Department of Health

NHS

Statement of Administrative Sources

Statistical policy statement

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Statement of Administrative Sources

Statistical policy statement

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Executive summary

Background

Official statistics produced in England by the Department of Health and NHS England are drawn from a very wide range of different data sources. Some are derived from purely statistical surveys. Others are derived from administrative, management or clinical systems in use in the NHS or other relevant service providers.

Using administrative or management data in an appropriate way allows us to produce more timely statistics and to provide figures with greater breadth and coverage. It also helps to reduce the burden on data suppliers by removing the need to compile data for purely statistical purposes. NHS England and The Department of Health aim to make effective use of administrative and management sources of data for statistical purposes.

The National Statistician's Guidance on the Use of Administrative or Management Information requires that all producers of official statistics should publish a 'Statement of Administrative Sources'[1]. This helps to provide assurance that appropriate design, management and development processes are in place for these systems to ensure the professional integrity of any statistics derived from them.

This document is the Statement of Administrative Sources for NHS England and the Department of Health. It does not currently extend to cover other arms-length bodies, and in particular it does not cover the Health and Social Care Information Centre, who have their own such statement. This document is set out in three broad sections:

- **Chapter 1** explains the context within which these central national bodies use data from administrative or management systems. In particular, it explains our approach to data from other parts of the health and social care system.
- **Chapter 2** lists the administrative sources covered by this statement. This list now covers all National Statistics produced by the Department of Health or NHS England. There is scope to extend the list to cover all administrative sources supporting existing official statistics products.
- **Chapter 3** consists of a set of templates covering the sources listed in chapter 2. These provide information about the chain of production for each data source, starting with the collection process and extending (where appropriate) to delivery of the final statistical product or products. Some of these templates are due for review, to reflect changes arising from the Health and Social Care Act 2012. This is clearly identified at the top of each template.

Chapter 1

Rules and conditions that apply across NHS England and The Department of Health

Health and social care act 2012

The Health and Social Care Act 2012 introduced changes to organisational structures in some national level bodies. As a result, the majority of Official and National Statistics formerly produced by the Department of Health are now produced by other bodies, principally NHS England and Public Health England. This statement relates specifically to products produced by NHS England, plus those that remain in the Department of Health. It does not currently extend to cover sources for other bodies in the health sector.

NHS administrative sources

The bulk of statistics produced by these two organisations are derived from administrative or management systems within NHS organisations or other service providers in the health and social care system. The NHS uses a wide and varied range of administrative data, ranging from those that are locally defined and could only be of relevance locally, through to sources that are subject to centralised definitions or the operation of central systems.

Some administrative data are clearly of use for Official Statistics purposes. The most localised data, for example relating to locally defined staffing rotas in individual NHS wards, would not be considered an administrative source with potential for use in Official Statistics. There is therefore a spectrum of data types and need to define a boundary point or threshold where the degree of central direction setting or central operation makes a system a bona fide administrative source. We continually review and re-assess how best to define this boundary as individual statistical series are developed or refined.

Data transmitted via third party organisations

In some cases, data are transmitted via other third party organisations and these third parties have responsibility for part of the design, management or development of the data before they reach us. In completing the templates in chapter 3, we apply the principle that the lead statistician for each statistical product is responsible for the overall process of design, management and development of statistical products, but this responsibility does not extend to re-checking the work of partner organisations. Rather, we seek assurance from them, via appropriate guarantees or assurances. We record those in table 2a of the template, and rely on third party bodies to complete section 2b.

Confidentiality

NHS England and The Department of Health take seriously the need to protect personal or confidential information within administrative or management data systems. Detailed arrangements for protecting confidentiality in statistics are set out separately in our join confidentiality and disclosure statement. Not all administrative or management information contains confidential or personal information. The templates in chapter 3 require lead statisticians to consider whether confidentiality is an issue for their data, and to provide the relevant assurances.

Expanding the scope of official statistics

Statisticians in NHS England and The Department will continue to explore the scope for developing official statistics from these and other sources, but in doing so we will give proper consideration to the suitability of those systems. This will include completion of the templates as detailed in chapter 3 of this document.

Chapter 2

List of administrative sources captured so far by this process

Administrative sources currently used to produce official statistics:

Administrative system	Responsible organisation	Statistical product
National Patient Survey Programme	Care Quality Commission	Patient Experience Overall Measure
NHS administrative systems	NHS providers	Referral to Treatment Waiting Times – monthly data and annual report
		Elective Admission Events and Outpatient Referrals and Attendances
		Cancelled Elective Operations Statistics
		Imaging and Radiodiagnostics Statistics
		Diagnostic Waiting Times and Activity
		Ambulance Quality Indicators
		NHS 111 Minimum Data Set
Cancer waiting times database	Health and Social Care Information Centre	Waiting Times for Suspected and Diagnosed Cancer Patients – quarterly data and annual report
Abortion Statistics Database	Department of Health	Abortion Statistics: England and Wales

Chapter 3

Templates

National Patient Survey Programme

The National Statistics drawn from this source were formally transferred from the Department of Health to NHS England in summer 2013. This template is therefore subject to review.

