hscic Health & Social Care Information Centre

Findings of the Consultation on the Lifestyles Compendia Reports

The Reports Are:

- Statistics on Smoking
- Statistics on Alcohol
- Statistics on Drug Misuse
- Statistics on Obesity, Physical Activity and Diet

Lifestyles Statistics Team

March 2016

Contents

Summary

- Around two-thirds of respondents wanted the compendia reports to continue to be published on an annual basis.
- The majority wanted the reports to be produced in PowerPoint (published in pdf format), and should contain new analysis plus headline results from other sources with infographics. The current excel tables for HES admissions, deaths and prescriptions should continue to be published in the same way.
- There was support for consistency between the HES admissions published in the compendia reports and those published by PHE in the Local Tobacco and Alcohol profiles but concern that the detailed breakdowns currently published in the compendia reports was not lost.
- We should continue to include affordability statistics for smoking and alcohol.
- If the reports were stopped some respondents said they would need to put their own resources into recreating something similar. Others said they would take longer to fulfil their duties as the information would not be as readily available as time would be needed to pull it together from the various sources.

Action Plan

- All four compendia reports will be published during 2016/17 in the new PowerPoint format showing headline results with infographics. New analyses which have not been previously published will be included as Excel attachments with the aim that no new information is lost to the public domain.
- During 2016/17 the HSCIC will work with PHE to reduce duplication of work and to aim to make analyses of Hospital Admissions more consistent.
- During 2016/17 the HSCIC will carry out a wider consultation on its publications which will determine the format and frequency of these compendia reports from 2017/18 onwards.
- Suggestions for adding new information to the reports will be considered on a case-by-case basis as each compendia report is produced. However, suggestions which involve additional resources for the HSCIC are unlikely to be included.

Introduction

The Lifestyles Team recently carried out a user consultation on the four reports from the **Statistics On …** series which covers Obesity, Smoking, Alcohol and Drugs. The reports contain a mixture of new analysis from HES data as well as summarising information from other sources and including it in one report.

Feedback was requested from users of these reports, so that we can make them more user-friendly and accessible, whilst producing them in the most cost-effective way.

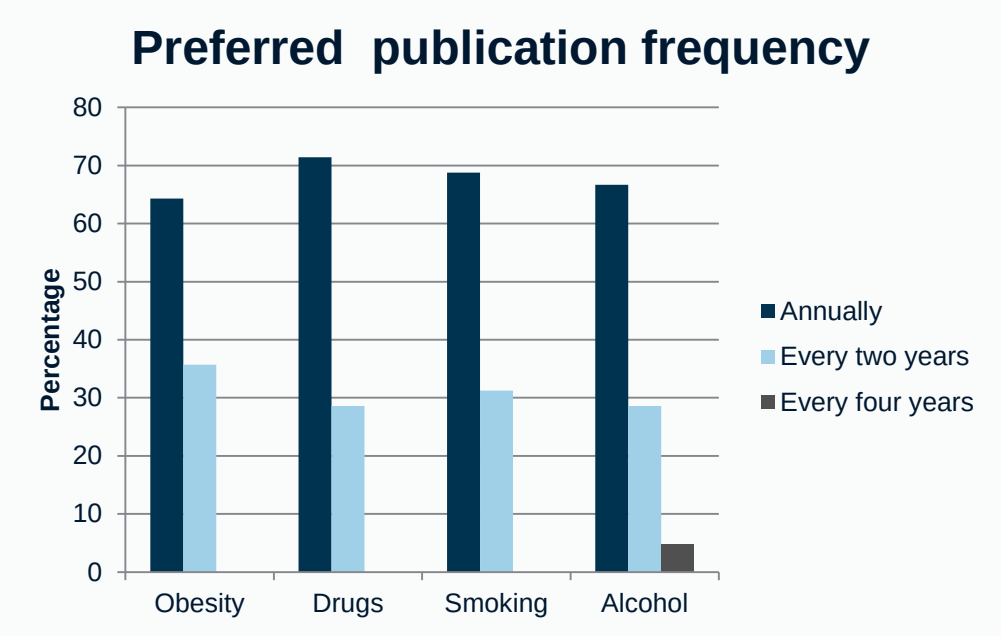
The consultation review period closed on 8th January and there were 26 responses. The respondents were from a range of organisations including those from local government (9 responses), health action groups/charities (8), central government (4), NHS organisations (2) and 1 academic institution. 2 respondents chose to submit their feedback anonymously.

A copy of the questionnaire is included at appendix A and all responses to the free text boxes are included at appendix B.

