

# Consultation on changes to HSCIC Statistics 2016/17 – 2018/19

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April 2016



## About you

To help us better understand your needs, we would like to know a bit about you. We only intend to use this information for analysis purposes.

***Are you answering this questionnaire on behalf of an organisation or as an individual?***

Organisation

***What is your name?***

***What is your organisation (if applicable)?***

The College of Optometrists

***What is your email address?***

[olivier.deneve@college-optometrists.org](mailto:olivier.deneve@college-optometrists.org)

***What is your telephone number?***

020 7766 4383

***What sector do you work in? This will assist us in monitoring the range of users the consultation has reached.***

Professional body

## Your response

To support transparency in our decision making, responses to this consultation will be made public. This will include the name of your organisation, and with your permission, also your name.

***Please let us know if you are content for your name to be published.*** We will not publish personal contact details. Any information provided in response to this consultation could be made publicly available if requested under a Freedom of Information request. The information you send us may be passed to other parts of Government.

***May we contact you to discuss your response to this consultation? This may be to follow up any specific points that we need to clarify.***

***Are you happy for us to contact you about future HSCIC consultations and surveys?***

***Overall, how satisfied were you with our consultation process? (Please choose from: very satisfied, satisfied, neither, dissatisfied, very dissatisfied)***

## Annex A: Statistical products which could be affected by the proposal to change how we publish

Ref	Product	Proposal Details	Link	Q1. Select the level of impact of the change proposed?	Q2. Describe the impact of the change on you/ your work?	Q3. Do you have any suggestions for topics or themes where you would like us to provide more analysis? Please explain why this would be useful to you.	Q4. Do you have any other comments?
A2	NHS Outcomes Framework	We will reduce commentary, develop the dashboard and publish information in one location. Also see ref B1 and C1.	<a href="#">NHS Outcomes Framework</a>	Low impact	We do not believe that this will affect our work.	Analysis on eye sight/ health would be useful.	No further comments.

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A3	Health Survey for England	<p>Annual report (volume 1) has previously covered a mix of regular and infrequent topics depending on the survey content each year. This report will be shorter and report on fewer topics in detail. There may be fewer tables on regular topics such as social care, obesity, alcohol and smoking in some years in future: maybe a small number of core tables each year with some additional tables that vary over the years.</p> <p>Population estimates tables and trend tables are unaffected. Commentary about trends will continue.</p> <p>The underlying dataset would still be made available via the UK Data Service archive.</p> <p>Also see ref B3.</p>	<p><a href="#">Health Survey for England</a></p> <p><a href="#">Health Survey for England: Trend Tables</a></p>	Low impact	Providing visual impairment and general health are still included in the survey we do not believe that this will impact on our work.	<p>A survey on sight tests, to determine:</p> <ul style="list-style-type: none"> <li>whether people have had a test in the last two years</li> <li>whether it was private or NHS funded</li> <li>what made them seek the sight test</li> <li>do they have a visual impairment</li> <li>If they have children have they taken them for a sight test before the age of 5?</li> <li>if they haven't recently had a sight test have they ever had a sight test</li> </ul> <p>This would be useful in order to determine the percentage of the population that are missing out on sight tests and highlight the importance of education as to why they are important.</p>	No further comments.

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A13	General Ophthalmic Services activity statistics (Annual)	<p>We will merge these activity statistics with the General Ophthalmic services workforce statistics.</p> <p>Also see ref C6 and A14.</p>	<a href="#">General Ophthalmic Services activity statistics</a>	Low impact	<p>We do not foresee any problems for us in merging these statistics with the ophthalmic service workforce statistics providing the detail is still captured.</p>	<p>Determining the percentage of NHS patients who are referred by their optometrist to their GP/the hospital. This is extremely important for planning capacity across primary and secondary care and understanding optometry's contribution to the wider activity of the NHS.</p> <p>It would be useful to have data on orthoptist led school vision screening - such as where the screening takes place and when it takes place (i.e. specific times of the year etc).</p>	<p>Combing these publications, providing no data are lost, could potentially make these publications more accessible, with the majority of the NHS ophthalmic statistical data in one place.</p> <p>E-GOS should enable better data collection and more accurate and greater analysis, however at present data availability has got worse as a result of PCSE's batching claims. This has been a retrograde step which we hope will soon be reversed.</p> <p>As e-GOS is implemented it should enable more demographic and outcomes data to be collected provided these are harvested automatically so as not to add costs throughout the system.</p>

