 2007 and the UK Statistics Authority Code of Practice for Official Statistics⁷. These statistics are produced to the highest professional standards set out in the Code of Practice. They undergo regular quality assurance reviews to ensure that they meet customer needs. They are also produced free from political interference.

1.3.3 Within this Code, the Protocol on User Engagement requires all changes to a National Statistic to be subjected to a public consultation. In compliance with this Protocol, the Department are carrying out this consultation which covers the proposed changes to the seven National Statistics publications and the three Official Statistics publications.

1.3.4 In addition these changes have been assessed against the other principles within the Code of Practice and in particular the Principles relating to meeting user needs, proportionate burden on the suppliers of data, resources and accessibility.

⁷ <http://www.statisticsauthority.gov.uk/assessment/code-of-practice/code-of-practice-for-official-statistics.pdf>

2. HOSPITAL WAITING TIMES PUBLICATIONS

2.1 Emergency Care Waiting Times Publication

2.1.1 The primary purpose of this statistical release is to allow users to monitor performance against the 4 and 12 hour Ministerial targets for emergency care waiting times.

2.1.2 The 2015/16 Ministerial target for emergency care waiting times requires that:

From April 2015, 95% of patients attending any Type 1, 2 or 3 Emergency Department are either treated and discharged home, or admitted, within four hours of their arrival in the Department; and no patient attending any Emergency Department should wait longer than 12 hours.

2.1.3 The 'Emergency Care Waiting Times Statistics' publication currently provides statistical information, i.e. tables, charts and supporting commentary on:

- the total number of new and unplanned review attendances at emergency care departments within Northern Ireland, i.e. those attendances covered by the target;
- the percentage (and number) of patients treated and discharged home, or admitted, within four hours of their arrival in the department; and
- the number of patients waiting longer than 12 hours to be treated and discharged home, or admitted

Information is presented for each emergency care department separately and aggregated by department type (1, 2 or 3), HSC Trust and for Northern Ireland. Figures and analyses are provided for each month in the quarter and for the previous fifteen months. An analysis of performance since April 2008 is also provided, along with the supporting figures,

2.1.4 The most recent version of the 'Emergency Care Waiting Times Statistics' publication can be viewed on the DHSSPS website at:

<http://www.dhsspsni.gov.uk/index/statistics/hospital/waitingtimes/waitingtimes-emergency.htm>⁸

2.1.5 A downloadable Excel table is also published alongside the publication which provides data for each emergency care department for each month from April 2008, on the number of patients treated and discharged home or admitted (i) in four hours and under (ii) over 4 to 12 hours and (iii) over 12 hours. This Excel table can be viewed from the link above.

⁸ After the DHSSPS website is migrated (during November) this information can be accessed by following the link under 'Current Publications' on <http://www.dhsspsni.gov.uk/articles/emergency-care-waiting-times>

Proposed Changes

- 2.1.6 It is proposed that the commentary in the existing publication will be reduced to two pages of Key Points. These will be in a similar format to those already included at the start of the publication.
- 2.1.7 These Key Points will be accompanied by a suite of nine tables, which will show performance against the 4 hour target, 12 hour target and total attendances for each Emergency Care Department - grouped by (i) HSC Trust, (ii) Department Type and (iii) compared with the previous quarter and same months last year.
- 2.1.8 Any remaining historical data, which was previously included in the publication, will be available in the accompanying Excel table. The format and content of the Excel table will be unchanged.
- 2.1.9 The Definitions and Background Notes, Technical Guidance and Guidance on the Use of the Data sections in the existing publication will continue to be available to users via links in the reduced publication and also from the Excel workbook.
- 2.1.10 As a result there will be no change to the data available on Emergency Care Waiting Times.

2.2 Outpatient Waiting Times Publication

- 2.2.1 The primary purpose of this statistical release is to allow users to monitor performance against the Ministerial target for outpatient waiting times. The 2015/16 Ministerial target for outpatient waiting times requires that:

From April 2015, at least 60% of patients wait no longer than nine weeks for their first outpatient appointment and no patient waits longer than 18 weeks.

This target applies to those patients waiting for a first outpatient appointment with a consultant (or member of the consultant's team) i.e. a first consultant-led outpatient appointment. This is referred to as a first outpatient appointment in the text below.

- 2.2.2 The 'Northern Ireland Waiting Time Statistics: Outpatient Waiting Times' publication currently provides for the end of the quarter, statistical information, i.e. tables, charts and supporting commentary on:
- the total number of patients waiting for a first outpatient appointment;
 - the percentage (and number) waiting over 9 weeks for a first outpatient appointment; and
 - the number of patients waiting over the maximum waiting time (currently 18 weeks).

Analysis of performance is provided for the current quarter compared against the previous quarter, same quarter in the previous year and the previous sixteen quarters. Supporting charts detailing performance for the current quarter by Specialty and by HSC Trust are also provided. A more detailed breakdown of the time waiting (0-6, >6-9, >9-12, >12-15, >15-18, >18 weeks) is provided by Specialty and by HSC Trust in the additional tables section of the publication.

2.2.3 The publication also provides statistical information on completed outpatient waits (i.e. the number of patients seen at a first outpatient appointment) during the quarter. This is outpatient activity information and as such is not directly related to the target. Quarterly activity data is presented for patients seen in HSC hospitals and also for patients seen in the Independent Sector, for the current financial year and the previous three financial years. A breakdown by Trust and mode of delivery (HSC Hospital/ Independent Sector) is also provided for the current quarter, along with activity split by Trust for the last five quarters. The accompanying commentary compares activity in HSC Hospitals and the Independent Sector for the current quarter, with the previous quarter and the same quarter in the previous year; and compares activity across Trusts for the current quarter.

2.2.4 The final section of the publication presents information on patients waiting for a first ICATS Tier 2 appointment⁹ at the end of the quarter. These appointments, although included in the publication, are not consultant-led outpatient appointments and are therefore not covered by the Ministerial target. Statistical information is provided for:

- the total number of patients waiting for a first ICATS Tier 2 appointment by HSC Trust, and at the end of the current quarter and the previous sixteen quarters; and
- the percentage of patients waiting over 9 weeks and the number waiting over 18 weeks, by HSC Trust, and compared with the previous quarter and previous year.

A more detailed breakdown of the time waiting (0-6, >6-9, >9-12, >12-15, >15-18, >18 weeks) is provided by Specialty and by HSC Trust in the additional tables section of the publication.

⁹ Integrated Clinical Assessment and Treatment Services (ICATS) is the term used for a range of outpatient services, which are provided by integrated multi-disciplinary teams of health service professionals, including GPs with a special interest, specialist nurses and allied health professionals. ICATS were officially introduced within the HSC on 1 April 2010, but had been in use in the Trauma and Orthopaedic specialty from 1 October 2007. ICATS are provided in a variety of primary, community and secondary care settings and they include assessment, treatment, diagnostic and advisory services. Following ICATS Triage, patients who have not been given either discharge, advice only or referral incomplete outcomes will proceed for either a (i) first outpatient appointment, (ii) a diagnostic test or (iii) an ICATS appointment. A first appointment at ICATS is known as a Tier 2 appointment. Following a first ICATS Tier 2 appointment there are a number of outcomes, including a review ICATS Tier 2 appointment or a referral for a first consultant-led outpatient appointment.

