Health Survey for England, 2015
Data Quality Statement

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Introduction

This survey is part of a series of annual surveys designed to measure health and health related behaviours in adults and children in England. It provides information that cannot be obtained from other sources on a range of aspects concerning the public’s health and many factors that affect health. The series of Health Surveys for England monitor trends in the nation’s health, and estimate the proportion of people in England who have specified health conditions, and estimate the prevalence of certain risk factors and combinations of risk factors associated with these conditions.

The HSE report is a National Statistics publication. National Statistics are produced to high professional standards, as set out in the Code of Practice for Official Statistics. The HSE was assessed in 2010 by the United Kingdom Statistical Authority (UKSA) for compliance with the Code of Practice and the publication was recommended for continued designation as National Statistics.

Relevance

Each survey in the series includes core questions and measurements (such as blood pressure, height and weight and analysis of blood and saliva samples), as well as modules of questions on specific topics that vary from year to year. Some additional topic modules (such as cardiovascular disease, hypertension and diabetes) are repeated every few years and so are comparable over time. There is also scope to incorporate topics into the questionnaire for just one survey year.

The HSE publication includes:

- A set of topic reports with selected results from the HSE 2015
- A summary of the HSE 2015 topic report results
- Trend tables - key statistics for adults and children, up to and including 2015 with a commentary
- Methods and questionnaires documentation.
- Webpages highlighting key findings from the survey
- A copy of the anonymised dataset for the 2015 survey will be made available through the UK Data Service in early 2017

The Trends Tables report on core elements of the survey every year and the longevity of the survey means there is a long time series of comparable data available. It is one of the longest running health surveys across Europe.

The topic reports covered vary from year to year. NHS Digital consults the HSE Steering Group each year to try and ensure we meet most users’ needs for reporting.

Analysis by region is provided in the topic reports using the former Government Office Regions. Unfortunately, estimates below regional
level, e.g. for local authorities, cannot be produced as the HSE sample size is not large enough. The 2011 Area Classification for Local Authorities at the Super Group and Group level has been added to the 2014 and 2015 datasets and will be added to future datasets. This is to enable users to:

- explore similarities and differences between people from the different types of area;

- allow users from individual local authorities to self-identify with an area type and look at the ‘average’ situation for people in areas of their type.

The Index of Multiple Deprivation is also available at a grouped level.

**Performance, Cost and Respondent Burden**

Data for the Health Survey for England (HSE) 2015 were collected from the population living in private households in England.

As with all previous years, the HSE 2015 involved a stratified random probability sample of households. Adults and children were interviewed at households identified at the selected addresses. Where there were three or more children in a household, two of the children were selected at random to limit the respondent burden for parents. The achieved sample for the 2015 survey was 8,034 adults (aged 16 and over) and 5,714 children (aged 0-15). 3,591 of these children were interviewed as part of the child boost. 5,378 adults and 1,297 children had a nurse visit.

**Timeliness and Punctuality**

A report about the survey findings and trend data tables with commentary are published annually and as soon as possible following completion of fieldwork data collection, data validation and analysis (usually the December following the survey year).

**Accessibility and Clarity**

The report is published online and is available free of charge alongside the Excel tables. NHS Digital plan to make an anonymised version of the survey dataset available for analysis within 3 months of publication via the UK Data Service website at [http://ukdataservice.ac.uk/](http://ukdataservice.ac.uk/). This is free to access.
Confidentiality, Transparency and Security

An annual risk assessment is undertaken prior to publication which addresses any potential issues around disclosure. Information is presented at a high level of aggregation and data are never presented in a form that can reveal any personal information that could be used to identify individuals.

The anonymised copy of the dataset is made available on the UK Data Service catalogue (https://www.ukdataservice.ac.uk/) for the purposes of not-for-profit research, teaching or personal educational development. To access the dataset users need to register with a username and password and agree to the End User Licence (EUL), which outlines the terms and conditions of use of the Service. Full details on how to access the resources are available on the UK Data Archive sign up page.

Coherence and Comparability

There have been over twenty annual surveys in the series. Since 1995, the surveys have included children who live in households selected for the survey; children aged 2-15 were included from 1995, and infants under two years old were added in 2001.

The data are weighted relative to the size of each group of the population making the results comparable over the time series. Chapter 7 of the Methods report gives further details on the weighting procedures used.

