Background data quality report

Statistics on Women’s Smoking Status at Time of Delivery
October 2018 to December 2018

Published 8 March 2018
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This is an Official Statistics publication

This document is published by NHS Digital, part of the Government Statistical Service

All official statistics should comply with the UK Statistics Authority’s Code of Practice for Official Statistics which promotes the production and dissemination of official statistics that inform decision making.


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 women’s smoking status at time of delivery publication. The statistics included in this release are the latest available quarterly and annual figures from Clinical Commissioning Groups (CCGs).

Background

Context
Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, still birth, low birth-weight and sudden unexpected death in infancy.

Reducing smoking during pregnancy is one of the three national ambitions in the Tobacco Control Plan published in July 2017.

This data collection is designed to provide a measure of the prevalence of smoking among women at the time of giving birth at a local level. It supplements the national information available from the Adult Smoking Habits in the UK report and the Infant Feeding Survey (IFS) although the last IFS was in 2010 and it has now been discontinued.

This report presents provisional statistics from the Smoking at the time of delivery data collection, for the period October 2017 to December 2017. These are presented at national, regional, Sustainability and Transformation Partnership and Clinical Commissioning Group level.

The report is published on the NHS Digital website at: http://www.digital.nhs.uk/lifestyles

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 appropriate to this output. In doing so, this meets NHS Digital’s obligation

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5 Sustainability and transformation partnerships (STPs): https://www.england.nhs.uk/stps/
6 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.
to comply with the UK Statistics Authority (UKSA) Code of Practice for Official Statistics, 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”

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 report is used to measure progress against one of the three national ambitions in the Tobacco Control Plan 2017, which was “to reduce rates of smoking throughout pregnancy to 6 per cent or less by the end of 2022 (measured at time of giving birth)”. It is also used to populate indicator 2.3 in the Public Health Outcomes Framework (PHOF) [http://www.phoutcomes.info/](http://www.phoutcomes.info/) and indicator 1.14 in the CCG Outcome Indicator Set (CCGOIS) [http://content.digital.nhs.uk/ccgois](http://content.digital.nhs.uk/ccgois)

The report covers data provided by all CCGs in England.

Accuracy and reliability

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

In Quarter 4 2017/18, revised data will be accepted from CCG’s for quarters 1, 2, and 3. The reports for Quarters 1, 2 and 3 are therefore be published on a provisional basis, with the final report being produced in Quarter 4.

Validation takes place at the point of entry. Further details on the validations carried out can be found in Appendix B.

DQ Table 1 contains data quality indicators for the latest quarter showing the percentage of women where the smoking status is not known, as well as the percentage difference compared to the average of the previous four quarters for:

- Maternities
- Women known to be smokers at time of delivery
- Women known to be non-smokers at time of delivery

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In order to highlight any areas of concern and to encourage improvements, a CCG must provide a reason when they breach one of the validation checks. Where a data quality issue was identified, the reason provided is included in the table.

From April 2017, the methodology used to calculate the proportion of women smoking at the time of delivery changed to exclude women with an unknown smoking status from the denominator. Previously the percentage of unknowns may have resulted in the underreporting of the percentages for known smokers and non-smokers as they were effectively treated as non-smokers in the calculation. Information on these changes can be found in Appendix C.

The smoking status is self-reported by the woman and therefore may be susceptible to “satisficing” where the woman is tempted to give an answer which is more socially acceptable, i.e. to say she is a non-smoker. Also, the definition does not distinguish between heavy and light smokers or how recently the woman smoked.