2.2.5 The most recent version of the 'Northern Ireland Waiting Time Statistics: Outpatient Waiting Times' publication can be viewed on the DHSSPS website at:

<http://www.dhsspsni.gov.uk/index/statistics/hospital/waitingtimes/waitingtimes-outpatient.htm>¹⁰

2.2.6 Downloadable Excel tables are also published alongside the publication and can be viewed from the link above. These tables provide the number of patients waiting (in aggregated time bands) at the end of each quarter by HSC Trust, Specialty and Programme of Care (POC). There is some variation in the time bands over time reflecting changes in the Ministerial target. Data is available from 30 June 2008 for Outpatient Waiting Times and from 30 June 2010 for ICATS Waiting Times.

Proposed Changes

2.2.7 It is proposed that the commentary in the existing publication will be reduced to at most two pages of Key Points. These will be in a similar format to those already included at the start of the existing publication.

2.2.8 These Key Points will be accompanied by a suite of five tables which will show for the end of the quarter:

- performance against the target, i.e. the number (and percentage) of patients waiting over 9 weeks, the number waiting over 18 weeks and the total number waiting;
- performance against the target compared with the end of the previous quarter and end of the same quarter last year;
- performance against the target split by Speciality, along with a more detailed breakdown of time waiting as in the current publication (0-6, >6-9, >9-12, >12-15, >15-18, >18 weeks); and
- performance against the target split by HSC Trust, along with a more detailed breakdown of time waiting as in the current publication (0-6, >6-9, >9-12, >12-15, >15-18, >18 weeks).

2.2.9 Any remaining historical data for outpatient waiting times, which was previously included in the publication, will be available in the accompanying Excel tables. The content and format of the Excel table for Outpatient waiting times will be unchanged.

2.2.10 The Definitions and Background Notes, Technical Guidance and Guidance on the Use of the Data sections in the existing publication for outpatient waiting times will be available to users via links in the reduced publication and also from the Excel workbook.

¹⁰ After the DHSSPS website is migrated (during November) this information can be accessed by following the link under 'Current Publications' on <http://www.dhsspsni.gov.uk/articles/outpatient-waiting-times>

- 2.2.11 Information on ICATS waiting times will no longer be included in the publication as these waiting times are not monitored as part of the target. This information will still however be available as part of the downloadable Excel table for ICATS waiting times, along with the relevant Background Notes, Definitions and Guidance on the Use of the ICATS Data. The content and format of the Excel table for ICATS waiting times will be unchanged.
- 2.2.12 Completed outpatient waits, i.e. the number of patients who attended a first outpatient appointment during the quarter, will no longer be included in the publication as this is activity information and therefore not directly related to the target. Outpatient activity information for the complete year will still be available in the annual Hospital Statistics: Outpatient Activity publication and accompanying Excel tables which can be viewed on the DHSSPS website at: <http://www.dhsspsni.gov.uk/index/statistics/hospital/hospital-activity/outpatient-activity.htm>¹¹
- 2.2.13 In summary, the data available for outpatient and ICATS waiting times will remain unchanged although the latter will no longer appear in the publication. Information on completed outpatient waits (within the quarter) will no longer be included in the publication, but will be available for the complete year in the annual publication.

2.3 Diagnostic Waiting Times Publication

- 2.3.1 The primary purpose of this statistical release is to allow users to monitor performance against the Ministerial target for diagnostic waiting times. The 2015/16 Ministerial target for diagnostic waiting times requires that:

From April 2015, no patient waits longer than nine weeks for a diagnostic test and all urgent diagnostic tests are reported on within two days of the test being undertaken.

- 2.3.2 The 'Northern Ireland Waiting Time Statistics: Diagnostic Waiting Times' publication provides statistical information, i.e. tables, charts and supporting commentary, on waiting times for a diagnostic services (the first part of the target) and urgent diagnostic reporting turnaround times (the second part of the target).
- 2.3.3 For waiting times for diagnostic services, information is currently provided on:
- the total number of patients waiting for a diagnostic service at the end of the quarter;
 - the number of patients waiting over 9 weeks for a diagnostic service; and
 - the proportion waiting over 9 weeks for a diagnostic service.

¹¹ After the DHSSPS website is migrated (during November) this information can be accessed by following the link under 'Current Publications' on <http://www.dhsspsni.gov.uk/articles/outpatient-activity>

Analysis of performance is provided for the current quarter compared against the previous quarter, same quarter in the previous year and the previous eight quarters. Supporting charts detailing performance for the current quarter by diagnostic category (imaging, physiological measurement, day case endoscopy), by type of diagnostic service and by HSC Trust are also provided. A more detailed breakdown of the time waiting (0-6, >6-9, >9-13, >13-21, >21-26, >26 weeks) is provided by type of diagnostic service and by HSC Trust in the additional tables section of the publication. This section also includes performance information for a historic subset of 16 tests (see publication for further details) by HSC Trust, diagnostic category and compared against the previous quarter and same quarter in the previous year.

2.3.4 The reporting turnaround times target for urgent diagnostic tests applies to a selected subset of Imaging and Physiological Measurement tests (see the publication for further details). The following information is currently provided for reporting times for urgent diagnostic tests:

- the total number of urgent diagnostic tests reported on during the quarter; and
- the percentage (and number) of urgent diagnostic tests reported on within 2 days

Analysis of performance is provided for the current quarter compared against the previous quarter, same quarter in the previous year and the previous four quarters. Supporting charts and commentary detailing performance for the current quarter by diagnostic category and by HSC Trust are also provided. A more detailed breakdown of the time taken (0-2, >2-14, >14-28, >28 days) to report on urgent diagnostic tests, by diagnostic category and by HSC Trust, is provided in the additional tables section of the publication.

2.3.5 Information on reporting times for routine diagnostic tests is also included within the publication. Reporting times for routine diagnostic tests are not part of the Ministerial target, but are monitored by the Health Service as Indicators of Performance¹². These Indicators of Performance monitor (i) the percentage of routine diagnostic tests reported on within 2 weeks of the test being undertaken; and (ii) the percentage of routine diagnostic tests reported on within 4 weeks of the test being undertaken. The following information is provided in the publication:

- the total number of routine tests reported on during the quarter; and
- the percentage (and number) of routine diagnostic tests reported on within 2 weeks and within 4 weeks

Analysis of performance is provided for the current quarter compared against the previous quarter, same quarter in the previous year and the previous four quarters. Performance for the current quarter by diagnostic category and by HSC Trust is also included. A detailed

¹² Indicators of Performance are monitored by the Department with the aim of improving the performance of the Health Service. They differ from the Ministerial targets in that there is not a specified standard or level of performance to be met.

breakdown of the time taken (0-2, >2-4, >4 weeks) to report on routine diagnostic tests, by diagnostic category and by HSC Trust, is provided in the additional tables section of the publication.