Main findings

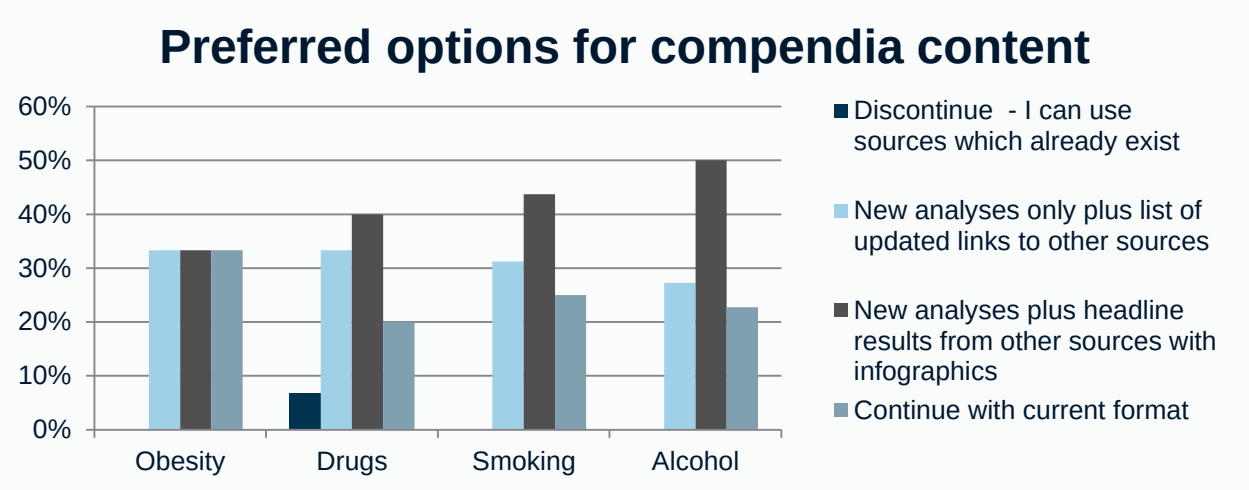
Frequency

- In general, around two thirds of respondents would like these to remain annual reports, with the other third happy with these being released every two years.



Format

- For the Obesity report, there was an even split between "*New analyses only plus links to other sources*", "*New analyses plus headline results from other sources with infographics*" and "*Continue with current format*". For the other reports, the "*New analyses plus headline results from other sources with infographics*" was the most popular choice.



- Respondents supported the intention to reduce the text in the compendia reports, and replace it with more interesting visuals.

Usage

- Many respondents felt that these reports were a useful source of data which help to minimise the amount of time and effort required to complete tasks, including responding to parliamentary questions, preparing briefings for ministers, responding to media queries and presenting well-sourced evidence to the public.
- Users reported that they would need to invest time and resources into replicating these reports if they were discontinued. A few noted that they may need to commission bespoke research, and others noted that this may not be affordable/feasible.
- One user noted that "*it would be hugely frustrating not to have access to compact data sources like the compendia. Although the data may exist in other places, it would take more time to access and some useful information sources may be missed altogether if not all individuals are aware of them*". Another noted "*how useful it is to have clear and compelling statistics in a single source to aid us in making our case for our policy calls and providing tailored communications to Parliamentarians.*"
- Although some did say that whilst the reports are useful, the majority of the data is available elsewhere.

Hospital Admissions Data

- Feedback was requested on whether users of hospital admissions data and deaths data (within the smoking and alcohol reports) would be content for the HSCIC to include data from the Local Tobacco and Alcohol profiles or from the HSCIC Admitted Patient Care reports. Over 80 per cent of respondents were happy for us to include these rather than create similar results directly from the raw HES data.
- However two respondents from central government were not in agreement as the current compendia reports for smoking and alcohol present more detailed national level figures than would be available from the PHE profiles so they would not be in agreement with this switch.
- A respondent from central government was also concerned that the HSCIC Admitted Patient Care data around obesity contained no information on bariatric surgery as a group of procedures and no breakdowns by LA were available so they would also not be in agreement.

Affordability Statistics

- Over 80 per cent of respondents found the affordability statistics for smoking and alcohol useful. Users noted that they hoped the methodology remained constant in order to make meaningful comparisons over time.

Comments from Central Government users

- One user noted that if these reports were to cease production, they would need to resource them alternately within their own organisation inferring these would likely continue in some guise.
- They also mentioned that this "*may have a detrimental effect on our ability to perform mandatory activities quickly*". It may pose "*resource implications for analysts providing more regular briefings for policy teams, and for policy teams responding to PQs and Private Office queries. There is also a risk that responses to PQs and Private Office queries may be delayed as respondents look to the original sources.*"
- One user noted a concern from a team within their organisation that "*reducing the frequency (or discontinuing entirely) would potentially create a gap in our trend analysis and have a negative impact on our ability to plan effectively.*"
- Another team from the same organisation noted in respect of the drugs compendia that "*it may affect voluntary/third sector groups that don't have a link with HSCIC.*" They also expressed concern that it could be a sign "*that 'drugs' is no longer seen as a priority for the HSCIC and/or Government.*"
- Another team noted that "*The annual obesity, physical activity and diet compendium is very useful. We use it regularly, to answer the numerous queries we get from a range of sources including PQs and FoI requests and to signpost others to the information it holds. This is the only publication providing users with access to these obesity, physical activity and diet data all in one place. Without this compendium these activities would be much harder to achieve in a timely fashion and without devoting much more resource to finding or producing the data.*"
- The preferred option for these reports in the future is for new analysis with infographics included.
- Another user noted that the Compendia reports could be reformatted as live webpages made up of the latest report, a list of links to the latest data and publication dates and whatever analysis that was available on that up-to-date data.
- They noted that it was unlikely that there would be the resource available outside of HSCIC to undertake new analyses of raw HES data. Therefore there would be a real loss of data and information to the end user.

