Health Survey for England (HSE

Survey Consultation Report

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Information and technology
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Contents

Background

NHS Digital ran a number of consultation exercises with users and stakeholders to gather views on proposed cuts to the Health Survey for England (HSE) between April and June 2016.

The proposed cuts to the HSE followed the government's spending review, which required NHS Digital to make substantial budget savings over a three year period. As HSE is the largest element of the NHS Digital surveys budget, cuts to this survey were necessary to meet the required savings.

Working with the survey contractor (NatCen Social Research), and taking into account feedback from users to the last HSE consultation in 2013, NHS Digital reviewed the survey to identify where savings might be made. In reviewing potential areas for savings NHS Digital aimed to ensure the essential elements of the survey were preserved so that it would remain a valuable source of data, providing a basis for policy making.

NHS Digital identified four broad areas where savings could be made and these were presented to users/stakeholders for feedback through the consultation exercises outlined below.

The four areas identified for potential savings are:

1. Reducing planned spend on website development
2. Reducing the scale of reporting
3. Reducing core interview content funded by NHS Digital
4. Reducing the scale of nurse fieldwork

Although savings are required over three financial years (2016/17, 2017/18 and 2018/19) savings are not necessarily required across all of the four areas identified in every survey year. For example, the HSCIC does not expect to have to make savings to the core interview content or to fieldwork for the HSE surveys in 2016 or 2017.

The HSE Steering Group[1] has also been consulted on the proposals and has an ongoing role in advising on survey content, development and reporting.

The Consultation

NHS Digital gathered feedback on the HSE proposals through three separate exercises:

1. The proposed savings to HSE were included as part of a broader consultation on changes to a number of NHS Digital Statistics (see link).
2. NHS Digital circulated a separate paper outlining the potential cuts to HSE and invited feedback from registered users of the HSE dataset with the UK Data Service.

[1] The HSE Steering Group includes representatives from the Department of Health, Public Health England, NHS England, local government.

This paper was also posted on a number of websites (e.g. the Health Statistics User Group, StatNet and LARIA) (see http://content.digital.nhs.uk/consultations)

3. The proposals were presented at the Health Surveys User Conference in June 2016 – those attending the conference were asked to provide written comment and feedback at the conference.

In total, feedback was received from 142 respondents to the first two more formal consultation exercises. An additional 35 comments were received through the Health Surveys User Conference**.**

NHS Digital thanks all respondents for taking part in the consultation and for their helpful comments.

Response

Respondents to the consultation were from a broad range of organisations. The 142 respondents to the two more formal consultations indicated a good response from central and local government, NHS organisations and academic institutions as well as responses from a number of charities and professional groups – see Table 1.

Table 1: Organisations Responding to the HSE Consultation (excludes Health Surveys User Conference)

Organisation Type	Number*
Local Authority	38
NHS Organisations	18
Academic / research	17
Charity	8
Private Sector	6
Central Government	4
Professional Group	3
Other	5

* Number represents the number of individual organisations responding. More than one response was sometimes received from different individuals in the same organisation and some respondents gave a response for their whole organisation.

The 35 comments received from those attending the Health Surveys User Conference could not be matched to a particular organisation. However, attendees were mainly from the academic sector but also included individuals from charities, central and local government and the private sector.

Consultation Findings: Response to the Proposed Savings

The consultation findings in relation to each of the four proposed areas for HSE savings are reported below. Many respondents made comments to support their responses. It is not possible to report all the comments here but some are included in the text as examples.

Website development

Proposal: NHS Digital plan to develop HSE reporting on the web in 2016/17, but given the required savings to the HSE budget, web development in future years will not be a priority and no further development beyond 2016/17 is planned.

The plan not to invest in further website development was broadly supported by those providing feedback on this proposal.

Reporting

The annual HSE report (volume 1) has previously included around ten topics each year, with a mix of regular and infrequent topics depending on the survey content each year.

Proposal: The report would be shorter and cover fewer topics in detail. This would also mean fewer tables on regular topics such as social care, obesity, alcohol and smoking in some years in future. Population estimates tables and trend tables would be unaffected and commentary about trends would continue. There is a National Statistics requirement to provide full methods and technical details and documentation for the survey as provided in 'Volume 2' and so this would be retained. The underlying dataset would still be made available via the UK Data Service archive.

The HSE Steering Group currently advises on report content each year and this will continue.

Respondents were asked to rate the impact of the proposed changes to reporting (see Table 2). Most thought the impact was either medium (38%) or low (46%) with only 16% rating the impact as high.

Table 2: Perceived impact of the proposal to reduce the scale of reporting?

Impact	High	Medium	Low	Total
Number	22	51	63	136
%	16%	38%	46%	100%

Many of those who rated the impact of the proposed savings to reporting provided accompanying comments.

