hscic Health & Social Care Information Centre

Learning Disability Services Quarterly Statistics

England Commissioner Census (Assuring Transformation) – Quarter 4 2014/15

Experimental Statistics

Published 22 May 2015

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This product may be of interest to the Department of Health, the Care Quality Commission and Public Health England. It will also be of interest to commissioners and providers of in-patient and community-based services for people with learning disabilities and/or autistic spectrum disorder (including Asperger's Syndrome). Charities and third sector organisations with a focus on people with learning disabilities, and/or autistic spectrum disorder (including Asperger's Syndrome) as well as patients themselves, and their family and friends, may also find this product useful.

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Version:	**V1.0**
Date of publication:	**22 May 2015**

Contents

Executive Summary

Data collected at the end of Quarter 4 2014/15 (end of March) show that[1]:

- 2,395 patients were in hospital at the end of the quarter;
- 165 CCGs/SCTs[2] had updated information by the end of the quarter[3];
- 47 CCGs/SCTs did not update any information or confirm that currently held information was correct by the end of quarter;
- 9 CCGs/SCTs have never submitted data as they have not had a patient in scope of this collection since the transfer to HSCIC[4].

During Quarter 4 2014/15[5]:

- There were 105 admissions to hospital[6];
- There were 180 discharges from hospital[7];
- There were 25 admissions and discharges[8].

[1] See 'figures in this report' section for information on comparisons with monthly data.
[2] CCG stands for Clinical Commissioning Group, SCT stands for Specialist Commissioning Team
[3] This considers updates in March only, data submitters are aware that HSCIC takes a 'snap shot' of the data at the end of every month, as this report is predominately based on the position at the end of March, updates in February would be considered out of date.
[4] The organisations may submit data on behalf of other CCGs but they themselves do not commission any inpatient services for people Learning Disabilities.
[5] This is not a complete quarter. Only data for February and March were available. Prior to this data were collected by NHS England but have not been included in this analysis due to methodology changes.
[6] This may include patients who have had one or more previous admission or episodes of inpatient care within the quarter, and also direct transfers from another hospital.
[7] This may include patients who have had one or more previous discharge in the quarter and also transfers to another hospital.
[8] This means the patient came into and left hospital within the quarter. This could happen on multiple occasions and the patient could have been re-admitted into care by within the quarter and be counted in the end of quarter figures.

Introduction

This statistical release relates to the position at the end of March for patients with learning disabilities receiving inpatient care commissioned by the NHS in England.

The release comprises:

- This report;
- Reference data tables showing England level data;
- Tableau data visualisation tool showing data at; England, regional, Area Team, Specialist Commissioning Team (SCT), and Clinical commissioning Group (CCG) level;
- A machine readable CSV file containing England, regional, Area Team, SCT and CCG level data;
- A Metadata file to support the CSV file:
- Constructions for the reference data tables.

This is published on the Health and Social Care Information Centre (HSCIC) website here:

http://www.hscic.gov.uk/article/6328/Reports-from-Assuring-Transformation-Collection

All elements of this release and further information about these Learning Disability Services Statistics are published on the HSCIC website here:

http://www.hscic.gov.uk/assuringtransformation

Scope of collection

The collection comprises inpatients with ‘a bed’ normally designated for the treatment or care of people with a learning disability or those with ‘a bed’ designated for mental illness treatment or care who have been diagnosed or understood to have a learning disability and/or autistic spectrum disorder.

Data are provided by English commissioners and healthcare is typically provided in England (although care commissioned in England and provided elsewhere in the UK will not be excluded). There is a slight difference in scope between this collection and the Learning Disability Census since the Census comprises data from providers based only in England, but does include care provided in England but commissioned from other UK countries.

Data are collected from Clinical Commissioning Groups (CCGs) and Specialist Commissioning Teams (SCTs) [9]. In some cases Clinical Support Units (CSUs) submit data on behalf of one of more CCGs.

