Statistics on Obesity, Physical Activity and Diet

England 2015

Data Quality Statement

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This report may be of interest to members of the public, policy officials, commissioners and other stakeholders to gain a comprehensive picture of society at regional and national level and understand the public health challenges faced by health and social care providers.

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Background

This annual compendia report presents a range of up-to-date information on obesity, physical activity and diet 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 National Child Measurement Programme. This report also presents some previously unreported information on prescribing and hospital admissions related to obesity which are datasets managed by the Health and Social Care Information Centre (HSCIC).

Some of the areas covered in the report include Body Mass Index (BMI) prevalence, sedentary levels and fruit and vegetable consumption. The report focuses on England only where possible.

Relevance

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. The HSCIC 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@hscic.gov.uk (please include ‘Lifestyles’ in the subject line).

Accuracy

This report is a National Statistic and is produced following the Code of Practice for Official Statistics. Most 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. The Lifestyles team work closely with the Prescribing and Hospital Episode Statistics (HES) teams to ensure accuracy of the data produced for this report.

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. 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. In particular, practices vary between hospitals as to whether some episodes are carried out or recorded in outpatient or inpatient settings and any changes in recording and clinical practice can affect the trends presented in this report. Outpatient episodes are not included in these figures due to the primary diagnosis code being poorly populated, and there being no certainty that episodes are for obesity diagnoses.

One provider in particular, Derby Hospitals NHS Foundation Trust recorded 183 inpatient admissions in 2013/14 with a primary diagnosis of obesity compared to 920 inpatient admissions in 2012-13 which is a large part of the decrease seen on the national figures (down 1,632). See section 7.4.1 of the report for further detail. They have also recorded a decrease of 739 inpatient bariatric surgical procedures in 2013/14 mainly due to gastric band maintenance procedures which is a large part of the decrease seen on the national figures.
(down 1,640). This Trust has also recorded 594 procedures in outpatient settings in 2013/14 with a primary procedure code of gastric band maintenance compared to none in 2012/13. See section 7.4.2 of the report for further detail.

Last year, changes were made to give a standard definition of “bariatric surgery” using the same methodology as Healthcare Resource Groups (HRGs). The new HRGs were created in 2011/12 Reference Costs collection as a result of work between the National Casemix Office at the Health and Social Care Information Centre, the British Obesity and Metabolic Surgery Society (BOMSS) and the Chapter F Digestive System Expert Working Group (EWG). This definitional change has a minimal effect on the previous years’ data; between 20 and 30 cases a year from 2009/10 onwards when OPCS 4.5 and 4.6 codes were used, following on from the introduction of a specific code for maintenance of gastric band in OPCS-4.5 in 2009/10. See Appendix A for further detail on HES.

Data on the number of prescription items and Net Ingredient Cost (NIC) for drugs prescribed for obesity 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.

NHS Prescription services have coded Mazindol within BNF section 4.5 Drugs used in the treatment of obesity, but as prescription data has no information as to why it was prescribed it cannot be stated it was definitely used for the treatment of obesity in this instance. Consequently Mazindol has been excluded, from prescribing data since 2012. The number of data items affected is very small and has a negligible effect on the totals overall.

**Comparability and Coherence**

This, like other national statistics published by the HSCIC that report on extracts of HES inpatient data, allocate episodes to time periods on the basis of episode end date.

**Timeliness and Punctuality**

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

**Accessibility and Clarity**

This report is published online and is available free of charge with accompanying tables (in Excel (.xls) and Comma Separated Values (.csv) format) covering data presented in Health Outcomes Chapter 7.