- 2.3.6 The most recent version of the 'Northern Ireland Waiting Time Statistics: Diagnostic Waiting Times' publication can be viewed on the DHSSPS website at:

<http://www.dhsspsni.gov.uk/index/statistics/hospital/waitingtimes/waitingtimes-diagnostic.htm>¹³

- 2.3.7 A downloadable Excel table is also published alongside the publication and can be viewed from the link above. This table provides the number of patients waiting for diagnostic services (in broad time bands) at the end of each quarter by HSC Trust, Diagnostic Service, Diagnostic Category and membership of a historic subset of 16 tests. Data is available from 31 March 2008.

Proposed Changes

- 2.3.8 It is proposed that the commentary in the existing publication will be reduced to at most two pages of Key Points. These will be in a similar format to those already included at the start of the existing publication.
- 2.3.9 These Key Points will be accompanied by a suite of seven tables which will show:
- performance against the waiting times target i.e. the number of patients waiting over 9 weeks and the total number waiting for a diagnostic service at the end of the quarter;
 - performance against the reporting times target, i.e. the percentage (and number) of urgent diagnostic tests reported on within 2 days and the total number of urgent tests reported on during the quarter;
 - performance against the waiting times and reporting times target compared with the previous quarter and same quarter last year;
 - performance against the waiting times target by type of diagnostic service, by diagnostic category and by HSC Trust at the end of the quarter, including a more detailed breakdown of the time waiting (0-6, >6-9, >9-13, >13-21, >21-26, >26 weeks) for each of these splits.
 - performance against the reporting times target for urgent tests by type of diagnostic service, by diagnostic category and by HSC Trust at the end of the quarter, including a more detailed breakdown of the time waiting (0-2, >2-14, >14-28 and >28 days) for each of these splits.

¹³ After the DHSSPS website is migrated (during November) this information can be accessed by following the link under 'Current Publications' on <http://www.dhsspsni.gov.uk/articles/diagnostic-waiting-times>

- 2.3.10 Note that in the revised publication, performance against the diagnostics reporting times target will be broken down by type of diagnostic service as well as by diagnostic category. A breakdown by type of diagnostic service is not currently published.
- 2.3.11 The additional historical data for the waiting times part of the target and the 16 test split, which was previously included in the publication, will continue to be available in the accompanying Excel table for Diagnostic waiting times. The content and format of the Excel table for Diagnostic waiting times will be unchanged.
- 2.3.12 An additional downloadable Excel table will be created which will provide current and historic data on Diagnostic Reporting times for both urgent and routine tests. This table will detail the number of urgent and routine diagnostic tests reported on during the quarter by time taken (in broad time bands), type of diagnostic service, diagnostic category and HSC Trust. The time bands will mirror those in the current publication.
- 2.3.13 Information on reporting times for routine Diagnostic Tests will no longer be included in the publication as these reporting times are not part of the Ministerial target. They will however be included in the new Excel table.
- 2.3.14 The Technical Guidance and Explanatory Notes sections in the existing publication will still be available to users via links in the reduced publication and from the Excel workbook.
- 2.3.15 In summary, the data available for diagnostic waiting times will not change. The data available for (both urgent and routine) reporting times will increase, although information on routine reporting times will no longer appear in the publication. A new downloadable Excel table will be available for Diagnostic Reporting times.

2.4 Inpatient Waiting Times Publication

- 2.4.1 The primary purpose of this statistical release is to allow users to monitor performance against the Ministerial target for inpatient waiting times. The 2015/16 Ministerial target for inpatient waiting times requires that:

From April 2015, at least 65% of inpatients and daycases are treated within 13 weeks and no patient waits longer than 26 weeks.

- 2.4.2 The 'Northern Ireland Waiting Time Statistics: Inpatient Waiting Times' publication currently provides for the end of the quarter, statistical information, i.e. tables, charts and supporting commentary on:

- the total number of patients waiting for inpatient admission;
- the percentage (and number) waiting over 13 weeks for inpatient admission; and

- the number of patients waiting over the maximum waiting time (26 weeks).

Analysis of performance is provided for the current quarter compared against the previous quarter, same quarter in the previous year and the previous sixteen quarters¹⁴. Supporting charts detailing performance against the target for the current quarter by HSC Trust are also provided. A breakdown of those waiting over 26 weeks is provided by specialty for the current quarter and by type of admission (ordinary and day case) for the current quarter compared against the previous twelve quarters. Further detail on time waiting (0-6, >6-13, >13-21, >21-26, >26 weeks) is provided by Specialty and by HSC Trust in the additional tables section of the publication.

2.4.3 The publication also provides statistical information on completed inpatient waits (i.e. the number of (elective) admissions for inpatient and day case treatment) during the quarter. This is inpatient activity information and as such is not directly related to the target. Quarterly activity data is presented for patients treated in HSC hospitals and also for patients treated in the Independent Sector, for the current financial year and the previous three financial years. A breakdown by Trust and mode of delivery (HSC Hospital/ Independent Sector) is also provided for the current quarter, along with activity split by Trust for the last five quarters. The accompanying commentary compares activity in HSC Hospitals and the Independent Sector for the current quarter, with the previous quarter and the same quarter in the previous year; and compares activity across Trusts for the current quarter.

2.4.4 The most recent version of the 'Northern Ireland Waiting Time Statistics: Inpatient Waiting Times' publication can be viewed on the DHSSPS website at:

<http://www.dhsspsni.gov.uk/index/statistics/hospital/waitingtimes/waitingtimes-inpatient.htm>¹⁵

2.4.5 Downloadable Excel tables are also published alongside the publication and can be viewed from the link above. These tables are split by type of admission (ordinary admission, day case, both) and provide the number of patients waiting (in broad time bands) at the end of each quarter by HSC Trust, Specialty and Programme of Care (POC). There is some variation in the time bands over time reflecting changes in the Ministerial target. Data is available from 30 June 2007.

Proposed Changes

2.4.6 It is proposed that the commentary in the existing publication will be reduced to at most two pages of Key Points. These will be in a similar format to those already included at the start of the existing publication.

¹⁴ For the maximum waiting time component, the comparison is against the previous twelve quarters.

¹⁵ After the DHSSPS website is migrated (during November) this information can be accessed by following the link under 'Current Publications' on <http://www.dhsspsni.gov.uk/articles/inpatient-waiting-times>

2.4.7 These Key Points will be accompanied by a suite of five tables which will show for the end of the quarter:

- performance against the target, i.e. the number (and percentage) of patients waiting over 13 weeks, the number waiting over 26 weeks and the total number waiting;
- performance against the target compared with the end of the previous quarter and end of the same quarter last year;
- performance against the target split by type of admission (ordinary and day case), and compared with the end of the previous quarter and end of the same quarter last year;
- performance against the target split by Speciality, along with a more detailed breakdown of time waiting as in the current publication (0-6, >6-13, >13-21, >21-26, >26 weeks); and
- performance against the target split by HSC Trust, along with a more detailed breakdown of time waiting as in the current publication (0-6, >6-13, >13-21, >21-26, >26 weeks).

2.4.8 Any remaining historical data for inpatient waiting times, which was previously included in the publication, will be available in the accompanying Excel tables. The content and format of the Excel tables for Inpatient waiting times will be unchanged.