Background information and data quality

Originally conceived and collected by NHS England, the purpose of the ‘Assuring Transformation’ data collection was to ensure that the public were ‘aware of NHS commitments within the Transforming Care Programme’. Data were collected from

[9] For more information on the different roles of CCGs and SCTs see: http://www.england.nhs.uk/wp-content/uploads/2014/01/pss-manual.pdf.

commissioners of learning disability services on a quarterly basis, and published on the NHS England website:

http://www.england.nhs.uk/ourwork/qual-clin-lead/ld/atd/

From February 2015, responsibility for its collection and publication was transferred to the HSCIC. This addressed key requirements around the improvement of data quality and reporting frequency. The revised collection methodology supports real time data capture; it is a "live" system that commissioners are required to update as and when changes occur in the care of a patient who falls in scope of the collection. This has resulted in a significant burden reduction on the part of service commissioners / data submitters.

The HSCIC will report on these data on a monthly, quarterly and annual basis and all figures will be experimental in status whilst we develop these statistics.

Data quality for Quarter 4 2014/15 (period ending 31 March 2015)

Annex 1 at the end of this report provides more information on data quality and accuracy. This section covers issues relevant to this quarter. Two key data quality issues were identified as described below:

Record duplications

Although patients can have more than one episode in a period due to short hospital stays, at the end of the reporting period there can only be one open episode per patient.

For the March snapshot there were around 10 NHS numbers which were recorded in the system twice, each by different data providers, resulting in around 20 records where it was not possible to detect which was the correct record[10]. The CCGs/SCTs/CSUs in question need to resolve between themselves who is actually paying for the care of these patients and record accordingly. As such, all affected records have been removed from the analysis in this release. The data providers have been notified of this and need to resolve these issues before HSCIC will include the data in reporting. As such, all affected records have been removed from the analysis in this release.

Record submissions

CCGs and SCTs are expected to keep records up to date on an ongoing basis. There are two ways that HSCIC can currently assess if a CCG/SCT has done this:

1. Has the CCG/SCT made any alterations to any of the records during the period?
2. If no records have been altered (due to no change in patient circumstances) then has the CCG/SCT selected the 'submission confirmation' option to confirm that their data is correct for this period?

Note that in both scenarios above, it may be the Commissioning Support Unit who has not updated the data. However, this report highlights the number of CCGs/SCTs who have and have not submitted data.

[10] Counts of duplicates have been rounded as per rules in 'data presentation' section.

For March snapshot there were 47 CCGs/SCTs/SCUs[11]s that had not completed either 1 or 2 above. The HSCIC contacted each of these to try to confirm whether their data was still accurate. This figure is for the March snapshot only. Although submitters are expected to keep records up to date on an ongoing basis, they are also required to confirm all records are correct within each month to ensure the data 'snap shot' is as accurate as possible. Therefore, do not include activity in February as this would be considered to be out of date.

The HSCIC needs to know that records are kept up to date for reporting purposes. The decision was made to report on all data on the system (except for duplicates), irrespective of when it had been submitted. Therefore, even though a small number of data providers had not updated their records during March, HSCIC has used the data that was reported during February and assumed this was still accurate. This approach may change in future, once data submitters are fully accustomed to the submission confirmation approach.

Data presentation

In order to minimise the disclosure risk associated with small numbers, all figures presented within this report and within the reference data tables have had the following measures applied:

- Values of 0-4 have been replaced by *;
- Values have been rounded to the nearest 5;
- Percentage calculations were based on unrounded figures and have been rounded to a whole number.

All figures are calculated from the raw data, suppressed where needed and then rounded. This may mean that some totals presented in tables here do not match the sum of the subtotals within the same table.

Interpretation of the data

All data measures are based on patients receiving inpatient care at the end of the quarter. Only the 'flow' measures in Table 1 which records admissions and discharges within the quarter include patients who left inpatient care during the quarter. Note this quarter only included data for February and March 2015 so the 'flow' measures will not be directly comparable with those in subsequent releases.

To facilitate interpretation of the results, the following terminology will be used:

End of reporting quarter: this will consider 'open episodes' only, i.e. a patient will only be counted in the end of reporting period figures if they were still in hospital at the end of the reporting period.

