



Health & Social Care
Information Centre

Learning Disability Services Monthly Statistics

England Commissioner Census (Assuring
Transformation) - September 2015

Experimental Statistics

Published 21 October 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 inpatient 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.

Author: **Community and Mental Health Team
Health and Social Care Information Centre**

Responsible statistician: **Dominic Gair, Section Head**

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Introduction

This statistical release makes available the most recent data relating to patients with learning disabilities receiving inpatient care commissioned by the NHS in England. This release is the 8th monthly statistical release published by the Health and Social Care Information Centre (HSCIC) and the presented statistics are badged as Experimental Statistics in order to reflect that the statistics are new and still in development to best meet user needs. As part of this development this release will, present total patient counts reported for the previous reporting periods published by the HSCIC that have been retrospectively updated to more accurately reflect activity for these periods based upon the most recent data available at the time of publication. Retrospectively calculated figures will be updated for March 2015 onwards.

The release comprises:

- This report which presents England level analysis of key measures;
- A monthly CSV file which presents key measures at England level;
- A metadata file to accompany the CSV file, which provides contextual information for each measure.
- An excel reference data tables showing the last six months of data as reported and total patient counts retrospectively updated

It is published on the 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 is collected from Clinical Commissioning Groups (CCGs) and Commissioning Hubs (Hubs)¹. In some cases Commissioning Support Units (CSUs) submit data on behalf of one or more CCG’s.

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 be included). There is a slight difference in scope between this collection and the Learning Disability Census² since the Census comprises data from providers based only in England, but does include care provided in England but commissioned from other UK countries.

¹ For more information on the different roles of CCGs and Hub see: <http://www.england.nhs.uk/wp-content/uploads/2014/01/pss-manual.pdf>. Note that Hubs have replaced Specialised Commissioning Teams (SCTs) which are referenced in this link.

² More information on the Learning Disability Census can be found here: <http://www.hscic.gov.uk/ldcensus>

Background information

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 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 were 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 within scope of the collection. This has resulted in a significant burden reduction on the part of service commissioners / data submitters.

The HSCIC currently take a snapshot of the data at the end of each month and will report on these data on a monthly, quarterly and annual basis. All figures will be experimental in status whilst we develop these statistics.

The monthly data published here shows the position as was reported within the live system at the end of September 2015. Commissioners are expected to keep data in the system up to date, however we are aware that this is not always possible and some data is known to be submitted after the period cut-off date.

Time series and benchmarking

In order to meet our user requirements time series data has been included for March 2015 onwards. Information on number of inpatients at the end of the month plus admissions/discharges/transfers within the month have been updated to include late submissions. This gives a more accurate picture of the position for each month. This means that figures published here may differ from those previously published in monthly reports. Additional information may be found in the Data Quality section in Annex 2 on the difference between the initially reported and retrospectively updated figures affected within this report.

The 2015/16 Transforming Care Programme has set a performance target to reduce the total in-patient cohort by 10% nationally. This will be calculated by measuring the change in the total inpatient cohort between the 31 March 2015 and the 31 March 2016. As such HSCIC will be retrospectively updating all inpatient totals from March 2015 onwards to allow for the most accurate baseline to be calculated.

Organisation code changes

From 1 April 2015 codes used to identify organisations were changed to reflect the way NHS England is structured. A summary of these changes can be seen here:

<http://systems.hscic.gov.uk/data/ods/news>

Main changes that affect this publication are outlined in the background information and data quality section in the Learning Disability Services Monthly Statistics: England Commissioner Census (Assuring Transformation) – 30 April 2015 report.

<http://www.hscic.gov.uk/catalogue/PUB17634>

Future reports

It is expected that in the future, this monthly output may alter as respondents fulfil their obligation to supply data and so the quality of the data increases. Table 1 shows the number of CCGs/Hubs who have provided data within the month. Reference data table 9 shows which CCGs/Hubs complied.

A quarterly release showing the position at the end of each quarter is also published. The second quarterly release showing the position at the end of June 2015 was published on 21 August 2015. This included more detailed analysis and the facility to compare information at regional and CCG level. This can be accessed here:

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

The quarterly release for the position at the end of September 2015 will be released on 20th November 2015.

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

This report considers data from multiple reporting periods. To ease interpretation of the results, the following terminology will be used:

End of reporting month: 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 month: 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. This may also include direct transfers from another hospital

Discharges/transfers in month: this measure reports on the number of closed hospital episodes where a patient has been discharged/transferred from the current hospital. As above, a patient could potentially have one or more discharges recorded if they experienced several short hospital stays during the period. This may also include transfers to another hospital.