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A14	General Ophthalmic services workforce statistics (Annual)	We will merge these workforce statistics with the General Ophthalmic services activity statistics, once the new ophthalmic payment system is introduced and running (from 2017).  Also see ref A13.	<a href="#">General Ophthalmic Services, Workforce Statistics</a>	Low impact	We do not foresee any problems for us in merging of these statistics with the ophthalmic service workforce statistics providing the detail is still captured.		Combing these publications, providing no data are lost, could potentially make these publications more accessible, with the majority of the NHS ophthalmic statistical data in one place.
A15	Hospital Episode Statistics, Admitted Patient Care - England	We will reduce commentary in the Summary Report and merge the separate data quality notes into one. The name will be changed to be consistent with other HES annual publications.	<a href="#">Annual HES Admitted Patient Care</a>	Medium impact	i. Providing that the data and tables in the public domain remain as accessible as they currently do, it seems reasonable to reduce the commentary  ii. These data are essential for monitoring variations in activity at local and national level		

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A16	Hospital Outpatient Activity	We will reduce commentary in the Summary Report and merge the separate data quality notes into one. The name will be changed to be consistent with other HES annual publications.	<a href="#">Annual HES Outpatients</a>	Medium impact	<p>i. Providing that the data and the tables in the public domain remain as accessible as they currently do, it seems reasonable to reduce the commentary</p> <p>ii. Ophthalmic services are predominantly out-patient based. Any loss of outpatient activity data would have an adverse impact on ability to track and defend eye care services which are high volume and under extreme pressure.</p> <p>Capacity issues are amongst the most difficult challenges currently faced by eye clinics.</p>	<p>Improving the quality and completeness of Hospital Outpatient data coded for primary diagnosis and procedure, would be enormously useful for reviewing and monitoring ophthalmic service activity, its variations, and informing service and capacity planning.</p> <p>Outpatient monitoring and treatment of chronic eye diseases comprises a large proportion of hospital eye services work. Preservation of vision for conditions such as macular degeneration, glaucoma and diabetic retinopathy depends on regular monitoring assessments and treatment. The quality of these services has a major impact on disease progression towards blindness.</p> <p>Understanding the extent and severity of delays to patient visits is a critical quality issue for eye clinics and these data are currently unavailable at a national level and frequently unavailable even at a local level.</p> <p>Capturing the intended review time and the actual time</p>	<p>Delayed visits are recognised and documented as having resulted in loss of vision for patients. This problem has been ongoing for over a decade.</p> <p>This publication provides the number of ophthalmology outpatient appointments in hospitals and the scope for shifting some of these appointments to community optical practices. Currently ophthalmology outpatient appointments comprise 8.3% of outpatient appointments in hospitals (over 7 million), the second highest number of outpatient attendances with a ratio of X to Y new to repeat patients, the [highest] in the NHS. This is because most eye diseases are progressive and life-long follow up and intervention is required</p>

