HSCIC Publication Strategy Consultation – Outcome

Introduction

Data, and the information and knowledge that flow from it, underpins the delivery of modern health and social care services. This strategy sets out how HSCIC publications can get this information and knowledge used as widely as possible, using our independence and unique role as custodians of national data across the health and social care sectors.

The HSCIC delivers a large range of publications, covering national and official statistics; data and information standards; and broader outputs drawing on our expertise in technology, systems and data. These have been inherited from predecessor organisations and have grown organically over a number of years to meet all of our customers' differing requirements.

This strategy takes a step back, looking at what, when and why we publish. It sets out how we can meet our statutory responsibilities under the Health and Social Care Act and how we can achieve maximum impact across health and social care and serve the public interest from our publications. It looks at a world in which the HSCIC collects or holds a far greater proportion of centrally held health and social care data than at present; a world in which data linkage offers greater opportunities for analysis across care settings.

What is this consultation?

The HSCIC is consulting stakeholders and the public on the HSCIC Publication Strategy, which looks at what, when and why we publish information. Among the suggestions are an increased focus on customer need, publications that bring together multiple sources of data to provide analysis and insight on a particular theme, and more use of data visualisation. The consultation ran from 10th September to 8th October 2014.

Why are we having this consultation?

Stakeholders and the public are being asked what publications should look like in future, and how we can meet customers' needs around health and social care information.

"Our publications should first and foremost meet user need to benefit health and social care," says Chris Roebuck, Director of Benefits and Utilisation. "We publish a wide range of information and this strategy takes a step back and asks how we can achieve maximum impact from our publications, whilst also meeting our statutory obligations."

Summary of consultation

We received five completed Questionnaires, and also received nine responses from other users, who did not complete the questionnaire. In addition to the Questionnaire, we also ran two events with the Health Statistics User Group during September to engage with users on our Publication Strategy.

Questions (and responses)

The publication strategy makes a series of recommendations for the HSCIC. Please indicate whether you agree or disagree with each recommendation and add any comments you may have. We would also like to know if there any areas you feel are not covered in the strategy that should be.

1. Establish the Publication Advisory Board, to help prioritise our publication output.

Agree ☐   Disagree ☐

Comments:

All responses agreed with the proposal to establish the Publications Advisory Board. A number of responses, whilst agreeing with this Board, indicated that the composition and governance arrangements of the Board required careful consideration to ensure that users, patients, clinicians and partner organisations were properly represented.

All responses agreed that prioritising publication output based on user need was required, however, due to breadth of customer groups, all with differing needs, it was suggested that this may be difficult to prioritise, and established criteria should be established to assist with the process.

Action: These comments will be considered when the composition and terms of reference for the Publications Advisory Board are established.

2. Conduct an organisation-level public consultation to review all HSCIC publications to ensure they better meet customer needs.

Agree ☐   Disagree ☐

Comments:

All responses were in favour of the organisation-level public consultation. This needs to ensure that outputs can be prioritised, but also to identify and address any current gaps in provision. One response stated that running the consultation across themes (e.g. Mental Health, Social Care etc.) might be useful for users.

Action: These comments will be considered when the public consultation is developed.

3. Establish both internal and external peer review processes, to improve statistical commentary and content.

Agree ☐   Disagree ☐

Comments:

All responses agreed with the internal and external peer review process. It was suggested that having different strands of peer review would be more beneficial to help deliver improvements and the composition of these groups should include experts from across partner organisations and the GSS where possible. In order to be efficient, a targeted approach may be required to determine the order in which publications should be peer reviewed. The governance arrangements for the peer review process would also need determining in advance.

Action: These comments will be considered when the peer review processes are established. Terms of reference for these groups would help deliver processes and criteria.

4. Develop long-term strategies for collection and publication of data with partner organisations.

Agree ☐   Disagree ☐

Comments:

All responses agreed with the need for greater collaboration between partner organisations. It was also mentioned that the collection and publication strategies should complement each other. These strategies should be long term, as frequent changes to collections and data can be frustrating.