Table 1: Processes supporting administrative source

Name of administrative system
National Patient Survey Programme
Organisation(s) responsible for system
Care Quality Commission (CQC)
Name of DH/ NHS England statistical contact
Helen Mercer (Central Analytical Services Team, Patients & Information)
Brief description of the system
The National Patient survey Programme (NPSP) is overseen by the Care Quality Commission. The NPSP is a structured programme of surveys, with different health service settings surveyed in different years (for example ‘adult inpatients’, ‘emergency services’). The surveys are carried out by individual Trusts conducting their own surveys locally, following structure and guidance defined by CQC and the survey co-ordination centre (currently Picker). Each Trust bases their survey around a sample of 850 patients and a core survey questionnaire, although there is some flexibility to add additional questions from a ‘question bank’. In principle, Trusts are able to use their own survey results as soon as they are compiled to identify any concerns amongst their own patients and to take action to address them. The data therefore form an administrative source within the individual NHS organisations. In addition, the individual (respondent) level results are collated centrally by the survey co-ordination centre and CQC to produce a national dataset. This dataset is used by CQC to produce official statistics relating to overall national scores on the set of survey questions in the core questionnaire.

With effect from 1st April 2013, NHS England use the data to produce National Statistics summarising overall measures of patient experience.

Statistical collection or collections

Each NHS Trust is responsible for co-ordinating its own survey, although most will use an ‘approved contractor’ to carry out the survey on their behalf. The surveys are supported by detailed guidance from the survey co-ordination centre, an example of which is provided here:

http://www.nhssurveys.org/survey/756

The data are provided directly from respondents, in their responses to survey questionnaires. Completed surveys are sent to the Trust, or to the Trust’s chosen contractor.

Application of administrative data before publication

It is important that services are responsive to the needs of service users, but the NHS is a large and diverse system that serves many different types of patients. It would not be possible to respond to the needs of all users by analysing data at the centre, or designing a ‘one size fits all’ system.

The intention is that individual NHS organisations should use their own local surveys to identify issues of relevance to their own group of patients, take action to address those issues and, where appropriate, to re-survey the relevant areas to assess progress. The administrative purpose is therefore to drive targeted improvement in responsiveness to patients.

Access and Dissemination

Arrangements for access and dissemination are complex, but are fully compliant with the constraints outlined in the Code of Practice for Official Statistics. The official statistics produced by CQC, and the National Statistics produced by NHS England are national level results only. Results at a lower aggregate level (individual NHS organisation) are widely used for administrative and management purposes before publication of the national results.

Key points are:

- Surveys are carried out by individual Trusts, so they have their own results some time before publication of the statistical products. From their own results they cannot conclude anything about the overall national picture.
- Results are collected by the survey co-ordination centre (currently Picker) and the full dataset is shared with analysts at the CQC as part of the production process.
- CQC share certain summaries of the results with individual Trusts. These summaries apply to the individual Trust results only. They are, in effect, a validated and ‘clean’ version of the results that the Trust submitted.

- Results are then converted into official statistics by calculating National summaries of the data and adding a commentary.
- National level results for individual survey questions are compiled by CQC and handled as official statistics. They are shared with named statisticians in the Department to enable them to contribute to the production process. They are also shared for quality assurance purposes with the same named analysts.
- Where the CQC publication includes specific comments about Departmental or NHS England policy, those comments are checked with the relevant policy lead for quality assurance purposes. This does not usually required sharing of figures, but this may occur if necessary to understand the context of the statement.
- National Statistics produced by NHS England are not shared outside the production team until 24 hours before publication.
- National Statistics in their final form are shared 24 hours before publication with policy leads, Ministers, NHS England and DH press offices for briefing purposes.

Non-statistical publications

None (results for individual Trusts are available to those Trusts, but there is no sharing of results at any higher levels of aggregation)

Statistical publications

Official Statistics:

CQC publication of National summary of results for each survey

National Statistics:

NHS England publication of Patient Experience Overall Measure

Synergies

The National Statistics covered by this template relate to a set of 5 ‘domain’ scores published by NHS England to summarise overall patient experience. These are drawn from the same source as CQC’s ‘national summary of results’ which provides percentage scores for each individual survey question.

Table 2a: End-stage processing to produce an official statistic

Statistical product information:

Underlying administrative source (use same title as in section 1)

National Patient Survey Programme.

Title of statistical product

Patient Experience Overall Measure

Name of organisations responsible for this product

NHS England

Name/ email address of contact for this product

Helen Mercer (Central Analytical Services Team, Patients & Information)

Systems for quality assurance, including any 'end-stage' validation

The process of converting raw data into the required National Statistics is governed by a 'recipe book' that sets out the detailed production steps. The process is carried out by the Care Quality Commission. Quality is assured in a number of ways:

- CQC are required to confirm formally that figures have been compiled according to the 'recipe book'. They provide direct written assurance for the figures.
- Results are examined and checked by NHS England statisticians, checking for internal consistency and also pursuing any anomalies by checking with CQC analysts.

Frequency and timing of release

The overall patient experience measure covers four service areas: adult inpatients, outpatients, emergency services, community mental health. (The underlying data source no longer covers primary care as this is covered by a more comprehensive survey of GP patient services).

The patient survey programme operates on a rolling programme and not all areas are surveyed each year. Typically, however, the programme will include one or two surveys relevant to this list within any given year.