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A17	Accident and Emergency Attendances in England	We will reduce commentary in the Summary Report and merge the separate data quality notes into one. The name will be changed to be consistent with other HES annual publications.	<a href="#">Annual HES A&amp;E</a>	Low impact	These changes will not affect our work.	Capability to provide an analysis on the type of attendance would be useful, should the necessary data be provided by trusts. For example current categories include minor injury, single speciality, consultant led etc. It would be useful, however, to have more specific detail, for example the percentage of minor injuries that related to the eye. Some of these may be able to be treated by an optical practice to decrease pressure in hospital A & E Departments.	
A22	Measures from the Adult Social Care Outcomes Framework (ASCOF), England	We will reduce commentary and produce a high-level summary of key findings together with interactive dashboards and csv files. This will replace the existing pdf report, tables and charts annex, NASCIS OLAP, NASCIS standard reports and the current ASCOF website.	<a href="#">Measures from the Adult Social Care Outcomes Framework</a>	Low impact			
A23	Community Care Statistics: Social Services Activity, England	We will reduce commentary, increase the efficiency and utility of tables, and investigate other methods of presenting data.	<a href="#">Community Care Statistics: Social Services Activity, England</a>	Low impact	Reducing the commentary gives us no cause for concern providing the data and tables are still available.	No further suggestions.	The statistics are useful in determining how many people may be entitled to domiciliary sight tests, and whether current domiciliary provision is adequate to meet needs.

Ref	Product	Proposal Details	Link	Q1. Select the level of impact of the change proposed?	Q2. Describe the impact of the change on you/ your work?	Q3. Do you have any suggestions for topics or themes where you would like us to provide more analysis? Please explain why this would be useful to you.	Q4. Do you have any other comments?
A31	Prescriptions Dispensed in the Community	We will reduce commentary and the range of analyses and produce more factsheets. Some 10 year trends could be dropped.	<a href="#">Prescriptions Dispensed in the Community</a>	Low impact	These changes will not affect our work.	We would find it useful if prescriptions dispensed by community optometrists were included. Given the increase in optical practices providing community services this addition would be useful for the profession and commissioners.	As NHS community eye care services become commissioned as standard, we would expect optometrists' prescriptions also to feature in these statistics.

## Annex B: Statistical products which could be affected by the proposal to change scope

Ref	Product	Proposal	Link	Q5. Select the level of impact of the change proposed?	Q6. Describe the impact of the change on you/your work?	Q7. Do you have any other comments?
B1	NHS Outcomes Framework	<p>We will:</p> <ul style="list-style-type: none"> <li>stop re-publishing indicators which are already published by other organisations;</li> <li>Set limit on time series of data to 5 or 10 years;</li> <li>Remove sub national breakdowns (eg local authority level) and other non-standard aggregations;</li> <li>Remove quarterly data periods from annual publications.</li> </ul> <p>Also see ref A2 and C1.</p>	<a href="#">NHS Outcomes Framework</a>	Medium impact	<p>Removal of sub-national breakdowns would severely compromise the utility of the indicators in the NHS Outcomes Framework for the purposes for which they were established.</p> <p>Sub-national breakdowns of these indicators are central to population based needs assessments and assessing quality, uptake and variations in services.</p> <p>Sub-national breakdowns shall become even more relevant with increasing devolution, and for the planning and development of integrated services and care.</p>	No further comments.
B2	CCG Outcomes Indicator Set	<p>We will stop re-publishing indicators which are already published by other organisations, and set limit on time series of data to 5 or 10 years.</p> <p>Also see ref C2.</p>	<a href="#">CCG Outcomes Indicator Set</a>	Low impact		Provided the comments above for B1 apply, this proposed change would be reasonable.

Ref	Product	Proposal	Link	Q5. Select the level of impact of the change proposed?	Q6. Describe the impact of the change on you/your work?	Q7. Do you have any other comments?
B3	Health Survey for England (HSE)	<p>We will reduce sample size for nurse visits by offering the nurse visit in 80% rather than 100% of households where HSE interviews are achieved.</p> <p>The Child nurse visit will be dropped in some survey years.</p> <p>There will be some cuts to the interview content of HSE, the details of which will be determined with advice from the HSE Steering Group. The Steering Group includes various stakeholders including the Department of Health, Public Health England and NHS England.</p> <p>Also see ref A3.</p>	<a href="#">Health Survey for England (HSE)</a>	Low impact	As long as the scope of areas covered by the HSE remain, reducing the frequency of their inclusion would be reasonable to maintain this important source of population data on health and life style determinants.	The sample size for the HSE has become increasingly compromised over the years, making data quality even more critical.
B8	Patient Reported Outcome Measures (PROMs) in England	<p>We will stop routine production of PROMs special topics. Topic-specific analysis likely to be incorporated into ad hoc special reports instead.</p> <p>Also see ref C7.</p>	<a href="#">Patient Reported Outcome Measures</a>	Do not use		No further comments.