Admissions in the quarter: this measure reports on the number of new hospital episodes in the reporting period. Note that one person could have one or more new hospital episodes if discharged from a previous hospital stay.

Discharges in the quarter: this measure reports on the number of closed hospital episodes where a patient has been discharged from the current hospital. As above, a patient could

[11] For April monthly reporting onwards, HSCIC revised the way the number of non-submitters was calculated. See the monthly April report for more information.

potentially have one or more discharges recorded if they experienced several short hospital stays during the period.

Admitted and discharged in the quarter: this measure reports on the number of open and closed episodes within the period. This represents a patient being admitted to and discharged from the same hospital within the period. The patient could still be in the end of period counts if they had been readmitted and a new episode of care was created.

In future, the HSCIC hopes to be able to bring more clarity to counts of admissions and discharges by also considering source of admission and destination of discharge. The above method does not currently identify transfers from one inpatient hospital to another and would show in the data as two separate episodes of inpatient care.

Figures in this report

This is the first quarterly release and follows two previous releases of monthly data. This release is for Quarter 4 2014/15 (end of March 2015) and reports on the position at the end of the quarter – 31 March 2015. Admissions and discharges within the quarter are also reported on but will only include data for February and March since the collection transferred to the HSCIC from 1 February 2015. Any patients admitted prior to February 2015 would be included in figures if the patient was still receiving inpatient care at the end of March 2015, or discharged in February or March.

Figures showing the position at the end of March 2015 have previously been published as a monthly release. End of quarter figures here will match those for the end of March. However, the admissions and discharges from March and February cannot be added to calculate the total admissions and discharges for this quarter. This is for a number of reasons, but mainly because some submitters are submitting information retrospectively. For example, information about a patient that was discharged in February may not have been entered into the system until March. This would mean that in the February Monthly publication the patient was deemed to still be 'in care' and would have been counted in the end of month counts. The March Monthly publication would not count the patient at all because they were not active within March and their discharge date was in February so they would not appear in the discharges either. The Quarterly publication would report this patient as a 'discharge'. Commissioners are aware that data is submitted into a live system and therefore the quality of the data for each period depends upon the commissioner updating records as and when care information changes

Key facts

The following sections show key measures from the Reference Data Tables supporting this publication. The tables also show cross comparisons of key measures at England level. The supporting data visualisation tool Tableau, allows users to see all this information and compare between regions, Area Teams, and Specialised Commissioning Teams (SCT) and Clinical Commissioning Groups (CCGs) where data quality allows.

Tables and graphs presented here will expand with each publication to show the most recent data alongside previously released data for easy comparison over time.

Totals, demographics and inpatient setting

There were 2,395 patients receiving inpatient care on 31 March 2015. During the quarter, 105 patients were admitted, 180 were discharged and 25 were admitted and discharged. Table 1 provides a demographic and inpatient setting overview for those still receiving inpatient care at the end of the period, plus admissions and discharges during the quarter.

Table 1: Totals, demographics and inpatient settings

England	*Number of patients*[1]
	Q4 2014/15
All patients	2,395
National totals	
CCG Commissioning	1,095
Specialised Commissioning	1,300
Regional totals	
North Of England Commissioning Region	910
Midlands And East Of England Commissioning Region	955
London Commissioning Region	250
South Of England Commissioning Region	280
Age	
Under 18	110
18 - 34	1,225
35 - 64	1,020
65 and over	40
Gender	
Female	545
Male	1,850
Learning disability or autism	
Learning disability only	1,470
Autism only	295
Learning disability and autism	540
None of the above	90
Patient on local register	
Yes	2,310
No	85
Ward security level	
General	1,070
Low Secure	815
PICU	10
Medium Secure	430
High Secure	65
Subject to the MHA	
Not subject to the MHA	285
Subject to the MHA	2,110
Flow (admissions and discharges within the quarter)	
In care since the previous quarter	2,290
Admitted within the quarter	105
Discharged within the quarter	180
Admitted and discharged within the quarter	25

Source: HSCIC Assuring Transformation Collection
1.The number of patients receiving inpatient care at the end of the quarter, except 'flow' counts which reflect patient movement within the quarter.

