

# Consultation on changes to HSCIC Statistics 2016/17 – 2018/19

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April 2016

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## Overview

The role of the HSCIC is to improve health and social care in England by putting technology, data and information to work. We are the centre of excellence and leadership in the development and use of technology, data and information.

The HSCIC publishes around 90 series of Official Statistics and National Statistics each year (<http://www.hscic.gov.uk/statisticsa-z>). Use of health and care statistics helps those involved to manage the system more effectively, commission better services, understand public health trends in more detail, develop new treatments and monitor the safety and effectiveness of care providers.

The HSCIC Strategy 2015-20 (<http://www.hscic.gov.uk/hscicstrategy>) sets out that over the next few years we are committed to analysing and making openly available data, statistical information and insights about the health and social care sector in **ways which better meet our user needs**. This work will **allow citizens to make informed choices about their own care**. It will **help care professionals make better and safer decisions, support policymakers, and facilitate better commissioning of health and care services**. It will **spotlight datasets that may be accessed for further analysis by research organisations**.

However, these changes come at a time when spending on central services is being squeezed. The Government Spending Review 2015 reduces HSCIC core grant-in-aid funding by 30% by 2019/20 which means we must better prioritise our current services while maintaining our statutory obligations and producing high quality products and services at a lower cost. It is inevitable given the scale of the challenge that we will have to do some things differently, stop some statistical work or scale back where products are not adding the maximum value for money.

We are therefore proposing a series of changes over the next three years which will help us to better prioritise resources from our stretched budget while developing our statistical products to better meet the needs of our users. We are making the changes necessary to enable us to produce high quality statistics suited to support a modern health and care system and help Britain make better decisions.

We have considered feedback from the HSCIC Publication Strategy consultation of 2014 (<http://www.hscic.gov.uk/publication-strategy>) to help prioritise the proposals in this consultation. We are also working with the Office for National Statistics, the Department of Health and other bodies producing official statistics on health and social care to consider the wider impact of the proposed changes across the system.

This consultation will also feed into work the UK Statistics Authority is leading to enhance English health and care system statistics (<https://www.statisticsauthority.gov.uk/publication/health-and-care-statistics-in-england-the-statistics-authoritys-direction-of-travel/>).

## The Proposals

We are asking for your views on four proposed changes to our products and services:

- A. **Changing how we publish** our statistics, including merging some existing publications, reducing commentary about some statistics and/or disseminating data tables in different ways
- B. **Reducing the scope** of some of our collections and the related published statistics
- C. **Publishing** some of our statistics **less frequently**
- D. **Stopping** production of some statistics altogether

For completeness, we are also asking for comments on our statistics where we are making no proposals for changes at this time.

We need to ask you what you **want on a regular basis** to know whether our products and services meet your needs. This is your opportunity to tell us **what matters to you** and help us understand how we can make the changes we need to with as little disruption to your work as possible.

We will only **stop producing some statistics altogether as a last resort**. We intend to make the **majority of savings from efficiencies by changing how we publish our statistics and publishing some statistics less frequently**. Your feedback will help us to prioritise where we can reduce spending with the minimal impact on users.

If you do have any questions or require further information please get in touch.

The proposals in this consultation do not include specific details about minor or routine changes of continuous improvement to our statistical products. Nor do they include any proposals to change the methods by which we collect or calculate our statistics – any such changes will be consulted on separately.

## How to respond

You can respond online using the consultation survey at <https://www.surveymonkey.co.uk/r/HSCICPublications>.

If you are unable to complete the survey online you can submit your response in this Word version by email to [enquiries@hscic.gov.uk](mailto:enquiries@hscic.gov.uk) with the subject heading stating 'Changes to HSCIC Statistics Consultation', or post to Statistical Services, The Health and Social Care Information Centre, 1 Trevelyan Square, Boar Lane, Leeds, LS1 6AE. The consultation home page is at <http://www.hscic.gov.uk/article/7041>.

The consultation will close on **27 June 2016**.

We will publish an initial summary of our findings within 12 weeks of the consultation close date.

The information you provide in your response will be used by us only for purposes relating to this consultation. It will not be disclosed to any third parties or used for any other purpose without your permission. HSCIC undertakes to keep your information secure until the time when it is no longer required, when it will be destroyed by secure means. If you have any queries, please email [enquiries@hscic.gov.uk](mailto:enquiries@hscic.gov.uk).

## A) Changing how we publish

We currently provide a variety of outputs for each of our statistical publications. We would like to change the balance of these outputs to better reflect the priority needs of a wider range of users.

Each of our publications has its own page on the HSCIC website. This includes links to information about metadata, data quality, methodology, potential usage and who has had 24 hour pre-release access to the statistics.

There are a range of other outputs which can be included as part of one publication. These are described in the table below.

Product		
1	Open Data	Machine readable open data CSV files and survey data available via the UK Data Archive
2	Key Facts shown as data visualisations / infographics	Attractive, accessible presentation of headline facts. For example see the Breast Screening Programme summary infographic at <a href="http://www.hscic.gov.uk/catalogue/PUB20018/bres-scre-prog-eng-2014-15-inf.pdf">http://www.hscic.gov.uk/catalogue/PUB20018/bres-scre-prog-eng-2014-15-inf.pdf</a>
3	Summary	High level, user friendly summary. For an example see the National Diabetes Audit report at <a href="http://www.hscic.gov.uk/catalogue/PUB19900/nati-diab-rep1-audi-2013-15.pdf">http://www.hscic.gov.uk/catalogue/PUB19900/nati-diab-rep1-audi-2013-15.pdf</a>
4	Detailed report (usually a pdf file)	Includes high-level commentary, interpretation, analysis and static charts
5	Data tables	Static tables of data, usually in Excel
6	Accessible outputs	Includes easy read versions, videos, presentations, posters, training materials, eBooks
7	User selectable analytical tools	Allows users to select subset of data and pivot, drill-down, present in graphical format etc . For example see the provider analysis spreadsheet for the Maternity Services Monthly Statistics at <a href="http://www.hscic.gov.uk/pubs/msmssep15exp">http://www.hscic.gov.uk/pubs/msmssep15exp</a>
8	Social media presence	Online, interactive communications channels (eg Twitter) aimed at community-based input, interaction, content-sharing and collaboration

In future, we would like to generally focus more of our resources on 1, 2, 3 and 8 and less of our resources on 4. Resources on 5, 6 and 7 will vary according to the specific product. This means that we will generally provide less detailed commentary around our statistics, but all of the same data, potentially quicker.

