Responses to National Statistics consultation on proposals for (i) rationalising and reducing the content of the five quarterly hospital waiting times publications, (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.

Information and Analysis Directorate (IAD), within the Department of Health, Social Services and Public Safety (NI), carried out a detailed review of the content and frequency of all existing statistical publications and identified a number of areas where publications could be scaled back or where the data could be disseminated in a different way. This would allow resources to be redirected to carry out more value-added intelligent analysis. As a result of the review, IAD conducted a National Statistics consultation proposing changes to the content and format of nine publications and also a proposal to cease the publication of the annual firework injury statistics. This consultation began on 22nd October 2015 and closed on 14th January 2016.

This was a very open consultation and specifically asked users; if they were content that IAD reduced the content of the five quarterly hospital waiting times publications to two pages of key points and downloadable data tables; if they were content that the quarterly Child Protection and Carers' Assessments publications were reduced to key points and data tables on a quarterly basis, with more detailed information and commentary contained within annual publications; if they were content that the annual Mental Health and Learning Disability Hospital Statistics publication was no longer published with information unique to this publication made available as downloadable data tables; if they were content that the annual Smoking Cessation publication was replaced with a key findings infographic or summary document; and if they were content that the annual Firework Injury Statistics publication was discontinued from 2016 along with the associated data collection.

Thirteen responses were received to the consultation. The majority of responses were broadly supportive of the proposals.

Consequently the Department of Health, Social Services and Public Safety will reduce the content of the five quarterly hospital waiting times publications from quarter ending June 2016 and for each quarter thereafter. From 2016, it will discontinue the Mental Health and Learning Disability Hospital Statistics publication (with information unique to this publication retained as downloadable data tables) and it will cease the collection and publication of the annual Firework Injury Statistics publication.

The report on quarterly carers' statistics for Northern Ireland will be retained in its quarterly format until the next review. The quarterly child protection statistics for Northern Ireland report will be available annually with the key tables still made available quarterly.

With respect to smoking cessation, the Department of Health Social Services and Public Safety will publish tables on an annual basis on its website as soon as possible (likely to be around September of each year). The tables will contain key information on those setting a quit date and those who have quit after 4 weeks (as well as those at 52 weeks). As per the previous smoking cessation publications, the data will be broken down by age, sex, provider type, Health and Social Care Trust and deprivation quintile. Trend data will also be provided so that there is continuity and comparability of previous years' data.

Response on behalf of the Patient and Client Council

Many thanks for sending us details of the consultation on DHSSPS statistical publication.

I have been asked to confirm that the PCC does not have any evidence on this issue and will not be submitting a formal response.

Response on behalf of the Health Improvement Policy Branch (DHSSPS)

Just to confirm that as long as IAD provide the tables on an annual basis, I am content. We can do any analysis required ourselves if we have the base information.

Response on behalf of the Northern Ireland Cancer Registry

Firework stats: agree that a good job has been done by monitoring the numbers which also demonstrate the value of the legislation. No need to continue.

Mental health stats: While hospital admissions no longer reflect the work or need, we need to continue to monitor mental health activity, especially with an ageing population with increased numbers of dementia cases expected.

Children and Carers: agree with the proposal for annual stats

Tobacco stats: this is a very important area and currently the PHA monitor this, however they could stop this activity as they do not have a legislative requirement to produce the stats. Considering the impact of tobacco on health it is vital that there is continuity of these stats , that they are collected in a manner which allows comparability over time, need to continue with these important stats. Publications on this should be widely available and not reduced in content or in distribution, the role should stay officially with the Dept

Cancer Waiting times: Welcome that there will be no change to the data available on this.

Response on behalf of the Western HSC Trust

Thank you for your letter dated 22nd October 2015 regarding the above consultation. The Western Trust has reviewed the proposed changes and has no fundamental objection.

Response on behalf of the Southern HSC Trust

The Southern Trust has no concerns with respect to the proposed changes to the 7 National Statistics and 3 Official Statistics publications.

Emergency Care/ Inpatient/Outpatient/Diagnostic and Cancer Waiting Times

- **Proposed change** – commentary in quarterly publications is reduced to key points and any non-target related content is removed.

- **Trust Response** – The Trust is happy to endorse this proposed change.

Child Protection and Carers Statistics

- **Proposed change** - quarterly publications are reduced to key points accompanying the quarterly data tables, with more detailed information and commentary contained in annual publications.