Admitted and discharged/transferred in month: this measure reports on the number of open and closed episodes within the period. This represents a patient being admitted to and discharged/transferred from the same hospital within the period. The patient could still be in the end of period counts if a new episode of care was started with a different hospital or ward.

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 release is for September 2015 and reports on the position at the end of September. Admissions and discharges/transfers within September are also reported on. Information for previous months is also shown to provide a monthly time series. Previous monthly figures showing the number of patients at the end of the month and admissions and discharges/transfers within the month have been revised to include the most recent information, this provides users with the most accurate time series available. Therefore as highlighted earlier in this report monthly figures presented may not match those previously published.

The HSCIC is aware that some submitters are submitting information retrospectively. For example, information about a patient that was discharged in April may not have been entered into the system until June. This would mean that in the April Monthly publication the patient was deemed to still be 'in care' and would have been counted in the end of month counts. The June Monthly publication would not count the patient at all because they were not active within June and their discharge date was in April so they would not appear in the discharges either. Retrospectively backdating the information on the number of open episodes at the end of each month as well as admissions/transfers/discharges within the month aims to address this issue.

See 'Annex 2 – Data quality report' for more information.

Key facts from this publication

Data collected at the end of September 2015 show that:

- 2,595 patients were in hospital at the end of the reporting period;
- 184^{3,4} CCGs/Hubs updated information by the end of the reporting period;
- 30 CCGs/Hubs did not update any information or confirm that currently held information was correct by the end of the period.
- 5 CCGs/Hubs have never submitted data as they have not had a patient in scope of this collection since the transfer to HSCIC⁵.

During September 2015 there were⁶:

- 2,540 patients in care from the previous month
- 50 admissions to hospital⁷;
- 100 discharges/transfers from hospital⁸;
- 5 patients who were admitted and discharged/transferred in the period⁹.

³ See Annex 2 – Data quality report for information on how this is calculated

⁴ Details on which organisations submitted data this month is shown in table 9 of the Reference data tables published as part of this report.

⁵ These organisations would have been counted in the total number submitted in previous reports. The organisations may submit data on behalf of other CCGs but they themselves have said they do not commission any inpatient services for people with learning disabilities.

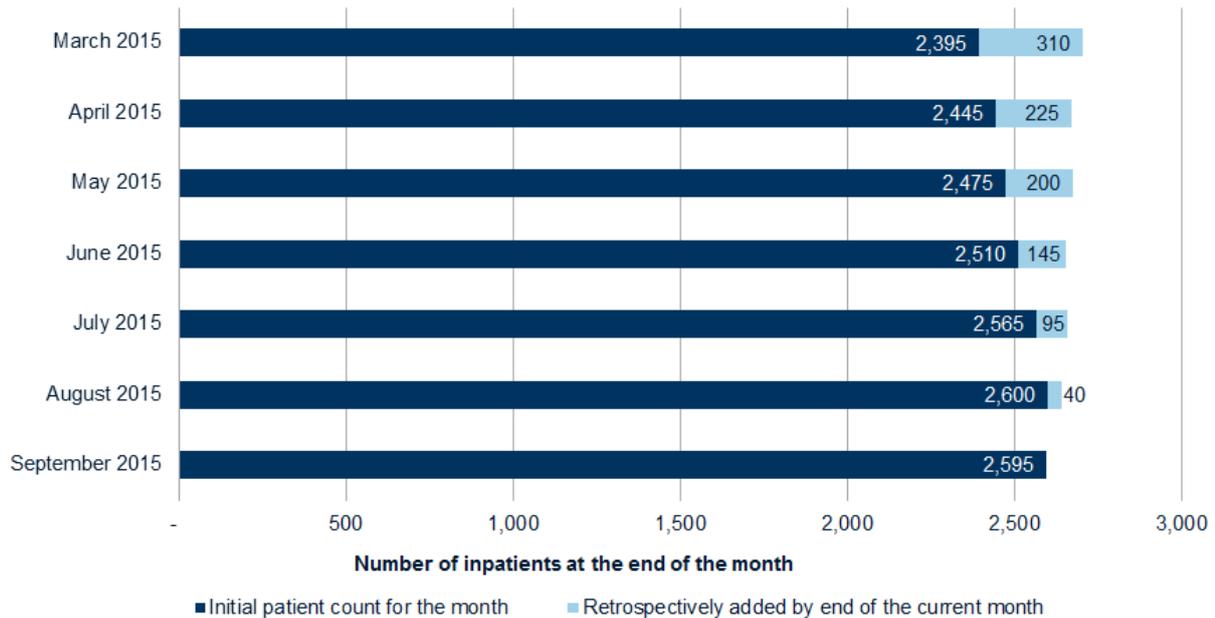
⁶ See the section on 'interpretation of the data' for more information on the meanings of the categories.