A key message from the HSUG events was the need for greater collaborations between partner organisations as users of health and social care data expect to be able to easily find and access all data, regardless of which organisation has responsibility for publishing.

This was further encouraged as it could lead to further pan-UK comparisons.

Action: Cross-organisation working to improve access to and use of data and information has been included in the Strategy and further work is planned to develop these links and enhance collaborative working.

5. Develop a standard approach to open data which maximises the utility of the data to its users.

Agree ☐   Disagree ☐

Comments:

Most responses were in agreement with this proposal. One response stated that as the national, authoritative source of health and social care data, plans for meeting 4* and 5* releases for certain datasets where there was sufficient demand should also be considered. We also received responses stating that patient confidentiality should also be maintained, and that we should include further detail as to how this will be achieved.
Action: These have been addressed in the Strategy.

6. Establish a comprehensive set of analytical, modelling, presentation and reporting tools, including visualisation.

Agree ☐   Disagree ☐
Comments:

Most responses were in favour of this proposal, however some users did not have a requirement for some of these tools, but recognised the usefulness to other users. A number of responses stated that these should only be developed once the data quality and availability of data was improved. The use of Open Source tools was encouraged as this approach is cost effective, and further collaboration between partner organisations was also encouraged as this would also be cost effective and would improve the user experience as they would be familiar with the tools (whilst the benefits of this could be seen, it was also noted that this approach may discourage innovation and would therefore require careful consideration). Consideration would also need to be given to providing a query mechanism to allow inexperienced users to query and interrogate disaggregated datasets.
Action: These comments will be considered as part of the work to identify and develop these tools.

7. Ensure training in the use of the above tools is identified in professional groups and made available to all appropriate staff.

Agree ☐   Disagree ☐
Comments:

Training of staff was recognised as important to ensure we can maximise the usefulness of our data. Some responses also suggested the training of users in the use of these tools should also be considered and networks could be created which would deliver cross organisation benefits. It was also stated that whilst training was important, the use of these tools should also be intuitive. Seeking feedback from the users of these tools would be essential for ensuring the tools were meeting users' needs.
Action: Once established, the training of users of these tools will also be considered.

8. Develop a mechanism to document the benefits we aim to achieve and review publications post release to see what benefits (and dis-benefits) have been realised.

Agree ☐   Disagree ☐

Comments:

All responses were in agreement with the need to be able to measure the benefits from our publications. One respondent stated that these should, where possible, be linked to the Publications Advisory Board and Peer Review Process. Whilst responses were in favour of the benefits being used to help prioritise publications, it was noted that this may be difficult to implement as some benefits may be difficult to quantify.

Action: The publication process will be amended to reflect that Benefits will be considered by the Publications Advisory Board as part of their assessment.

9. Ensure the website is mobile device friendly, to improve accessibility.

Agree ☐   Disagree ☐

Comments:

Some responses were in favour of this, whilst others did not have a requirement for this. It was noted that mobile device friendly access may only be appropriate for certain types of output, and priority should be given to these (for example, mobile friendly access would not be appropriate for large datasets).

Action: When developing the mobile device friendly website, consideration and prioritisation will be given to the types of output that such an approach would support and add value.

10. Review the content and structure of the website, to make data more accessible and improve searchability.

Agree ☐   Disagree ☐

Comments:

One of the key messages received as part of the user engagement was that users have difficulty finding and accessing our data. Clearly there is a need to make our data more accessible, however, whilst most respondents were in favour of this, we did receive one response disagreeing with this proposal as they did not believe it would lead to improved searchability.

Another key message was the requirement from users to access all health and social care data (regardless of which organisation has responsibility for publishing) in one place via a cross-organisation portal.

