
Health and Care

Three Year Work Plan 2002/03-2004/05

1. Summary

An introduction to the Health and Care Theme

This Theme brings together information and statistics about health, health services provided by the NHS and social care, which provide for the more vulnerable members of our society. It also covers information relating to health and safety at work. This encompasses the statistics needed to describe and monitor the dynamics of health status in a population, including objective measures of health, and public/patient perceptions. Also included are both the determinants of health status and the activities that take place to improve health (including, but not solely, health system performance).

The theme covers a wide range of outputs and channels for dissemination. These are mostly based around each constituent Government department, with a measure of cross-theme linkage being provided through the National Statistics website. This variety of outputs reflects the range of users of health and care statistics, set out in broad terms in section 2 below.

The highlight of the consultation arrangements used in the preparation of this year's updating of the theme plan was the Statistics Users' Council conference, held in November 2001 on the subject of Health and Care statistics. This was followed by a range of workshops, including a session specifically on the theme plan, which have helped to inform the development of this plan. A range of consultation exercise during the year have sought comments from relevant constituencies on a number of specific information developments.

Brief Overview of the Theme's Work Programme

A selection of the key developments in the plan are:

- work on the development of a "Framework for Health and Care statistics";
- development of data and publications relating to inequalities and to targets for reducing inequalities;
- further work on performance measures relating to health and social care in particular relating to the quality and outcomes of care;
- in the long term, exploitation of the opportunities for new and improved statistics

offered by developments in administrative systems used in the delivery of health and care, in particular the development of electronic health records;

- the resolution of issues relating to the use of information from personal health records in the production of statistics.

Note: these developments apply, to some extent, to all administrations in the UK, although this does not imply that all administrations will be taking forward these developments identically.

2. Strategic influences and Policy Drivers

The Health and Care theme group sees the following major drivers which will affect the future needs for and development of statistics within the theme.

General government policies

- emphasis on services and on measuring delivery especially of the NHS Plan, service frameworks, plans and priorities set by devolved administrations and the Revitalising Health and Safety strategy;
- the impact of devolution to increase demands for more detailed information including at a local level, coupled with increased needs to compare across the UK with Europe and the rest of the world;
- general equality and human rights policies (covering race, disability, gender etc);
- review of Civil Registration and HO reviews of certification and of coroners, with particular reference to cause of death information;
- targeting Social Need and reducing inequalities in health and care;
- the review of Health Trends led by the Treasury.

Information for clients and patients, and patient-centred services

- information for patients, clients and the public;
- information about care/services and quality of them;

- monitoring patient and client experience;
- development of patient held electronic records.

Information for health and care professionals

- information needed for clinical and social care governance;
- follow-up to inquiries (Bristol, Alder Hey and Shipman) – managing poor performance and needs for more detailed statistics for clinical and social care governance;
- measuring outcomes including needs for data linkage;
- information on costs/usage of drugs.

Information for managing

- analytic modelling and surveillance of performance;
- joining up information and interpreting analyses – research, analysis, statistics, information systems and tools (includes action following the CO report “Adding it up”);
- information needed to support service delivery targets, performance management and monitoring quality;
- evidence and evaluation needed to assess progress with policies and contribute to new policies;
- in all the above, information for equality impact monitoring.

Infrastructure

- confidentiality, informed consent and disclosure
- the e-business agenda and drive for electronic transactions – collection; dissemination; standards (including harmonisation of data definitions across the theme);
- administrative data – new sources and new opportunities;
- sharing data across organisations with different responsibilities for using same data

- information and analytic skill development (among users particularly in relation to evidence based policy);
- geographic information systems which will help address the agenda in the new measures for geographic coherence paragraph below.

Pressures to make changes to statistical classifications to reflect changes in society, improved scientific knowledge and achieve greater flexibility will be reflected in a number of statistical series from 2002.

3. Planned Developments

Framework for Health and Care statistics

In conjunction with work currently being undertaken in ONS on an overarching framework for Social Statistics, it is intended that discussions will take place in the theme group and with a variety of stakeholders to define a framework for health and care statistics for the UK. An initial view of the scope and coverage of such a framework was presented at the 2001 Statistics User Conference.