- **Trust Response** – The Trust is happy to endorse this proposed change.

Mental Health and Learning Disability Publication

- **Proposed change** - the annual hospital statistics publication is no longer published - information unique to this publication will be made available as downloadable data tables.

- **Trust Response** – The Trust is happy to endorse this proposed change.

Smoking Cessation Publication

- **Proposed change** - the annual publication is replaced with a key findings infographic or summary document.

- **Trust Response** – the Trust is happy to endorse this proposed change.

Firework Injury Statistics

- **Proposed change** - the annual publication is discontinued from 2016 along with the associated data collection.

- **Trust Response –** the Trust is happy to endorse this proposed change.

The Trust welcomes the regular review of any data collection processes to ensure that they are still meaningful and the benefits of collecting outweigh the costs.

Response on behalf of the Northern Ireland Fire & Rescue Service

PART 10: FIREWORK INJURY STATISTICS

1. Do you currently use this publication? Yes _x__ 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?

NIFRS uses statistics to influence, develop and target community safety strategies. The firework injury statistics have been used for this purpose.

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

If yes, please list the main impacts:

Although NIFRS would not be significantly affected, other organisations such as RoSPA who we would partner with to promote fire safety may be.
The number of incidents we attend due to accidental misuse of fireworks is very small. The number of incidents NIFRS attend where injuries are needed to be treated at A&E is negligible.

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 _x__ 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)

NIFRS already monitors all incidents it attends through the national Incident Recording System. This system allows fire services to identify trends and target resources as necessary.

If 'reason for attendance at an emergency care department' was to become available in the future it would allow NIFRS to target its prevention activities with greater accuracy and alert us to spot trends not identified through our own system.

ANY OTHER COMMENTS

Do you have any other comments relevant to this consultation?

Although NIFRS may not make use of the statistics we would recommend the Department consult other safety organisations such as RoSPA if they have not done so already.

Response on behalf of the Northern Ireland Chest Heart and Stroke

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 future campaigns or initiative focus on waiting times, we would avail of this information.
If publications are to be reduced it is essential that detailed instructions are provided as to how statistics were calculated in previous versions. Particularly for different disciplines and diseases to ensure consistency in the reporting of future statistics.

ANY OTHER COMMENTS

Do you have any other comments relevant to this consultation?

If future campaigns or initiative focus on information included in this consultation, we would avail of this information and are happy to do in excel format.
If publications are to be reduced it is essential that detailed instructions are provided as to how statistics were calculated in previous versions. Particularly for different disciplines and diseases to ensure consistency in the reporting of future statistics.

When moving to downloadable tables, we would support all measures which would enable the direct comparison with UK counterparts whenever this is feasible. This would be very useful from a public policy position to allow us to identify areas which we are on target with and those which need attention. It would also give us a true reflection of our own progress if able to directly compare to UK.

Response on behalf of the South Eastern HSC Trust

The Trust welcomes the opportunity to comment on the National Statistics Consultation on proposed changes to DHSSPS publications. The Trust would like to raise two issues with regard to the consultation proposals.

It is important to note that if the annual Firework Injury Statistics publication is discontinued from 2016, along with the associated data collection, that this is a manual collection by ED and MIUs over a period of months (ie not on the system). Therefore this information would not be routinely available, but which there is high demand to Health and Social Care Trusts. This would be considered a deficit if this information was not available to the many stakeholders who request this information each year.

The Trust would be interested in exploring the potential for the Information & Analysis Directorate to share its raw data with the Digital Transformation Service particularly with regard to the introduction of the open data strategy.

The Trust would like to be informed of the results of the consultation once the feedback has been fully considered.

Response on behalf of the Commissioner for Older People for Northern Ireland

I am writing to you on behalf of the Commissioner for Older People for Northern Ireland in relation to the proposals outlined in the consultation document, *Changes to DHSSPS Publications*. The role of the Commissioner is to promote awareness of issues relating to older people and to be an authoritative independent champion for them.

COPNI welcomes that data will continue to be collected in most of the areas described, and believes this will continue to inform the development of health and social care policy. COPNI notes the format and frequency statistics are published is changing, and would urge that information is made available which allows those with an interest to easily access and interpret it, so they can advocate for improvement of services from a position of knowledge and evidence.