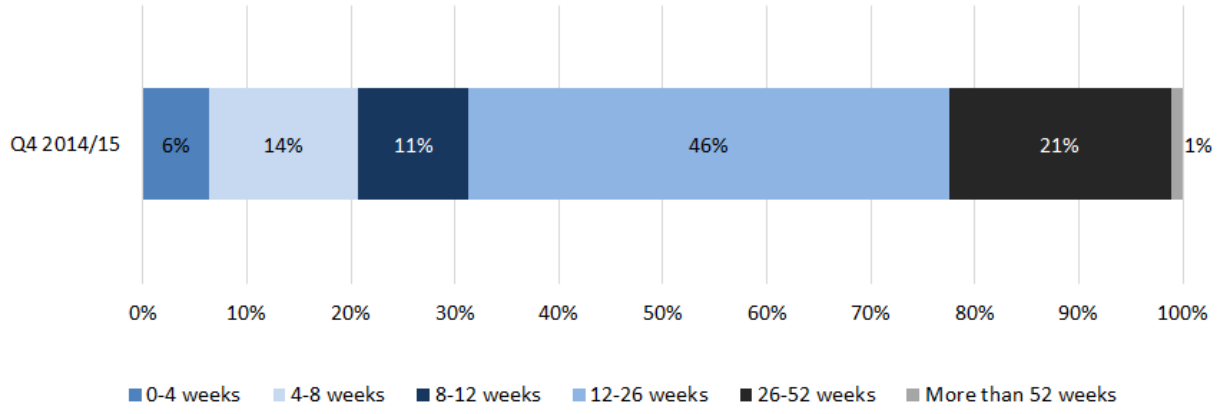
The following measures show the position for all patients receiving inpatient care on the last day of the quarter – 31 March 2015. More detail at England level is available in the Reference Data Tables, and lower regional level information is available via the data visualisation tool Tableau.

Care co-ordinator and time since last review

On 31 March 2015, 2,365 patients (99%) had a named care coordinator. The role of a care co-ordinator is to ensure that the objectives and goals agreed with patient are achieved through the effective delivery of care.

Figure 1 shows the time since the last review of the patient. Commissioners were asked the date of the most recent formal review of this patient's individual care plan[12]. On 31 March 2015 1,105 patients (46%) last had a review between 12 and 26 weeks ago, while for 510 patients (21%) this was between 26 and 52 weeks ago.

Figure 1: Time since last review



Source: HSCIC Assuring Transformation Collection

[12] Formal review means that a formal record of the review has been made and shared with the person, their family, care and/or advocate, other key providers and commissioners. This may include a Care Programme Approach (CPA)

Transfers

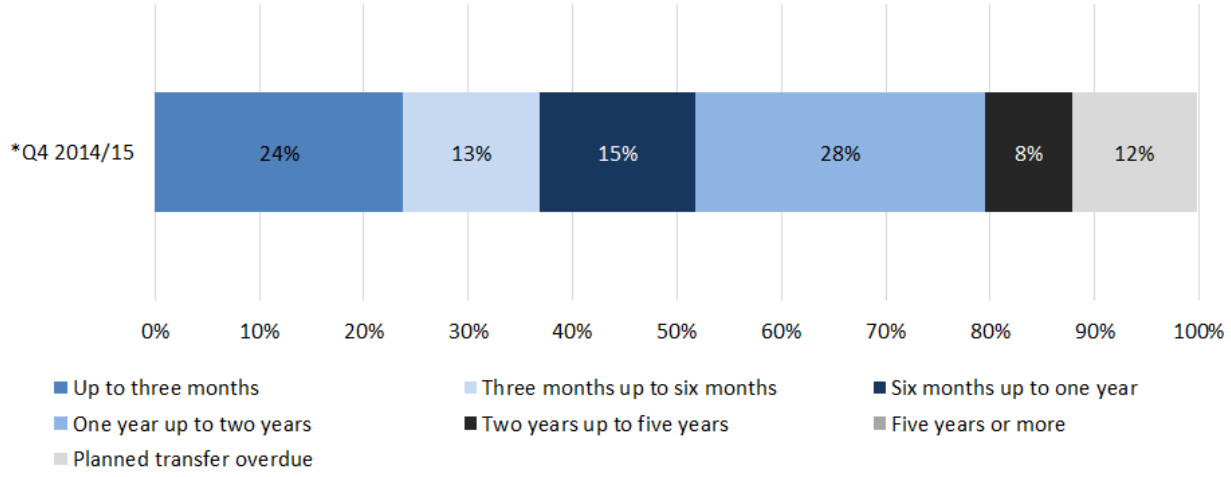
Table 2: Number of patients with a planned transfer and Local Authority awareness