The aim of the framework is to help ensure that the system of health and care statistics is comprehensive, integrated with other social statistics, coherent and meets user needs. In doing this there are several challenges. First we need to develop something that is acceptable and meaningful to providers and users of statistics – including the population itself and those involved in health and social care. Second, we need a framework that will support and encourage the improvement of our statistical systems – leading to improved comprehensiveness, coherence and comparability.

Health and social care information systems need to be capable of supporting national strategies for achieving health improvement and effective delivery of services. Such systems should provide support for the planning, monitoring and evaluation of health development and services, the assessment of national and local progress in improving health and well-being, and the dissemination of this information to professionals, researchers and most importantly, the public.

There are a number of specific limitations to the statistics that have traditionally been produced on health in most countries (e.g. an imbalance

between the amount of data available on inputs, outputs and outcomes, no coherent relationship between sets of figures, problems of comparability of data and a narrow view of the determinants of health). The planned framework is intended to help identify the gaps and weaknesses in particular national systems. Although considerable work has been done to address these limitations in a UK context, development of a framework should assist in compiling structured comparisons to help producers and users identify what are the most significant remaining issues.

Developments to outputs

New outputs and sources will be developed in different areas as follows:

Public Health

- the development of new health inequalities and health gain targets – Public Health and Health and Safety; and
- development of a health and social care inequalities monitoring system (NI);
- child health statistics compendium (ONS);
- occupational mortality (ONS/ Health and Safety Executive (HSE));
- cancer atlas for the UK and Ireland (ONS);
- mortality in the 20th century (ONS).

Health Care

- the publication of further data on outcomes and quality of care, including mortality outcomes at consultant level as announced in the UK Government's response to the report of the Inquiry into the Bristol Royal Infirmary;
- the publication of more detail on hospital waiting times;
- publication for Northern Ireland of more detailed information on reference costs and new publication on health and social care workforce.

Health and Safety

Work is planned to improve the availability of HSE statistics on the Web, and to review and

improve the presentation of routine statistical material in the publication "Health and Safety Statistics" and associated fact sheets.

Performance Information

- the UK Government has made it clear that the Commission for Health Improvement will have responsibilities for the publication of performance management for England in the future. The implications of this on the Department of Health's statistical publication programme will be made clear in due course.

Other Developments to Outputs

Review of statistical publication and dissemination methods and introduction of data quality assessment sections to main statistical publications in Northern Ireland.

Developments in sources

The conclusions from the quality review of births and deaths (undertaken within the Population and Migration theme) will impact on health and care statistics (e.g., cause of death, birthweight).

Work is underway on data linkage (which apply across the theme) that is intended to provide better outcome data for clinical governance, including linkage of DH Hospital Episode Statistics with mortality data. Scotland already has a well developed system, and Northern Ireland are further developing their Unique Patient Client Identifier which will greatly facilitate data linkage at individual level.

Development of data on:

- non-inpatients activity which will cover outpatients, daycases, non-consultant activity in acute, intermediate and primary care settings (Scotland) and in Northern Ireland on ambulatory care and non-consultant led activity;
- Patient Pathways for health and care (will add considerable complexity to statistical analyses because of increased number of endpoints);
- total waiting times from GP consultation to hospital discharge and (Northern Ireland) a waiting list dataset;
- NHS Performance assessment framework – development of patient quality indicators;

- the prevalence, and service needs, of persons with a learning disability (Northern Ireland), and politics of a learning disability survey (England);
- a variety of information on children looked after and care leavers in Northern Ireland.

Various new data required to measure progress on implementation of the NHS Plan for England, including an extended programme of patient surveys comprising both general surveys and those with specific disease and National Service Framework focus. Specific proposals include:

- development of a new framework for social care information;
- measures needed for monitoring achievement of the NHS Plan – including on waiting times;
- pilot information from the Mental Health Minimum Data Set;
- changes to NHS performance data.

