

**RSS RESPONSE TO CONSULTATION ON HEALTH AND SOCIAL CARE STATISTICAL OUTPUTS
PUBLISHED BY DHSC (INCLUDING OHID), NHSBSA, UKHSA, ONS AND NHS ENGLAND**

5 March 2024

1 Question: ONS, DHSC, NHS England and UKHSA are all exploring the proposal to publish a higher proportion of outputs in a dashboard or interactive tool format. To what extent do you agree or disagree with this proposal?

1.1.1 Strongly Agree.

1.1.2 It is the RSS's view – set out, eg, in our [evidence to the Covid Inquiry](#) – that the dashboards developed during the pandemic were genuinely world-leading. The dashboards (of all the UK nations) were the only examples that we know of which both presented data clearly and helpfully while making the underlying data available. This meant that they served both to inform the public and also allowed those who wanted to use the data for analysis or research to do so. They are a model of how governments should present data and we would warmly welcome the decision to present more data in this way, while also encouraging those who design and construct dashboards to engage with their potential users throughout. As DEMOS has observed, “Clarity over use and purpose should also limit possible misuse ... Dashboards with a clear purpose are usually backed by user research ... Designing for users means more than inviting feedback once a dashboard has been made” [[Governance by Dashboard: A Policy Paper](#)”, Jamie Bartlett and Nathaniel Tkacz (2017)].

1.1.3 That said, we would find it concerning if putting more effort into developing dashboards came at the expense of the production of other data sets for which there is a demand from users. This points to our over-arching concern outlined below – the need for extensive and sustained engagement between producers and all users of health and social care data and statistics. We recognise the good practice already established but urge ONS, DHSC, NHS England and UKHSA to extend this, including to embrace users of UK-wide data and statistics.

1.1.4 We would also emphasise that it is important that consideration is given to ensuring that any dashboards meet the range of accessibility standards (eg, assisted technology for screen readers, ease of using drop-down menus, suitability for a range of devices etc). One way to improve accessibility might also be to consider the possibility of allowing users to generate



their own reports or narratives – based on the information they’re interested in – that can be delivered in the most helpful format. This might also help users who are interested in the information but who lack the time, skill or resources to use dashboards.

2 Question: Please add any further comments on the health and social care statistical landscape

2.1.1 The RSS is a membership society representing a wide range of both users and producers of official statistics. As such, we are not well-placed to give a detailed response to each of the consultation questions. We have encouraged our members with an interest to respond to the questions that interest them in detail. We are, however, well-placed to make comment on the general landscape of health and social care statistics and represent the views of our members on the current direction of travel.

2.1.2 The RSS advocates a “public statistics” approach to the production of government statistics. This means having an official statistics system that starts by identifying the questions that need statistics to help answer them. Importantly, this approach recognises that the data needed to promote the public good may need to be drawn from a wider range of sources than those maintained within the official statistics system. This means, first, pivoting the strategy for delivering official statistics – and reallocating or investing resources – towards understanding the public demand for a range of statistics. Then, guided by public demand, publishing and using data above and beyond that which government requires to inform their decision-making. The goal of public statistics is to identify and deliver a wider ranging statistical system that provides the information needed both for informed decision-making and for the public to effectively hold government to account.

2.1.3 We believe greater public value can be unlocked by a more balanced, user-focused, and more diverse portfolio of official statistics. The UK official statistics system should be ambitious and should seek to support a society of knowledgeable, represented, and empowered citizens, healthy public debate, wellbeing, an inclusive and sustainable economy, and effective government (demonstrating good governance).

2.1.4 This approach to official statistics requires regularly assessing the need for statistics – both those that are currently produced and where there may be demand for new statistics and



enhancing internal processes for deciding on development and production priorities to make them more inclusive of users outside of government. We recognise that this is not an easy thing and delivering it requires a new approach to user engagement and public consultation so that it is easier for both existing and potential users to share their views.