The default arrangement is for NHS England to publish its National Statistics relating to the overall measure on the same day that CQC releases its national summary of results (giving percentage scores for individual survey questions). It is for CQC to decide which of its products count as Official Statistics, but typically their national summary of results would count as OS.

Frequency of the NHS England product is therefore approximately twice a year.
Potential impact of changes to the administrative source, and procedures for mitigating these risks
Statisticians in NHS England and the patient experience policy team, have an established working relationship with CQC. We work collaboratively to ensure that the figures produced meet the needs of users and to ensure that we have a shared understanding of priorities. Central to this is the need to ensure consistency in the overall measure from year to year, in order to ensure that change over time can be accurately represented. There is potential for this measure to fail if the survey questions used to produce the overall score change over time. CQC and we endeavour not to change these survey questions.

Table 2b: Additional metadata about the core administrative source

Metadata about the production process
Underlying administrative source (use same title as in section 1)
National Patient Survey Programme
Unit of enquiry (eg claimants, taxpayers, patients….)
Individual patients
Intended and actual coverage
Different surveys cover different groups of NHS organisations. For example, the adult inpatient survey relates to services in NHS acute Trusts. For each survey, the intention is to cover all such organisations via a sample of 850 patients. In virtually all cases, valid data are received from all organisations. The achieved sample of patients is typically in the range 400-600.
Lowest level of geographical coverage
Individual provider organisation. There have been some attempts to map data to clinical commissioning group.

Extent to which producers of official statistics can influence the system

We influence the system via an established working relationship with CQC and direct opportunities to comment on draft questionnaires.

Data definitions and classification systems

There are detailed definitions for each type of survey within the survey programme. In most cases this is straightforward (for example, the outpatient survey captures data from patients who attended outpatients). There are some definitional constraints eg:

- Deceased patients are excluded
- The adult inpatient survey collects data from patients aged 16 or over.
- It does not include maternity or mental health patients.
- It does not include day cases or private patients
- It does not include current inpatients, or patients with a non-UK address

Collection process for underlying data source (where not covered above)

Validation processes are a matter for CQC and the survey co-ordination centre.

Nature of any risk of impact on statistics arising from changes to the administrative source

None, see above in part 2a.

NHS Administrative Systems

The National Statistics drawn from this source were formally transferred from the Department of Health to NHS England in April 2013. This template has been updated to reflect this change.

Table 1: Processes supporting administrative source

Name of administrative system
NHS Administrative Systems
Organisations responsible for system
NHS providers (NHS Trusts, Foundation Trusts, Mental Health Trusts, Community Trusts etc.) and commissioners (Clinical Commissioning Groups (CCGs))
Name of DH statistical contact
Mark Svenson
Brief description of the system
NHS providers use Patient Administration Systems and other local systems to record live information about patients and treatments to enable effective delivery of care and for payment purposes. Data are held in local databases from which aggregate (non-patient identifiable) extracts can be taken to populate central returns.
Statistical collection or collections
NHS England sets national performance standards and requires the NHS to report local performance against many of these measures by submitting aggregate returns to NHS England via the online 'Unify2' system. Definitions and categorisations for these returns are overseen by an Information Standards Board. Returns include: 1. Referral to Treatment Monthly Collections (adjusted and unadjusted returns). 2. Elective Admission Events and Outpatient Referrals and Attendances 3. Cancelled Elective Operations Statistics 4. Imaging and Radiodiagnostics Statistics 5. Diagnostic Waiting Times and Activity 6. Ambulance Quality Indicators 7. NHS 111 Minimum Data Set

Application of administrative data before publication

NHS administrative systems are used to record live information about patients and treatments to enable effective delivery of care. Some of the data are collated into central returns, submitted via the Unify2 system. These central data are not used for administrative or management purposes before publication, except where indicated in the next section.

Access and Dissemination

All aggregate collections via Unify2 are managed in accordance with the Code of Practice for Official Statistics. The official statistics produced monthly by NHS England are at a national, provider and commissioner level.

During the data collection process (i.e. prior to publication), providers' and commissioners' access is restricted in Unify2 so that users can only see data relating to performance/activity within their own remit. Providers can only see data that they have submitted and commissioners can only see data for performance/activity in relation to their own commissioned services. Similarly, Area Teams (ATs) can only access pre-publication data relating to performance/activity within their own geographical remit.

NHS England publishes data each month. After publication, the status of the data in Unify2 gets updated to enable all users to access the published data.

Non-statistical publications

These data are not published in any form before the release of the relevant Official Statistics products.

Statistical publications

National statistics:

1. Referral to Treatment Waiting Times: monthly data and annual report
2. Elective Admission Events and Outpatient Referrals and Attendances: quarterly data
3. Cancelled Operations: quarterly data
4. Imaging and radiodiagnostics: annual report
5. Diagnostic Waiting Times and Activity: monthly report
6. Ambulance Quality Indicators: monthly report
7. NHS 111 Minimum Data Set: monthly report

Synergies

None.