We would look to divert some of the resources we save by this approach into providing more information about topics that add the most value, for example by joining up information from multiple data sources to present a holistic view on a particular theme.

**The HSCIC statistical releases listed in Annex A would be subject to this change.**

**Questions** (Please respond to these questions in the table in Annex A)

1. ***What would be the impact of the change proposed in Annex A? (For each HSCIC statistical release, please select Do not use, High, Medium or Low impact)***
2. ***Please describe the impact of the change on you/your work?***
3. ***Do you have any suggestions for topics or themes where you would like us to provide more analysis? Please explain why this would be useful to you.***
4. ***Do you have any other comments on the proposals in this section?***

## **B) Reducing the scope of what we publish**

Some of our products and services can be made more efficient by reducing the scope of the information that we publish.

In some cases this means collecting less information in the first place; in others we are proposing to stop routinely analysing certain topics within our statistical publications.

**The HSCIC statistical releases listed at Annex B would be subject to this change.**

**Questions** (Please respond to these questions in the table in Annex B)

5. ***What would be the impact of the change proposed in Annex B? (For each HSCIC statistical release, please select Do not use, High, Medium or Low impact)***
6. ***Please describe the impact of the change on you/your work?***
7. ***Do you have any other comments on the proposals in this section?***

## **C) Producing statistics less frequently**

In the past, we have aimed to publish statistics as frequently as we can. As many of our statistics are derived from administrative systems, this has meant a move towards more frequent (in many cases monthly) statistics with very little commentary. While there is often a need for managers of the NHS and care services to have access to granular level data (eg by individual NHS Trust) in order for them to do their job, the need for very frequent statistics is sometimes less clear. In these cases it could make more sense to publish statistics less frequently (eg quarterly instead of monthly) and provide more interpretation about the statistics that we publish. Access to data for management purposes would be unaffected.

We are proposing this change where longer-term trends in time series are relatively stable or where mid-year estimates are less reliable or could be potentially misleading.

**The HSCIC statistical releases listed at Annex C would be subject to this change.**

**Questions** (Please respond to these questions in the table in Annex C)

8. ***What would be the impact of the change proposed in Annex C? (For each HSCIC statistical release, please select Do not use, High, Medium or Low impact)***

9. *Please describe the impact of the change on you/your work?*

10. *Do you have any other comments on the proposals in this section?*

## D) Stopping products and services

We regularly review our statistics and analyses to try and ensure that they continue to meet users' needs. Feedback received about some products suggests they are of lower priority to users. We propose to be more efficient by stopping those products and services that have the lowest priority. We are therefore asking for your views to help us understand what impact this would have on your decision making in order to help us prioritise our resources on those outputs and services that matter most to you.

The HSCIC statistical releases listed at Annex D would be subject to this change.

This list includes statistics that are duplicated elsewhere, where the user need is less clear or where there are issues with data quality which makes the statistics unreliable. Some of the products are dependent upon external funding and it is unlikely that we would stop the output if external funding was available.

**Questions** (Please respond to these questions in the table in Annex D)

11. *What would be the level of impact of stopping the statistics in Annex D? (For each HSCIC statistical release, please select Do not use, High, Medium or Low impact)*

12. *Please describe the impact if we stopped producing the statistics you use?*

13. *Are there any other sources of funding that could be used for any of these statistics?*

14. *Do you have any other comments on the proposals in this section?*

## E) Products and services unaffected by this consultation

For completeness, Annex E lists those statistics where we are making no further proposals for changes at this time. This includes series which are undergoing changes following separate consultation exercises as well as new series which are in early stages of development.

15. *Do you have any comments on the status of the products in this section?* (Please respond in the table in Annex E)

## About you

To help us better understand your needs, we would like to know a bit about you. We only intend to use this information for analysis purposes.

*Are you answering this questionnaire on behalf of an organisation or as an individual?*

**Organisation**

*What is your name?*

**Beth Barnes**

**What is your organisation (if applicable)?**

**The Royal College of Ophthalmologists**

**What is your email address?**

**[Beth.barnes@rcophth.ac.uk](mailto:Beth.barnes@rcophth.ac.uk)**

**What is your telephone number?**

020 79350702

**What sector do you work in? This will assist us in monitoring the range of users the consultation has reached.**

- Local or regional government / other public organisation

## Your response

To support transparency in our decision making, responses to this consultation will be made public. This will include the name of your organisation, and with your permission, also your name.

**Please let us know if you are content for your name to be published.** We will not publish personal contact details. Any information provided in response to this consultation could be made publicly available if requested under a Freedom of Information request. The information you send us may be passed to other parts of Government.

**Yes**

**May we contact you to discuss your response to this consultation? This may be to follow up any specific points that we need to clarify.**

**Yes**

**Are you happy for us to contact you about future HSCIC consultations and surveys?**

**Yes**

**Overall, how satisfied were you with our consultation process? (Please choose from: very satisfied, satisfied, neither, dissatisfied, very dissatisfied)**

**Satisfied**

## Annex A: Statistical products which could be affected by the proposal to change how we publish

Ref	Product	Proposal Details	Link	Q1. Select the level of impact of the change proposed?	Q2. Describe the impact of the change on you/ your work?	Q3. Do you have any suggestions for topics or themes where you would like us to provide more analysis? Please explain why this would be useful to you.	Q4. Do you have any other comments?
A1	Estates Return Information Collection (ERIC)	We will split the publication into two stages – an initial release of the base data with a short summary, followed by a more detailed public-facing publication some weeks later. Therefore data will be in the public domain at the earliest possible opportunity – probably some six weeks sooner that it would be.	<a href="#">Estates Return Information Collection (ERIC)</a>	Do not use			
A2	NHS Outcomes Framework	We will reduce commentary, develop the dashboard and publish information in one location. Also see ref B1 and C1.	<a href="#">NHS Outcomes Framework</a>	Low impact	Little impact		
A3	Health Survey for England	Annual report (volume 1) has previously covered a mix of regular and infrequent topics depending on the survey content each year. This report will be shorter and report on fewer topics in detail. There may be fewer tables on regular topics such as social care, obesity, alcohol and smoking in some years in future: maybe a small number of core tables each year with some additional tables that vary over the years.  Population estimates tables and trend tables are unaffected. Commentary about trends will continue.  The underlying dataset would still be made available via the UK Data Service archive. Also see ref B3.	<a href="#">Health Survey for England</a>  <a href="#">Health Survey for England: Trend Tables</a>	Low impact	As long as reporting of the broad range of topics was covered albeit at different intervals this would have low impact.		