Suggestions on what we could add to the reports

Responses from Central Government

- *"Previously, an England-only cut of ONS Opinions and Lifestyles Survey data was produced. This was particularly useful."*
- *"Alcohol treatment data from the NDTMS (National Drug Treatment Monitoring System) would be a useful addition to the alcohol report."*

Responses from Local Government

- *"Smoking in pregnancy data local regional national"*
- *"A summary (with infographics) of the information contained within; Crime Survey for England and Wales, National and Regional Estimates of the Prevalence of Opiate and/or Crack Cocaine use, NDTMS, Office for National Statistics (ONS) Statistical Bulletin Deaths and the Substance Abuse Deaths (np-SAD) stats would be most welcomed, rather than all the detail currently included in the HSCIC reports. Equally, the same for alcohol report."*
- *"The use of infographics to represent the data and the relationships between the criteria within the data e.g. in obesity the fruit and veg consumption compared to the pricing and purchasing trends"*

Responses from Health Action Groups/Charities

- *"Data on crime associated with alcohol e.g. assaults, arrests, drink driving the relationship between ethnicity and obesity, physical activity, drugs, tobacco and alcohol."*

References

1. Lifestyles Compendia Reports: Consultation
   http://www.hscic.gov.uk/media/18806/Compendia-Consultation-Document/pdf/Compendia_Consultation_Document.pdf

2. Statistics on Alcohol, England, 2015
   http://www.hscic.gov.uk/searchcatalogue?productid=18118&returnid=3945

3. Statistics on Drugs Misuse: England, 2014
   http://www.hscic.gov.uk/searchcatalogue?productid=16449&returnid=3945

4. Statistics on Obesity, Physical Activity and Diet - England, 2015
   http://www.hscic.gov.uk/searchcatalogue?productid=17440&returnid=3945

5. Statistics on Smoking, England – 2015
   http://www.hscic.gov.uk/searchcatalogue?productid=17945&returnid=3945

Appendix A - Questionnaire

The questions asked as part of the consultation process were:

- Please rank the following options (split for each compendium).
    - Discontinue – I can use sources which already exist
    - New analyses only plus list of updated links to other sources
    - New analyses plus headline results from other sources with infographics
    - Continue with current format
    - N/A – I don't use this report
- Are there any other formats of presentation you would like to see? Can you provide a link to an example?
- How frequent would you like to see the reports published? (split for each compendium)
    - Annually
    - Every two years
    - Every three years
    - Every four years
    - N/A – I don't use the report.
- For hospital admission data with all four reports and deaths data within the smoking and alcohol reports, would you be content for the HSCIC to include data from the Local Tobacco and Alcohol profiles or from the HSCIC Admitted Patient Care reports rather than create similar results directly from the raw HES data which have a slightly different definition? (split for each compendium)
    - Yes
    - No
    - N/A – not interested in hospital admissions or deaths
- Do you find the affordability statistics for smoking and alcohol useful?
    - Yes
    - No
- Do you have any comments on the methodology used for the affordability statistics which is outlined in annex B of the consultation document?
- Is there anything you would like to see added to these reports?
- What would be the implications for you if the HSCIC stopped producing these reports? In particular, what mandatory activities would you no longer be able to carry out?
- What other activities will you no longer be able to carry out?
- What policies will you be unable to inform?
- What additional costs will you or others incur?
- Any other impact?

Appendix B - Comments

All free text comments received as part of the questionnaire are shown below. Note only minor editing has taken place to remove the names of individuals and any spelling or grammatical errors which remain are made by the respondent:

Q4. Are there any other formats of presentation you would like to see? Can you provide a link to an example?