⁷ This may include patients who have had one or more previous admission or episodes of inpatient care within the month, and also direct transfers from another hospital

⁸ This may include patients who have had one or more previous discharge in the month and also transfers to another hospital

⁹ This means the patient came into and left hospital within the month. This could happen on multiple occasions and the patient could have been re-admitted into care within the same month and be counted in the end of month figures

Figure 1: Number of patients receiving inpatient care as reported to HSCIC since March 2015 calculated from data submitted by the end of September 2015



Source: HSCIC Assuring Transformation Collection.

Note: Data for previous months has been retrospectively updated to include data from late submissions so may not match previously published figures.

Figure 1 shows the number of inpatients receiving care at the end of each reporting period since March 2015. Previously published figures have been retrospectively updated to provide a more accurate time series. Figure 1 splits the retrospectively calculated counts in two; the 'Initial count returned for the month', then the patients 'Retrospectively added by the end of the current month'. The count of the patients 'retrospectively added by the end of the current month' is subject to alteration as CCGs/Hubs provide upload historic data to the CAP system. The total figure shows a more accurate picture of the number of people in inpatient care at the end of each month than has previously reported. See 'Annex 2 - Data quality' for more information.

Data prior to March 2015 reported to the HSCIC and prior to February 2015 reported to NHS England may be found in previously published monthly and quarterly reports which can be accessed through the following weblink.

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

Table 1 show that there were 2,595 patients receiving inpatient care on 30 September. Figures shown for previous months have been retrospectively updated in order to report on the most recent available data provided by submitters. This improves the accuracy of the reported time series below but means that figures may not match previously published monthly data.

Table 1: Summary statistics as reported at the end of September 2015: Position as at the end of the month and activity within the month

	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug 15	Sep 15
<i>Commissioner information</i> ^{10,11,12}							
Number of commissioners who made a submission	165	167	159	171	186	169	184
Number of commissioners who did not make a submission	47	45	53	43	28	45	30
Number of commissioners who do not have patients in scope of the collection	9	7	7	5	5	5	5
Number of inpatients at the end of the month	2,705	2,670	2,675	2,655	2,660	2,640	2,595
<i>Activity during the month</i>							
In care since previous month	2,575	2,555	2,550	2,530	2,545	2,545	2,540
Number of admissions to inpatient care during the month	125	115	130	125	110	95	50
Number of discharges/transfers from inpatient care during the month	145	150	125	145	110	110	100
Admitted and discharged/transferred during the month	10	15	10	10	20	5	5

Source: HSCIC Assuring Transformation Collection

Note: a patient can have one or more admission or discharge within the month if they experienced multiple short hospital stays. However a patient can only be recorded in the position at the end of the month once.

¹⁰ Not all CCGs/ Hubs made any changes to their data in the reporting period or confirmed a null return. However all current records were assumed to be correct for the purposes of reporting (see 'data quality for April 2015' for more information). Note that organisational changes from 1 April 2015 resulted in a change to the number of CCGs/Hubs. See the section on Organisation code changes for more information.

¹¹ From April the way HSCIC has calculated the number of organisations who made a submission has been revised. Figures for February and March have been updated to reflect this and will not match previously published data prior to this date. Figures are now calculated per CCG/Hub. Previously, CSU's were included which distorted the data slightly. Number of organisations who did not have patients in scope of the collection was previously not separated out; they would have been included in the measure for those who made a submission

¹² Previous problems with the 'submission confirmation function' mean that the number of commissioners who did not make a submission is possibly too high prior to July. This problem was corrected on 30 June.

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 HSCIC's Clinical Audit Platform.

The census is submitted by providers of services in England:

<http://www.hscic.gov.uk/pubs/lcensus14>

Similarities and differences between Assuring Transformation and the Learning Disability Census

The Assuring Transformation and Learning Disability Census collections comprise 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.

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 be included). 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 inpatient 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. All data is at national level providing information on patients with learning disabilities and/or autism spectrum disorder receiving inpatient care commissioned in England.