England	*Number of patients*
	Q4 2014/15
All patients	2,395
Is there a planned date for transfer?	
Yes	1,205
No	1,190
Local authority aware of transfer to area	
Yes	1,590
No	755
Not known	45

Source: HSCIC Assuring Transformation Collection

Table 2 shows that on 31 March 2015 1,109 patients (50%) did not have a planned transfer date. For 1,590 patients (66%) the Local Authority (LA) was aware they would transfer to their area[13]. Figure 2 shows the time to the planned transfer date for all inpatients on 31 March 2015. Note, if the transfer date was prior to 31 March 2015 this was taken to have been a missed deadline.

Figure 2: Time to planned transfer



Source: HSCIC Assuring Transformation Collection
Note: * Data for Q4 'five years or more' is suppressed due to small numbers and not shown on this chart and therefore percentages shown may not add to 100%.

Reference Data Table 5 provides additional information on local authority awareness of the date being set, the setting the patient will transfer to and agreements for transfers/discharges.

[13] A Local Authority could be aware a patient would transfer to them without a transfer date having been set.

Discharge and care plan details

The care plan is one way to determine whether the patient needs to stay in inpatient care or not. As such, the question options have been grouped in Table 3.

Table 3: Discharge through Community Treatment Orders and details of care plan

England	*Number of patients*
	Q4 2014/15
All patients	2,395
Considered for discharge through CTO	
Yes	385
No	2,010
Details of care plan	
Need inpatient care according to care plan	1,480
Not dischargeable	510
Active treatment plan	945
Indefinite inpatient care for behaviour	20
Indefinite inpatient care for physical needs	5
Do not need inpatient care according to care plan	915
Working towards discharge	830
Delayed transfer of care	85

Source: HSCIC Assuring Transformation Collection

As on the 31 March 2015, 2,010 patients (84%) had not been considered for discharge through Community Treatment Orders (CTO). CTOs are used for people in hospital under the Mental Health Act to receive supervised treatment when they leave hospital.

According to care plan details, 510 patients (21%) were not dischargeable and 85 patients (4%) were recorded as experiencing a delayed transfer of care. The largest two reasons for this were awaiting residential home (30 patients, 35%) and lack of housing provision (25 patients, 28%).

For 1,955 patients (82%) the family were involved in discussing the patient's care plan.

Use of independent advocacy

For patients receiving inpatient care on 31 Match 2015, 2,285 patients (95%) made use of an independent advocate[14]. Patients can choose to use more than one type of advocate; the most frequently used was Independent Mental Health Advocate (IMHA) with 1,470 patients (64%) making use of this service.