## Annex C: Statistical products which could be affected by the proposal to change frequency of publication

Ref	Product	Proposal	Link	Q8. Select the level of impact of the change proposed?	Q9. Describe the impact of the change on you/ your work?	Q10. Do you have any other comments?
C1	NHS Outcomes Framework - commentary	We will reduce the frequency of commentary from quarterly to biannual. One indicator on patient safety will be published annually instead of biannually. Also see ref A2 and B1.	<a href="#">NHS Outcomes Framework - commentary</a>	Low impact	These changes will not affect our work	No further comments.
C2	CCG Outcomes Indicator Set	We will reduce the frequency of commentary from quarterly to biannual. A number of indicators will be published annually instead of quarterly (using final data only instead of provisional data).  Also see ref B2.	<a href="#">CCG Outcomes Indicator Set</a>	Low impact	These changes will not affect our work	No further comments.
C6	General Ophthalmic Services activity statistics, selected statistics (half year publication only)	We will reduce the frequency from biannual to annual publication only.  Also see ref A13.	<a href="#">General Ophthalmic Services activity statistics, selected statistics</a>	Low impact	We use these data to track important trends in eye health but, although we will have less early warning of changes, we can still work with annual data and so support the change.	We would however appreciate a monthly breakdown of sight tests in the annual publication, or at the very least still including the six month sight test figures in the annual publication so that they are still captured.  Decisions regarding services and fees are generally only made once a year so the change to an annual publication shouldn't have a huge impact.

Ref	Product	Proposal	Link	Q8. Select the level of impact of the change proposed?	Q9. Describe the impact of the change on you/ your work?	Q10. Do you have any other comments?
C1	NHS Outcomes Framework - commentary	We will reduce the frequency of commentary from quarterly to biannual. One indicator on patient safety will be published annually instead of biannually. Also see ref A2 and B1.	<a href="#">NHS Outcomes Framework - commentary</a>	Low impact	These changes will not affect our work	No further comments.
C2	CCG Outcomes Indicator Set	We will reduce the frequency of commentary from quarterly to biannual. A number of indicators will be published annually instead of quarterly (using final data only instead of provisional data). Also see ref B2.	<a href="#">CCG Outcomes Indicator Set</a>	Low impact	These changes will not affect our work	No further comments.
C7	Provisional Monthly Patient Reported Outcome Measures (PROMs) in England	We will stop monthly publication of PROMs and instead publish on a quarterly and annual basis only. Also see ref B8.	<a href="#">Patient Reported Outcome Measures</a>	Do not use	No impact that we foresee.	No further comments.

## Annex D: Statistical products which we propose to stop

Ref	Product	Proposal	Link	Q11. Select the level of impact if this product is stopped?	Q12. Describe the impact if we stopped producing the statistics you use?	Q13. Are there any other sources of funding that could be used for any of these statistics?	Q14. Do you have any other comments?
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Ref	Product	Proposal	Link	Q11. Select the level of impact if this product is stopped?	Q12. Describe the impact if we stopped producing the statistics you use?	Q13. Are there any other sources of funding that could be used for any of these statistics?	Q14. Do you have any other comments?
D1	Registered Blind and Partially Sighted People	We propose to stop the triennial collection due as the data is held by local authorities and used by a limited stakeholder base. If it continues, we propose that it is included in the Community Care Statistics: Social Services Activity report.	<a href="#">Registered Blind and Partially Sighted People</a>	Medium impact	<p>These statistics are important as they support the national eye health indicator. They also provide information regarding the number of visually impaired people residing in the UK and the breakdown in terms of age. The numbers are important for our members to assess eye care needs. They are used by high street practices, hospitals, charities (such as Guide Dogs and RNIB to anticipate demand, supply and for planning). They are also useful for policy planning, community service planning, spending etc and to determine changes over time. For example the most recent publication showed a 17% increase in blind children.</p> <p>There has also been a gradual increase in the visual impaired and blind populations in the 18 - 49 and 50 - 66 age groups since the report was first published.</p>	Not that we are aware of.	The proposed option of incorporating these statistics into the social services activity report would be a cost saving measure and definitely worth considering if this is the only way the statistics will continue to be captured. Confirmation, however, that this is occurring prior to the product being removed would be appreciated.