COPNI especially notes the changes to the publication of statistics on Carers Assessments. COPNI have recommended to the DHSSPS that clear targets should be set to significantly increase the uptake of Carers Assessments by older carers, and there should also be transparent recording of need and unmet need. These recommendations require the collation of relevant statistics to support the assessment of the targets. The issue of uptake of Carers Assessments is an important issue that is monitored by many groups. Therefore COPNI is concerned that the proposal to make the Carers Statistics publication annual, with only key tables being released quarterly, could undermine the ability of those with an interest to monitor Carers Assessments. COPNI would also reiterate that within these key tables there should be statistics monitoring the uptake of Carers Assessments by older carers (or uptake by age group), and recording levels of need and unmet need.

If you would like to discuss any of these points in further detail, please do not hesitate to contact the Policy Team

Response on behalf of the Public Health Agency, Health Intelligence Unit

PART 9: SMOKING CESSATION PUBLICATION

1. Do you currently use this publication? Yes _X__ 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?

The PHA utilises all the information contained within the publication; however, in addition the PHA also preforms further more in depth in–house analysis of this data. This in-depth information helps to inform future direction and targeting of Stop Smoking Services in Northern Ireland as well as the development of local service level Key Performance Indicators.

The release date of this IAD publication, however impacts on any release of the PHA's in-depth Stop Smoking Services data. As IAD's release is part of the Official statistics this limits the window in which the PHA is able to release yearly data. The PHA would request any future statistics produced by IAD on the Stop Smoking Services are released as soon as possible after year end.

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

If yes, please list the main impacts:

The release of these summary statistics will negatively impact the PHA if the release is not made sufficiently early within the financial year (August/ early September). Otherwise the PHA has no issue with IAD moving to the production of summary statistics rather than the current publication.

3. Will discontinuation of associated tables impact your organisation (either positively or negatively)? Yes _X__ No ___ (please tick your answer)

If yes, please list the main impacts:

The release of the associated tables will negatively impact the PHA if the release is not made sufficiently early within the year. (August/ early September) Otherwise the PHA has no issue with IAD discontinuing the production of summary tables.

Response on behalf of Asthma UK

PART 1: EMERGENCY CARE WAITING TIMES

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 Asthma UK were to use the revised publication format, we would gain more use from the accompanying Excel spreadsheets, rather than a key points document. Access to the data tables would allow our own analysis, and allow us to be able to draw our own conclusions from the data.

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 Asthma UK were to use this dataset (and the outpatient, diagnostic and inpatient waiting times datasets), it would allow us to potentially monitor system capacity and seasonal fluctuations in health service usage. This would feed into our broader policy and campaigning work, as well as work on seasonal fluctuations in emergency admissions. However, the dataset would be of more use to us if a diagnosis (or broad condition, such as respiratory) specific breakdown were provided. This would allow us to analyse access to services for people with asthma, and for other conditions.

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

Asthma UK are constantly scoping and evaluating the data sources used in our analysis, and it is possible that waiting times could become an area of interest for us. The majority of asthma patient contact occurs in the primary care sector, but pressures in primary care translate to pressures in secondary care. Measures such as waiting time statistics can act as a bellwether for pressures in the system, and it is important for us to know the quality of data available. This means waiting time statistics for emergency care, outpatients, diagnostics and inpatients may prove to be a useful source of data for Asthma UK in the future. As mentioned above, the data is currently too broad for our usage, so a further breakdown in waiting times statistics would increase the chance of Asthma UK using them.

PART 2: OUTPATIENT WAITING TIMES

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?

Please refer to our comments in Part 1, Q5.

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:

Please refer to our comments in Part 1, Q5.

b) ICATS Waiting Times data:

Please refer to our comments in Part 1, Q5.

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

We do not usually use outpatient data in our analysis, as we have reservations about the accuracy of the coding of this data. This applies to data collected in all four nations. If these reservations were assuaged, we may include outpatient data in our analysis. Please also refer to the comments in Part 1, Q5.

PART 3: DIAGNOSTIC WAITING TIMES

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:

Please refer to the comments in Part 1, Q5.

b) Diagnostic Reporting Times data for routine tests:

Please refer to the comments in Part 1, Q5.

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

It appears to be a logical move to move the data tables into a single Excel spreadsheet, rather than across the publication. Having all of the data in one place and in Excel format (rather than PDF) would potentially make our analysis more straightforward and efficient.

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?

We would be much more likely to use the Excel tables for our analysis than the revised publication.

Please also refer to the comments in Part 1, Q5.

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?

Please refer to the comments in Part 1, Q5.

(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

Please refer to the comments in Part 1, Q5.