Ref	Product	Proposal Details	Link	Q1. Select the level of impact of the change proposed?	Q2. Describe the impact of the change on you/ your work?	Q3. Do you have any suggestions for topics or themes where you would like us to provide more analysis? Please explain why this would be useful to you.	Q4. Do you have any other comments?
A4	Breast Screening Programme, England (Annual)	We will reduce commentary and increase use of infographic type presentation. Data tables unaffected.	<a href="#">Breast Screening Programme</a>	Do not use			
A5	Cervical screening programme, England (Annual)	We will reduce commentary and increase use of infographic type presentation. Data tables unaffected.	<a href="#">Cervical screening programme</a>	Do not use			
<b>A6</b>	National Child Measurement Programme, England	We will reduce commentary and publish in a PowerPoint format using infographics. Data tables unaffected.	<a href="#">National Child Measurement Programme</a>	Low impact	Little impact		
A7	Sexual and Reproductive Health Services, England	We will reduce commentary and publish in a PowerPoint format using infographics. Data tables unaffected.	<a href="#">Sexual and Reproductive Health Services</a>	Do not use			
A8	Smoking, Drinking and Drug Use Among Young People in England	We will reduce commentary and publish in a PowerPoint format using infographics. Data tables unaffected. Also see ref C4.	<a href="#">Smoking, Drinking and Drug Use Among Young People</a>	Do not use			
A9	Statistics on Women's Smoking Status at time of delivery, England	We will reduce commentary and publish in a PowerPoint format using infographics. Data tables unaffected.	<a href="#">Year-end: Smoking Status at delivery</a> <a href="#">Quarterly: Smoking Status at delivery</a>	Do not use			

Ref	Product	Proposal Details	Link	Q1. Select the level of impact of the change proposed?	Q2. Describe the impact of the change on you/ your work?	Q3. Do you have any suggestions for topics or themes where you would like us to provide more analysis? Please explain why this would be useful to you.	Q4. Do you have any other comments?
A10	Statistics on NHS Stop Smoking Services in England	We will reduce commentary and publish in a PowerPoint format using infographics. Data tables unaffected. Also see ref C3.	<a href="#">Year-end: NHS Stop Smoking Services</a> <a href="#">Quarterly: NHS Stop Smoking Services</a>	Do not use			
A11	NHS Immunisation Statistics, England (Annual)	We will reduce commentary and increase use of infographic type presentation. Data tables unaffected.	<a href="#">NHS Immunisation Statistics</a>	Do not use			
A12	Female Genital Mutilation	We will review the content and format of outputs after the first year. These are currently Experimental statistics including quarterly and annual PDF report, supporting tables, CCG level tables and Open Data.	<a href="#">Female Genital Mutilation</a>	Do not use			

Ref	Product	Proposal Details	Link	Q1. Select the level of impact of the change proposed?	Q2. Describe the impact of the change on you/ your work?	Q3. Do you have any suggestions for topics or themes where you would like us to provide more analysis? Please explain why this would be useful to you.	Q4. Do you have any other comments?
A13	General Ophthalmic Services activity statistics (Annual)	We will merge these activity statistics with the General Ophthalmic services workforce statistics. Also see ref C6 and A14.	<a href="#">General Ophthalmic Services activity statistics</a>	Low impact	Low. It seems reasonable to rationalise, providing that the details within the data collections and the tables remain unchanged.	<p>i. Restore breakdown by locality as well as national and regional. Otherwise the utility and interpretation of these data are severely compromised for assessing service activity and uptake.</p> <p>ii. If possible, the planned improvements for these data should allow for some defined outcomes of the GOS episode (e.g. referrals to GP or hospital eye service) and primary diagnosis (ICD) to enable service and capacity planning across primary and secondary care, and assessment of quality and case-mix of this service.</p>	The planned improvement for data collection and quality of GOS activity should be implemented as soon as possible for these data provide important information on this high volume service.

Ref	Product	Proposal Details	Link	Q1. Select the level of impact of the change proposed?	Q2. Describe the impact of the change on you/ your work?	Q3. Do you have any suggestions for topics or themes where you would like us to provide more analysis? Please explain why this would be useful to you.	Q4. Do you have any other comments?
A14	General Ophthalmic services workforce statistics (Annual)	We will merge these workforce statistics with the General Ophthalmic services activity statistics, once the new ophthalmic payment system is introduced and running (from 2017). Also see ref A13.	<a href="#">General Ophthalmic Services, Workforce Statistics</a>	Low impact	Low. It seems reasonable to rationalise, providing the details within the data collections and the tables remain unchanged.	Restore breakdown by locality as well as national and regional. Otherwise the utility and interpretation of these data are severely compromised for assessing service activity and uptake	The planned improvement for data collection and quality should be implemented as soon as possible for these data provide important information on this high volume NHS service.

Ref	Product	Proposal Details	Link	Q1. Select the level of impact of the change proposed?	Q2. Describe the impact of the change on you/ your work?	Q3. Do you have any suggestions for topics or themes where you would like us to provide more analysis? Please explain why this would be useful to you.	Q4. Do you have any other comments?
A15	Hospital Episode Statistics, Admitted Patient Care - England	We will reduce commentary in the Summary Report and merge the separate data quality notes into one. The name will be changed to be consistent with other HES annual publications.	<a href="#">Annual HES Admitted Patient Care</a>	High impact	<p>i. Providing that the data and table sin the public domain remain as accessible as they currently do, it seems reasonable to reduce commentary.</p> <p>ii. These data are essential for monitoring variations in activity at local and national level.</p>	No	No