## Annex E: Statistical products which are not included in this consultation

Ref	Product	Status	Link	Q15. Do you have any comments on the status of the products in this section?
E1	National Diabetes Audit	Not a designated Official Statistic and directly commissioned by external agency therefore not included in planned changes. Comments however are welcome.  Currently several annual reports with pdfs, a PowerPoint product, and various national and service level spreadsheets.	<a href="#">National Diabetes Audit</a>	
E2	National Diabetes Inpatient Audit	Not a designated Official Statistic and directly commissioned by external agency therefore not included in planned changes. Comments however are welcome.  Currently annual PDF report and PowerPoint product, supporting data excel and hospital level excel.	<a href="#">National diabetes inpatient audit</a>	
E3	National Pregnancy in Diabetes Audit	Not a designated Official Statistic and directly commissioned by external agency therefore not included in planned changes. Comments however are welcome.  Currently annual PDF national and regional reports, supporting data excel and patient facing report.	<a href="#">National pregnancy in Diabetes audit</a>	
E4	National Diabetes Footcare Audit	Not a designated Official Statistic and directly commissioned by external agency therefore not included in planned changes. Comments however are welcome.	First publication due in 2016	
E5	National Pulmonary Hypertension Audit	Although moving into the 7 <sup>th</sup> annual report, this audit is new to being an Official Statistic. The report is undergoing structural changes this year which will incorporate principals of the approach proposed in this consultation. Currently annual PDF and supporting Excel.  Directly commissioned by external agency therefore not included in planned changes. Comments however are welcome.	<a href="#">National Pulmonary Hypertension audit</a>	

E6	National Bowel Cancer Audit	Not a designated Official Statistic and directly commissioned by external agency therefore not included in planned changes. Comments however are welcome.  Currently an annual PDF report and data for transparency.	<a href="#">National Bowel Cancer Audit</a>	
E7	National Oesophago-Gastric Cancer Audit	Not a designated Official Statistic and directly commissioned by external agency therefore not included in planned changes. Comments however are welcome.  Currently an annual PDF report and local action plan.	<a href="#">National Oesophago-Gastric Cancer Audit</a>	
E8	NHS Safety Thermometer	Separate consultation to be undertaken on whether this is to remain as an Official Statistic. Additional questions on content, format and frequency to be considered.	<a href="#">NHS safety thermometer</a>	
E9	Statistics on Smoking, England	Report was recently subjected to a National Statistics consultation. The results of that consultation will be combined with the results from the new consultation when formulating an action plan.	<a href="#">Statistics on Smoking, England</a> <a href="#">Consultation on Lifestyles Compendia Reports</a>	
E10	Statistics on Alcohol, England	Report was recently subjected to a National Statistics consultation. The results of that consultation will be combined with the results from the new consultation when formulating an action plan.	<a href="#">Statistics on Alcohol, England</a> <a href="#">Consultation on Lifestyles Compendia Reports</a>	
E11	Statistics on Drug Misuse, England	Report was recently subjected to a National Statistics consultation. The results of that consultation will be combined with the results from the new consultation when formulating an action plan.	<a href="#">Statistics on Drug Misuse, England</a> <a href="#">Consultation on Lifestyles Compendia Reports</a>	
E12	Statistics on Obesity, Physical Activity and Diet, England	Report was recently subjected to a National Statistics consultation. The results of that consultation will be combined with the results from the new consultation when formulating an action plan.	<a href="#">Statistics on Obesity, Physical Activity and Diet, England</a> <a href="#">Consultation on Lifestyles Compendia Reports</a>	