2.4.9 The Definitions and Background Notes, Technical Guidance and Guidance on the Use of the Data sections in the existing publication for inpatient waiting times will be available to users via links in the reduced publication and also from the Excel workbook.

2.4.10 Completed inpatient waits, i.e. the number of (elective) admissions for inpatient and day case treatment during the quarter, will no longer be included in the publication as this is activity information and therefore not directly related to the target. Information on elective inpatient and day case admissions for the complete year will still be available in the annual Hospital Statistics: Inpatient and Day Case Activity publication and accompanying Excel tables which can be viewed on the DHSSPS website at:

<http://www.dhsspsni.gov.uk/index/statistics/hospital/hospital-activity/inpatient-and-day-case-activity.htm>¹⁶

The Excel tables contain some quarterly figures which are updated annually to coincide with the publication. These figures include the number of inpatient admissions (elective and non-elective combined) and day case admissions to HSC hospitals, by HSC Trust, Hospital, Specialty and Programme of Care (POC) for each quarter back to Apr-Jun 2006.

2.4.11 In summary, the data available for inpatient waiting times will remain unchanged. Information on completed inpatient waits will no longer be included in the publication, but will be available for the complete year in the annual publication.

¹⁶ After the DHSSPS website is migrated (during November) this information can be accessed by following the link under 'Current Publications' on <http://www.dhsspsni.gov.uk/articles/inpatient-and-day-case-activity>

2.5 Cancer Waiting Times Publication

2.5.1 The primary purpose of this statistical release is to allow users to monitor performance against the Ministerial target for cancer waiting times. The 2015/16 Ministerial target for cancer waiting times requires that:

From April 2015,

- *all urgent breast cancer referrals should be seen within 14 days;*
- *at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat; and*
- *at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.*

2.5.2 The 'Northern Ireland Waiting Time Statistics: Cancer Waiting Times' publication currently provides statistical information, i.e. tables, charts and supporting commentary, for each of the three component targets.

2.5.3 For the 62 day component, the following information is provided for each month in the quarter:

- the total number of patients who commenced treatment for cancer following an urgent referral; and
- the percentage (and number) of patients who commenced this treatment within 62 days of the urgent referral.

Analysis of performance is provided for the latest month in the quarter compared against the first month in the quarter, same month in the previous year, latest fifteen months and performance since March 2009. Supporting charts detailing performance by HSC Trust and by Tumour site, for each month in the quarter, are also provided. All the data used in the charts and analyses are provided in the additional tables section of the publication.

2.5.1 For the 31 day component, the following information is provided for each month in the quarter:

- the total number of patients who commenced treatment for cancer following a decision to treat; and
- the percentage (and number) of patients who commenced this treatment within 31 days of a decision to treat.

Analysis of performance is provided for the latest month in the quarter compared against the first month in the quarter, same month in the previous year, latest fifteen months and performance since April 2008. Supporting charts detailing performance by HSC Trust and by Tumour site, for each month in the quarter, are also provided. All the data used in the charts and analyses are provided in the additional tables section of the publication.

2.5.2 For the 14 day component, the following information is provided for each month in the quarter:

- the total number of patients who were first seen by a breast cancer specialist following an urgent referral for suspect breast cancer; and
- the percentage (and number) of patients who were seen within 14 days following an urgent referral.

Analysis of performance is provided for the latest month in the quarter compared against the first month in the quarter, same month in the previous year, latest fifteen months and performance since April 2009. Supporting charts detailing performance by HSC Trust, for each month in the quarter, are also provided. All the data used in the charts and analyses are provided in the additional tables section of the publication.

2.5.3 The most recent version of the 'Northern Ireland Waiting Time Statistics: Cancer Waiting Times' publication can be viewed on the DHSSPS website at:

<http://www.dhsspsni.gov.uk/index/statistics/hospital/waitingtimes/cancer-waiting-times.htm>¹⁷

2.5.4 Downloadable Excel tables are also published alongside the publication and can be viewed from the link above. There are five tables: one for the 14 day component and two for each of the 31 and 62 day components. Each table provides the total number of patients treated/seen each month, the number treated/seen within the target time, the number who waited longer than the target time and the percentage treated/seen within the target time. The table for the 14 day component provides data split by HSC Trust back to April 2008. For the 31 day and 62 day components, additional tables split by Tumour Site are available which contain data for each month back to December 2008.

Proposed Changes

2.5.5 It is proposed that the commentary in the existing publication will be reduced to at most two pages of Key Points. These will be in a similar format to those already included at the start of the existing publication.

2.5.6 These Key Points will be accompanied by a suite of eight tables which will be the same as those currently included in the additional tables section of the existing publication except that the time series will only show the last 15 months:

- for the 62 day component, the tables will show the total number of patients who commenced treatment following an urgent referral and the number and percentage who commenced this treatment within 62 days (i) by HSC Trust for each month in the quarter, (ii) by Tumour site for each month in the quarter and (iii) in each of the last fifteen months;

¹⁷ After the DHSSPS website is migrated (during November) this information can be accessed by following the link under 'Current Publications' on <http://www.dhsspsni.gov.uk/articles/cancer-waiting-times>

- for the 31 day component, the tables will show the total number of patients who commenced treatment following a decision to treat and the number and percentage who commenced this treatment within 31 days (i) by HSC Trust for each month in the quarter, (ii) by Tumour site for each month in the quarter and (iii) in each of the last fifteen months; and
- for the 14 day component, the tables will show the total number of patients seen by a breast cancer specialist following an urgent referral and the number and percentage seen within 14 days (i) by HSC Trust for each month in the quarter and (ii) in each of the last fifteen months.

Including the last fifteen months means that performance in each month in the current quarter can be compared with the previous month and the same month in the previous year. It also means that the trend over the last twelve months is readily available.

- 2.5.7 The remainder of the time series for each component will be available in the accompanying Excel tables. The content and format of the five Excel tables will be unchanged.
- 2.5.8 The Definitions and Background Notes, Technical Guidance and Guidance on the Use of the Data sections in the existing publication for cancer waiting times will still be available to users via links in the reduced publication and also from the Excel workbook.
- 2.5.9 As a result there will be no change to the data available on Cancer Waiting times.

3. CHILD PROTECTION AND CARERS PUBLICATIONS

3.1 Child Protection Statistics Publication

- 3.1.1 Data from this publication is used to monitor the delivery of social care services to children, to help assess Health and Social Care (HSC) Trust performance, corporate monitoring, to inform and monitor related policy, and to respond to parliamentary/assembly questions. The bulletin is also used by academics/ researchers, the voluntary sector and those with an interest in child protection.
- 3.1.2 The publication specifically provides information on children who are on the child protection register at the quarter end. The publication gives the number of children by local demographics, standardised counts per 10,000, category of abuse and length of time on the register, as well as summary information on the source of child protection referrals.