**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.*

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Period</th>
<th>Launched</th>
<th>Submission Deadline</th>
<th>Publication Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 April 2017 - 30 June 2017</td>
<td>03-Jul-17</td>
<td>26-Jul-17</td>
<td>07-Sep-17</td>
</tr>
<tr>
<td>2</td>
<td>1 July 2017 - 30 September 2017</td>
<td>02-Oct-17</td>
<td>25-Oct-17</td>
<td>07-Dec-17</td>
</tr>
<tr>
<td>3</td>
<td>1 October 2017 - 31 December 2017</td>
<td>02-Jan-18</td>
<td>25-Jan-18</td>
<td>08-Mar-18</td>
</tr>
<tr>
<td>4</td>
<td>1 January 2018 - 31 March 2018</td>
<td>03-Apr-18</td>
<td>26-Apr-18</td>
<td>14-Jun-18</td>
</tr>
</tbody>
</table>

These publications have not suffered any delay to their pre-announced release date and are published within 10-11 weeks of the end of the period which they refer to.

**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.*

All reports are accessible on the NHS Digital website as PDF documents. 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 HSCIC’s contact centre: enquiries@nhsdigital.nhs.uk (please include ‘SATOD’ in the subject line).
At the end of each quarterly reporting period the report Statistics on women’s smoking status at time of delivery: England will be published. These reports are available at:

http://digital.nhs.uk/searchcatalogue?q=Smoking+Status+at+time+of+delivery&area=&size=10&sort=Relevance

NHS Digital has produced SATOD reports since Quarter 3 2011/12. Prior to this the Department of Health produced these reports.

The DH reports are available at:


**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.*

These data supplement the Adult Smoking Habits in the UK report which provides information on smoking rates, average number of cigarettes smoked and smoking during pregnancy at a national level. This continues the series of releases on smoking; previously provided by the General Household Survey (GHS) and the General Lifestyle Survey (GLF).

It also supplements the Infant Feeding Survey (IFS), which was carried out in the UK every 5 years up to 2010 and the results published by the Health and Social Care Information Centre in 2012. The IFS collected data on mothers who smoked at some point in the 12 months immediately before or during their pregnancy and presented the information by age, socio-economic classification and region. The survey has now been discontinued.

**Change in responsibility**

On 1 April 2013, responsibility for commissioning services for women’s smoking status at the time of delivery moved from Primary Care Trusts (PCTs) to Clinical Commissioning Group (CCGs). Therefore from April 2013 this data has been collected and reported at Commissioning Region, Region and Clinical Commissioning Group level rather than by Primary Care Trust and Strategic Health Authority (SHA). Please see the Announcement of Methodological Change Notice for further information.

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8 Methodological changes to Statistics on Women’s Smoking Status at Time of Delivery: http://www.hscic.gov.uk/media/13188/Methodological-changes-SaTOD/pdf/Methodological_Change_Notice_-_SaTOD.pdf
Trade-offs between output quality components

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

The smoking status is self-reported by the woman and therefore may be susceptible to "satisficing" where the woman is tempted to give an answer which is more socially acceptable, i.e. to say she is a non-smoker.

Also, the definition does not distinguish between heavy and light smokers or how recently the woman smoked.

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.*

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

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@digital.nhs.uk (please include ‘Smoking Status at Time of Delivery’ in the subject line).


Performance, cost and respondent burden

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

The cost incurred by data providers to collect and submit the Smoking at Time of Delivery Data was last estimated in 2013 at £148,000. The cost of collecting, processing and publishing the data centrally is estimated to be £35,000 per annum.

Confidentiality, transparency and security

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

These publications are subject to a NHS Digital risk assessment prior to issue. The reports include analyses at England, Commissioning Region, Region, Sustainability and Transformation Partnership and Clinical Commissioning Group level. Statistical units are women who have given birth in a given quarter. The report presents mothers smoking at the time of delivery as a percentage of maternities.

Information is disseminated at a high level of aggregation and the only small numbers that occur do not require suppressing as they are not considered identifiable or disclosive. This is because they occur in a non-sensitive column in the tabulations (mothers whose
smoking status was not known). There are no breakdowns in the output (e.g. age, socio-economic group) which would lead to small numbers in sensitive columns.

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

http://content.digital.nhs.uk/foi

Statement of Compliance with Pre-Release Order


Small Numbers Procedure

Information and technology for better health and care

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