Responses from Central Government

- *"New analyses could be presented as current (with current level of detail) while items directly from other sources could be produced as headline results and infographics. (Note this is different from the third option above as the consultation document specifies that new analyses would be presented as Excel tables only in this option.)"*
- *"The compendia could be reformatted as 'live' webpages. These would be made up of the latest report, a list of links to the latest data and publication dates and whatever analysis that was available on that up-to-date data. If info-graphics could be created which improved analysis, clarity and presentation of the data and these could be automatically updated as each data source was published then this would enable the compendium page to act as a single point resource to deliver up-to-date information to interested parties quickly and in a usable format."*

Responses from Local Government

- *"I liked the young person report provided as an example but I think PDF or word version are better than Powerpoint"*
- *"I find the current format plus links to other information comprehensive and useful"*
- *"An ability to conduct quick area comparisons/identify statistical neighbours could be useful, such as the ViewIt function on www.ndtms.net"*
- *"Excel files are useful - especially for getting trend analysis and being able to create own visuals"*
- *"Pictorial representations that can be cut and pasted to use in presenting data and interpretation of data to other stakeholders."*

Responses from Health Action Groups/Charities

- *"We support the intention to reduce the amount of text in the report, and replace it with more visually attractive infographics. We think the 'Focus on Young People' report is a good model to seek to emulate. However, it is critical to us that data from other sources remains available in excel format alongside HSCIC's original research."*
- *"Current format for obesity report is really valuable as a source of information, pulling together data from a variety of sources. for smoking and alcohol having access to the new analyses plus infographics would be really helpful, similar to your own Focus on Younger People report and also the obesity slidesets from the National Obesity Observatory (https://www.noo.org.uk/slide_sets)."*
- *"We feel reports are too text heavy. If reports are kept, tables with more detail would be more useful."*

Q6. For hospital admissions data within all four reports and deaths data within the smoking and alcohol reports, would you be content for the HSCIC to include data from the Local Tobacco and Alcohol profiles or from the HSCIC Admitted Patient Care reports

rather than create similar results directly from the raw HES data which have a slightly different definition?

Responses from Central Government

- *"Alignment of HSCIC and PHE figures would be helpful for users and avoid duplicated effort"*
- *"In summary, for smoking deaths and admissions the basic methodology is the same but there are some differences of detail (e.g. which survey is used for the smoking prevalence data) which mean the figures do not match. The HSCIC publish more detail (by sex and cause) but at national level only. For alcohol deaths, the HSCIC uses a more restricted definition than the Local Alcohol Profiles, so we cannot get the same data from the Profiles – but the HSCIC data is available from the ONS alcohol-related deaths publication. For alcohol admissions, the methodologies match (except for standardisation of rates) but the HSCIC publish more detailed data at national level. In terms of published data, the PHE profiles do not provide everything included in the HSCIC publications – the breakdown by individual cause available from the HSCIC is quite important to us. In theory we can produce the admissions ourselves, but it is useful to have the HSCIC publish data, both as a check to ensure consistent handling of any methodological issues over time. We can also produce the deaths ourselves, but would need to request the England data from the HSCIC or ONS (ONS only publish detailed deaths for England and Wales, although they seem to have started publishing England data for the alcohol-related deaths). For the smoking deaths and admissions, PHE use the IHS for smoking prevalence because they need local data – I am not sure if there is any reason for the HSCIC not to use the IHS as well (they currently use the OLS, but the IHS has a larger sample size), so it might be worth asking whether they can review this for consistency across the datasets. The HSCIC bulletins also contain prescriptions data which they say is not published in the same format elsewhere – this does not seem to be mentioned in the HSCIC consultation document but is another reason to maintain publication of the new analyses."*

Responses from Local Government

- *"So long as it was clearly understood where these have been calculated from and why they might differ, there is no reason why mixed sources could not be used"*
- *"To avoid discrepancies when comparing data sets despite being from same raw data source"*
- *"It would provide consistency"*
- *"The definition you propose using is more relevant (in our opinion)"*

Responses from Health Action Groups/Charities

- *"The HES data included as an excel document to the current alcohol and current drug reports are very useful and something we would look to utilise more in the future."*
- *"We would be content with the Local Tobacco and Alcohol profiles, as we would prefer greater consistency in the hospital admissions and deaths data, as multiple sets of numbers with multiple definitions can be confusing to users and readers."*
- *"If reports are annual there may be a cost in terms of limiting additional data which can be produced. So long as the definitions used are clear to the user there should not be an issue. annual reports are essential for data such as this, where less frequent reports means that important trends in population behaviour may not be picked up in a timely manner. the rationale is similar to that of the NDNS which moved to monitoring behaviour in a smaller group but on an annual basis, as part of the Rolling Programme."*
- *"We would be content with the Local Alcohol profiles, as we would prefer greater consistency in the hospital admissions and deaths data as often the numbers can vary slightly due to rounding and population base etc."*
- *"When producing cancer statistics we don't use the admissions and deaths data enough routinely for this inclusion to be a big problem. However, there may be some specific analyses*

where we'd prefer Hospital Episodic Statistics (HES) data in a different format. As a result, in order to obtain these HES data we recommend that they are accessible if required through a personal communication request, or alternative appropriate format."