Table 2a: End-stage processing to produce an official statistic

Statistical product information:
Underlying administrative source (use same title as in section 1)
NHS Administrative Systems
Title of statistical product
Referral to Treatment Statistics
Name of organisations responsible for this product
NHS England
Name/ email address of contact for this product
Debbie Moon / RTTdata@dh.gsi.gov.uk
Systems for quality assurance, including any 'end-stage' validation
Providers submit aggregated data monthly (broken down by NHS Commissioner) via Unify2, then commissioners check and sign off their data. At various stages of the monthly data collection cycle, provider-level data are subject to central validation checks to ensure that they are robust. Where validation checks flag up questionable data, NHS England contacts providers and ask them to check their data and re-submit if necessary.
Frequency and timing of release
Data are published monthly, and a statistical report is published annually.
Potential impact of changes to the administrative source, and procedures for mitigating these risks
NHS England has driven the necessary changes to local systems (there have been 15 mandatory Data Set Change Notices (DSCNs) to support this process) to enable monitoring of RTT performance via the NHS Information Standards Board for Health and Social Care (ISB – see http://www.isb.nhs.uk/). There is no potential for unilateral changes outside of NHS England's control.

Table 2a: End-stage processing to produce an official statistic

Statistical product information:
Underlying administrative source (use same title as in section 1)
NHS Administrative Systems
Title of statistical product
NHS inpatient elective admission events and outpatient referrals and attendances
Name of organisations responsible for this product
NHS England
Name/ email address of contact for this product
Sian Hughes / Unify2@dh.gsi.gov.uk
Systems for quality assurance, including any ‘end-stage’ validation
Providers submit aggregated data quarterly (broken down by NHS Commissioner) via Unify2, then commissioners check and sign off their data. At various stages of the quarterly data collection cycle, provider-level data are subject to central validation checks to ensure that they are robust. Where validation checks flag up questionable data, NHS England contacts providers and asks them to check their data and re-submit if necessary.
Frequency and timing of release
Data are published quarterly on the last Friday of the second month after the quarter end.
Potential impact of changes to the administrative source, and procedures for mitigating these risks
NHS England has driven the necessary changes to local systems (there have been mandatory Data Set Change Notices (DSCNs) to support this process) to enable monitoring of performance via the NHS Information Standards Board for Health and Social Care (ISB – see http://www.isb.nhs.uk/). There is no potential for unilateral changes outside of NHS England’s control.

Table 2a: End-stage processing to produce an official statistic

Statistical product information:
Underlying administrative source (use same title as in section 1)
NHS Administrative Systems
Title of statistical product
Cancelled Elective Operations Statistics
Name of organisations responsible for this product
NHS England
Name/ email address of contact for this product
Michelle Tenwick / Unify2@dh.gsi.gov.uk
Systems for quality assurance, including any 'end-stage' validation
Providers submit aggregated data quarterly via Unify2. At various stages of the quarterly data collection cycle, provider data are subject to central validation checks to ensure that they are robust and consistent with previously published data. Where validation checks flag up questionable data, NHS England contact providers and ask them to check their data and re-submit if necessary.
Frequency and timing of release
Data are published quarterly approximately six weeks after the end of the reporting quarter e.g. 2013-14 Quarter 2 (July to September 2013) data were published on 8th November 2013.
Potential impact of changes to the administrative source, and procedures for mitigating these risks
NHS England has driven the necessary changes to local systems to support this process (the most recent being mandatory Data Set Change Notice 12/2008) to enable monitoring of cancelled elective operations via the NHS Information Standards Board for Health and Social Care (ISB – see http://www.isb.nhs.uk/). There is no potential for unilateral changes outside of NHS England's control.

Table 2a: End-stage processing to produce an official statistic

Statistical product information:
Underlying administrative source (use same title as in section 1)
NHS Administrative Systems
Title of statistical product
Imaging and Radiodiagnostics Statistics
Name of organisations responsible for this product
NHS England
Name/ email address of contact for this product
Paul Steele / Unify2@dh.gsi.gov.uk
Systems for quality assurance, including any ‘end-stage’ validation
Providers submit aggregated data annually via Unify2. At various stages of the annual data collection cycle, provider data are subject to central validation checks to ensure that they are robust and consistent with previously published data. Where validation checks flag up questionable data, NHS England contact providers and ask them to check their data and re-submit if necessary.
Frequency and timing of release
Data are published annually approximately 4 months after year end e.g. 2012-13 data was published 7th August 2013.
Potential impact of changes to the administrative source, and procedures for mitigating these risks
There is no potential for unilateral changes outside of NHS England’s control.

Table 2a: End-stage processing to produce an official statistic

Statistical product information:
Underlying administrative source (use same title as in section 1)
NHS Administrative Systems
Title of statistical product
Diagnostic Waiting Times and Activity
Name of organisations responsible for this product
NHS England
Name/ email address of contact for this product
Paul Steele / Unify2@dh.gsi.gov.uk
Systems for quality assurance, including any ‘end-stage’ validation
Providers submit aggregated data monthly (broken down by NHS Commissioner) via Unify2, then commissioners check and sign off their data. At various stages of the monthly data collection cycle, provider-level data are subject to central validation checks to ensure that they are robust. Where validation checks flag up questionable data, NHS England contacts providers and ask them to check their data and re-submit if necessary.
Frequency and timing of release
Data are published monthly, alongside a monthly report.
Potential impact of changes to the administrative source, and procedures for mitigating these risks
NHS England has driven the necessary changes to local systems (there have been mandatory Data Set Change Notices (DSCNs) to support this process) to enable monitoring of RTT performance via the NHS Information Standards Board for Health and Social Care (ISB – see http://www.isb.nhs.uk/). There is no potential for unilateral changes outside of NHS England’s control.