Ref	Product	Proposal Details	Link	Q1. Select the level of impact of the change proposed?	Q2. Describe the impact of the change on you/ your work?	Q3. Do you have any suggestions for topics or themes where you would like us to provide more analysis? Please explain why this would be useful to you.	Q4. Do you have any other comments?
A16	Hospital Outpatient Activity	We will reduce commentary in the Summary Report and merge the separate data quality notes into one. The name will be changed to be consistent with other HES annual publications.	<a href="#">Annual HES Outpatients</a>	High impact	<p>i. Providing that the data and the tables in the public domain remain as accessible as they currently do, it seems reasonable to reduce the commentary</p> <p>ii. Ophthalmic services are predominantly out-patient based. As such, any loss of these data would make it impossible to review and monitor this high volume NNHS activity.</p>	Improving the quality and completeness of Hospital Out-patient data coded for primary diagnosis and procedure, would be enormously useful for reviewing and monitoring ophthalmic service activity, its variations, and informing service and capacity planning.	None
A17	Accident and Emergency Attendances in England	We will reduce commentary in the Summary Report and merge the separate data quality notes into one. The name will be changed to be consistent with other HES annual publications.	<a href="#">Annual HES A&amp;E</a>	Low impact			

Ref	Product	Proposal Details	Link	Q1. Select the level of impact of the change proposed?	Q2. Describe the impact of the change on you/ your work?	Q3. Do you have any suggestions for topics or themes where you would like us to provide more analysis? Please explain why this would be useful to you.	Q4. Do you have any other comments?
A18	NHS Maternity Statistics - England	We will reduce commentary in the Summary Report and merge the separate data quality notes into one. The name will be changed to be consistent with other HES annual publications.	<a href="#">Annual HES Maternity</a>	Do not use			
A19	Adult Critical Care Data in England	We will reduce commentary in the Summary Report. The name will be changed to be consistent with other HES annual publications.	<a href="#">Annual HES Critical Care</a>	Do not use			
A20	Summary Hospital-level Mortality Indicator	We will publish the PDF report annually instead of quarterly. The quarterly publication would still include the underlying indicator, with data tables and key findings.	<a href="#">Summary Hospital-level Mortality Indicator</a>	Do not use			
A21	Mental Capacity Act 2005, Deprivation of Liberty Safeguards Assessments (England)	We will reduce commentary, increase the efficiency and utility of tables, and investigate other methods of presenting data.	<a href="#">Mental Capacity Act 2005, DoLS</a>	Do not use			
A22	Measures from the Adult Social Care Outcomes Framework (ASCOF), England	We will reduce commentary and produce a high-level summary of key findings together with interactive dashboards and csv files. This will replace the existing pdf report, tables and charts annex, NASCIS OLAP, NASCIS standard reports and the current ASCOF website.	<a href="#">Measures from the Adult Social Care Outcomes Framework</a>	Do not use			
<b>A23</b>	Community Care Statistics: Social Services Activity, England	We will reduce commentary, increase the efficiency and utility of tables, and investigate other methods of presenting data.	<a href="#">Community Care Statistics: Social Services Activity, England</a>	Low impact	Providing the underlying data and its quality are maintained or improved, the proposed changes would make sense.	Please see our comments in <b>D1</b>	

Ref	Product	Proposal Details	Link	Q1. Select the level of impact of the change proposed?	Q2. Describe the impact of the change on you/ your work?	Q3. Do you have any suggestions for topics or themes where you would like us to provide more analysis? Please explain why this would be useful to you.	Q4. Do you have any other comments?
A24	Personal Social Services Survey of Adult Carers in England (SACE)	We will reduce commentary and produce a high-level summary of key findings together with interactive dashboards and csv files. This will replace the existing pdf report.	<a href="#">Personal Social Services Survey of Adult Carers in England</a>	Do not use			
A25	Safeguarding Adults	We will reduce commentary and alter the way the data is displayed to account for changes in the underlying data source.	<a href="#">Safeguarding Adults</a>	Do not use			
A26	Personal Social Services: Expenditure and Unit Costs, England	.We will reduce commentary and the number of tables to a single machine readable file of all data, one spreadsheet of summary tables, and a comparator tool.	<a href="#">Personal Social Services: Expenditure and Unit Costs, England</a>	Do not use			
A27	Personal Social Services Adult Social Care Survey (ASCS), England	We will reduce commentary and produce a high-level summary of key findings together with interactive dashboards and csv files. This will replace the existing pdf report. Also see ref C8.	<a href="#">Personal Social Services Adult Social Care Survey, England</a>	Do not use			
A28	Guardianship under the Mental Health Act, 1983	We will reduce commentary, increase the efficiency and utility of tables, and investigate other methods of presenting data. Also see ref C9.	<a href="#">Guardianship under the Mental Health Act 1983</a>	Do not use			
A29	Maternity Services Monthly Statistics	We will reduce the number of supporting reference data tables as more measures are made available via the new iViewPlus system. This is an Experimental Statistic from the new Maternity Services Data Set which began flowing in April 2015.	<a href="#">Maternity Services Monthly Statistics</a>	Do not use			
A30	Prescribing for Diabetes annual publication	We will reduce commentary.	<a href="#">Prescribing for Diabetes annual publication</a>	Do not use			

Ref	Product	Proposal Details	Link	Q1. Select the level of impact of the change proposed?	Q2. Describe the impact of the change on you/ your work?	Q3. Do you have any suggestions for topics or themes where you would like us to provide more analysis? Please explain why this would be useful to you.	Q4. Do you have any other comments?
A31	Prescriptions Dispensed in the Community	We will reduce commentary and the range of analyses and produce more factsheets. Some 10 year trends could be dropped.	<a href="#">Prescriptions Dispensed in the Community</a>	Do not use			

## Annex B: Statistical products which could be affected by the proposal to change scope

Ref	Product	Proposal	Link	Q5. Select the level of impact of the change proposed?	Q6. Describe the impact of the change on you/your work?	Q7. Do you have any other comments?
<b>B1</b>	NHS Outcomes Framework	<p>We will:</p> <ul style="list-style-type: none"> <li>stop re-publishing indicators which are already published by other organisations;</li> <li>Set limit on time series of data to 5 or 10 years;</li> <li>Remove sub national breakdowns (eg local authority level) and other non-standard aggregations;</li> <li>Remove quarterly data periods from annual publications.</li> </ul> <p>Also see ref A2 and C1.</p>	<a href="#">NHS Outcomes Framework</a>	High impact	<p>Removal of sub-national breakdowns would severely compromise the utility of the indicators in the NHS Outcomes Framework for the purposes for which they were established.</p> <p>Sub-national breakdowns of these indicators are central to population based needs assessments and assessing quality, uptake and variations in services.</p> <p>Sub-national breakdowns shall become even more relevant with increasing devolution, and for the planning and development of integrated services and care.</p>	<p>It is important to avoid duplication, but there should be appropriate sign-posting for availability and sources for those indicators that are published by other organisations.</p>
<b>B2</b>	CCG Outcomes Indicator Set	<p>We will stop re-publishing indicators which are already published by other organisations, and set limit on time series of data to 5 or 10 years.</p> <p>Also see ref C2.</p>	<a href="#">CCG Outcomes Indicator Set</a>	Low impact		<p>Provided the comments above apply, this proposed change would be reasonable</p>