- *"Consistency of definition is critical, and in the alcohol field there is widespread confusion over the precise meanings and applications of the so-called 'narrow' and 'broad' definitions of alcohol-related mortality and morbidity. Whichever decision is made, some way needs to be found of communicating what the 'broad' and 'narrow' measures mean and - most importantly - in which contexts they should be used. Given the wide regional variations in alcohol harms, data that covers smaller geographical areas is more useful."*
- *"Reports produced from the raw data would be preferable."*

Responses from Academic Institutions

- *"Better to use standard definitions"*
- *"it's useful to also understand the raw data"*

Responses from NHS/CCG's

- *"As long as we are clear which the data source is"*

Anonymous Responses

- *"No.This part of the Obesity, Physical Activity & Diet compendium is particularly useful. As highlighted in the consultation document the HES Admitted Patient Care reports have several drawbacks: -Patients not resident in England are included -No LA level data is directly available - raw HES data would need to be analysed -No data available on bariatric surgery at LA or England level. With these drawbacks the alternative source in this case would not be suitable for our needs."*

Q8. Do you have any comments on the methodology used for the affordability statistics which is outlined in annex B of the consultation document?

Responses from Local Government

- *"Useful dataset to inform strategic position."*
- *"The calculation appears appropriate."*
- *"Assumptions are reasonable"*
- *"Not really, other than it would be useful if the methodology could be revisited often enough to stay current and valid for each release date."*
- *"ASH is the preferred format of reporting and accessing said data on affordability of smoking"*

Responses from Health Action Groups/Charities

- *"Only that any change would mean a break in the data series, which would probably not be helpful. The broad trends for affordability serve their current purposes well."*
- *"We support the methodology currently used to calculate affordability. It is particularly important and useful to have a consistent measure over time to ensure comparability. Higher levels of affordability are linked to higher levels of alcohol-related harm, so this is a vital indicator to monitor as a measure of the progress of alcohol policy. We use these figures frequently in media and communications and as they are not available from any other existing source it is important to us that they are continued."*
- *"Exactly how they are calculated is outside of our specific areas of expertise and we are content that those with expertise in this area are in a better position to comment. However given that tax on specific foods and on tobacco products is either an existing policy or discussed as a potential one, it is important to have mechanisms by which affordability is described."*

Q9. Is there anything you would like to see added to these reports?

Responses from Central Government

- *"Previously, an England-only cut of ONS Opinions and Lifestyles Survey data was produced. This was particularly useful."*
- *"Alcohol treatment data from the NDTMS (National Drug Treatment Monitoring System) would be a useful addition to the alcohol report."*

Responses from Local Government

- *"Smoking in pregnancy data local regional national"*
- *"However, I think if the reports were condensed, then they could be a good 'go to' report when needing National figures around use/trends. A summary (with infographics) of the information contained within; Crime Survey for England and Wales, National and Regional Estimates of the Prevalence of Opiate and/or Crack Cocaine use, NDTMS, Office for National Statistics (ONS) Statistical Bulletin Deaths and the Substance Abuse Deaths (np-SAD) stats would be most welcomed, rather than all the detail currently included in the HSCIC reports. Equally, the same for alcohol report."*
- *"Comprehensive enough currently"*
- *"Could it be more localised"*
- *"Yes - The use of infographics to represent the data and the relationships between the criteria within the data e.g. in obesity the fruit and veg consumption compared to the pricing and purchasing trends"*

Responses from Health Action Groups/Charities

- *"Ideally, availability data (drawn from Home Office and / or commercial sources). However, this may be expensive and time-consuming. On a separate point, the continuing use of the 2007 Psychiatric Morbidity Survey to estimate levels of hazardous and harmful drinking is not helpful: it is now very out of date and invariably clashes with the more recent data."*
- *"Data on crime associated with alcohol e.g. assaults, arrests, drink driving"*
- *"The relationship between ethnicity and obesity, physical activity, drugs, tobacco and alcohol. this may highlight areas of inequality which need to be addressed in terms of public health policies."*
- *"As suggested in question 3, it would be useful if the reports were limited to links to all the different sources of information on each risk factor, perhaps with a brief description of what each source contains."*

Q10. What would be the implications for you if the HSCIC stopped producing these reports? In particular, what mandatory activities would you no longer be able to carry out?

Responses from Central Government

- *"Mandatory activities would continue, but with resource implications for analysts providing more regular briefings for policy teams. There is also a risk that responses to PQs and Private Office queries may be delayed as respondents look to the original sources. One team in particular noted: "They are working to ambitions on reducing smoking prevalence in an existing strategy and also working on a new strategy for the next 5/10 years. This provides an important source of information when preparing briefings to update ministers and responding to media queries and parliamentary business. These are all mandatory activities that we may otherwise take longer to carry out and reduce our level of efficiency in responding to queries, particularly those with short deadlines such as PQs. We regularly receive PQs on the impact of tobacco control policies and numerous and varied requests for information; without the compendium, officials*

would be required to spend a significant amount of time pulling together this information from a variety of different sources, reducing the ability to respond quickly to queries."