Of those who rated the impact on their work as either medium or high, the most common concern was that the HSE is the only source of data they have and that the data are not available elsewhere:

> *"Will limit comparison of local data with national data. This is often the only source of data on some of the topics covered"*

> *"The HSE is the only survey that provides objective measures of nicotine intake and exposure…, in the form of salivary cotinine assays. These data …remain our only marker of childhood exposure to smoke (and)... are extremely valuable …"*

> *"Lifestyle topics relating to Smoking, alcohol consumption, BMI and fruit and veg are used regularly in Health Needs Assessments as there is little other data available from other sources."*

The second main concern was around reductions to the Excel tables and the ability to compare data and monitor trends over time:

> *"HSCIC reports are very interesting and useful, but we get the most use out of the published data tables, which we use for tracking trends, local estimates, comparing with local data, and equalities work."*

> *"The impact would depend on what tables were removed. I think the regular topics are important for examining the population trends…"*

There was particular concern expressed about reducing / losing data on specific topics, the top four being Smoking, Obesity and Alcohol followed by Social Care.

Those who thought the impact of the proposed reduction in reporting on their work would be low, highlighted their use of the HSE dataset and the importance of its continued availability through the UK Data Service archive.

Some respondents made suggestions for topics where they would like additional analyses of HSE data. Topics included local authority breakdowns, mental health, sight, obesity, smoking, BME, alcohol and physical activity, but only small numbers (between 2 and 4 respondents) mentioned each one.

Some respondents were supportive of NHS Digital's proposal to produce a less resource intensive report, preferring resources to be focused on the data collection and making the data available:

"Reduction in the scale of reporting would be preferred over loss of core interview content but this should be kept to a minimum"

"…we support limited resources focussing on continuing with data collection rather than putting too much resource into detailed, repeated dissemination"

However, another respondent highlighted the advantages of publishing official figures:

"… it is preferable to have official figures put out, that have been thoroughly checked and for which there is some official responsibility, rather than encouraging duplication of effort (whereby many researchers would compete to perform the same analysis and publish the results) and have the risk of errors arising..."

Core Content and Nurse Fieldwork

Proposal: NHS Digital will reduce the sample size for nurse visits by offering the nurse visit in 80% rather than 100% of households where HSE interviews are achieved. The child nurse visit will be dropped in some survey years. There will be some cuts to the interview content of HSE, the details of which will be determined with advice from the HSE Steering Group.

Respondents had mixed views on the impact of these proposals. While 42% thought the impact on their work would be low, around one in five reported a high impact – see Table 3.

Table 3: Perceived impact of proposals to reduce core content and nurse fieldwork

Impact	High	Medium	Low	Total
Number	24	41	47	112
%	21%	37%	42%	100%

Core Interview Content

The most common concerns respondents expressed about reducing the core content were:

- Data collected through HSE are not, or may not be, available from other sources. This was a particular concern where HSE data were used as national comparators for local data or where there was an absence of local data altogether.
- The impact of potential cuts on trend data/the ability to compare data over time.
- The impact on needs assessments using HSE data (e.g. Joint Strategic Needs Assessments, other health needs assessments).

Other respondents' concerns were around the loss of data on particular topic areas that they considered very important or which would significantly impact on their work. The most

common topic areas mentioned were Alcohol, Smoking, Social Care and Obesity. The comment below highlights concern about losing these data and, more generally, about losing data that might impact on the ability to develop and evaluate policy and to assess inequalities:

> *"HSE is also a vital source for mental health, learning disability and social care data so cuts in those areas will have impacts for the data on which policies can be based and evaluated … HSE is used to track a number of health behaviours including smoking, alcohol consumption, physical activity and diet, as well as child and adult obesity and wellbeing. …. It is important that any cuts to the content of the survey do not affect our ability to assess inequalities (e.g. by income, social class, deprivation). Loss of this data collection or reduction in frequency would have a huge impact."*

Other respondents stated their preference for retaining the scope of the survey and that reducing the frequency with which particular topic areas were covered was preferable to cutting them from the survey altogether.

> *"Where it is not possible to retain all data items at the current level of collection, our preference would be for intermittent collection of all items rather than dropping any completely."*

Some others felt it was difficult to comment on the proposed reductions to the core content of the HSE interview without more detail on the specific questions that might be affected.

Two of the three consultation exercises gave specific detail on question modules that NHS Digital is considering either cutting from the content or reducing in frequency. Respondents were asked whether there were any modules in this list that they thought should be prioritised for retention. The numbers responding in this detail were few but their responses are shown in Table 4. At least on user thought each module should be retained.

Table 4: Users' views on which question modules should be prioritised for retention in the HSE

Question module	Number
GHQ12*	5
Fruit and vegetable consumption	4
Heaviest drinking day	4
IPAQ (short physical activity questions)	3
WEMWBS**	3
EQ-5D***	3
Reducing longstanding illness detail	3
Provision of social care	2
Personal care plans	1

* The 12-item General Health Questionnaire (GHQ-12) is a widely used and validated measure of mental health.

** Warwick-Edinburgh Mental Well-being Scale

*** EQ-5 is a standardised instrument for use as a measure of health outcome, applicable to a wide range of health conditions and treatments.