3.1.3 The most recent publication can be found at the link below

<http://www.dhsspsni.gov.uk/index/statistics/socialcare/child-protection-register.htm>¹⁸

Proposed changes

3.1.4 The above analysis and data would continue to be published annually in the Children's Social Care publication with only key tables being released during the intervening quarters. These key tables will cover:

- Number of Children on the Child Protection Register per 10,000 Population Under 18
- Number of Children on the Child Protection Register by Age
- Legal Status of Children on the Child Protection Register
- Children on the Child Protection Register by Category of Abuse
- Children on the Child Protection Register by Duration
- Child Protection Referrals by Source of Referral

3.2 Carers Statistics Publication

3.2.1 The main uses of these data are to monitor a Commissioning Plan Direction target, to assess HSC Trust performance, to inform and monitor related policy and to respond to ad-hoc queries and parliamentary/ assembly questions. The bulletin is also used by academics/ researchers, the voluntary sector and those with an interest in carers.

3.2.2 The publication specifically provides information on the number of carers' assessments that were completed as well as the number declined. Carer's assessments breakdown is available by Trust, age of carer, and the reason for declining the assessment if applicable as well as client group under which the person being cared for is receiving services. Similar information is available for reassessments.

3.2.3 The most recent publication can be found at the link below

<http://www.dhsspsni.gov.uk/index/statistics/socialcare/carers-assessments-and-reassessments.htm>¹⁹

¹⁸ After the DHSSPS website is migrated (during November) this information can be accessed by following the link under 'Current Publication' on <http://www.dhsspsni.gov.uk/articles/child-protection-register>

¹⁹ After the DHSSPS website is migrated (during November) this information can be accessed by following the link under 'Current Publication' on <http://www.dhsspsni.gov.uk/articles/carers%E2%80%99-assessments-and-reassessments>

Proposed changes

3.2.4 It is proposed that the above data and accompanying analysis is compiled annually in a new “Annual carers statistics for Northern Ireland” with only key tables being released during the intervening quarters. These key tables will cover:

- Carers Assessments Offered, Accepted / Completed and Declined
- Carers Assessments Offered by Client Group and HSC Trust
- Carers Assessments Accepted / Completed by Client Group and HSC Trust
- Carers Assessments Declined by Client Group and HSC Trust
- Reasons Given for Declining a Carers Assessment by HSC Trust
- Carers Reassessments Offered, Accepted / Completed and Declined
- Carers Reassessments Offered by Client Group and HSC Trust
- Carers Reassessments Accepted / Completed by Client Group and HSC Trust
- Carers Reassessments Declined by Client Group and HSC Trust
- Reasons Given for Declining a Carers Reassessment

3.2.5 Information contained in Table 1 in the above list will address the information need against the ministerial target “By March 2016, secure a 10% increase in the number of carers’ assessments offered.”

4. MENTAL HEALTH AND LEARNING DISABILITY PUBLICATION

4.1 This annual publication provides information on hospital activity within the Mental Health and Learning Disability Programmes of Care (POC) and within the ‘Old Age Psychiatry’ Specialty of the Elderly POC. It contains information on inpatient, day case and consultant-led outpatient activity; compulsory admissions under the Mental Health (NI) Order 1986; and information on patient’s resident in Mental Health or Learning Disability POC on 17 February (MILD Census day) each year.. Information on ‘non-inpatient’ mental health services delivered by multi-disciplinary teams is also included, to reflect the move from a consultant-led to a multi-disciplinary method of service delivery during 2007/8.

4.2 The Mental Health and Learning Disability publication is one of four Hospital Statistics publications. The other publications cover Inpatient and Day Case Activity, Outpatient Activity and Emergency Care Activity.

- 4.3 The most recent version of the ‘Hospital Statistics: Mental Health and Learning Disability’ publication can be viewed on the DHSSPS website at:
<http://www.dhsspsni.gov.uk/index/statistics/mhld/mental-health-inpatients/inpatient-activity-mental-health.htm>²⁰
- 4.4 Over time, the way in which Mental Health and Learning Disability services are delivered has changed. Following the Bamford review²¹, published in August 2007, the focus changed to the provision of services in the primary and community care settings rather than in a hospital setting. As a result, since 2006/07 the number of admissions to hospital under the Mental Health POC (4,875) has decreased by almost two fifths and the number of admissions to hospital under the Learning Disability POC (261) has decreased by two thirds²². At 17 February 2015, there were 683 mental health patients and 144 learning disability patients resident in hospital (including those on Home Leave). This is almost half the number of mental health patients, and less than a third of the number of learning disability patients resident in hospital at 17 February 2007²³.
- 4.5 The Mental Health and Learning Disability publication is different from the other Hospital Statistics publications in that it is topic based, providing information on the Mental Health and Learning Disability POCs and the ‘Old Age Psychiatry’ Specialty of the Elderly POC. As a result, all of the inpatient, day case and consultant-led outpatient activity information (which makes up almost three-quarters of the publication) are also included within the ‘Inpatient and Day Case Activity’ or ‘Outpatient Activity’ publications or the Excel tables accompanying these publications. Therefore there is some duplication of effort producing these two publications.
- 4.6 The Code of Practice for Official Statistics states “*The production, management and dissemination of official statistics should meet the requirements of informed decision-making by government, public services, business, researchers and the public*” (Principle 1) and “*The resources made available for statistical activities should... be used effectively and efficiently*” (Principle 7).
- 4.7 Taking account of the decrease in hospital activity within the Mental Health and Learning Disability POCs, the shift from hospital based services to primary and community based

²⁰ After the DHSSPS website is migrated (during November) this information can be accessed by following the link under ‘Current Publications’ on <http://www.dhsspsni.gov.uk/topics/dhssps-statistics-and-research-mental-health-and-learning-disabilities/mental-health-and#toc-0>

²¹ <http://www.dhsspsni.gov.uk/promoting-social-inclusion.pdf>. Following migration of the DHSSPS website (during November) information on the Bamford Review will be available from www.dhsspsni.gov.uk/topics/mental-health-and-learning-disabilities/bamford-review-mental-health-and-learning-disability

²² In 2006/07 there were 6,875 inpatients and 1,166 day case in the Mental Health POC, and 777 inpatients and 4 day case in the Learning Disability POC. In 2014/15 there were 4631 inpatients and 244 day case in the Mental Health POC, and 261 inpatients and 0 day case in the Learning Disability POC.

²³ At 17 February 2007, there were 1318 mental health patients and 464 learning disability patients resident in hospital.

services and the duplication of information in both publications, it is proposed that the Mental Health and Learning Disability publication is discontinued from 2016. Any information from the publication which is not available elsewhere, namely the findings of the MILD Census and data on compulsory admissions, will continue to be provided as downloadable Excel data tables on the website.

4.8 While the details of the downloadable Excel tables are still being finalised, it is proposed that there will be two sets. The first set of tables will provide information on compulsory admissions, while the second will present the results of the Mental Illness and Learning Disability (MILD) Census. These tables will include all the information that is currently contained within the publication plus some additional historical data to facilitate more detailed analysis. The tables will include information on:

- Compulsory admissions (under Mental Illness) by sex, by age group and by hospital over time; and
- Learning Disability Compulsory admissions by sex and by age group over time²⁴;

and for the MILD Census

- Mental Illness Inpatients resident at 17 February (including those on Home Leave) - by length of stay, age group, bed type and HSC Trust over time; and
- Learning Disability Inpatients resident at 17 February (including those on Home Leave) - by length of stay, age group, bed type and hospital over time.