- *"It would be a loss to us if the HSCIC stopped producing the Statistics on Obesity, Physical Activity and Diet reports. Although we are not involved in mandatory activities that might be affected, these reports are used quite widely by us and our service partners. As the majority of this data is available in other places we would not lose the ability to carry out mandatory activities."*

Responses from Local Government

- *"The data helps with many local reports and service delivery"*
- *"Drug and alcohol data is still provided by NDTMS. However your reports provide better summaries / narrative. Very good overview of annual trends which can be used in our policy documents. If stopped, this will mean more work on our part to write narrative and a story of alcohol and drug use in England / LA level."*
- *"The inclusion of definitions and methodology were most useful for the local Health Needs Assessments (needed for re-commissioning services) as well as continued work as it allows local level data to be recreated using our access to datasets through SQL."*
- *"N/A. AS a substance misuse commissioner we receive a lot of analysis directly from PHE so HSCIC ceasing to produce these reports would not impact on any mandatory activity as we do not solely rely on any one suite of reports. It is useful to have the information in one report for briefing Council members and partners"*
- *"Prefer to use the local profiles for smoking and alcohol. However, hospital admissions attributable to drug misuse or obesity are not available at a local level but we are investigating the HES data extract service available to LAs."*
- *"The HSCIC data around drinking and drug use is about the only source we have had on national under 18 use. Although we now have a local school-based survey system, the national and local perspectives provided by HSCIC still provide useful benchmarking"*
- *"No mandatory - useful having data in once place, and excel trend data"*
- *"In obesity and smoking there would be mandatory activities that wouldn't be able to be carried out without these reports."*

Responses from Health Action Groups/Charities

- *"This would mean a useful source of national information specific to consumers' drinking behaviours and knowledge in England over the period would be lost; consequently we would be forced to use data captured from elsewhere, such as Scotland, to produce a less accurate estimate patterns of drinking in England."*
- *"Most of the data in the alcohol report is available elsewhere, so it wouldn't stop and activities being carried out. However, the HSCIC report is extremely helpful in placing the various data in one location, and so discontinuation would create a significant barrier to consistent data use across the range of interested parties."*
- *"Whilst the data presented in the alcohol statistics are available elsewhere (aside from the affordability figures) it is a useful report combining key indicators into one place. Ceasing production of the reports wouldn't affect mandatory activities as the data would be obtained elsewhere."*
- *"We use survey data in a great deal of the work we do. We produce webpages on prevalence of smoking, alcohol drinking and overweight/obesity, with breakdowns by UK country, sex, age band, and (where possible) deprivation. These webpages allow our users to triangulate information on cancer risk increases/decreases with smoking, drinking and overweight/obesity, with the size of each problem in the UK. We use data direct from population surveys e.g. Integrated Health Survey, Health Survey for England, Opinions and Lifestyle Survey, in analyses of the number of cancer cases associated with risk factors. Information direct from*

these surveys, or from our analyses, is used by us in numerous formats (e.g. webpages, leaflets, infographics, policy documents and press releases) and for many audiences (e.g. patients, public, health professionals, policymakers, and media). As such, having information in a single report, ensures that we always spot other areas our policies should address, which may be missed if consulting each source individually. However, if the HSCIC stopped producing these reports, it is likely that we would still be able to carry out certain activities as we could access what we need through other sources, and/or could tweak our content in order to fit what was available. Whilst we have used the compendia reports to achieve this aim, we believe the proposed option to change these reports to a PowerPoint deck of key statistics which are fully referenced would still make this information clearly available. We welcome the proposed emphasis on the news reports having clearly accessible content and infographics. As a result, we believe it would also be useful for HSCIC to consider providing the new format as images or slides which can be easily downloaded and used by interested stakeholders, with guidance about how to appropriate cite the resource as such."

- *"It would be more difficult to present well-sourced evidence on the risks of alcohol to the public."*
- *"This would appreciably reduce the efficiency with which we can work because of the extra time and effort that will be involved in a) accessing statistics for our own internal use, and b) directing interested parties to the relevant statistics. This is bound to have a negative impact on our capacity to carry out research and projects to inform the public and policymakers of the evidence around alcohol harm. It is extremely important to be able to monitor the effects of alcohol policies, particularly at a regional/local authority level, and HSCIC's reports are critical to this end."*
- *"The data from these reports feeds into many aspects of work both within and outside of public health, in both health improvement and health protection. Within public health the development of strategies to tackle obesity, drugs, alcohol and tobacco use, as well as low physical activity levels relies on comparisons between local and national data which the HSCIC pulls together in a compact format. This is essential to inform the work of NHS commissioners. Outside of public health the data is essential for university teaching and third level education as well as research."*
- *"In the modelling team we would usually consult the main source of the data, e.g. the HSE report and/or the raw datasets for obesity related information. It would not make a difference if these reports were no longer available. However, it would be useful if these reports contained a comprehensive list of links to resources on the different risk factors."*

Responses from Academic Institutions

- *"It would be a great shame to lose a grip of trends"*

Anonymous Responses

- *"JSNA and Health and Wellbeing Strategy would be fairly limited without the current level of information"*

Q 11. What other activities will you no longer be able to carry out?