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?

Smoking rates, tobacco control and policy is an issue Asthma UK continually monitors. We work closely with Action on Smoking and Health (ASH) and other key health organisations on this issue.

A key function of Asthma UK is to offer health advice to people with asthma, and this is our primary use of smoking cessation statistics. The health impact of smoking on asthma is enormous: it causes people to develop asthma, makes their asthma symptoms more severe and can lessen the effectiveness of some asthma medicines. It also increases the risk of more potentially life threatening asthma attacks, and even death. Asthma UK encourages people to stop smoking. The provision of smoking cessation statistics allows Asthma UK to understand the success rates of smoking cessation services, and to find out the relative merits of different therapeutic interventions and cessation methods. This feeds into our health advice, and has a direct impact on people living with asthma. Observing increases in the success rates of smoking cessation services may help Asthma UK encourage those committing to quit.

Providing a demographic and geographic breakdown of smoking cessation activity allows Asthma UK to analyse the merits of different smoking cessation methods. We analyse data from the four UK nations, and the current data release allows these national comparisons. The demographic breakdown allows us to tailor our health messaging to appeal to specific groups.

An improvement that could be made to smoking cessation data collection in Northern Ireland is the collection of CO validated quit data. Of the four UK nations, Northern Ireland is the only one not to collect this information, relying on self-reporting for the quit statistics. This means that we cannot compare this more accurate reporting method to Northern Irish results, and collecting such data would provide a true picture of the success of smoking cessation services.

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:

The replacement of this publication with an infographic and/or summarised statistics may make interpretation of the data easier for the general public, and thus drive engagement. It may also allow Asthma UK to present the data on our website or via social media channels in a more attractive manner.

Presenting only an infographic and/or summarised tables precludes transparency in the data. Although there are benefits to adjusting the presentation of official data, the publication of associated data tables behind the new format would be beneficial.

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:

The discontinuation of the smoking cessation tables may have a negative impact upon Asthma UK. It will preclude us from continuing to undertake our own analysis of the data provided in the tables, and of being able to track trends over time. Again, the problem of comparability with the rest of UK is apparent.

We would also like further clarification on what data the 'key tables' will include, and if they will be repeated year-on-year. There is too little detail included in the consultation to fully gauge the impact of the proposed changes.

ANY OTHER COMMENTS

Do you have any other comments relevant to this consultation?

Asthma UK's remit is for the whole of the UK, and our reputation as an evidence-based organisation relies in part on transparent and rigorous data collection across the four nations. We constantly monitor data collection across the UK, and although each data collection organisation presents their data slightly differently, they are broadly equitable. We have recently experienced problems with bespoke data requests from the DHSSPSN and have been informed that no requests will be accepted until April 2016 at the earliest. Asthma UK rely heavily on these requests in order to gain more specific data and would like to seek clarity on the future of bespoke data requests from DHSSPSNI. It would be of great reassurance to know that data in general, as well as that affected, would be available via data requests, and it would allow us to continue our efforts to improve the lives of people with asthma in Northern Ireland.

Coupling this with the scaling back of data and presentation proposed in this consultation presents a concerning trend for health data in Northern Ireland. Although the main data publications we use (such as Quality Outcomes Framework (QOF) tables, Health Survey Northern Ireland and Emergency Care data) are unaffected by the proposed changes, we are concerned that they could be at risk in the future. We have previously had positive experiences with acquiring data from Northern Ireland. The efficient provision of data requests has allowed Asthma UK to conduct analysis and engage with policymakers and health boards to improve services and improve the lives of people with asthma. Northern Ireland has also proved to be an innovator in the collection and analysis of data, and has informed the UK-wide practice and dialogue on data collection. We do hope that Northern Ireland maintains its commitment to the collection and presentation of quality health data, and that Asthma UK can build on its work in Northern Ireland.

We recognise there are advantages to streamlining the presentation of data to include more key findings, summaries and infographics. This will help engage the public with the data presented, and perhaps widen the impact of the data collection. However, it is important the underlying data tables are still presented, to allow organisations to conduct their own analysis, and allow cross-UK comparisons of key indicators.

The provision of good quality data, including full access to data tables, from organisations such as the DHSSPS allows Asthma UK to deliver the greatest impact for people with asthma. It is key to our analytical and policy work, and our ability to make an impact and improve lives for people with asthma in Northern Ireland and across the UK. We will follow the development of this issue with interest.