Further development and exploitations of existing data

- use of the GP Morbidity Data – (General Practice Research Database, CMR in Scotland, Data Retrieval in General Practice project for Northern Ireland);
- assessment of scope to include further data (e.g., on outpatients, Accident and Emergency cases and private patients) in the hospital activity data (Hospital Episodes Statistics collection and analysis system, Scottish Morbidity Record series, Patient Episode Database of Wales). Work to reconcile quality of hospital activity data with clinical audit databases;
- consideration of increasing the coherence of publications and presenting/disseminating clearer overviews as contrasted with current very specific publications. This could include for example presentations across the range of DH data analysed by ethnic origins following the 2001 Census;
- new monthly data collection on referrals in Scotland;

- the investigation of the scope for collecting waiting times for diagnostic and therapy services in Scotland;
- improved workforce planning data – for example a new data collection on vacancies in the NHS in Wales, and the developments in Northern Ireland and Scotland;
- consideration of broader use of survey data – for example Welsh Health Survey for resource allocation and need for future surveys.

A project is underway to provide an assessment of the needs for, and effectiveness of, the resources provided for Health and Personal Social Services (HPSS) in Northern Ireland. This highlights the need to develop data across the UK and the UK Health Accounts.

A range of improvements to statistical information on occupational ill health are planned, including the strengthening of existing sources and the development of new ones. The program is described in “Achieving the Revitalising Health and Safety targets – statistical note on progress measurement” (www.hse.gov.uk/statistics/statnote.pdf). There will also be work to improve coherence of the workplace injury statistics by bringing together the administrative statistics with the results of planned research into injury risks in the workforce using the LFS and using modeling to assess the impact of economic activity on trends in injury risks.

A Framework is being developed for setting standards, delivering service and improving monitoring and regulation in the health and personal social services in Northern Ireland – foci are on improving quality, setting standards to improve standards and practice, local accountability, monitoring performance and improving and extending the regulation of services.

Business continuity

ONS will be reviewing its statistical disclosure policy to ensure consistency across products and to balance the requirements of local flexibility with the need to respect the confidentiality and maintain trust of patients and other informants.

New measures for geographic coherence

- the Department of Health has launched a major drive to strengthen decision-making in the NHS in England closer to the “frontline”, set out in “Shifting the Balance of Power” published July 2001. This will have major effects on NHS organisational structures as well as on the needs for data and the capacity of the NHS to supply administrative data;
- changes to NHS management and organisation structures and need for co-terminosity of different geographies to be able to provide a range of data on different bases. DH/ONS will attempt to provide current and time series statistics for new NHS areas that come into existence in April 2002, subject to statistical disclosure constraints;
- needs for local, neighbourhood, service provider statistics, expressed direct or through the NeSS, requiring more disaggregated data but also resulting in concerns about statistical disclosure, of patient-level information for small areas, consistency and reliability;
- within Northern Ireland a new Regional Strategy for HPSS is being developed. Northern Ireland is also in train to test the feasibility of a data warehouse project for Health and Personnel Social Services Statistics. Cross Departmental initiatives in Northern Ireland include an Internet based NISRA Geographic Information Service.

Standards and classifications

A number of routine statistics will be disseminated in 2002 using revised classifications (e.g., International Classification of Diseases (ICD) 10, Standard Occupation Classification 2000, National Statistics Socio-Economic Classification and grid referencing). There will also be new outputs with academic collaborators on International Classification of Disease 9 and 10th revisions (ICD 9 and ICD 10). Development work is ongoing on Systematized Nomenclature of Medicine for use in healthcare systems.

4. Key Changes from last year's Plan

There are no substantial changes to the plan set out for the period 2000-01 to 2003-04 to report at this stage, other than those implicit in the developments identified above. Future developments will in a number of areas be

informed by current or planned review activities (see Annex 1)

5. International considerations

The Department of Health and the ONS co-ordinate UK involvement in international statistical developments on health and care, providing strategic and detailed input across the range of areas listed below. They involve devolved administrations as necessary and seek co-ordination between the different International Organisations involved in these activities.