GHQ12 was the most popular, followed by Fruit and vegetable consumption and heaviest drinking day. Personal care plans and provision of social care were the lowest priories amongst users.

When asked whether there were any question modules that could be dropped from HSE only two responses were received, suggesting WEMWBS and EQ5D.

Nurse Fieldwork

The primary concern amongst respondents to the proposal to reduce the nurse visit sample was that it would potentially reduce the ability to detect significant changes or differences from the data, particularly when analysing smaller subsets:

> *"Reductions in sample size reduce the statistical power and representativeness of the data and, therefore, limit utility - particularly so when analysing subsets of the data"*

> *"The HSE dataset already contains small sample sizes for some subgroups. This reduction will further exacerbate this problem and increase uncertainty in the results."*

> *"The HSE is considered the gold standard of health surveys and there is a fear that the reduced sample size may lead to non-significant findings – particularly with spotlight questions where there may be a smaller sample size."*

Some respondents were particularly concerned about dropping the child nurse visits in some years, pointing out that the child sample was already small. The regular collection of cotinine from the saliva samples in the child nurse visits was also particularly important to some:

> *"Over the years, the collection of saliva cotinine samples has proved invaluable in documenting changes in behaviour with regard to smoking in the home and the decline in children's exposure to tobacco smoke. Given the importance of reducing smoking to public health and the unique nature of the cotinine saliva testing programme we believe that the testing should continue on an annual basis."*

NHS Digital Response

The HSCIC thanks everyone who replied to the consultation. We are committed to ensuring that future HSE surveys meet the needs of users and your feedback is essential in helping us to do this.

The following sections outline what NHS Digital plan to do following consideration of the consultation findings:

Website development

Given the required savings to the HSE budget, web development in future years will not be a priority and no further development beyond 2016/17 is planned.

Reporting

In deciding the content of future reports and tables we will consider the topic priorities identified by respondents and the suggestions for additional analyses. Where content is not externally funded, we plan to protect the data reported in the trends tables so that the ability to monitor change in the nation's health over time is maintained[2]. However, it is possible that the frequency of reporting for a small number of question modules may have to be reduced.

We will continue to consult the HSE Steering Group each year to try and ensure we are able to meet most users' needs for reporting.

In addition to what is covered in the main HSE report and tables, the HSE dataset is made available to users in the UK Data Service (UKDS) archive. This provides access to additional survey data and is available free of charge. We will provide more advice about how to use the UKDS online tabulation facility and the survey datasets.

Unfortunately, estimates below regional level, e.g. for local authorities, cannot be produced as the HSE sample size is not large enough. The 2011 Area Classification for Local Authorities at the Super Group and Group level has been added to the 2014 dataset and will be added to future datasets. This is to enable users to:

- explore similarities and differences between people from the different types of area; and
- allow users from individual local authorities to self-identify with an area type and look at the 'average' situation for people in areas of their type.

The Index of Multiple Deprivation is also available at a grouped level.

Local areas are able to commission sample boosts for the HSE to fund additional interviews in their area. This would provide local level data (e.g. at local authority level) but is obviously dependent on the identification of local funding.

[2] The content in the trends tables that is not externally funded includes blood pressure, height, weight, BMI, smoking, alcohol, fruit and vegetable consumption, general health, diabetes and WEMWBS. For children, it includes height, weight, obesity, BMI, smoking, alcohol, fruit and vegetable consumption, general health, long standing illness and acute sickness.

Core Interview Content

Unfortunately, we expect to have to make some cuts to the core HSE interview content in 2018 and subsequent years. However, in deciding the content of future surveys we will consider the priorities that users have highlighted.

We will publish more information on the data being collected in each survey year on our website and clearly highlight if this is different to recent years so users are aware of what is being covered .

The Health Survey for England has a large group of regular topics which are reported in the trend tables and mainly collected annually or every two years[3]. Most of this content is funded by NHS Digital and we plan to maintain its collection. However, it is possible that the frequency with which a small number of regular topics are collected may have to be reduced.

We will continue to consult each year with the HSE Steering Group to try and ensure we are able to meet most users' needs for interview content.

Nurse Visits

We will not drop the child nurse visit and so will continue to collect and provide saliva cotinine and other data from these visits.

Unfortunately, due to the size of the funding reductions required and the fact that fieldwork is a large part of the overall HSE budget, NHS Digital will need to reduce the number of nurse visits to households as described. The reduced sample will have a small impact on the precision of the estimates, making the confidence intervals slightly wider. For some analyses e.g. of small groups within the population, merging data from two survey years to create a larger sample can be done.

[3] The regular topics include blood pressure, height, weight, BMI, smoking, alcohol, fruit and vegetable consumption, general health, diabetes and WEMWBS. For children, regular topics include height, weight, obesity, BMI, smoking, alcohol, fruit and vegetable consumption, general health, long standing illness and acute sickness.