Responses from Central Government

- *"As noted above, responses to Private Office and other interested parties will still go ahead, but may be delayed and require greater resourcing. One team expressed a concern that stopping production of compendia reports it may affect voluntary/third sector groups that don't have a link with HSCIC. It could also be taken as a sign that 'drugs' is no longer seen as a priority for the HSCIC and/or Government."*
- *"We find the annual obesity, physical activity and diet compendium very useful. We use it regularly, to answer the numerous queries we get from a range of sources including PQs and FoI requests and to signpost others to the information it holds. This is the only publication providing users with access to these obesity, physical activity and diet data all in one place.*

Without this compendium these activities would be much harder to achieve in a timely fashion and without devoting much more resource to finding or producing the data."

Responses from Local Government

- *"Gathering the narrative together would be more difficult and fragmented"*
- *"The absence of under 18 data would leave a significant gap in Joint Strategic Needs Assessments"*
- *"It's not about not being able to do or not do activities but more about the benefits of the information being drawn together in one place from multiple resources and the relationships identified to inform best practice and help prioritise decisions and support targeting of resources."*

Responses from Health Action Groups/Charities

- *"We are a leading national charity working to help reduce the problems that can be caused by alcohol. We do this by helping people with information, advice and support with their questions about drinking and the problems that can sometimes be caused by alcohol. These reports provide an important source of evidence on which we base our work."*
- *"As above, all the activities will be possible but will require a more careful and time-consuming collation of data."*
- *"We use survey data in a great deal of the work we do. We produce webpages on prevalence of smoking, alcohol drinking and overweight/obesity, with breakdowns by UK country, sex, age band, and (where possible) deprivation. These webpages allow our users to triangulate information on cancer risk increases/decreases with smoking, drinking and overweight/obesity, with the size of each problem in the UK. We use data direct from population surveys e.g. Integrated Health Survey, Health Survey for England, Opinions and Lifestyle Survey, in analyses of the number of cancer cases associated with risk factors. Information direct from these surveys, or from our analyses, is used by us in numerous formats (e.g. webpages, leaflets, infographics, policy documents and press releases) and for many audiences (e.g. patients, public, health professionals, policymakers, and media). As such, having information in a single report, ensures that we always spot other areas our policies should address, which may be missed if consulting each source individually. However, if the HSCIC stopped producing these reports, it is likely that we would still be able to carry out certain activities as we could access what we need through other sources, and/or could tweak our content in order to fit what was available. Whilst we have used the compendia reports to achieve this aim, we believe the proposed option to change these reports to a PowerPoint deck of key statistics which are fully referenced would still make this information clearly available. We welcome the proposed emphasis on the news reports having clearly accessible content and infographics. As a result, we believe it would also be useful for HSCIC to consider providing the new format as images or slides which can be easily downloaded and used by interested stakeholders, with guidance about how to appropriate cite the resource as such."*
- *"See above – the distinction between mandatory and non-mandatory activities does not apply to our organization."*

Responses from Academic Institutions

- *"Reference to data for policy, research and training purposes"*

Anonymous Responses

- *"Local analysis which link to other health and local authority datasets"*

Q 12. What policies will you be unable to inform?

Responses from Central Government

- *"N/A, though policy team noted the compendium provides a valuable source of information both to inform these policies and to review the overall impact of tobacco control policies on a year-by-year basis. Reducing the frequency would potentially create a gap in our trend analysis and have a negative impact on our ability to plan effectively."*

Responses from Local Government

- *"I use HSCIC and refer people here who are looking for smoking related data. I use it as one of the most reliable and accessible forms of data available. It informs all work, policies and other intelligence requirements."*
- *"Potential impact on local drug and alcohol policies in the borough."*
- *"JSNA Countywide substance misuse strategies Commissioning reports for re-commissioning substance misuse services - currently in the process of this and these reports were useful as part of the process."*
- *"Local Tobacco Control Strategy and Action Plan"*
- *"The JSNA currently informs commissioning decisions about young people's and young adults' treatment services, so the absence of current data would diminish the reliability of these decisions"*
- *"Local policies in all these areas"*
- *"Limit comparisons"*
- *"It will be more challenging to inform local policy's as comprehensively."*