4.9 The supplementary information within the publication on 'non-inpatient' mental health services delivered by multi-disciplinary teams will be added to the 'Outpatient Activity' publication to help explain the marked decrease in Consultant led Outpatient services.

4.10 Discontinuing the Mental Health and Learning Disability publication will free up some resource to continue work on the Mental Health (and Learning Disability) patient level dataset. Patient level data will permit greater flexibility in the analysis which can be carried out in the future and provide more up-to-date and timely data. It will ultimately result in the replacement of the MILD Census return with a data download which will reduce the burden on data suppliers.

4.10.1 In summary, there will be no change in the data available on Mental Health, Learning Disability and Old Age Psychiatry Hospital Activity. Additional historical data will be available on Compulsory admissions under the Mental Health (NI) Order 1986 and the MILD Census.

²⁴ Information is not currently published by hospital due to small numbers.

5. SMOKING CESSATION PUBLICATION

- 5.1 The publication provides information on smoking cessation in respect of clients who set a quit date and those who had successfully quit at 4 weeks. The information is broken down by age, gender, Health and Social Care Trust, provider type and type of therapeutic intervention.
- 5.2 The most recent publication of the 'Statistics on Smoking Cessation Services in Northern Ireland' can be viewed on the DHSSPS website at:
<http://www.dhsspsni.gov.uk/index/statistics/lcb/tobacco.htm>²⁵
- 5.3 It is proposed from 2016 onwards that IAD will only publish the key tables for smoking cessation (those that accompany the current publication) on the IAD website.

6. FIREWORK INJURY STATISTICS PUBLICATION

- 6.1 This publication provides information on persons reporting to hospital emergency care departments (including minor injuries units) for the first time with a firework related injury during the Halloween Period, i.e. the four week period mid-October to mid-November. This information has been collected since 1996 and published since 2000.
- 6.2 The purpose of the publication is to assess the effect of the legislative changes since 1996 and the impact of fireworks awareness, safety and enforcement campaigns delivered by the Department of Health, Social Services & Public Safety (DHSSPS) in partnership with the Department of Justice (DOJ) and in cooperation with the Police Service of Northern Ireland (PSNI) and Northern Ireland Fire & Rescue Service (NIFRS).
- 6.3 In 1996 legislation was enacted which allowed the sale of fireworks in Northern Ireland. In 2002 the Explosives (Fireworks) Regulations (Northern Ireland) came into operation making it compulsory for anyone wishing to purchase, possess and use fireworks for a garden display, to obtain a license
- 6.4 The 'Firework Injury Statistics' publication is a very short publication and consists mainly of a set of ten tables. These tables are accompanied by a number of key points, a few paragraphs of commentary and a graph showing the total number of injuries since 1996. The tables provide information on:
- The number of persons injured by fireworks during the Halloween period, each year since 1996 (1 table).

²⁵ After the DHSSPS website is migrated (during November) this page will move to:
<http://www.dhsspsni.gov.uk/articles/tobacco-statistics>

- The number of persons injured in the current year, by week and by HSC Trust (2 tables).
- The number of persons injured in the last five years, by HSC Trust, by Age Group (0-5, 6-10, 11-15, 16-17, 18+), by Gender, by Site of Injury (i.e. part of body), by Location of Occurrence (e.g. Family/Private Party, Large Public Display), by Type of Firework and by Method of Departure from Emergency Care Department (7 tables).

Links are provided within the publication to Definitions and Background Notes, Technical Guidance and Guidance on the Use of the Data.

- 6.5 The most recent 'Firework Injury Statistics' publication can be viewed on the DHSSPS website at:
<http://www.dhsspsni.gov.uk/index/statistics/hospital/emergency-care/firework-injuries.htm>²⁶
- 6.6 Firework related injuries were highest in 1996, with 202 people injured, but have decreased significantly since the introduction of the new legislation in 2002. In recent years the numbers have been very small with 25 firework related injuries in 2011, 14 in 2012, 6 in 2013 and 18 in 2014.
- 6.7 The Code of Practice for Official Statistics states under Principle 6: Proportionate Burden that "*The cost burden on data suppliers should not be excessive and should be assessed relative to the benefits arising from the use of the statistics*" and under Principle 7: Resources that "*The resources made available for statistical activities should... be used effectively and efficiently*".
- 6.8 Due to the small numbers involved, the burden on data suppliers, i.e. the individual Emergency Care departments, is no longer considered proportionate to the benefit derived from the data and the processing of the data and preparation of the publication is no longer considered an efficient use of statistical resources. It is therefore proposed to discontinue this publication from 2016, along with the associated data collection.
- 6.9 It should be noted that an equivalent census²⁷ was carried out in the rest of the UK (England, Scotland and Wales) until 2005 by Department of Trade & Industry (DTI) but was discontinued from 2006 due to resource issues.
- 6.10 Alternative sources of Firework Injury information (for Northern Ireland) have also been considered by the Department. Currently the patient administrative systems within the emergency care departments do not capture reason for attendance in a regionally consistent codeable format. Work is ongoing across the Health Service (lead by the Department and alongside the HSC Board) looking at improving the completeness, quality, detail and regional

²⁶ After the DHSSPS website is migrated (during November) this page will move to:
<http://www.dhsspsni.gov.uk/articles/firework-injuries>

²⁷ the 'Department of Trade & Industry (DTI) Fireworks Injuries Enquiry for Great Britain' also known as the 'Fireworks Injury Survey'.

consistency of emergency care data including reason for attendance. Any statistical resources freed up through discontinuing this publication will be redirected to this work

7. CONSULTATION QUESTIONS AND INVITATION TO RESPOND

7.1 You are invited to consider these proposals and respond with your views. Please complete the pro-forma in the Annex of this document and submit your response to this proposal no later than **Thursday 14th January 2016**.

7.2 Responses should be submitted:

by email to:

statistics@dhsspsni.gov.uk

or by post to:

Paul Woods
Information and Analysis Directorate
DHSSPS
Room 11, Annexe 2
Castle Buildings
Stormont
BT4 3SQ

7.3 In particular we are interested in your answers to the following questions (repeated on the pro-forma):

Emergency Care Waiting Times

- 1) Do you currently use this publication?
 - If so, what uses do you make of the information in the publication (list as many as appropriate) and what types of decision does this information inform?
- 2) Do you currently use the downloadable Excel spreadsheet?
 - If so, what uses do you make of the data in the downloadable spreadsheets (list as many as appropriate) and what types of decision does this information inform?
- 3) Will the proposed changes have a significant impact on your use of the information/data?
 - If so, please list the main impacts, if any, associated with each change.
[Proposed changes:
 - a) replacing the commentary with a succinct set of Key Points, and
 - b) removing some of the historical data from the publication but not the Excel tables]
- 4) Do you see any other advantages to a shorter publication, apart from the resource saving?