The main areas of work currently are:***EU Health Monitoring Programme***

The EU Health Monitoring Programme (HMP) formed part of a broad ‘framework for action in the field of public health’ developed by the EU following the Maastricht Treaty. The UK has contributed to the strategic development of the programme and to specific projects, which also involve a wide range of people from the health community across the UK. The European Commission has proposed a new single public health programme to replace the HMP and several other current programmes (e.g. on cancer). The European Parliament and the Council are currently discussing the proposals.

Eurostat

The UK contributes to the advice given by member states to Eurostat and to international decision making. ONS is active in the Eurostat Leadership Group on Health and is compiling the reference volume, *Key data on health 2001*, on behalf of Eurostat for publication in 2002. HSE is involved in EUROSTAT working groups to enhance the comparability between member states of statistics on workplace injury and occupational disease.

World Health Organisation (WHO)

ONS and the NHS Information Authority are jointly developing the UK WHO Centre for disease classification, bringing together the expertise of the two organisations in the classification and coding of morbidity and mortality, respectively. They work with the Scottish Common Services Agency, to provide a single UK focus for contributing to international work on developing, maintaining and promoting the WHO Family of Classifications, which includes the ICD and ICF.

Other international organisations

ONS is active in international networks developing indicators of health expectancy (REVES and Euro-REVES) and in a range of cross-national work on congenital anomalies (e.g. the European Congenital Anomalies Register, the British Isles Network of Congenital Anomaly Registers and the International Clearinghouse for Birth Defects Monitoring Systems).

Data provision

Both ONS and DH provide information to international organisations (EU, OECD, WHO) and co-ordinate input across the UK. Much of the data produced in the UK is by individual countries in response to policy initiatives in that country. Developments both of policies and of information strategies have often been particular to the different parts of the UK, and that has resulted in inconsistencies in the data collected across the UK and hence difficulties in drawing together a UK wide perspective. Much is done to bring together UK data that are available. In particular:

United Kingdom Health Statistics

ONS, DH, the Common Services Agency of the Scottish Health Services, the Welsh Assembly and the Department of Health and Social Services and Public Safety in Northern Ireland collaborate to bring together *UK Health Statistics*. This contains information on health care systems and health outcomes on a comparable basis for the UK as a whole and for its constituent elements. The project highlights issues that need to be addressed in improving definitions and comparability of data. Specific work to improve comparability will be undertaken in 2002-03.

Databases

ONS, acting on behalf of DH, is the UK's OECD Health Data Correspondent, supplies annual data to OECD for inclusion in their Health Database. ONS also provides annual data on mortality to WHO and works with the Welsh Cancer Intelligence and Surveillance Unit and the Scottish and Northern Ireland Cancer Registries to produce cancer information for the UK.

6. Costs

For a full explanation of National Statistics costs, see Appendix B.

Theme specific expenditure is as follows:

'Projected' Resource Costs:

2002/03	£18.2m
2003/04	£18.3m

These annual estimates of 'projected' expenditure include the following expenditure on significant developments (i.e. over £50k):

Pilot survey on people with learning disabilities	2002/03	350k
Integrated database project	2002/03	£100k

Please note, these figures represent significant developments only and will not match the total expenditure on statistical developments for the theme shown in Table 1 in Appendix B.

7. Contacts and further information**Websites**

Further information on statistics covered by this Theme can be found at the following websites:

National Statistics

www.statistics.gov.uk

Department of Health

www.doh.gov.uk/public/stats1.htm

Health and Safety Executive

www.hse.gov.uk

National Assembly for Wales

www.wales.gov.uk/keypubstatisticsforwales/index.htm

Department of Health, Social Services and Public Safety

www.dhsspsni.gov.uk/iau/hpss.html

Scottish Executive

www.scotland.gov.uk

Scottish Health on the Web

www.show.scot.nhs.uk

General Register Office – Scotland

www.gro-scotland.gov.uk

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