Ref	Product	Proposal	Link	Q5. Select the level of impact of the change proposed?	Q6. Describe the impact of the change on you/your work?	Q7. Do you have any other comments?
B3	Health Survey for England (HSE)	<p>We will reduce sample size for nurse visits by offering the nurse visit in 80% rather than 100% of households where HSE interviews are achieved.</p> <p>The Child nurse visit will be dropped in some survey years.</p> <p>There will be some cuts to the interview content of HSE, the details of which will be determined with advice from the HSE Steering Group. The Steering Group includes various stakeholders including the Department of Health, Public Health England and NHS England.</p> <p>Also see ref A3.</p>	<a href="#">Health Survey for England (HSE)</a>	Low impact	As long as the scope of areas covered by the HSE remain, reducing the frequency of their inclusion would be reasonable to maintain this important source of population data on health and life style determinants.	The sample size for the HSE has become increasingly compromised over the years, making data quality even more critical.
B4	General Pharmaceutical Services in England	We will change the scope of this publication to ensure it better meets users' needs. The current publication does not report on all services and the contract for community pharmacists is under negotiation.	<a href="#">General Pharmaceutical Services in England</a>	Do not use		
B5	NHS Dental Statistics for England, (three quarterly publications and one annual)	<p>For the quarterly publication we will shorten the report to a one page highlight.</p> <p>For all the annual publication we will shorten the PDF report, and publish time series data.</p>	<a href="#">Quarterly: NHS Dental Statistics</a> <a href="#">Annual: NHS Dental Statistics</a>	Do not use		
B6	NHS Continuing Healthcare Activity (quarterly)	We will shorten the PDF report to one page.	<a href="#">NHS Continuing Healthcare Activity Statistics</a>	Do not use		
B7	Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data	<p>We will stop routine production of HES special topics. Topic-specific analysis are likely to be incorporated into ad hoc special reports instead.</p> <p>We will incorporate the content of the Monthly HES-DID Linkage publication into Provisional Monthly HES publication, and discontinue the HES-DID Linkage publication series.</p> <p>Also see ref D4.</p>	<a href="#">Provisional Monthly HES</a>  <a href="#">Monthly HES-DID Linkage</a>	Do not use		

Ref	Product	Proposal	Link	Q5. Select the level of impact of the change proposed?	Q6. Describe the impact of the change on you/your work?	Q7. Do you have any other comments?
B8	Patient Reported Outcome Measures (PROMs) in England	We will stop routine production of PROMs special topics. Topic-specific analysis likely to be incorporated into ad hoc special reports instead. Also see ref C7.	<a href="#">Patient Reported Outcome Measures</a>	Do not use		

## Annex C: Statistical products which could be affected by the proposal to change frequency of publication

Ref	Product	Proposal	Link	Q8. Select the level of impact of the change proposed?	Q9. Describe the impact of the change on you/ your work?	Q10. Do you have any other comments?
C1	NHS Outcomes Framework - commentary	We will reduce the frequency of commentary from quarterly to biannual. One indicator on patient safety will be published annually instead of biannually. Also see ref A2 and B1.	<a href="#">NHS Outcomes Framework - commentary</a>	Low impact	This sounds reasonable as long as the underlying data and tables are still available	
C2	CCG Outcomes Indicator Set	We will reduce the frequency of commentary from quarterly to biannual. A number of indicators will be published annually instead of quarterly (using final data only instead of provisional data). Also see ref B2.	<a href="#">CCG Outcomes Indicator Set</a>	Low impact		This would be reasonable
C3	Statistics on NHS Stop Smoking Services in England	We will reduce the frequency of this publication from quarterly to annual. Also see ref A10.	<a href="#">Year-end: NHS Stop Smoking Services</a> <a href="#">Quarterly: NHS Stop Smoking Services</a>	Low impact		This would be reasonable to ensure continuity of these data
C4	Smoking, Drinking and Drug Use Among Young People in England	We will reduce the minimum frequency of this publication from annual to biennial. Surveys are currently planned for 2016 and 2018. There could be surveys in intervening years if externally funded. Also see ref A8.	<a href="#">Smoking, Drinking and Drug Use Among Young People</a>	Do not use		
C5	Practice level prescribing data release	We will reduce frequency from monthly to quarterly reporting.	<a href="#">Practice level prescribing data release</a>	Do not use		
C6	General Ophthalmic Services activity statistics, selected statistics (half year publication only)	We will reduce the frequency from biannual to annual publication only. Also see ref A13.	<a href="#">General Ophthalmic Services activity statistics, selected statistics</a>	Low impact	Low. It seems reasonable to rationalise, providing that the details within the data collections and the tables remain unchanged.	No, but please refer to A13 which all also apply here.

Ref	Product	Proposal	Link	Q8. Select the level of impact of the change proposed?	Q9. Describe the impact of the change on you/ your work?	Q10. Do you have any other comments?
C7	Provisional Monthly Patient Reported Outcome Measures (PROMs) in England	We will stop monthly publication of PROMs and instead publish on a quarterly and annual basis only. Also see ref B8.	<a href="#">Patient Reported Outcome Measures</a>	Do not use		
C8	Personal Social Services Adult Social Care Survey, England	We will reduce the frequency of the survey to run every two years. This would allow it to run alternately with Personal Social Services Survey of Adult Carers in England (SACE). Also see ref A27.	<a href="#">Personal Social Services Adult Social Care Survey</a>	Do not use		
C9	Guardianship under the Mental Health Act, 1983	We will move to biennial collecting and reporting, and reduce the scope of the data so that it only covers activity in the current year. Also see ref A28.	<a href="#">Guardianship under the Mental Health Act 1983</a>	Do not use		
C10	Assuring Transformation Collection – Monthly and quarterly release	We will stop the quarterly publication and move all additional elements of the quarterly publication into the monthly. This may mean that the monthly publication takes longer to produce.	<a href="#">Assuring Transformation Collection</a>	Do not use		

## **Annex D: Statistical products which we propose to stop**

Ref	Product	Proposal	Link	Q11. Select the level of impact if this product is stopped?	Q12. Describe the impact if we stopped producing the statistics you use?	Q13. Are there any other sources of funding that could be used for any of these statistics?	Q14. Do you have any other comments?