Table 2b: Additional metadata about the core administrative source

Metadata about the production process
Underlying administrative source (use same title as in section 1)
NHS Administrative Systems
Unit of enquiry (eg claimants, taxpayers, patients….)
Patients
Intended and actual coverage
The core admin source in each NHS organisation covers all patients seen within that organisation.
Lowest level of geographical coverage
NHS provider or commissioner. More disaggregated data are held locally.
Extent to which NHS England producers of official statistics can influence the system
We influence the system by setting national policy and requiring NHS organisations to report accordingly. Data standards and definitions are agreed in consultation with the NHS via the ISB process (see table 2a).
Data definitions and classification systems
Data definitions are made available in the NHS Data Dictionary (see www.datadictionary.nhs.uk)
Collection process for underlying data source (where not covered above)
Nature of any risk of impact on statistics arising from changes to the administrative source
None, see table 2a.

Table 2a: End-stage processing to produce an official statistic

Statistical product information:
Underlying administrative source (use same title as in section 1)
NHS Administrative Systems
Title of statistical product
Ambulance Quality Indicators
Name of organisations responsible for this product
NHS England
Name/ email address of contact for this product
Ian Kay / i.kay@nhs.net
Systems for quality assurance, including any ‘end-stage’ validation
Ambulance Trusts submit aggregated data monthly via Unify2, then commissioners check and sign off their data. NHS England uses validation spreadsheets to assess the quality of the data, and contacts providers to correct or confirm questionable data before publication.
Frequency and timing of release
Monthly, about five weeks after the end of the month in question.
Potential impact of changes to the administrative source, and procedures for mitigating these risks
The National Ambulance Information Group and NHS England have agreed and published the specification of what data Ambulance Trusts will supply, and they will agree any future changes.

Table 2a: End-stage processing to produce an official statistic

Statistical product information:
Underlying administrative source (use same title as in section 1)
NHS Administrative Systems
Title of statistical product
NHS 111 Minimum Data Set
Name of organisations responsible for this product

NHS England
Name/ email address of contact for this product
Ian Kay / i.kay@nhs.net
Systems for quality assurance, including any ‘end-stage’ validation
NHS 111 providers submit aggregated data monthly via Unify2, then commissioners check and sign off their data. NHS England uses validation spreadsheets to assess the quality of the data, and contacts providers to correct or confirm questionable data before publication.
Frequency and timing of release
Monthly, about five weeks after the end of the month in question.
Potential impact of changes to the administrative source, and procedures for mitigating these risks
NHS England has agreed with NHS 111 providers, and published, the specification of what data the providers will supply. They will agree any future changes.

Cancer Waiting Times Database

The National Statistics drawn from this source were formally transferred from the Department of Health to NHS England in summer 2013. This template has been updated to reflect this change.

Table 1: Processes supporting administrative source

Name of administrative system
Cancer Waiting Times Database (CWT-Db)
Organisation responsible for system
The CWT-Db is an online system hosted within the Exeter secure environment by the Health & Social Care Information Centre and administered under a Service Level Agreement between HSCIC and NHS England.
Name of DH statistical contact
Paul McDonnell
Brief description of the system
The CWT-Db is designed to collect, transmit, aggregate and store patient records based upon the format mandated in the National Cancer Dataset; Waiting Times subset (ISB 0147). This dataset is officially classified as a "clinical dataset" by the Information standards Board for Health and Social Care (ISB). It is collected locally for patient management and monitoring purposes on provider systems (alongside other clinical and administrative information), and subsequently transmitted to the CWT-Db. The CWT-Db uses these data to construct complete records covering whole patient pathways for inclusion in anonymised reports and downloads with records at patient-level (where relevant organisational permissions are in place). This is the mechanism by which the statistics and raw data on waiting times are aggregated, anonymised and reported to providers, CCGs, Area Teams, cancer networks, cancer registries and NHS England. A highly aggregated, non-disclosive, extract of this database is subsequently published as National Statistics on NHS England's website.

Statistical collection or collections

The aggregated National Statistics are derived from patient records held on the Cancer Waiting Times Database (CWT-Db) in the format specified by the National Cancer Dataset: Waiting Times subset. The statistics published by NHS England are derived from a version-controlled extract from this database taken 25 working days after the end of each quarter.

Application of administrative data before publication

The patient-level waiting time and activity records are collected to enable local, regional and national service planning, management, monitoring and performance- management. One element of the management of these services is compliance with the waiting times standards for cancer services introduced by the NHS Cancer Plan (2000) and the Cancer Reform Strategy (2007). All of these standards are incorporated into Everyone Counts.

In addition to supporting the local NHS in the management of cancer services, the maximum two-week wait (for first outpatient appointment for patients referred urgently with suspected cancer by a GP) is a right for patients, incorporated into the NHS Constitution and relating legal directions for the NHS. This dataset is therefore essential in supporting the NHS in managing requests for redress (in the form of being offered an alternative provider) from the patients where the two-week wait has not been met.