This data is released monthly. More comprehensive information is published on a quarterly basis. This includes more measures and data split to a lower geographic level where the data allows; regional, area team and Clinical Commissioning Group (CCG)/Commissioning hubs) level.

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.

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.

Accuracy - 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. 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. For example changing hospital admission date and ward type to reflect a patient move but not closing the previous episode of care. The HSCIC have been investigating this and working with submitters to resolve the issue.

For the September snapshot, there were less than 5 NHS numbers which were recorded in the system as being open at the end of the reporting period more than once resulting in less than 5 records where it was not possible to detect which was the correct record¹³.

The CCGs/Hubs/CSUs in question have been notified of this and need to resolve these issues before HSCIC will include the data in the reporting. As such, all affected records have been removed from the analysis.

Accuracy – New validation rules

Following the investigation into duplicates and general housekeeping of the dataset, HSCIC implemented new rules to ensure data is as accurate as possible.

Two scenarios were identified as bad practise.

1. Where two different CCGs/Hubs/CSUs were entering data for the same NHS number.
2. Where a CCG/Hubs/CSU has altered key information such as admission date and ward type but did not close the previous record and create a new record.

New validation rules put in place on 25 May 2015 mean that once a CCG has entered an NHS number into the system under their commissioning, another CCG cannot do the same until the first CCG has closed the episode with a date of actual transfer.

New validation rules put in place on 30 July 2015 stop commissioners from altering key information that should result in a new episode. These are: hospital admission date, provider name and code, hospital postcode, ward security, ward type and submitting CCG.

Reliability

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

1. Has the CCG/Hub 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/Hub 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 Unit¹⁴ (CSU) who has not updated the data. This report will highlight the number for those responsible for the patients (CCGs/Hubs) and not those responsible for submitting the data (CCGs/Hubs and CSUs).

For the September snapshot there were 30 CCGs/Hubs for whom either 1 or 2 mentioned above did not apply¹⁵. These can be viewed in table 9 of the Reference data tables released with this report.

¹³ Counts of duplicates have been rounded as per rules in 'data presentation' section.

¹⁴ CSUs submit data on behalf of one or more CCGs

¹⁵ For April monthly reporting onwards, HSCIC revised the way the number of non-submitters was calculated. See the monthly April report for more information.

The HSCIC needs to know that records are kept up to date for reporting purposes. The decision was made to report on all data in the system (except for duplicates), irrespective of whether it had been updated (or confirmed an update was not needed) in the period.

Therefore, even though a number of organisations had not updated their records during the month, HSCIC has used the data currently held in the system and assumed this was still accurate. This approach may change in future, once data submitters are fully accustomed to the approach.

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/Hubs expected to keep records up to date. A 'snap shot' is taken at the end of every month and reported on within 21 working days. This allows for the timeliest data to be released. A 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 monthly data are available in machine readable CSV format with associated metadata file to give clarity and understanding to the data. All data are at England level. A PDF report accompanies the data. This displays key measures in graphical and tabular form with commentary to give understanding to the measures.

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 set¹⁶ 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.

This data series will grow over time and will become a useful resource for tracking trends in the data. Data quality has improved since February as more organisations make a submission within the month. However as shown in the 'Reliability' section above there are still a number of organisations who are not updating their data within the month.

The nature of the 'live' data collection system means that when commissioners provide information on admissions and discharges for month 1 in month 2 for example then this information would not get reported on as the deadline was missed. Previously reported monthly data did not revise figures used in reports for earlier reporting periods where

¹⁶ A full list of the current question set can be found using the link 'Instruction and guidance notes' available from: <http://www.hscic.gov.uk/assuringtransformation>

additional information was provided outside the specified reporting period for that particular month. From July onwards, totals for each month will be revised (total inpatients at the end of the month, plus admissions and discharges/transfers within the month) in order to improve the accuracy of reported time series to better meet user needs.

The following table and chart demonstrate how the number of inpatients at the end of each month becomes more accurate over time as commissioners provide more accurate information. For example, for March 2015, initially observations showed 2,395 inpatients were being reported on by the end of the month. By retrospectively updating reported activity for that period within the CAP system after this point we are able to report a more accurate figure for that point and as at 30th September 2015 there were inpatients reported with an open episode at the end of March on the system. This highlights that areas for possible improvement in timely reporting on the CAP system can be identified.