- 5) Do you anticipate extending your use of the available information/data in the future, including using it for the first time? If so,
- what uses do you anticipate making of the information in the revised publication (include as many as appropriate) and what types of decision will this information inform?
 - what uses do you anticipate making of the data in the downloadable Excel spreadsheets (include as many as appropriate) and what types of decision will this data inform?
 - Is there a reason why did you not previously use the information/data for these purposes? e.g. you didn't know that downloadable data was available; you weren't aware of what was in the downloadable tables; your work area/ area of interest has changed

Outpatient Waiting Times

- 1) Do you currently use this publication?
- If so, what uses do you make of a) the Outpatient Waiting Times information, b) the ICATS Waiting Times information and c) the Completed Outpatient Waits information in the publication and what types of decision does this information inform (list as many as appropriate)?
- 2) Do you currently use the downloadable Excel spreadsheet?
- If so, what uses do you make of a) the Outpatient Waiting Times data, and b) the ICATS Waiting Times data in the downloadable spreadsheets (list as many as appropriate) and what types of decision does this information inform?
- 3) Will the proposed changes have a significant impact (positive or negative) on your use of the information/data?
- If so, please list the main impacts, if any, associated with each change
- [Proposed changes:
- a) replacing the commentary with a succinct set of Key Points;
 - b) removing the ICATS waiting times data from the publication but not from the Excel tables;
 - c) removing the completed Outpatient waits data from the publication (information for the complete year will continue to be available in the annual Hospital Statistics: Outpatient Activity publication), and
 - d) removing some of the historical Outpatient waiting times data from the publication but not the Excel tables].
- 4) Do you see any other advantages to reducing the publication in this way, apart from the resource saving?
- 5) Do you anticipate extending your use of the available information/data in the future, including using it for the first time? If so,
- what uses do you anticipate making of the information in the revised publication (include as many as appropriate) and what types of decision will this information inform?

- what uses do you anticipate making of the data for a) Outpatient waiting times and b) the ICATS waiting times, in the downloadable Excel spreadsheets (include as many as appropriate) and what types of decision will this data inform?
- Is there a reason why did you not previously use this information/data for these purposes? e.g. you didn't know that Outpatient (ICATS) downloadable data was available; you weren't aware of what was in the downloadable tables; your work area/ area of interest has changed

Diagnostic Waiting Times

- 1) Do you currently use this publication?
 - If so, what uses do you make of the information on a) diagnostic waiting times, b) diagnostic reporting times for urgent tests and c) diagnostic reporting times for routine tests and what types of decision does this information inform (list as many as appropriate)?
- 2) Do you currently use the downloadable Excel spreadsheet?
 - If so, what uses do you make of the Diagnostic Waiting Times data in the downloadable spreadsheets (list as many as appropriate) and what types of decision does this information inform?
- 3) Will the proposed changes have a significant impact (positive or negative) on your use of the information/data?
 - If so, please list the main impacts, if any, associated with each change
[Proposed changes:
 - a) replacing the commentary with a succinct set of Key Points;
 - b) removing the reporting times for routine tests data from the publication but including it in a new downloadable Excel table;
 - c) removing some of the historical diagnostic waiting times data, and the 16 test split, from the publication but not from the Excel tables, and
 - d) removing some of the historical urgent tests reporting times data from the publication but including these data in the new downloadable Excel table].
- 4) Do you anticipate using the proposed new Excel table on Diagnostic Reporting times?
 - If so, what uses do you anticipate making of the reporting times data for a) urgent tests and b) the routine tests (list as many as appropriate) and what types of decision will this data inform?
- 5) Do you see any other advantages to reducing the publication in this way, apart from the resource saving?
- 6) Do you anticipate extending your use of the available information/data in the future, including using it for the first time? If so,
 - what uses do you anticipate making of the information in the revised publication (include as many as appropriate) and what types of decision will this information inform?

- what uses do you anticipate making of the data for Diagnostic Waiting times in the downloadable Excel spreadsheets (include as many as appropriate) and what types of decision will this data inform?
- Is there a reason why did you not previously use this information/data for these purposes? e.g. you didn't know that the downloadable data was available; you weren't aware of what was in the downloadable tables; your work area/ area of interest has changed

Inpatient Waiting Times

- 1) Do you currently use this publication?
 - If so, what uses do you make of a) the inpatient waiting times information and b) the completed inpatient waits information in the publication and what types of decision does this information inform (list as many as appropriate)?
- 2) Do you currently use the downloadable Excel spreadsheet?
 - If so, what uses do you make of the Inpatient Waiting Times data in the downloadable spreadsheets (list as many as appropriate) and what types of decision does this information inform?
- 3) Will the proposed changes have a significant impact (positive or negative) on your use of the information/data?
 - If so, please list the main impacts, if any, associated with each change
[Proposed changes:
 - a) replacing the commentary with a succinct set of Key Points;
 - b) removing the completed Inpatient waits data from the publication (information for the complete year will continue to be available in the annual Hospital Statistics: Inpatient and Day Case Activity publication), and
 - c) removing some of the historical Inpatient waiting times data from the publication but not the Excel tables].
- 4) Do you see any other advantages to reducing the publication in this way, apart from the resource saving?
- 5) Do you anticipate extending your use of the available information/data in the future, including using it for the first time? If so,
 - what uses do you anticipate making of the information in the revised publication (include as many as appropriate) and what types of decision will this information inform?
 - what uses do you anticipate making of the data in the downloadable Excel spreadsheets (include as many as appropriate) and what types of decision will this data inform?
 - Is there a reason why did you not previously use this information/data for these purposes? e.g. you didn't know that the downloadable data was available; you weren't aware of what was in the downloadable tables; your work area/ area of interest has changed

Cancer Waiting Times

- 1) Do you currently use this publication?
 - If so, what uses do you make of a) the 62 day information, b) the 31 day information and c) the 14 day information in the publication and what types of decision does this information inform (list as many as appropriate)?
- 2) Do you currently use the downloadable Excel spreadsheet?
 - If so, what uses do you make of a) the 62 day data, b) the 31 day data and c) the 14 day data in the downloadable spreadsheets (list as many as appropriate) and what types of decision does this information inform?
- 3) Will the proposed changes have a significant impact on your use of the information/data?
 - If so, please list the main impacts, if any, associated with each change
[Proposed changes:
 - a) replacing the commentary with a succinct set of Key Points;
 - b) removing some of the historical 62 day, 31 day and 14 day cancer waiting times data from the publication but not the Excel tables].
- 4) Do you see any other advantages to reducing the publication in this way, apart from the resource saving?
- 5) Do you anticipate extending your use of the available information/data in the future, including using it for the first time? If so,
 - what uses do you anticipate making of the information in the revised publication (include as many as appropriate) and what types of decision will this information inform?
 - what uses do you anticipate making of a) the 62 day data, b) the 31 day data and c) the 14 day data in the downloadable Excel spreadsheets (include as many as appropriate) and what types of decision will this data inform?
 - Is there a reason why did you not previously use this information/data for these purposes? e.g. you didn't know that the downloadable data was available; you weren't aware of what was in the downloadable tables; your work area/ area of interest has changed

Child Protection Statistics Publication

- 1) Do you currently use this publication?
 - If so, what uses do you make of the information in the publication (list as many as appropriate) and what types of decision does this information inform?
- 2) Will the proposed changes, significantly affect your organisation (either positively or negatively)?