Access and Dissemination

The administrative dataset derived from the *National Cancer Dataset: Waiting Times* Subset is fully available within the NHS to any registered user within the limits set down in the Role Based Access Control (RBAC) system implemented by HSCIC. CWT-Db user access levels are:

The RBAC Levels within the current system are:

1. Acute Providers, who can:
    - upload data in line with the mandate in ISB 0147;
    - create and edit identifiable patient records online;
    - access the online data quality tools;
    - access generated reports for their organisation;
    - download patient identifiable data for those individuals they have seen or treated; and
    - see the full dataset audit trail for all patients' records they have created or edited. This download to be available at any time and not restricted by the cut off cycle of the CWT-Db.
2. Clinical Commissioning Groups, who can:
    - access to generated reports for their organisation on a commissioner basis;
    - access the full provider generated report for any "Acute Provider" they have commissioned patient care from; and
    - download function to enable them to download patient level data, which has had the NHS number removed and replaced with a unique nine-digit identifier, patients within the download must be identified as being registered within the CCG by PDS/SDS. Downloads of data are only to be made available after the monthly or quarterly closedown for the period in question

3. Area Teams, who can:
    - generate reports for all Acute Providers within the Area Team's boundary (as defined in the ODS), this is to include Private Care Providers (such as treatment centres) and Private Screening Services. If these organisation mappings are not supported by the ODS code tables, private organisations are to be allocated to Area Teams using the NHS Postcode File;
    - generate reports for all CCGs within the Area Team's boundary, organisational mappings to be derived from ODS code lists;
    - generate (aggregate total) provider and commissioner reports for all Strategic Clinical Networks that include an organisation within the Area Team's boundary. This is to be derived from the ODS code for each network and the organisational mapping tables for the network maintained by the National Cancer Intelligence Network (NCIN) and the National Cancer Action Team (NCAT); and
    - access anonymised downloads of patient level data, where the NHS Number has been removed and replaced with a unique nine-digit identifier. For Area Team downloads the patients to be included must be registered to one of the constituent CCGs, as determined using PDS/SDS. Downloads of data are only to be made available after the monthly or quarterly closedown for the period in question
4. Strategic Clinical Networks, who can
    - generate reports for all Acute Providers (including private providers) that fall within the network boundary. For NHS organisations the mapping tables are maintained by the NCIN and NCAT, private providers will need to be allocated to Strategic Clinical Networks using the NHS Postcode Directory mappings for these networks maintained by the NCIN;
    - access aggregate generated reports showing the combined figures for all Acute Providers within the network boundary (this will also be made available to Area Teams);
    - generate reports for all CCGs within the network boundary, using the organisational mappings maintained by NCIN and NCAT.
    - access aggregate generated reports showing the combined figures for all CCGs within the network boundary (this will also be made available to Area Teams); and
    - request anonymised downloads of patient level data, where the NHS Number has been removed and replaced with a unique nine-digit identifier. For network downloads the patients to be included must be registered to one of the constituent CCGs and Acute Providers, as determined using PDS/SDS and mapping tables supplied by NCIN/NCAT. Downloads of data are only to be made available after the monthly or quarterly closedown for the period in question.
5. Cancer Registries, who continue to receive a complete dataset including unique identifiers, this is because the new dataset ISB 0147 has been fully incorporated into the cancer registry dataset, and they hold approval under Section 251 of the National Health Service Act (2006) to receive, hold and use the patient identifiable aspects of their dataset.
6. NHS England receives a complete anonymised aggregate extract of the records held by the CWT-Db for public and parliamentary accountability purposes and to support the development and implementation of policy

All users receive access to the statistics at the same time in either their primary or secondary use format.

Please note, if the Registries recreated the aggregations in the CWT-Db, it would be possible to derive the National Statistics directly from the patient-records data. The NHS also receives the same information, at a local level.

Non-statistical publications

The Department of Health did not place the disaggregated management information in the public domain due to small cell counts, although the data were used to inform the development of policy and passed to the Care Quality Commission for use within their periodic review (which is published). NHS England has decided to commence monthly publication of the information in 2014. The commissioner statistics will not include a break-down by cancer type owing to the number of small cell counts that might disclose personal information.

Statistical publications

National Statistics:

NHS England’s publication of ‘Waiting Times Statistics for Suspected and Diagnosed Cancer Patients’, which is available at:

www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/

Synergies

The National Statistics are a secondary source publication derived from a clinical dataset used for NHS management purposes. All NHS organisations have the right to use these data before publication as National Statistics to inform patients and support their public accountability. Local uses include providing information to support patient choice via Choose and Book or local GPs, and sharing these local data at meetings such as public boards at Foundation Trusts. These use of data will however be localised. The first release of national comparative data for any period will be the National Statistics published by NHS England.