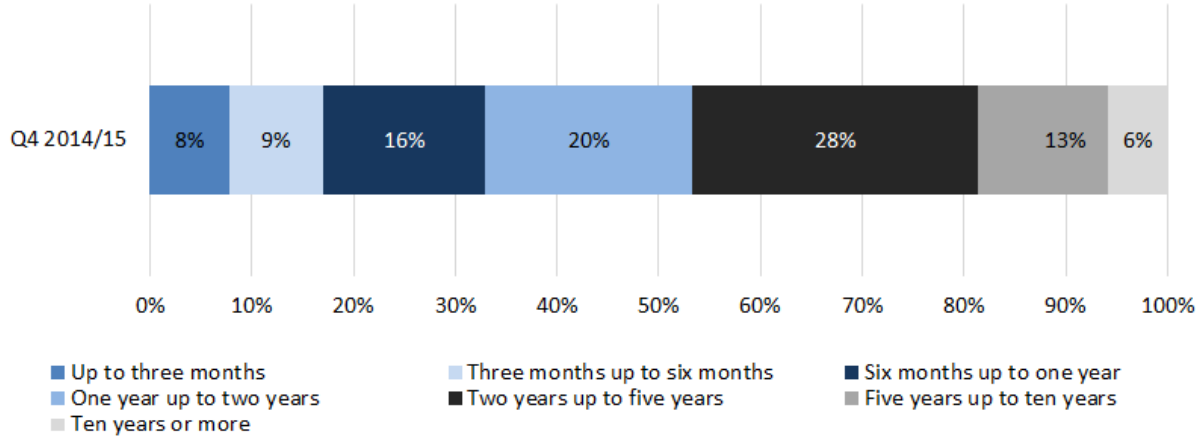
[14] Note, this comes from question Q17 Does the patient make use of independent advocacy? There is no time frame associated with the question so we cannot say if the advocate was used during this quarter.

Length of stay and distance from home

The measures of length of stay and distance from home are important as they can provide indication as to appropriateness of current placement. Transforming Care[15] noted that people requiring inpatient services should be treated locally wherever possible, as sending people out of their local area can weaken their existing relationships with family and friends, damage continuity of care, and result in people being placed in settings that are unfamiliar and stressful.

To calculate distance from home a valid home and hospital postcode was required. The hospital postcode was collected as part of the data collection. Home postcode was obtained by sending NHS numbers data to the HSCIC Personal Demographics Service (PDS) for postcode tracing.

Figure 3: Length of stay

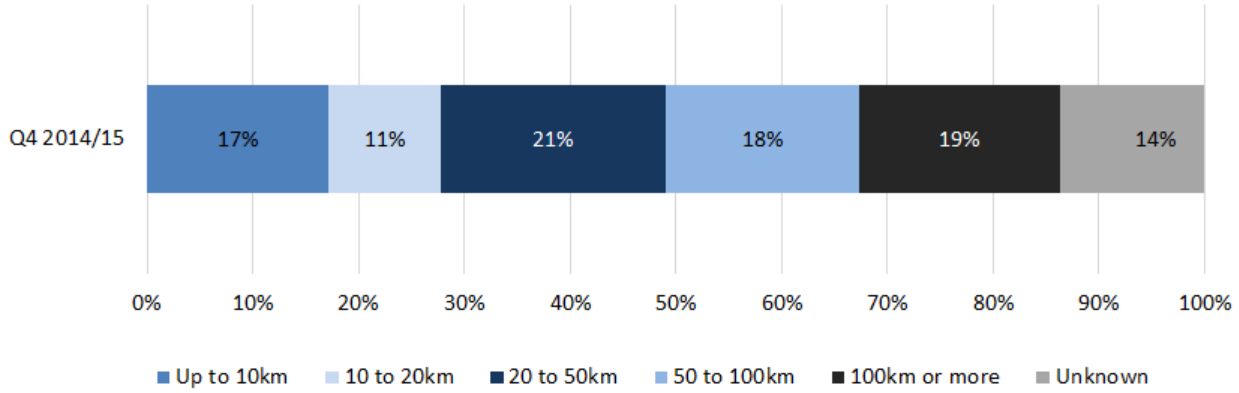


Source: HSCIC Assuring Transformation Collection

Data collected here in the 'Assuring Transformation' collection broadly comparable with data collected in the Learning Disability Census. However the census recorded a greater proportion of patients with a length of stay of under 3 months; 18% compared to 8% shown here.

[15] Department of Health, "Transforming care; a national response to Winterbourne View Hospital" (Department of Health, 2013), https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf

Figure 4: Distance from home



Source: HSCIC Assuring Transformation Collection

HSCIC Data collected here is broadly comparable with data collected in the Learning Disability Census. However, when calculating the percentage of patients receiving care by the different distance from home categories, the census only included those with a valid postcode for both hospital and home, whereas this collection has included those with an unknown distance from home as part of the calculation.

