Background data quality report

Statistics on Smoking
2018

Published 3 July 2018
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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 Smoking publication.

Background

Context
This annual compendium report presents a range of up-to-date information on smoking among both adults and children from a variety of sources, including previously published information from reports such as the Health Survey for England and the Opinions and Lifestyle Survey.

This report also presents some previously unreported information on smoking attributable deaths, smoking attributable hospital admissions and prescribing costs for smoking cessation pharmacotherapies. It also includes smoking prevalence data from Adult Smoking Habits 2017 which is being published on the same day by ONS.

The report mainly focuses on England only where possible, but does include some international comparisons.

The report is published on the NHS Digital website at: https://digital.nhs.uk/pubs/smoking18

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 principles¹ 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 Statistics², 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”

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.
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 central and local government, the 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 and are widely reported in the media.

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.

Hospital admissions data

The data presented in this report are for inpatients only.

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


Prescription data

Data on the number of prescription items and Net Ingredient Cost (NIC) for drugs prescribed to help people stop smoking give a measure of how often a prescriber writes a prescription and it is not an ideal measure of the volume of drugs prescribed as different practices may use different durations of supply. The NIC is the basic cost of a drug as listed in the Drug Tariff or price lists; it does not include discounts, prescription charges or fees.

Some prescriptions are recorded against non-CCG cost centres, and include trusts, councils and private companies. This data is included in the national total but will not be allocated to a CCG.

There is no information on drugs supplied direct to patients without prescriptions. Services such as Family Planning Clinics, Out of Hours services, Patient Group Directions, Minor Ailment Schemes can supply direct to patients and do not record these supplies in national datasets.

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 on paper forms such as the Smoking, Drinking and Drug Use amongst Young People (SDD) survey will have none of these inbuilt validations.

Face-to-face interviews also provide an opportunity to guide the respondent through any interpretation issues, which is more difficult in a non-face-to-face interview.

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 is reduced in surveys such as 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 compendia 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 either in HTML format or 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 public data public.

The publication may be requested in large print or other formats through the NHS Digital contact centre: enquiries@nhsdigital.nhs.uk (please include ‘Statistics on Smoking’ 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.*

**Smoking attributable hospital admissions**

HES data is available from 1989-90 onwards.
Changes to the figures over time need to be interpreted in the context of improvements in data quality and coverage (particularly in earlier years), improvements in coverage of independent sector activity (particularly from 2006-07) and changes in NHS practice.

**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 methodology section 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:

http://content.digital.nhs.uk/article/6770/Consultation-on-Lifestyles-Compendia-Reports

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 enquires@nhsdigital.net (please include ‘Statistics on Smoking’ 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**

Statement of Compliance with Pre-Release Order

Disclosure Control Procedure