Note: changes are reduction of the publication to annual with only quarterly key tables made available as described above in 3.2.

 - If so, please list the main impacts.

- 3) Do you see any other advantages to reducing the publication in this way, apart from the resource saving?

Carers Statistics Publication

- 1) Do you currently use this publication?
- If so, what uses do you make of the information in the publication (list as many as appropriate) and what types of decision does this information inform?
- 2) Will the proposed changes, significantly affect your organisation (either positively or negatively)?
Note : changes are reduction of the publication to annual with only quarterly key tables made available as described above in 3.3.
- If so, please list the main impacts.
- 3) Do you see any other advantages to reducing the publication in this way, apart from the resource saving?

Mental Health and Learning Disability Publication

- 1) Do you currently use this publication?
- If so, what uses do you make of the information in the publication for each of the areas listed below, and what types of decision does this information inform (list as many as appropriate)?
 - o Mental Health Inpatient and Day Case Activity (Tables 1.1, 1.2, 1.3, 1.9, 1.10, 1.11)
 - o Mental Health Outpatient Activity (Tables 1.1, 1.2, 1.4, 1.5, 1.12, 1.13)
 - o Mental Health Non-inpatient Activity (Multi-disciplinary) (Tables 1.17, 1.18)
 - o Compulsory Admissions (Mental Illness) (Tables 1.6, 1.7, 1.8)
 - o MILD Census: Mental Illness Inpatients (Tables 1.14, 1.15, 1.16)

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

 - o Old Age Psychiatry Inpatient and Day Case Activity (Tables 3.1, 3.2, 3.3)
 - o Old Age Psychiatry Outpatient Activity (Tables 3.1, 3.2, 3.4, 3.5)
- 2) Will the proposal to discontinue the publication, changing how these datasets are accessed and removing the commentary, have a significant impact (positive or negative) on your use of the information/data?
- If so, please list the main impacts, if any, associated with each dataset/ change

[Proposed changes:

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

- 3) Do you anticipate extending your use of the Mental Health, Learning Disability and Old Age Psychiatry information/data in the future, including using it for the first time?
 - If so, what additional uses do you anticipate making of the datasets below (include as many as appropriate) and what types of decision will this information inform?
 - a) the Inpatient and Day Case Activity information,
 - b) the Outpatient and Non-Inpatient Mental Health information,
 - c) the Compulsory Admissions data, and
 - d) the MILD Census data

Please indicate the relevant topic area(s), i.e. Mental Health, Learning Disability and Old Age Psychiatry.

 - Is there a reason why did you not previously use this information/data for these purposes? e.g. you didn't know that the downloadable data was available; you weren't aware of what was in the downloadable tables; your work area/ area of interest has changed
- 4) Is there any other information relating to Mental Health, Learning Disability or Old Age Psychiatry that you would be interested in seeing published?

Smoking Cessation Publication

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

- 2) Will the replacement of this publication with summarised statistics published on the website affect your organisation (either positively or negatively)?
- 3) Will discontinuation of associated tables impact your organisation (either positively or negatively)?

Firework Injury Statistics Publication

- 1) Do you currently use this publication?
 - If so, what uses do you make of the information in the publication (list as many as appropriate) and what types of decision does this information inform?
- 2) Will the discontinuation of this publication and the associated data collection significantly affect your organisation (either positively or negatively)?
 - If so, please list the main impacts.
- 3) If reason for attendance at an emergency care department was to become available in the future, how would this be of benefit to your organisation?
 - Please list the main benefits, including the uses you would anticipate making of these data and what types of decision these data would inform (include as many as appropriate)

ANNEX: RESPONSE FORM

(Please expand response boxes as required)

Details of respondent

Name:

Organisation(s) represented:

Address

Telephone number

E-mail address

PART 1: EMERGENCY CARE WAITING TIMES

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

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

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

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

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

Proposed changes:

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

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

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

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

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

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

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

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

PART 2: OUTPATIENT WAITING TIMES

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

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

a) Outpatient Waiting Times information:

b) ICATS Waiting Times information:

c) Completed Outpatient Waits information:

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

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

a) Outpatient Waiting Times data:

b) ICATS Waiting Times data:

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

Proposed changes:

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

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

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

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

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

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

a) *Outpatient Waiting Times data:*

b) *ICATS Waiting Times data:*

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

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

PART 3: DIAGNOSTIC WAITING TIMES

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

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

a) *Diagnostic Waiting Times information:*

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

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

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

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

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

Proposed changes:

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

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

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

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

a) Diagnostic Reporting Times data for urgent tests:

b) Diagnostic Reporting Times data for routine tests:

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

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

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

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

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

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

PART 4: INPATIENT WAITING TIMES

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

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

a) Inpatient Waiting Times information:

b) Completed Inpatient Waits information:

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

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

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

Proposed changes:

- a) replacing the commentary with a succinct set of Key Points;
- b) removing the completed Inpatient waits data from the publication (information for the complete year will continue to be available in the annual Hospital Statistics: Inpatient and Day Case Activity publication), and

c) removing some of the historical Inpatient waiting times data from the publication but not the Excel tables.

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

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

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

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

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

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

PART 5: CANCER WAITING TIMES

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

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

a) the 62 day information:

b) the 31 day information:

c) the 14 day information:

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

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

a) the 62 day data:

b) the 31 day data:

c) the 14 day data:

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

Proposed changes:

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

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

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

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

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

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

a) the 62 day data:

b) the 31 day data:

c) the 14 day data:

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

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

PART 6: CHILD PROTECTION STATISTICS

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

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

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

Proposed changes:

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

- If so, please list the main impacts.

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

PART 7: CARERS STATISTICS

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

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

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

Proposed changes:

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

- If so, please list the main impacts.

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

PART 8: MENTAL HEALTH AND LEARNING DISABILITY PUBLICATION

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

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

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

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

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

a) Inpatient and Day Case Activity data:

Mental Health:

Learning Disability:

Old Age Psychiatry:

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

Mental Health – Outpatient data:

Mental Health – Non-Inpatient (Multidisciplinary) data:

Learning Disability:

Old Age Psychiatry:

c) Compulsory Admissions data:

Mental Health:

Learning Disability:

d) MILD Census data:

Mental Health:

Learning Disability:

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

Proposed changes:

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

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

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

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

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

- a) Inpatient and Day Case Activity data:

b) Outpatient Activity data:

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

d) Compulsory Admissions data:

e) MILD Census data:

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

PART 9: SMOKING CESSATION PUBLICATION

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

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

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

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

If yes, please list the main impacts:

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

Yes ___ No ___ (please tick your answer)

If yes, please list the main impacts:

PART 10: FIREWORK INJURY STATISTICS

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

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

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

If yes, please list the main impacts:

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

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

ANY OTHER COMMENTS

Do you have any other comments relevant to this consultation?

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

Please return to: statistics@dhsspsni.gov.uk

Paul Woods

Information and Analysis Directorate

DHSSPS

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Stormont

BT4 3SQ

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