Annex 1 - Comparable data: Learning Disability Census

The Learning Disability Census provides a snapshot view of people with a learning disability, autistic spectrum disorder, and/or behaviour that challenges, who were receiving care in an inpatient setting. The Census was commissioned by the Department of Health following the discovery of abuse and neglect at Winterbourne View Hospital. Its collection is part of the Concordat: Programme for Action: an action plan intended to address poor quality and inappropriate care in order to achieve good outcomes for children, young people and adults with learning disability or autism who also have a mental health condition or behaviour that challenges. The 2014 Census relates to patients receiving care at midnight on 30th September 2014. Record-level data was collected from service providers through the Health and Social Care Information Centre's Clinical Audit Platform.

The census is submitted by providers of services in England:
http://www.hscic.gov.uk/pubs/ldcensus14

Similarities and differences between Assuring Transformation and the Learning Disability Census

The Assuring Transformation and Learning Disability Census collections comprise in-patients with ‘a bed’ normally designated for the treatment or care of people with a learning disability or those with ‘a bed’ designated for mental illness treatment or care who have been diagnosed or understood to have a learning disability and/or autistic spectrum disorder.

Assuring Transformation data are submitted by English commissioners and healthcare is typically provided in England (although care commissioned in England and provided elsewhere in the UK will not be excluded). There is a slight difference in scope between this collection and the Learning Disability Census since the Census comprises data from providers based only in England, but does include care provided in England but commissioned from other UK countries.

Comparing results from both data collections

The HSCIC conducted an exercise to compare the results for both data collections at the same point in time; census day 2014. Figures were published showing the number of patients reported in each collection that were receiving in-patient care on 30 September 2014. The Learning Disability Census recorded the number of patients receiving care provided in England, while Assuring Transformation recorded the number of patients receiving care commissioned in England.

Learning Disability Census:	3,230 inpatients
Assuring Transformation:	2,600 inpatients

Both collections required NHS number to be submitted and this was used to link the collections to try to understand the difference in numbers reported. The results of this analysis can be found with the February Assuring Transformation release:
http://www.hscic.gov.uk/catalogue/PUB17190

Annex 2 - Data quality report: assessment of statistics against quality dimensions and principles

Relevance

This dimension covers the degree to which the statistical product meets user need in both coverage and content.

This release comprises this report, CSV file and metadata file, Reference data tables and data visualisation tool Tableau. All data is at national level and split to a lower geographic level where the data allows; regional, area team and CCG/SCT level. The release provides information on patients with learning disabilities and/or autism spectrum disorder receiving inpatient care commissioned in England.

This data is released quarterly. A less comprehensive data release at national (England only) level is published on a monthly basis.

Accuracy and reliability

This dimension covers, with respect to the statistics, their proximity between an estimate and the unknown true value.

Accuracy

Data were collected via the Clinical Audit Platform (CAP) which allows a number of validations to be built in. The validation rules can be viewed under section 4 of the 'instruction and guidance notes' found on the Assuring Transformation web page http://www.hscic.gov.uk/assuringtransformation

The system has been designed central to the patient using NHS number and date of birth as unique identifiers. The system is set up such that:

- For each NHS number there can only be one open episode of care during the period;
- There can be multiple closed episodes of care for each NHS number within a period;
- The system is 'live' and commissioners are expected to change information in the system as and when
- Currently HSCIC analysts take a 'snap shot' of the system at the end of each month and use this to report on the position at the end of the month and admissions and discharges within the month.

Although patients can have more than one episode in a period due to short hospital stays, at the end of the reporting period there can only be one open episode per patient. Investigation of the data found that some duplicates were being recorded in the system due to data submitters altering key information used to identify unique episodes without closing a previous episode of care. HSCIC have been investigating this and working with submitters to resolve the issue. The section 'Background information and data quality' in the main body of the report shows the position for this reporting period.

As is standard HSCIC practice, all figures in the reference data tables were independently checked. All figures in the report and Executive Summary were also independently checked.