Figure 2: Number of inpatients at the end of each month as reported in the system at the end of each month since March 2015

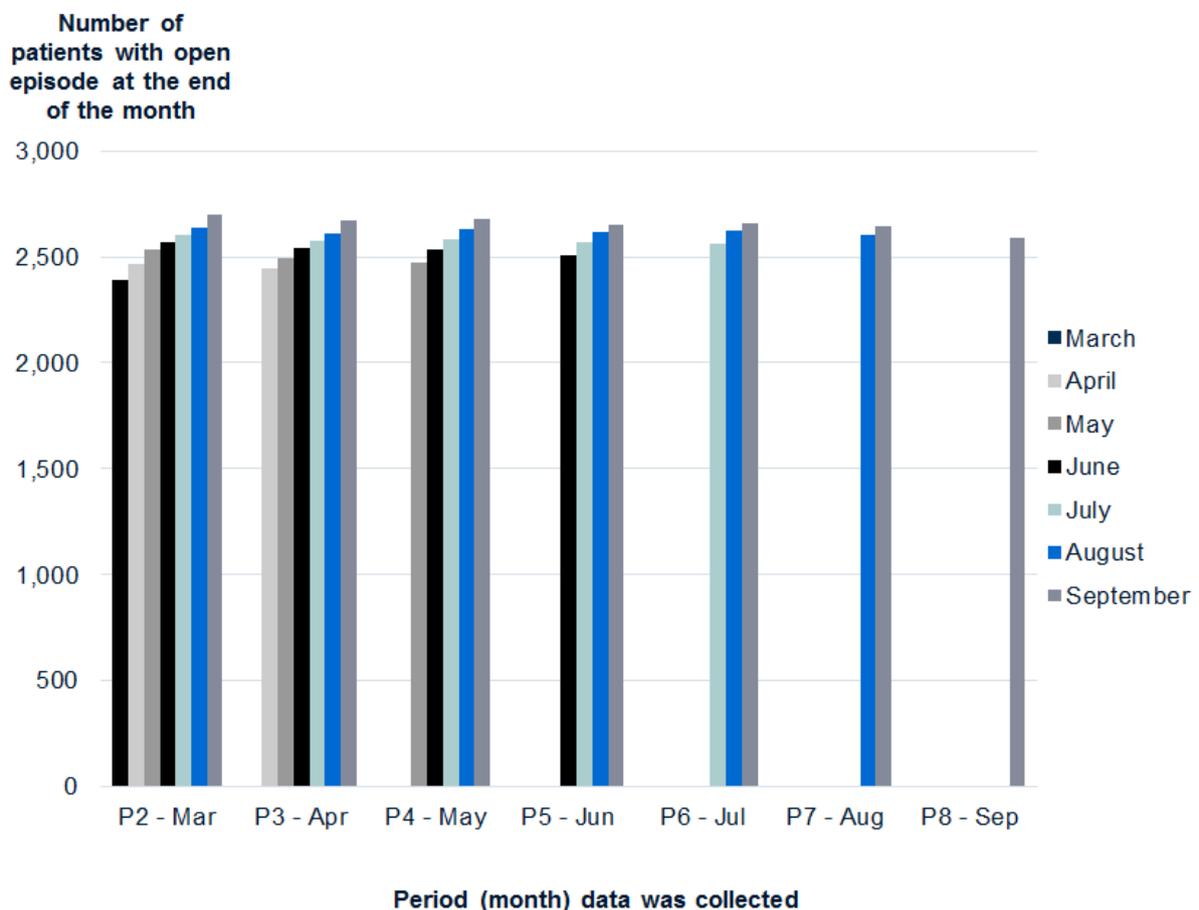


Table 2: Number of inpatients at the end of each month as reported in the system at the end of each month for the past seven months

Month end	Month data was collected						
	March	April	May	June	July	August	September
P2 - March	2,395	2,470	2,530	2,570	2,605	2,640	2,705
P3 - April		2,445	2,495	2,540	2,575	2,615	2,670
P4 - May			2,475	2,535	2,585	2,630	2,675
P5 - June				2,510	2,570	2,615	2,655
P6 - July					2,565	2,625	2,660
P7 - August						2,600	2,640
P8 - September							2,595

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.

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>

Contact us

We would welcome and be happy to receive questions and/or comments relating to this experimental statistical output.

Please use **“Learning Disability Services Monthly Statistics”** in the subject line of any feedback via email. LDstats@hscic.gov.uk

For general queries contact:

Head Office

Health and Social Care Information Centre

1 Trevelyan Square

Boar Lane

Leeds

LS1 6AE

Telephone 0845 300 6016

Email enquiries@hscic.gov.uk

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For further information

www.hscic.gov.uk

0300 303 5678

enquiries@hscic.gov.uk

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