The core topics covered by the survey include; general health, fruit and vegetable consumption, height and weight, obesity and overweight, alcohol consumption and smoking. The trend tables present data for key measures for the years in which they were collected to make comparisons over time more accessible. The number of years of data available varies: from a few years for newer topics such as well-being to others, such as general health, smoking status, height, weight and body mass index, for which data were first collected in 1993 or 1995.

There are a lot of data available at England level but differences in survey methodology and questionnaire design between this survey and health surveys carried out in other countries may sometimes limit comparisons across countries. Users are advised to check these details when using information from different sources for countries within the United Kingdom and Europe as well as for non-European countries.
Accuracy and Reliability

As the data are based on a sample (rather than a census) of the population, the estimates are subject to sampling error. The HSE 2015 used a clustered, stratified multi-stage sample design and in addition, weights were applied when obtaining survey estimates. One of the effects of using the complex design and weighting is that standard errors for survey estimates are generally higher than the standard errors that would be derived from an unweighted simple random sample of the same size. The calculation of standard errors shown in the tables, and comments on statistical significance have been included in the report, all of which have taken into account the clustering, stratification and weighting of the data.

A household response rate of 60% was achieved for Health Survey for England (HSE) 2015. Details of the sample design, survey methods and sampling errors and design effects are in the Methods report.

The survey covers the population living in private households in England. Those living in institutions are outside the scope of the survey. This should be borne in mind when considering survey findings, since the institutional population is different, (and much smaller), and is likely to include older and less healthy people than those living in private households.

The scope for analyses of some data for children may be limited by relatively small sample sizes.

When asking questions about smoking and drinking in a survey there is potential for the methodology to have an impact on how people answer. In particular there was some evidence published previously in HSE 2013 report which shows that young people appear less willing to admit to smoking when answering questions at home, particularly in comparison with school-based surveys\(^\text{1}\).

It is also possible that some question topics in HSE (e.g. smoking, drinking and fruit and vegetable consumption) may be susceptible to social desirability bias, where the individual is tempted to give an answer which is more socially acceptable.

Trade-offs between Output Quality Components

None

Assessment of User Needs and Perceptions

From our engagement with customers, we know that there are many users of these statistics. They are used by the Department of Health, Public Health England, NHS England Local Government, NHS, charities, academics, professional groups, the public and the media. Uses of the data include: informing and monitoring and evaluating policy; monitoring the prevalence of health or illness and changes in health or health related behaviours e.g. smoking; comparing local indicators with national figures; informing the planning of services; and writing media articles. Universities, charities and the commercial sector use the data for health and social research. The survey data are also used for teaching purposes and by students in their work. The Media use the data to underpin articles in newspapers, journals etc.

NHS Digital tries to engage with users of these statistics to gain a better understanding of the uses and users and to ensure these statistics remain relevant and useful. The most recent consultation with users about the HSE was earlier in 2016 around proposed cuts to the survey and a report on the findings is available on the NHS Digital website at [http://content.digital.nhs.uk/media/22910/Health-Survey-for-England-HSE-Survey-Consultation-Report/pdf/HSE-Report-on-the-Consultation.pdf](http://content.digital.nhs.uk/media/22910/Health-Survey-for-England-HSE-Survey-Consultation-Report/pdf/HSE-Report-on-the-Consultation.pdf). Prior to this there was a consultation in 2013 looking at how the survey findings were used and what user priorities were for future surveys. A report from the 2013 consultation is available through the following link: [http://content.digital.nhs.uk/article/3659/Health-Survey-for-England](http://content.digital.nhs.uk/article/3659/Health-Survey-for-England).

In 2013 the majority of respondents rated the survey publications as very good or good.

We also receive comments, feedback and suggestions from other users of the report, as ad-hoc requests via email or by completing the on-line feedback form on our website [haveyoursay](#). This form includes the following questions:

- Title of publication
- How useful did you find the content in this publication?
- How did you find out about this publication?
- What did you use the report for? What was most useful?
- Were you happy with the data quality?
- What changes would you like to see?
- What type of organisation do you work for?

We received over 92 enquiries about HSE in the past year. We also capture information on the number of unique page views the reports and trend tables receive and this survey is one of our most frequently viewed publications. In the year since their publication there were 23,267 unique page views for the 2014 Health Survey for England.
report and trend tables combined and 23,081 downloads of the documents or tables they contain. In the same time period there were also 6,067 downloads of content from the 2013 Health Survey for England report and trend tables web pages.
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