Statistics on Obesity, Physical Activity and Diet, England 2016

Data Quality Statement

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Statement as to the relevance of this product to patients

This product may be of interest to patients, members of the public and other stakeholders to enable them to gain an understanding of the range of services available and make informed decisions about providers.
Introduction

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, activity 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.

Obesity 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. 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. For example, there has been a move in recent years to carry out gastric band maintenance procedures in an outpatient setting which may explain some of the recent fall in bariatric surgery procedures seen in the report.

Outpatient procedures are not included in these figures due to the primary diagnosis code being poorly populated, and there being no certainty that procedures are for obesity diagnoses.
In 2012/13, 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 B for further details on this change.

**Prescription data**

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.

**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 validatations.

Face-to-face interviews also provide an opportunity to guide the respondent through any interpretation issues such as advice on portion sizes, which is more difficult in a 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. However HSE does include some information such as height and weight (and therefore BMI), and blood pressure which are measured by a nurse and therefore not affected in the same way as the respondent’s answers.
Comparability and Coherence

This, like other national statistics published by the HSCIC which 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 Part 2 - Health Outcomes.