Responses from Health Action Groups/Charities

- *"Alcohol misuse is a serious and increasing public health problem in England, associated with a range of physical and mental harms. It is vital that accurate data continues to be captured on drinking habits in England which inform our campaigning work to reduce alcohol related harm and help to address its effects."*
- *"Stopping the production of the affordability figures would eradicate one of our key messages when arguing the case for introducing policy to reduce alcohol related harms. Affordability has been a primary driver when it comes to alcohol related harm and underpins many of the current arguments surrounding alcohol related policy."*
- *"These compendia reports do provide a useful single source of information which may help us spot other areas which our policies should cover, and we may miss those if consulting each source separately. For this reason, it is important that the new resources are easy to access and statistics are clearly referenced. However, it is unlikely that we would be completely unable to inform any of our policies should these compendia reports cease to be produced as there are other sources of information we can access to inform our work."*
- *"We will be less quick and efficient in responding to queries, assisting policymakers and producing our own research in support of Government policies, committee and parliamentary inquiries and parliamentary questions. We anticipate this issue will be particularly acute in advising on questions of alcohol price and affordability."*
- *"Policies such as physical activity and weight management strategies as well as policies to address drug, alcohol and tobacco usage in different groups. the development of care pathways would also be more difficult without current reliable data. Effects of policy changes on behaviours will be made more difficult to measure at a population level."*

Responses from Academic Institutions

- *"Overall mental health and substance abuse"*

Anonymous Responses

- *"Tobacco Control Obesity, Physical Activity and Diet Financial resilience and poverty"*

Q 13. What additional costs will you or others incur?

Responses from Central Government

- *"There are resource implications for analysts providing more regular briefings for policy teams, and for policy teams responding to PQs and Private Office queries. There is also a risk that responses to PQs and Private Office queries may be delayed as respondents look to the original sources. One team noted "reducing the frequency (or discontinuing entirely) would potentially create a gap in our trend analysis and have a negative impact on our ability to plan effectively." Another team noted "it may affect voluntary/third sector groups that don't have a link with HSCIC."*
- *"More staff resource would be needed to find original sources and identify the required information. Furthermore, resource would very likely not be available for undertaking new analyses of HES data. There would be additional costs associated with maintaining the synthesis and analysis of data which we would expect would fall to us."*

Responses from Local Government

- *"More time spend to replace your analysis, estimate about 1 day of analyst work a year."*
- *"Officer time and resources"*
- *"None immediately, but prolonged absence of benchmarking info might prompt a need to commission bespoke research."*
- *"Time and costs to collate and analyse appropriate datasets and the relationships between them. Potential costs of generating local targeted surveys instead of a smaller sense checking of nationally indicated trends."*

Responses from Health Action Groups/Charities

- *"We may be forced to explore commissioning our own research, but with limited funds this would unlikely produce results to the same scale as these reports."*
- *"Time costs."*
- *"There would be no additional costs in stopping the reports as the majority of the information is still freely available. Regarding the affordability figure we may look to replicate this ourselves but it would be incorporated into the general work program within the team as opposed to commissioning additional work."*
- *"Greater work involved in collating statistics"*
- *"We do not anticipate ending the HSCIC will directly lead to any additional costs."*
- *"Time spent in trying to find other sources of the data, and ascertain the quality of the data. The HSCIC reports are not just useful as a compendium pulling together data from other sources and thus saving enormous amounts of time and therefore costs, but also as a quality assurance statement about the data."*

Responses from Academic Institutions

- *"Replacement is unaffordable for individuals"*

Anonymous Responses

- *"We would need to secure additional support, local authorities have significant financial challenges so the chances of this happening may be limited. If we were to do some of the data sourcing ourselves, this would not be the best use of limited specialist Public Health resources"*

Q14. Any other impact?

Responses from Central Government

- *"As mentioned above, discontinuing the publication may have a detrimental effect on our ability to perform mandatory activities quickly, particularly those with short deadlines such as Parliamentary Questions. Reducing the frequency would potentially create a gap in our trend analyses and have a negative impact on our ability to plan effectively, and to constantly evaluate policies. There is a risk that the decision could be taken as a sign that these areas are no longer seen as a priority for the HSCIC and/or Government."*
- *"Unlikely that there would be the resource available to undertake new analyses of raw HES data. Therefore there would be a real loss of data and information to the end user."*

Responses from Local Government

- *"It currently raises the profile of these issues which will be lost without these reports"*
- *"Without the evidence to highlight the comparative levels of substance use among young people, it becomes increasingly hard to argue for its importance in the various need streams which depend on children's service funding"*
- *"A loss of national perspective and monitoring progress against demographic neighbours including who to look to for best practice."*

Responses from Health Action Groups/Charities

- *"The removal of a central resource for this data increases the risk of inconsistent data usage, cherry-picking etc. The ability to link between survey data, hospital data and data on affordability is critical in informing effective policy."*
- *"We would like to emphasise how useful it is to have clear and compelling statistics in a single source to aid us in making our case for our policy calls and providing tailored communications to Parliamentarians. To this end, we support the introduction of new analyses plus headline results from other sources with infographics."*
- *"It would be hugely frustrating not to have access to compact data sources like the compendia. Although the data may exist in other places, it would take more time to access and some useful information sources may be missed altogether if not all individuals are aware of them."*

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For further information:

www.hscic.gov.uk

0300 303 5678

enquiries@hscic.gov.uk