<p><b>D1</b></p>	<p>Registered Blind and Partially Sighted People</p>	<p>We propose to stop the triennial collection due as the data is held by local authorities and used by a limited stakeholder base. If it continues, we propose that it is included in the Community Care Statistics: Social Services Activity report.</p>	<p>Registered Blind and Partially Sighted People</p>	<p>High impact</p>	<p>i. These are uniquely valuable data for population eye health and care, and should not be stopped.</p> <p>ii. Registration data relate to people who have a defined and clinically affirmed level of visual impairment and visual status, and thereby a need for (potentially specific) support and care to maintain independence, emotional well-being and inclusion in the community.</p> <p>iii. These data serve to inform planning and provision of services to meet these needs within local and national health and care priorities. They are used by commissioners, service providers and charities for this purpose.</p> <p>v. In addition to these immediate benefits to patients with vision impairment (identification of care needs, planning and provision of services), Registration data are key population indicators of</p>	<p>No</p>	<p>i. These are uniquely valuable data for population eye health and needs, and should not be stopped.</p> <p>ii. The proposal is to include Registration data in the Community Care Statistics: Social Services Activity report. We are assuming this is the only viable option for ensuring continuity of the Registration data collection and reporting, and that it shall be through the SALT Return. If so we are encouraged that 86% of respondents to the SALT Feedback Survey<sup>1</sup> acknowledged responsibility for the SSDA902 (Registration of Blind &amp; Partially Sighted people); and that 66% of respondents stated that they wouldn't foresee any problems incorporating this into</p>
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					<p>visual health. They provide complementary information and additional value to data on certification of vision impairment that is an indicator in the Public Health Outcomes Framework. Collectively certification and registration data are important indicators of the health and care (respectively), provided and received by people with sight impairment at local and national level, essential for monitoring the impact of new high volume interventions and service delivery models on population eye health.</p> <p>v. There are no other sources of data that could provide proxy information on this.</p>	<p>next year's SALT return.</p> <p><b>1. SALT Return 2014-15. Feedback Survey Report V 1.1. August 2015</b>  <a href="http://www.hscic.gov.uk/media/18453/SALT-feedback-report/pdf/SALT_Feedback_survey_report_v1.1.pdf">http://www.hscic.gov.uk/media/18453/SALT-feedback-report/pdf/SALT_Feedback_survey_report_v1.1.pdf</a></p> <p>ii. This presents an opportunity for improving the profile and utility of Registration data, whilst also having the potential for adding value to the SALT Return and its statistical output at the same time by:</p> <p>a. <i>Categorisation of sensory impairment:</i>                  Currently in the SALT return, the term "vision impairment" is loosely defined. Whilst on the one hand this could be inclusive and cover a broad range of impairment, it could also dilute its significance in the assessment for Primary Reason for Support. Registration</p>
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							<p>data would provide some additional granularity and objective categorisation of significant vision loss for both client assessment and reason for support, as well as subsequent analyses.</p> <p>b. <i>Addressing a current gap</i> by providing information on the care, support and services that people who are registered blind or partially sighted are receiving (new and existing clients). This could be used to review current service provision and uptake, identify areas for improvement, and research into any inequalities or variations observed and trends in the distribution of the registered blind and partially sighted population for monitoring impact of new interventions and</p>
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							<p>service delivery models.</p> <p>This would add value to the existing presentation of the Registration data and provide better understanding of how the needs of blind and partially sighted people are being addressed.</p> <p>iv. We would want to ensure that all age groups are included, and in particular children, young people and those in transition. It is our understanding that these may be included in SALT, but if not then provision would need to be made for not losing registration data in these age groups. The SALT age bands for adults would be fine.</p> <p>v. Taking into consideration the burden of data collection and ensuring data quality, triennial reporting of Registration data</p>
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							<p>within the Community Care Statistics through the SALT return would be acceptable. However we would welcome and support any developments for increasing the frequency of reporting to an annual basis as with an ageing population this is a significant and growing area of health morbidity.</p> <p>vi. In short the proposal for including Registration data into broader Community Care Statistics makes sense, adds value to it, and would make better use of these data for the benefit of identifying &amp; meeting patient/ client need for services. We would welcome the opportunity to engage with HSCIC in any development of the Community Care Statistics to include data on the</p>
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Ref	Product	Proposal	Link	Q11. Select the level of impact if this product is stopped?	Q12. Describe the impact if we stopped producing the statistics you use?	Q13. Are there any other sources of funding that could be used for any of these statistics?	Q14. Do you have any other comments?
							Registered Blind and Partially Sighted.
D2	Personal Social Services: Staff of Social Services Departments, England	We propose that this publication will cease. This is due to limitations of the current data, in that it only covers staff employed (directly and indirectly) by adult social services departments in England.	<a href="#">Personal Social Services: Staff of Social Services Departments, England</a>	Do not use			
D3	Dissemination of Adult Social Care statistics through the National Adult Social Care Intelligence Service (NASCIS)	We will no longer disseminate Adult Social Care statistics through the National Adult Social Care Intelligence Service (NASCIS). Data would be disseminated instead through other channels.	<a href="#">National Adult Social Care Intelligence Service (NASCIS)</a>	Do not use			
D4	HES-DID Data Linkage Report - Provisional Summary Statistics, (Experimental)	We will incorporate the content of this publication into Provisional Monthly HES publication, and discontinue the HES-DID Linkage publication series.  Also see ref B7.	<a href="#">Monthly HES-DID Linkage</a>	Do not use			
D5	Numbers of Patients registered at a GP practice	We will stop this quarterly publication. Some information will continue to be available at national level via Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses.	<a href="#">Numbers of Patients registered at a GP practice</a>	Do not use			