Table 2a: End-stage processing to produce an official statistic

Statistical product information:
Underlying administrative source (use same title as in section 1)
Cancer Waiting Times Database (CWT-Db)
Title of statistical product
Waiting Times for Suspected and Diagnosed Cancer Patients

Name of organisations responsible for this product

NHS England

Name/ email address of contact for this product

Cancer-waits@dh.gsi.gov.uk

Systems for quality assurance, including any 'end-stage' validation

Following the 25th working day after the end of each quarter the CWT-Db provides NHS England with aggregated and anonymised extracts of the validated data on two-week wait periods, 31-day periods and 62-day referral to treatment periods for publication and reporting purposes. Before publication, NHS England analysts follow a set process to ensure that the published statistics are as accurate as possible. This process is set out below:

Step One

The aggregate extracts are downloaded from the secure CWT-Db and incorporated into local databases at NHS England for analysis.

Step Two

Each extract is checked individually to ensure that the correct number of columns and fields are present and that the totals on each row are correct. For example - the automatically generated "total treated" figure should match the number of patients reported in the columns detailing how long patients waited.

Step Three

The datasets, in the format that they will be released, are then taken from the local databases at NHS England. Analysts at NHS England then perform a validation check on a random sample of Trusts, which compares the latest data to previous figures to look for anomalies.

Step Four

A different NHS England analyst then performs an independent analysis of the data, checking the work of the other at each stage of the pre-publication process. He or she must ensure that the figures prepared are accurate at commissioner-, provider- and England-level.

Step Five

Once the statistics are identified as being a correct representation of the datasets stored on the CWT-Db they are finalised for publication in the agreed format on the agreed date and time. At this stage, any caveats and notes detailing errors or inconsistencies within the dataset are added to the data tables, in line with the revisions policy.

Frequency and timing of release
Quarterly publication, 2 months after Quarter end
Potential impact of changes to the administrative source, and procedures for mitigating these risks
The cancer waiting times commitments introduced by the NHS Cancer Plan (2000) and the Cancer Reform Strategy (2007) are present in the Everyone Counts indicators for 2013/14. The two-week wait measures are CB_B6 and CB_B7. The 31-day measures are CB_B8 to CB_B11. The 62-day measures are CB_B12 to CB_B14. These statistics are derived from a clinical dataset as a secondary source. The NHS relies on the provision of this dataset, and the national collection and management system for service management and performance management. These data are also used by cancer registries to support cancer registration in England, the outputs of the cancer registries are the key metric for determining outcomes and supporting service planning for cancer services within the NHS.

Table 2b: Additional metadata about the core administrative source

Metadata about the production process
Underlying administrative source (use same title as in section 1)
Cancer Waiting Times Database (CWT-Db)
Unit of enquiry (eg claimants, taxpayers, patients….)
Patients
Intended and actual coverage
All patients first seen in outpatients with suspected cancer or receiving treatment for cancer within the English NHS.
Lowest level of geographical coverage
NHS provider by CCG, though patient level statistics are available in anonymised or identifiable formats to organisations with the correct legal permissions under Section 251 of the NHS Act 2006.

Extent to which DH producers of official statistics can influence the system

The statistical tables are derived from the National Cancer Dataset: Waiting Times Subset by the CWT-Db. This is an automated system managed by the HSCIC, the outputs of this process cannot be altered at any point after 25 working days following the end of a reporting period by NHS England or any other user.

Data definitions and classification systems

All data definitions within the National Cancer Dataset: Waiting Times Subset are approved by the ISB and published both in ISB 0147 and in the NHS Data Dictionary at: www.datadictionary.nhs.uk/data_dictionary/messages/clinical_data_sets/data_sets/national_cancer_waiting_times_monitoring_data_set_fr.asp?shownav=1

Additional footnotes are available with the published data.

Collection process for underlying data source (where not covered above)

The aggregate National Statistics are derived from patient records held on the Cancer Waiting Times Database (CWT-Db) in the format specified by the *National Cancer Dataset: Waiting Times* subset. Most of the processing of these patient records is carried out centrally by the CWT-Db, a secure computer system developed by NHS Connecting for Health (since absorbed by HSCIC), which uses 128-bit encryption and Secure Socket Layer (SSL) technology to protect patient confidentiality. 25 working days after the end of each quarter, aggregate extracts are taken from the CWT-Db for publication as National Statistics.

The CWT-Db has several internal processes to ensure that patient records are correct at the point they are reported, these include checking that event dates for each patient are in the logical order, ensuring that no conflicts exist between data items (e.g. reporting a children's cancer for an adult) and that all required data items are present. This centralised system also provides a suite of resources to enable staff in NHS providers to quality assure the information they have provided.

Nature of any risk of impact on statistics arising from changes to the administrative source

The *National Cancer Dataset: Waiting Times* subset from which these statistics are drawn is a mandated dataset used operationally within the NHS. As such, it is subject to the usual governance procedure for changes to collections and definitions. All changes are therefore subject to widespread consultation, evaluation and lead in times and unlikely to impact in the short term.