It was also suggested that users should be able to register a 'profile' when accessing the HSCIC website which would tailor the home page to their specific interests, containing links to relevant datasets and alerts specific to them etc.
Action: We will consider all of the above when re-designing the website and will work with our partner organisation to explore a multi-organisation portal for data and information.

11. Implement a social media strategy for producers of publications.

Agree ☐   Disagree ☐

Comments:

All responses were in favour of this proposal.
Action: This proposal will be implemented, following guidance from the Government Statistical Service.

12. Develop the customer feedback tools, to capture more, and better, information from our users.

Agree ☐   Disagree ☐

Comments:

All responses were in favour of this proposal. Engagement with the Health Statistics User Group informed we should look to use innovative methods that allow interactive ways for feedback to be received should be developed.
Action: This will be considered when we develop our feedback tools, making it easier for users to engage with us.

13. Pilot the use of an API to allow access to large aggregate datasets.

Agree ☐   Disagree ☐

Comments:

Whilst most responses were in favour of this proposal, this was not a priority for all respondents. The responses in favour of this stated that it should be strongly linked to the Open Data initiative and would be more powerful than individual data tables.
Action: To implement this proposal.

14. Implement a Data Collection Strategy.
Agree ☐   Disagree ☐
Comments:

All responses were in favour of this proposal as distinct from a separate assessment of individual collections. It was stated that whilst considering which data to collect, this should also be used to identify current collections where there is no longer an identified user requirement. Support was also shown for linking of collection and publication strategies.
Action: This will be implemented, to complement this publication strategy.

15. Resource the impact of taking on collections and publications from elsewhere in the system.
Agree ☐   Disagree ☐
Comments:

Whilst we didn't get any comments disagreeing with this proposal, it was felt that this wasn't necessary as new work would carry additional funding.
Action: Removed from the Strategy document.

16. Amend the Publication Process (that production teams are required to follow when producing publications) to reflect this strategy.
Agree ☐   Disagree ☐
Comments:

All responses agreed with this proposal, but one response commented that for this to be effective, the Strategy must be adopted fully within the HSCIC.
Action: This proposal will be actioned.

17. Allow users to vote from a list of new publications to be produced each year.
Agree ☐   Disagree ☐
Comments:

We received a number of responses in agreement with this proposal, but also a number of responses that disagreed or were unsure that this could be delivered effectively. Those that

disagreed stated that this would be a difficult process to administer fairly and objectively, and those that agreed were also cautious of the dangers of this approach.
Action: This has therefore been removed from the strategy.

18. Ensure the Publication Strategy is followed by all relevant areas (not just Information and Analytics publication teams).

Agree ☐   Disagree ☐

Comments:

All responses agreed with this proposal.
Action: This proposal will be implemented.

19. Publish data relating to patient choice/experience on NHS Choices to complement the existing data.

Agree ☐   Disagree ☐

Comments:

All responses agreed with this, although it was stated that the HSCIC website and NHS Choices should complement each other by avoiding duplication.
Action: This proposal will be implemented.

20. Are there any areas you feel are not covered in the strategy that should be?

Comments:

Most respondents were of the opinion that there were no areas not covered by the strategy. Being specific, one respondent stated that the Publication Strategy should contain further information on long term goals.

21. Do you have any other comments?

Comments:

One respondent stated the Strategy was at a high level and didn't contain enough detail as to how the various proposals would be delivered. It suggested further detailed consultation into the various processes contained within the strategy.

Action: It is the intention that the processes will be determined using the information gathered as part of the engagement to date, and further on-going engagement where necessary/beneficial.

Conclusion

We thank all of our users who responded to our consultation questionnaire or who engaged with us as we produced our Publication Strategy. The views of users have been essential in ensuring that our Strategy will meet users' needs. Further on-going engagement with users will be essential to ensure that our Strategy continues to meet users' needs in the future. Engagement with users is a key part of the Strategy.

All comments we have received have been considered, and where appropriate we have amended our Strategy to reflect these. Other feedback will be useful in determining the detail when we implement our strategy.