Ref	Product	Proposal	Link	Q11. Select the level of impact if this product is stopped?	Q12. Describe the impact if we stopped producing the statistics you use?	Q13. Are there any other sources of funding that could be used for any of these statistics?	Q14. Do you have any other comments?
D6	Provisional Accident and Emergency Quality Indicators - England	We will stop this monthly publication due to unclear need.	<a href="#">Monthly A&amp;E Quality Indicators</a>	Do not use			

## Annex E: Statistical products which are not included in this consultation

Ref	Product	Status	Link	Q15. Do you have any comments on the status of the products in this section?
E1	National Diabetes Audit	Not a designated Official Statistic and directly commissioned by external agency therefore not included in planned changes. Comments however are welcome.  Currently several annual reports with pdfs, a PowerPoint product, and various national and service level spreadsheets.	<a href="#">National Diabetes Audit</a>	
E2	National Diabetes Inpatient Audit	Not a designated Official Statistic and directly commissioned by external agency therefore not included in planned changes. Comments however are welcome.  Currently annual PDF report and PowerPoint product, supporting data excel and hospital level excel.	<a href="#">National diabetes inpatient audit</a>	
E3	National Pregnancy in Diabetes Audit	Not a designated Official Statistic and directly commissioned by external agency therefore not included in planned changes. Comments however are welcome.  Currently annual PDF national and regional reports, supporting data excel and patient facing report.	<a href="#">National pregnancy in Diabetes audit</a>	
E4	National Diabetes Footcare Audit	Not a designated Official Statistic and directly commissioned by external agency therefore not included in planned changes. Comments however are welcome.	First publication due in 2016	
E5	National Pulmonary Hypertension Audit	Although moving into the 7 <sup>th</sup> annual report, this audit is new to being an Official Statistic. The report is undergoing structural changes this year which will incorporate principals of the approach proposed in this consultation. Currently annual PDF and supporting Excel.  Directly commissioned by external agency therefore not included in planned changes. Comments however are welcome.	<a href="#">National Pulmonary Hypertension audit</a>	

Ref	Product	Status	Link	Q15. Do you have any comments on the status of the products in this section?
E6	National Bowel Cancer Audit	Not a designated Official Statistic and directly commissioned by external agency therefore not included in planned changes. Comments however are welcome.  Currently an annual PDF report and data for transparency.	<a href="#">National Bowel Cancer Audit</a>	
E7	National Oesophago-Gastric Cancer Audit	Not a designated Official Statistic and directly commissioned by external agency therefore not included in planned changes. Comments however are welcome.  Currently an annual PDF report and local action plan.	<a href="#">National Oesophago-Gastric Cancer Audit</a>	
E8	NHS Safety Thermometer	Separate consultation to be undertaken on whether this is to remain as an Official Statistic. Additional questions on content, format and frequency to be considered.	<a href="#">NHS safety thermometer</a>	
E9	Statistics on Smoking, England	Report was recently subjected to a National Statistics consultation. The results of that consultation will be combined with the results from the new consultation when formulating an action plan.	<a href="#">Statistics on Smoking, England</a> <a href="#">Consultation on Lifestyles Compendia Reports</a>	
E10	Statistics on Alcohol, England	Report was recently subjected to a National Statistics consultation. The results of that consultation will be combined with the results from the new consultation when formulating an action plan.	<a href="#">Statistics on Alcohol, England</a> <a href="#">Consultation on Lifestyles Compendia Reports</a>	
E11	Statistics on Drug Misuse, England	Report was recently subjected to a National Statistics consultation. The results of that consultation will be combined with the results from the new consultation when formulating an action plan.	<a href="#">Statistics on Drug Misuse, England</a> <a href="#">Consultation on Lifestyles Compendia Reports</a>	
E12	Statistics on Obesity, Physical Activity and Diet, England	Report was recently subjected to a National Statistics consultation. The results of that consultation will be combined with the results from the new consultation when formulating an action plan.	<a href="#">Statistics on Obesity, Physical Activity and Diet, England</a> <a href="#">Consultation on Lifestyles Compendia Reports</a>	

Ref	Product	Status	Link	Q15. Do you have any comments on the status of the products in this section?
E13	Health and Wellbeing of 15-year-olds in England - Main findings from What About YOUth?	The survey recently underwent a user consultation. The results of that consultation will be combined with the results from this consultation when formulating an action plan.	<a href="#">Health and Wellbeing of 15-year-olds in England</a> <a href="#">Consultation for What About YOUth</a>	
E14	Survey of the Mental Health of Children and Young People	This is an infrequent survey and was last carried out in 2004. A 2016 survey will be carried out and reported on in 2018.	<a href="#">Survey of the Mental Health of Children and Young People</a>	
E15	Children's Dental Health Survey	This survey is carried out every 10 years, subject to funding being available. The next publication in 2024 sits outside the scope of this consultation.	<a href="#">Children's Dental Health Survey</a>	
E16	Adult Dental Health Survey	This is a 10 yearly survey, subject to government funding. Next due in 2019.	<a href="#">Adult Dental Health Survey</a>	
E17	Adult Psychiatric Morbidity Survey - Survey of Mental Health and Wellbeing, England	This is a 7 yearly survey, subject to government funding. 2014 Survey has been defined and is to be published in September 2016. The following publication in 2023 sits outside the scope of this consultation.	<a href="#">2007 Adult Psychiatric Morbidity Survey - Survey of Mental Health and Wellbeing, England</a> <a href="#">2014 Adult Psychiatric Morbidity Survey - Survey of Mental Health and Wellbeing, England</a>	
E18	Prescription Cost Analysis, England	This publication is already efficiently produced in line with the modernised publication principles described in section A and therefore no changes are planned.	<a href="#">Prescription Cost Analysis, England</a>	
E19	NICE Technology Appraisals in the NHS in England (Innovation Scorecard)	Recent user feedback is being used to improve this publication. Changes will be determined with advice from the Innovation Scorecard operational group. Moving from Experimental to Official Statistics status in April 2016.	<a href="#">Innovation Scorecard</a>	