Abortion Statistics Database

Table 1: Processes supporting administrative source

Name of administrative system
Abortion Statistics Database
Organisations responsible for system
Department of Health
Name of DH statistical contact
Nazeema Momin
Brief description of the system
Registered medical practitioners are legally required to notify the Chief Medical Officer (CMO) of every abortion performed. DH receives these notifications on form HSA4 and undertakes the processing of the forms. The notification is submitted on a paper form or via a web form. As part of processing the forms, thorough checks are carried out for the correct recording of the information on to the database. These checks also assist in monitoring the Abortion Act and ensuring that best practice guidance from DH is followed. The resulting data are used to inform policy and to improve service provision. The notification is submitted on a paper form or via a web form. DH also processes the forms on behalf of the Chief Medical Officer for Wales.
Statistical collection or collections
There is no separate statistical collection for abortions. As part of processing the notifications on behalf of the CMO, a detailed patient level database is collated from which statistical data can be produced.
Application of administrative data before publication
Abortion statistics database records patient level data for each abortion notification submitted. The data are checked thoroughly to assist in the monitoring of the Abortion Act. This includes returning forms to practitioners for clarification, cross referencing and validating data within the form to check for consistency and also referring to the DH medical practitioner for advice on medical conditions. The data are not used for administrative or management purposes before publication.

Access and Dissemination

The HSA4 forms contain sensitive personal data. In processing the forms, the Department of Health complies with the relevant legislation, including the Abortion Act, the Data Protection Act (1998) and Freedom of Information Act (2000). An entry covering this processing is included in the Data Protection Register (Z5571792). The Department treats these personal data with utmost confidentiality. Keeping the personal information received confidential, for both the woman having an abortion and the doctor terminating the abortion, is a top priority and strict procedures on handling the forms and related data are followed.

Due to the sensitive and confidential nature of the information on the HSA4 notification forms, only DH staff with prior CMO authorisation can have access to the forms and the database and process the forms. In addition, processing of the notification forms is managed in accordance with the Code of Practice for Official Statistics.

The official statistics produced quarterly by DH are at national level and headline data only. The annual statistical bulletin has more detail at PCO level.

Doctors submitting forms electronically via the web form, can only see data relating to their own patients.

Quarterly record level abortion data are transferred securely to ONS under SLA in order for them to produce conception statistics.

Non-statistical publications

These data are not published in any form before the release of the relevant Official Statistics products.

Statistical publications

National statistics:

1. Provisional quarterly totals for England and Wales is published by ONS in table 4.2 of the Vital Statistics: Population and Health Reference Tables (previously known as HSQ)
2. Abortion statistics bulletin, England and Wales, annual publication.

Synergies

None.

Table 2a: End-stage processing to produce an official statistic

Statistical product information:
Underlying administrative source (use same title as in section 1)
Abortion Statistics Database
Title of statistical product
Abortion Statistics, England and Wales
Name of organisations responsible for this product
Department of Health
Name/ email address of contact for this product
Mary Grinsted / Mary.Grinsted@dh.gsi.gov.uk
Systems for quality assurance, including any 'end-stage' validation
The Department of Health uses a thorough process for recording and monitoring information received on Abortion Notification forms HSA4. Data validation checks are both automated and manual. For paper forms there are several separate sets of automated checks performed at various stages of data processing. For electronic forms, fields are validated at each stage of data entry. Paper forms with missing or invalid information and all forms that need further clarification are returned to practitioners. When the information is received back, the form goes through the same validity checks as it did when it was first processed. The forms are returned to practitioners for clarification until all the necessary information is received. Information missing at time of publication is imputed only for statistical purposes. To comply with the Department of Health's duty to monitor the Abortion Act, any forms with missing information are followed up until all the necessary information is received and validated. This process continues after the annual publication to monitor the Abortion Act. The annual bulletin includes information on data completeness and imputations required at the time of publication.
Frequency and timing of release
Provisional headline data are published quarterly. Detailed data are published annually in a statistical bulletin, published around May each year.
Potential impact of changes to the administrative source, and procedures for mitigating these risks
The HSA4 is a DH form. There is no potential for unilateral changes outside of DH's control.

Table 2b: Additional metadata about the core administrative source

Metadata about the production process
Underlying administrative source (use same title as in section 1)
Abortion Statistics Database
Unit of enquiry (eg claimants, taxpayers, patients….)
Patient
Intended and actual coverage
All HSA4 abortion notifications forms in England and Wales.
Lowest level of geographical coverage
PCO of women's residence for publication. Data is held at clinic/hospital level but due to disclosure control data is not published at this level.
Extent to which DH producers of official statistics can influence the system
The DH staff processing the data also produce the official statistics, and they work very closely with DH policy colleagues and CMO's department. Hence any discussions about changes to the HSA4 form or to the database, there is always a considered informed discussion about how the change would affect the official statistics.
Data definitions and classification systems
N/A
Collection process for underlying data source (where not covered above)
Registered medical practitioners are legally required to notify the Chief Medical Officer (CMO) of every abortion performed. DH receives these notifications on form HSA4 and undertakes the processing of the forms. The notification is submitted on a paper form or via a web form.
Nature of any risk of impact on statistics arising from changes to the administrative source
None, see table 2a.

References

1. Government Statistical Service. *National Statistician's Guidance: Use of Administrative or Management Information*. www.statisticsauthority.gov.uk/national-statistician/ns-reports--reviews-and-guidance/national-statistician-s-guidance/use-of-administrative-or-management-information.pdf (22nd July 2011)
2. NHS England and Department of Health policy on disclosure and confidentiality:
   http://www.england.nhs.uk/statistics/code-compliance/
   https://www.gov.uk/government/organisations/department-of-health/about/statistics#corporate-procedures-and-standards