E13	Health and Wellbeing of 15-year-olds in England - Main findings from What About YOUth?	The survey recently underwent a user consultation. The results of that consultation will be combined with the results from this consultation when formulating an action plan.	Health and Wellbeing of 15-year-olds in England Consultation for What About YOUth	
E14	Survey of the Mental Health of Children and Young People	This is an infrequent survey and was last carried out in 2004. A 2016 survey will be carried out and reported on in 2018.	Survey of the Mental Health of Children and Young People	
E15	Children's Dental Health Survey	This survey is carried out every 10 years, subject to funding being available. The next publication in 2024 sits outside the scope of this consultation.	Children's Dental Health Survey	
E16	Adult Dental Health Survey	This is a 10 yearly survey, subject to government funding. Next due in 2019.	Adult Dental Health Survey	
E17	Adult Psychiatric Morbidity Survey - Survey of Mental Health and Wellbeing, England	This is a 7 yearly survey, subject to government funding. 2014 Survey has been defined and is to be published in September 2016. The following publication in 2023 sits outside the scope of this consultation.	2007 Adult Psychiatric Morbidity Survey - Survey of Mental Health and Wellbeing, England  2014 Adult Psychiatric Morbidity Survey - Survey of Mental Health and Wellbeing, England	
E18	Prescription Cost Analysis, England	This publication is already efficiently produced in line with the modernised publication principles described in section A and therefore no changes are planned.	Prescription Cost Analysis, England	
E19	NICE Technology Appraisals in the NHS in England (Innovation Scorecard)	Recent user feedback is being used to improve this publication. Changes will be determined with advice from the Innovation Scorecard operational group. Moving from Experimental to Official Statistics status in April 2016.	Innovation Scorecard	

E20	CCG Prescribing Data	Quarterly data release via csv files and on iView analytical tool. This publication is already efficiently produced in line with the modernised publication principles described in section A and therefore no changes are planned.	CCG Prescribing Data	
E21	Prescribing Costs in Hospitals and the Community annual publication	Publication was reviewed and streamlined in 2015. No further updates planned at this time.	Prescribing costs in hospitals and the community	
E22	Quality and Outcomes Framework, Achievement, prevalence and exceptions data, annual publication	Consultation in 2014 identified changes and updates. No further updates planned at this time.	Quality and Outcomes Framework, Achievement, prevalence and exceptions data, annual publication	
E23	Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses (Monthly)	This is a relatively new publication which was developed in line with the modernised publication principles described in section A and therefore no changes are planned at this time.	Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses, monthly publication	
E24	GP Contract Services, annual publications of GP contract services, grouped	This is a relatively new publication which was developed in line with the modernised publication principles described in section A. Feedback is welcome to inform continuous improvement.	GP Contract Services, annual publications of GP contract services, grouped	
E25	Finalised Patient Reported Outcome Measures (PROMs) in England	NHS England are carrying out a separate consultation on the PROMs programme. Any changes to this statistical product will result from the outcome of that consultation.	Patient Reported Outcome Measures	
E26	Compendium of population health indicators: readmissions within 28 days of a hospital discharge	A Compendium specific consultation is planned in late Spring/early Summer 2016 which will cover the whole Compendium of Population Health Indicators set.	Compendium of population health indicators: readmissions within 28 days of a hospital discharge	