Ref	Product	Status	Link	Q15. Do you have any comments on the status of the products in this section?
E20	CCG Prescribing Data	Quarterly data release via csv files and on iView analytical tool. This publication is already efficiently produced in line with the modernised publication principles described in section A and therefore no changes are planned.	<a href="#">CCG Prescribing Data</a>	
E21	Prescribing Costs in Hospitals and the Community annual publication	Publication was reviewed and streamlined in 2015. No further updates planned at this time.	<a href="#">Prescribing costs in hospitals and the community</a>	
E22	Quality and Outcomes Framework, Achievement, prevalence and exceptions data, annual publication	Consultation in 2014 identified changes and updates. No further updates planned at this time.	<a href="#">Quality and Outcomes Framework, Achievement, prevalence and exceptions data, annual publication</a>	
E23	Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses (Monthly)	This is a relatively new publication which was developed in line with the modernised publication principles described in section A and therefore no changes are planned at this time.	<a href="#">Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses, monthly publication</a>	
E24	GP Contract Services, annual publications of GP contract services, grouped	This is a relatively new publication which was developed in line with the modernised publication principles described in section A. Feedback is welcome to inform continuous improvement.	<a href="#">GP Contract Services, annual publications of GP contract services, grouped</a>	
E25	Finalised Patient Reported Outcome Measures (PROMs) in England	NHS England are carrying out a separate consultation on the PROMs programme. Any changes to this statistical product will result from the outcome of that consultation.	<a href="#">Patient Reported Outcome Measures</a>	

Ref	Product	Status	Link	Q15. Do you have any comments on the status of the products in this section?
E26	Compendium of population health indicators: readmissions within 28 days of a hospital discharge	A Compendium specific consultation is planned in late Spring/early Summer 2016 which will cover the whole Compendium of Population Health Indicators set.	<a href="#">Compendium of population health indicators: readmissions within 28 days of a hospital discharge</a>	
E27	Compendium of population health indicators: HES: deaths within 30 days of a hospital procedure or of an emergency admission to hospital	A Compendium specific consultation is planned in late Spring/early Summer 2016 which will cover the whole Compendium of Population Health Indicators set.	<a href="#">Compendium of population health indicators</a>	
E28	NHS Sickness Absence Rates – Monthly Provisional Statistics	Planning a separate in depth consultation. This will likely challenge the methodology, ensuring the statistics make use of the full potential of the Workforce Minimum Data Set recently agreed with other central bodies.	<a href="#">NHS Sickness Absence Rates – Monthly Provisional Statistics</a>	
E29	NHS Staff Earnings Estimates – Quarterly Provisional Statistics	This was partially covered by recent workforce statistics consultation which led to the reduction in frequency of publication and the reduction of accompanying text in the report. Make use of interactive tools, allowing users to view information in a different way.	<a href="#">NHS Staff Earnings Estimates</a> <a href="#">Consultation on NHS Hospital and Community Health Service workforce statistics</a>	
E30	NHS Workforce statistics	Statistics have recently been consulted on in depth. Future publications will have reduced report content, focus on user requirements, increase the scope of the accompanying flat file and make use of pivot tables, - and other interactive tools when resources permit development.	<a href="#">NHS Workforce statistics</a> <a href="#">Consultation on NHS Hospital and Community Health Service workforce statistics</a>	
E31	Patient-Led Assessments of the Care Environment	No changes proposed. Following feedback from data providers we have amended the quantity and format of data provided back to them through the on-line system.	<a href="#">Patient-Led Assessments of the Care Environment</a>	

Ref	Product	Status	Link	Q15. Do you have any comments on the status of the products in this section?
E32	Investment in General Practice	Annual publications are commissioned and agreed by stakeholder steering group and meet specific needs. Feedback is welcome to inform continuous improvement.	<a href="#">Investment in General Practice</a>	
E33	NHS Payments to General Practice	Annual publications are commissioned and agreed by stakeholder steering group and meet specific needs. Feedback is welcome to inform continuous improvement.	<a href="#">NHS Payments to General Practice</a>	
E34	Dental Earnings and Expenses	Annual publications are commissioned and agreed by stakeholder steering group and meet specific needs. Feedback is welcome to inform continuous improvement.	<a href="#">Dental Earnings and Expenses</a>	
E35	GP Earnings and Expenses	Annual publications are commissioned and agreed by stakeholder steering group and meet specific needs. Feedback is welcome to inform continuous improvement.	<a href="#">GP Earnings and Expenses</a>	
E36	Dental Working Hours	Biennial publications are commissioned and agreed by stakeholder steering group and meet specific needs; publication based upon survey data. Feedback is welcome to inform continuous improvement.	<a href="#">Dental Working Hours</a>	
E37	Data on written complaints in the NHS	Quarterly: No changes proposed, consultation held in 2014 with the revisions implemented from April 2015.  Annual publication consisting of both the quarterly HCHS complaints data (consulted on 2014) and the annual GP and Dental practices data. GP and Dental practices data consulted on in 2015. No further changes proposed.	<a href="#">Data on written complaints in the NHS</a>	
E38	General and Personal Medical Services, England	No changes proposed. Consultation held in 2014 with the revisions implemented 2015.	<a href="#">General and Personal Medical Services</a>	
E39	NHS Vacancy Statistics	New publication. First publication was a joint publication/consultation document. The second publication published in February 2016 presented the responses to the consultation and sought further feedback to inform the next publication due in August.	<a href="#">NHS Vacancy Statistics</a>	

Ref	Product	Status	Link	Q15. Do you have any comments on the status of the products in this section?
E40	Mental Health and Learning Disabilities Statistics (MHLDS), Monthly	Changes being taken forward through separate consultation, response published in November 2015, on development resulting from the implementation of the Mental Health Services Data Set (MHSDS).	<a href="#">Reports from MHMDS/MHLDDS</a> <a href="#">Consultation on Adult Mental Health Statistics</a>	
E41	Mental Health Bulletin, Annual Report From MHSDS Returns	Changes being taken forward through separate consultation, response published in November 2015, on development resulting from the implementation of the Mental Health Services Data Set (MHSDS).	<a href="#">Reports from MHMDS/MHLDDS</a> <a href="#">Consultation on Adult Mental Health Statistics</a>	
E42	Improving Access to Psychological Therapies (IAPT)	Proposed changes to publications being taken forward through separate consultation to be carried out in April 2016. Consultation will cover format and content of monthly IAPT publications.	<a href="#">Improving Access to Psychological Therapies (IAPT)</a>	
E43	Survey of carers in households in England	An irregular survey of carers in private households in England, subject to government funding, last undertaken in 2009-10. Looks at the prevalence of caring, demographic profile of carers, the impact of caring duties upon the carer, details of the services carers receive and a profile of the cared for people.	<a href="#">2009 Survey of carers in households in England</a>	