Reliability

All CCGs and SCTs were contacted and asked to sign up for access to the system. All have done so. All are expected to keep the system up to date. There are two ways that HSCIC can currently assess if a CCG/SCT has done this:

1. Has the CCG/SCT made any alterations to any of the records during the period? Or created any new records;
2. If no records have been altered (due to no change in patient circumstances) then has the CCG/SCT has selected the 'submission confirmation' option to confirm that their data is correct for this period?

Note that in both scenarios above, it may be the Commissioning Support Unit[16] (CSU) who has not updated the data. This report will highlight the number for those responsible for the patients (CCGs/SCTs) and those responsible for submitting the data (CCGs/SCT and CSUs).

The section 'Background information and data quality' in the main body of the report provides information for the current reporting period.

Timeliness and punctuality

Timeliness refers to the time gap between publication and the reference period. Punctuality refers to the gap between planned and actual publication dates.

The data collection system is a live system with CCGs/SCTs expected to keep records up to date. A 'snap shot' is taken at the end of every month and a monthly release reports at on the data at national level (England only) within 21 working days. This allows for the most timely data to be released. This quarterly release follows to allow for greater interrogation of the data, tracing of patient postcodes through the HSCIC Personal Demographics Service (PDS) to allow distance from home to be calculated.

Accessibility and clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

The quarterly data are available in machine readable CSV format with associated metadata file to give clarity and understanding to the data. A PDF report accompanies the data. This displays key measures in graphical and tabular form with commentary to give understanding to the measures. The data visualisation tool Tableau is used to display the data at lover geographical detail and allows users to select key area and compare with others.

[16] CSUs submit data on behalf of one or more CCGs

Coherence and comparability

Coherence is the degree to which data which have been derived from different sources or methods but refer to the same topic are similar.
Comparability is the degree to which data can be compared over time and domain.

Data is all derived from one source, the CAP system. The question set was revised when the collection was transferred from NHS England to HSCIC. The questions were brought into line with the HSCIC Learning Disability Census where possible, and details in differences in scope are provided in the main body of this report above.

Trade-offs between output quality components

This dimension describes the extent to which different aspects of quality are balanced against each other.

The data are released in two parts; monthly and quarterly. This allows for more timely information to be released on a monthly basis but just at national level. The quarterly release contains more measures and more detail but there is a greater time lag between data collection and publication.

This data series will grow over time and will become a useful resource for tracking trends in the data.

Assessment of user needs and perceptions

This dimension covers the processes for finding out about users and uses and their views on the statistical products.

Data collected and published as part of this release is used by commissioners and healthcare professionals and the public. Prior to the transfer to HSCIC, NHS England, Department of Health and HSCIC conducted several engagement events to ensure submitters were clear on what they had to do, when and the benefits of being able to use the data that is published from the collection. This was also an opportunity for providers and users of the existing dataset to provide feedback on usefulness of the reports and data presentation and access.

Performance, cost and respondent burden

This dimension describes the effectiveness, efficiency and economy of the statistical output.

This collection is intended to be retired by March 2016 and is currently intended to be replaced by the Mental Health Services Data Set (MHSDS).

Confidentiality, transparency and security

The procedures and policy used to ensure sound confidentiality, security and transparent practices.

All HSCIC releases are assessed for disclosure risk prior to publication using and disclosure controls are applied where appropriate to ensure the disclosure risk complies with the NHS Anonymisation Standard. Further details are provided in the 'data presentation' section of this report.

Please see links below to relevant HSCIC policies:

Statistical Governance Policy (see link in 'user documents' on right hand side of page)

http://www.hscic.gov.uk/pubs/calendar

Freedom of Information Process

http://www.hscic.gov.uk/foi

Data Access and Information Sharing Policy

http://portal/Documents/Policies/DAIS%20Policy%20Final%204.0%20updated.pdf

Privacy and data Protection

http://www.hscic.gov.uk/privacy

Published by the Health and Social Care Information Centre

Part of the Government Statistical Service

Responsible Statistician

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ISBN 978-1-78386-404-1

This publication may be requested in large print or other formats.

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