E27	Compendium of population health indicators: HES: deaths within 30 days of a hospital procedure or of an emergency admission to hospital	A Compendium specific consultation is planned in late Spring/early Summer 2016 which will cover the whole Compendium of Population Health Indicators set.	<a href="#">Compendium of population health indicators</a>	
E28	NHS Sickness Absence Rates – Monthly Provisional Statistics	Planning a separate in depth consultation. This will likely challenge the methodology, ensuring the statistics make use of the full potential of the Workforce Minimum Data Set recently agreed with other central bodies.	<a href="#">NHS Sickness Absence Rates – Monthly Provisional Statistics</a>	
E29	NHS Staff Earnings Estimates – Quarterly Provisional Statistics	This was partially covered by recent workforce statistics consultation which led to the reduction in frequency of publication and the reduction of accompanying text in the report. Make use of interactive tools, allowing users to view information in a different way.	<a href="#">NHS Staff Earnings Estimates</a> <a href="#">Consultation on NHS Hospital and Community Health Service workforce statistics</a>	
E30	NHS Workforce statistics	Statistics have recently been consulted on in depth. Future publications will have reduced report content, focus on user requirements, increase the scope of the accompanying flat file and make use of pivot tables, - and other interactive tools when resources permit development.	<a href="#">NHS Workforce statistics</a> <a href="#">Consultation on NHS Hospital and Community Health Service workforce statistics</a>	
E31	Patient-Led Assessments of the Care Environment	No changes proposed. Following feedback from data providers we have amended the quantity and format of data provided back to them through the on-line system.	<a href="#">Patient-Led Assessments of the Care Environment</a>	
E32	Investment in General Practice	Annual publications are commissioned and agreed by stakeholder steering group and meet specific needs. Feedback is welcome to inform continuous improvement.	<a href="#">Investment in General Practice</a>	
E33	NHS Payments to General Practice	Annual publications are commissioned and agreed by stakeholder steering group and meet specific needs. Feedback is welcome to inform continuous improvement.	<a href="#">NHS Payments to General Practice</a>	

E34	Dental Earnings and Expenses	Annual publications are commissioned and agreed by stakeholder steering group and meet specific needs. Feedback is welcome to inform continuous improvement.	<a href="#">Dental Earnings and Expenses</a>	
E35	GP Earnings and Expenses	Annual publications are commissioned and agreed by stakeholder steering group and meet specific needs. Feedback is welcome to inform continuous improvement.	<a href="#">GP Earnings and Expenses</a>	
E36	Dental Working Hours	Biennial publications are commissioned and agreed by stakeholder steering group and meet specific needs; publication based upon survey data. Feedback is welcome to inform continuous improvement.	<a href="#">Dental Working Hours</a>	
E37	Data on written complaints in the NHS	Quarterly: No changes proposed, consultation held in 2014 with the revisions implemented from April 2015. Annual publication consisting of both the quarterly HCHS complaints data (consulted on 2014) and the annual GP and Dental practices data. GP and Dental practices data consulted on in 2015. No further changes proposed.	<a href="#">Data on written complaints in the NHS</a>	
E38	General and Personal Medical Services, England	No changes proposed. Consultation held in 2014 with the revisions implemented 2015.	<a href="#">General and Personal Medical Services</a>	
E39	NHS Vacancy Statistics	New publication. First publication was a joint publication/consultation document. The second publication published in February 2016 presented the responses to the consultation and sought further feedback to inform the next publication due in August.	<a href="#">NHS Vacancy Statistics</a>	
E40	Mental Health and Learning Disabilities Statistics (MHL), Monthly	Changes being taken forward through separate consultation, response published in November 2015, on development resulting from the implementation of the Mental Health Services Data Set (MHSDS).	<a href="#">Reports from MHMDS/MHLDDS</a> <a href="#">Consultation on Adult Mental Health Statistics</a>	
E41	Mental Health Bulletin, Annual Report From MHSDS Returns	Changes being taken forward through separate consultation, response published in November 2015, on development resulting from the implementation of the Mental Health Services Data Set (MHSDS).	<a href="#">Reports from MHMDS/MHLDDS</a> <a href="#">Consultation on Adult Mental Health Statistics</a>	

E42	Improving Access to Psychological Therapies (IAPT)	Proposed changes to publications being taken forward through separate consultation to be carried out in April 2016. Consultation will cover format and content of monthly IAPT publications.	<a href="#">Improving Access to Psychological Therapies (IAPT)</a>	
E43	Survey of carers in households in England	An irregular survey of carers in private households in England, subject to government funding, last undertaken in 2009-10. Looks at the prevalence of caring, demographic profile of carers, the impact of caring duties upon the carer, details of the services carers receive and a profile of the cared for people.	<a href="#">2009 Survey of carers in households in England</a>	