- 2.1.5 This general approach of public statistics frames the RSS's comments on health and social care statistics. The RSS, during the pandemic, called for a systematic review of health and social care data – our view was that there is a lack of coherence of health and social care data both across the UK and within England due to the number of producers. As a result we were pleased that Cathie Sudlow was commissioned to do a review of the Health and Social Care Statistics landscape. This type of exercise – engaging with users of data and patient and public groups with an interest in health data – to understand the data landscape and how existing data is used is an important part of a public statistics approach.
- 2.1.6 We are, therefore, concerned that proposals for making cuts to health and social care statistics have been made before this review has been completed and its recommendations published. This consultation is presented as a standalone exercise and, as such, misses an opportunity to feed-in to a more considered process linked to the Sudlow review. This is particularly concerning since our members have reported difficulties with engaging with the consultation due both to its timing – being launched just before Christmas – and its complexity.
- 2.1.7 While we appreciate that there is pressure on government and producers to make cuts, it is not clear that these should be applied to all areas of statistics equally. We would advocate an approach that looks over the whole portfolio of government statistics and identifies what there is a public and user demand for and being led by that.
- 2.1.8 Health and social care statistics does not seem to be an area where there is a lack of public and user demand. In the aftermath of the crisis point of the Covid-pandemic, Covid still needs monitoring and the health and social care issues that the UK faces at this point are considerable and far reaching. Indeed, at the current time there are areas where there is a lack of information available to help the public gauge the government's success in reducing NHS waiting lists – as [highlighted by the BBC](#), not all hospitals are monitoring and counting patients needing ongoing care. The pandemic also highlighted that work was needed to improve social care statistics – in our [evidence to the Covid Inquiry](#), we emphasised the importance of



continued development of social care data – it is an important part of the UK’s pandemic preparedness to continue to improve social care statistics so that they can properly inform the response. Other areas of health, eg mental health, have also been impacted by the pandemic and it is important that information is provided on these topics as well.

2.1.9 It is also worth stating that the value of health and social care statistics goes beyond immediate health and social care statistics users. The health of the population impacts on the economy and the economic impact of long-term health and social care issues could be considerable. and the economic impact of long-term health and social care issues could be considerable. There are increasing calls [eg Mark Hanson, Neena Modi and Paul Allin (2024) “Beyond GDP: understanding the interdependence of human and planetary health and the economy”, [Bulletin of the World Health Organisation](#)] to recognise this in statistical systems and in policy following the [2023 report](#) of the WHO Council on Economics of Health for All.

2.1.10 This is not to say that the statistics should not be produced differently. During the pandemic new ways of working were introduced that included improved collaboration between departments and agencies. This was welcome and it makes sense to look to build on that to continue to work more efficiently and effectively. Our view is that the process should be driven by the question of how best to meet user and public need.

2.1.11 A key aim for producers of health and social care statistics should be to work together and with different users to create coherent statistics that are communicated in a transparent and accessible way to the public. Given the complexity of the landscape in this area, this is clearly challenging. The RSS’s Official Statistics Section and the Health Statistics User Group organised a roundtable event to discuss how best to achieve this.¹ Several of the possible solutions proposed at this event fit well within a public statistics framework and we recommend that they are explored. Co-production with users and the public from the start is important – it is an important way to ensure that their needs are considered. This collaborative way of working represents a substantial shift and will require more time to produce statistics. It is also

¹ [Event report - Official Statistics and Health: Developing coherent and accessible health statistics: a UK perspective](#)



important to think about how the statistics are presented to different audiences – that is why we welcome the intention to make greater use of dashboards.

2.1.12 In summary, we recommend:

- Adopting a public statistics approach to the production of official statistics, with even better and more sustained user engagement.
- Waiting for the recommendations of the Sudlow review into health and social care statistics to be published before making final decisions over changes to the existing landscape of statistics in this area.
- Looking at all areas of official statistics from the perspective of public and user demand together and determining need on that basis – rather than cutting production of statistics in individual areas. We call for more co-production of statistics programmes by producers and users.