Background data quality report

Statistics on Alcohol 2019

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This is a National Statistics publication

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with all aspects of the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the Authority’s regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is NHS Digital’s responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.


This report may be of interest to members of the public, policy officials and other stakeholders to make local and national comparisons and to monitor the quality and effectiveness of stop smoking services.
Introduction
This document constitutes a background quality report for the Statistics on Alcohol publication.

Background
Context
This annual compendium report presents a range of up-to-date information on alcohol use and misuse among both adults and children from a variety of sources. It includes data from the Office for National Statistics (ONS) which is being published on the same day as this report.

Newly published data includes:
- Information on alcohol-related hospital admissions
- New analyses of data on affordability of alcohol using already published ONS data.

More information on data quality can be found in the respective source publications.

The report mainly focuses on England only where possible, but also includes some international comparisons.


Purpose of document
This paper aims to provide users with an evidence based assessment of quality of the statistical output included in this report.

It reports against those of the nine European Statistical System (ESS) quality dimensions and principles\(^1\) appropriate to this output. In doing so, this meets NHS Digital's obligation to comply with the UK Statistics Authority (UKSA) Code of Practice for Official Statistics\(^2\), particularly Principle 4, Practice 2 which states:

“Ensure that official statistics are produced to a level of quality that meets users’ needs and that users are informed about the quality of statistical outputs, including estimates of the main sources of bias and other errors and other aspects of the European Statistical System definition of quality”

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\(^1\) The original quality dimensions are: relevance, accuracy and reliability, timeliness and punctuality, accessibility and clarity, and coherence and comparability; these are set out in Eurostat Statistical Law. However more recent quality guidance from Eurostat includes some additional quality principles on: output quality trade-offs, user needs and perceptions, performance cost and respondent burden, and confidentiality, transparency and security.


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Assessment of statistics against quality dimensions and principles

Relevance

*This dimension covers the degree to which the statistical product meets user needs in both coverage and content.*

This publication is considered to be of particular interest to NHS and independent sector providers in England and to English NHS commissioning organisations. However, data and findings are likely also to be of interest to a much broader base of users.

Accuracy and reliability

*This dimension covers, with respect to the statistics, their proximity between an estimate and the unknown true value.*

This report is a National Statistic and is produced according to the Code of Practice for Official Statistics.

Some of the information in this report has been previously published. The sources of the information are trusted sources; the majority being either National or Official Statistics. Most sources referenced in this report include a Methodology section for further information and a Background Data Quality Note.

Alcohol Related Hospital Admissions

Further general information on HES data quality can be found here:


HES Data Quality Notes which highlight any specific known issues with the data are available at the same link.

Prescription data

Data on the number of prescription items and Net Ingredient Cost (NIC) of pharmacotherapies prescribed to help people quit alcohol are not ideal measures of volume or cost since they do not take account of duration of supply. The NIC of all pharmacotherapies is the basic cost of the treatments and does not take account of discounts, dispensing costs, fees or prescription charge income.

Survey data

Some of the information presented in the report is taken from survey data. Sometimes the mode of data collection used in a survey can have an impact on how respondents answer the questionnaire. For example, surveys conducted via a face-to-face interview such as the Health Survey for England (HSE) provide an opportunity for an interviewer to use a computer to record the respondent’s answers which will improve the quality of the data by ensuring all the questions are completed and not allowing any invalid answers. By comparison data collected via a postal survey such as What About Youth (WAY) will have none of these inbuilt validations.
Face-to-face interviews also provide an opportunity to guide the respondent through any interpretation issues such as advice on alcohol strength, which is more difficult in a postal survey.

Both modes however may suffer from respondents being tempted to give answers which are considered to be more socially acceptable. This could occur either through the surveys being completed in the home when other family members are present, or through the interviewer being present at a face-to-face interview. This effect may be reduced in surveys such as Smoking, Drinking and Drugs (SDD) which is conducted in schools in exam conditions.

**Timeliness and punctuality**

*Timeliness refers to the time gap between publication and the reference period. Punctuality refers to the gap between planned and actual publication dates.*

This compendium report is published annually and presents or signposts the most up-to-date information available.

**Accessibility and clarity**

*Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.*

The report is accessible on the NHS Digital website as a PDF document. All tables in the report are provided in Excel format and as csv files, as part of the government’s requirement to make data easily available for reuse.

The publication may be requested in large print or other formats through the NHS Digital’s contact centre: enquiries@nhsdigital.nhs.uk (please include ‘Alcohol’ in the subject line).

**Coherence and comparability**

*Coherence is the degree to which data which have been derived from different sources or methods but refer to the same topic are similar. Comparability is the degree to which data can be compared over time and domain.*

**Alcohol Related Hospital Admissions**

HES data is available from 1989-90 onwards. During this time there have been on-going improvements in data quality and coverage, which particularly affect earlier data years. Some of the increase in figures for later years (particularly 2006-07 onwards) may be due to the improvement in the recording of secondary diagnoses and the coverage of independent sector activity. The former is particularly relevant for the “broad” measure of alcohol related hospital admissions as this is more dependent on the use of secondary diagnoses than the “narrow” measure.

As well as this, there have been a number of changes to the classifications used within HES records. The data presented in this report are for inpatients only and therefore does
not reflect all hospital activity. This should be considered when interpreting the data as recording and clinical practice may vary over time and between regions.

**Trade-offs between output quality components**

*This dimension describes the extent to which different aspects of quality are balanced against each other.*

Most previously published sources referenced in this report include a Background Data Quality Note which will contain specific information about trade-offs.

**Assessment of user needs and perceptions**

*This dimension covers the processes for finding out about users and uses and their views on the statistical products.*

The compendia reports on drug misuse, alcohol, smoking and obesity were subject to a National Statistics consultation in 2016. The report on the findings of the consultation and the NHS Digital response are available at:


NHS Digital is keen to gain a better understanding of the users of this publication and of their needs; feedback is welcome and may be sent to enquiries@nhsdigital.nhs.uk (please include ‘Alcohol’ in the subject line).

**Performance, cost and respondent burden**

*This dimension describes the effectiveness, efficiency and economy of the statistical output.*

All data used within this report is either already published or is part of an existing dataset. Therefore there are no data collected specifically for this report.

**Confidentiality, transparency and security**

*The procedures and policy used to ensure sound confidentiality, security and transparent practices.*

Some of the data contained in this publication are National Statistics. The code of practice for official statistics is adhered to from collecting the data to publishing.


**Statistical Governance Policy**


**Freedom of Information Process**


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