Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

Response from the Faculty of Public Health to the ONS *Disclosure Review for Health Statistics Consultation*

Introduction

The Faculty is an authoritative public health body which maintains and improves standards in the public health workforce to improve the health of the population. It does this through the following key areas of work: health improvement, health and social care standards, and health protection. In addition to maintaining professional and educational standards, the Faculty advocates on key public health issues.

Do you think that the proposed approach meets the needs of producers and users of health statistics?

The consultation document provides a useful discussion of the issues and circumstances to take into consideration. However, as it currently stands, it needs to have a clear and simple set of rules to guide users so that they can publish statistics rapidly and with reasonable confidence. It is made clear in the document that the feedback to this consultation will be used to develop the final guidance, but it is difficult to give proper feedback on the proposals without sight of the proposed final guidance.

Clarification of the process in specific areas would be helpful for:

- Identification of data which is particularly sensitive. The document uses examples for the areas of terminations and contraception and these are clearly highly sensitive issues. However, many areas of Health statistics are not related to these topics, and guidance on whether statistics on cancers, heart disease, social deprivation etc should be treated with the same level of sensitivity would be useful.
- Numbers of cases in cells. The document provides examples of instances where cells with 2 cases could be potentially unsafe, but there is no specific statement that there is an intention to reduce the unsafe level from the current 5 to 2. Given that much of the work of Public Health staff involves analysis of statistics in small areas, it would be very helpful to confirm this.
- Adjustment methods for small numbers of cases in a cell. The discussion of the advantages and disadvantages of different methods is useful, but the guidance needs to contain a simple and robust method, which can be readily applied. It might be useful for ONS to consider providing an Excel macro which could be applied consistently by Health Service users.

Can you identify any issues associated with protecting the confidentiality of published health statistics that have not been covered in the guidance?

Lack of consistency between different parts of the NHS continues to be a concern. For example, the Cancer Waiting Times reports are generated by DH and available for distribution without any attempt at disclosure control. This is generally true of a number of performance management reports. This discrepancy is undoubtedly because of the relatively low sensitivity of these data and the problems associated with trying to manage performance on randomly adjusted data. However it is difficult to reconcile the different approaches used

by different agencies and it would be helpful for the guidance to cover all statistical reports, and to establish a consistent set of principles used by all departments.

Are you able to provide examples to illustrate the principles set out in the report?

None specifically

Are there any points or issues requiring further explanation or clarification?

The issues noted above require clarification, particularly the issue of which statistics need to be considered as highly sensitive, and those which are less sensitive.

Do you have any suggestions that would make it easier for people publishing health statistics to use the proposed guidance?

As noted above, it is difficult to comment on whether this guidance will meet the needs of Public Health users of information without sight of the final guidance.
This final guidance should be clear and simple to use so that local staff can follow a simple checklist and be confident that they have correctly interpreted the rules. This could be achieved with expansion of Figure 1. Specifically the inclusion of a generic checklist for identifying 'unsafe cells' similar to that included the report *Disclosure review for Health Statistics 1st Report - Guidance for abortion statistics* (available at www.statistics.gov.uk/downloads/theme_health/abortion_stag_final.pdf), would be particularly helpful.