

Welsh Government

Summary of Responses

Health Trends in Wales 2011 User Survey

Date of issue: 8 February 2012

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Introduction

Knowledge and Analytical Services (KAS) within the Welsh Government carried out a user survey to seek feedback from users on 'Health Trends in Wales 2011', which was published for the first time in March 2011. A link to the web version of the publication, including a set of online data tables, is at the link below:

<http://wales.gov.uk/topics/statistics/publications/healthtrends11/?lang=en>

We were seeking user feedback in this survey, in particular on the usefulness of the publication and how frequently it should be updated.

The user survey, which ran between 16th June 2011 and 8th September 2011, received 37 responses in total. 1 late response was received and this has been included. All respondents (apart from one) completed the online questionnaire. Of those who completed the online questionnaire, eight respondents were from users in the Welsh Government, six were from users in NHS Wales, and the remainder were from other organisations or individuals.

We would like to thank all those who took the time to respond to this user survey. This report summarises all the responses received, as well as some direct quotes where relevant.

There are two Annexes to this report:

Annex A provides tables of data, showing the responses to the survey;

Annex B provides all comments from Health Trends in Wales users that were submitted in the user survey.

Executive Summary

There were 37 responses to the user survey:

- 8 from users within the Welsh Government
- 6 from NHS organisations including Local Health Boards and NHS Trusts
- 5 from registered charities
- 2 from Community Health Councils
- 1 from a professional body
- 1 from academia
- 1 from another government department
- 1 from a Local Authority
- 1 from a National Park
- 11 other responses.

Key points:

- The majority of respondents (54 per cent) accessed the publication online only (page 5).
- Almost half (49 per cent) of respondents thought that they would use the online version of the publication the most (page 6).
- 71 per cent of respondents found the format of the Health Trends booklet convenient, although some users found it too small to read and preferred the online version where pages could be enlarged (page 7).
- 72 per cent of respondents found the content of Health Trends useful, and reported the wide variety of uses of the data (page 8).
- The majority of respondents (60 per cent) thought that the publication should be updated annually. 29 per cent of respondents thought it should be updated every 2-3 years (page 9).

Actions for the Health Trends publication

- Publish Health Trends annually each year if resources permit. It is likely that the online spreadsheets will be updated more frequently than PDF and hard copy versions.

Other actions

- Investigate the potential for producing a Health Trends publication that includes data for Local Authorities and Local Health Boards (page 10).
- Investigate ways of making comparable data for other UK countries available to users (page 10).
- Investigate whether other data requested by users can be added to the Health Trends publication in future editions (page 10).

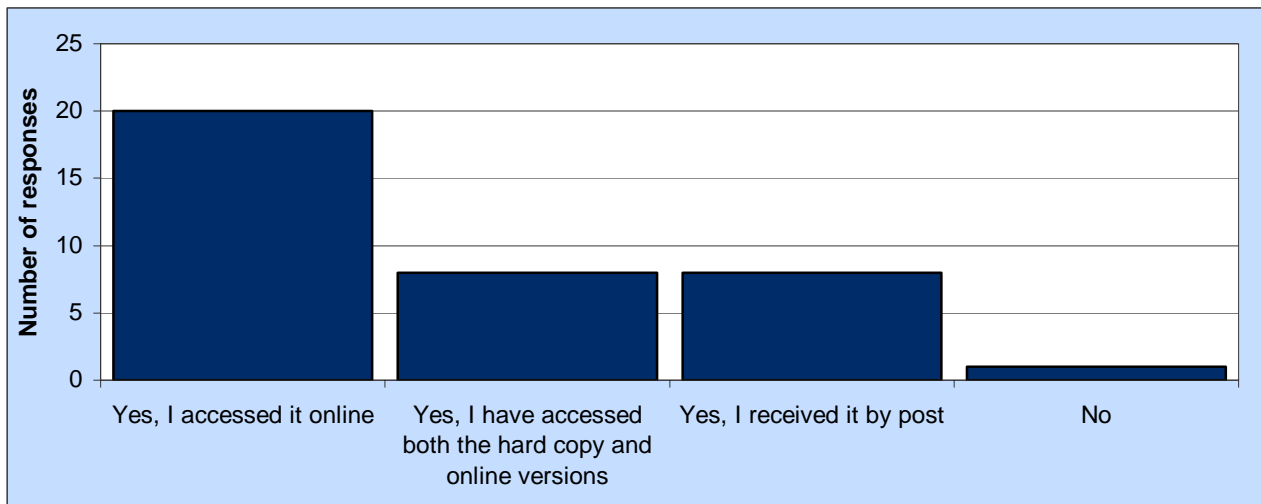
Survey results

Responses to Question 1: 'Have you accessed Health Trends in Wales 2011?'

This question was multiple choice; the options were:

- Yes, I accessed it online
- Yes, I have accessed both the hard copy and online versions
- Yes, I received it by post
- No

Chart 1: Results for Question 1



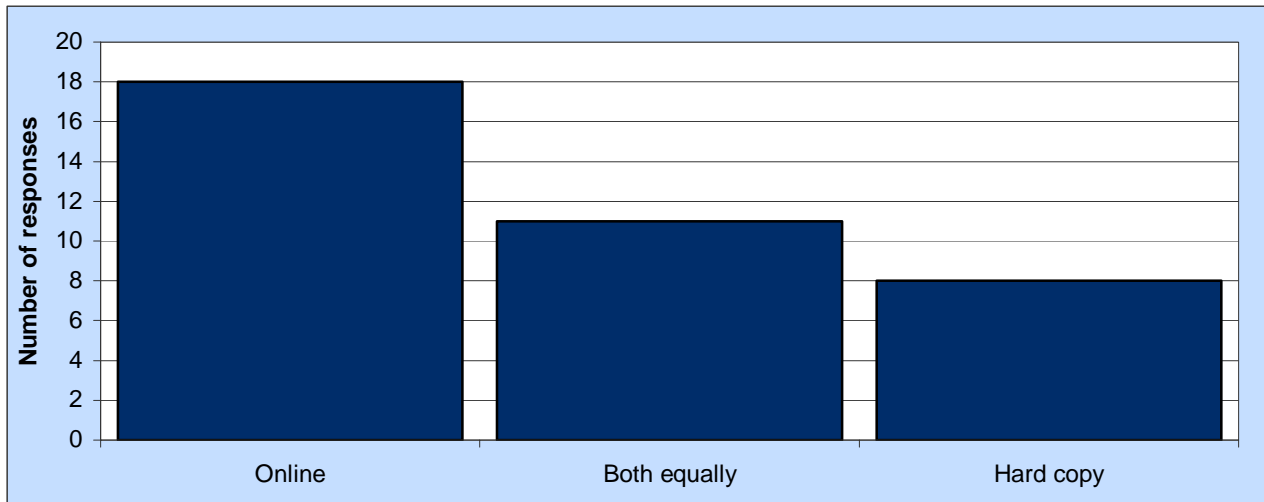
All 37 respondents answered this question. The majority of respondents (20 respondents), or 54 per cent) accessed the publication online only. 8 respondents (22 per cent) accessed both the hard copy and online versions, and 8 respondents (also 22 per cent) accessed the hard copy version only. 1 respondent (3 per cent) had not accessed the publication.

Responses to Question 2: 'Health Trends in Wales 2011 is available in hard copy and also online - which do you think you will use most?'

This was a multiple choice question; the options were:

- Online
- Both equally
- Hard copy

Chart 2: Results for Question 2

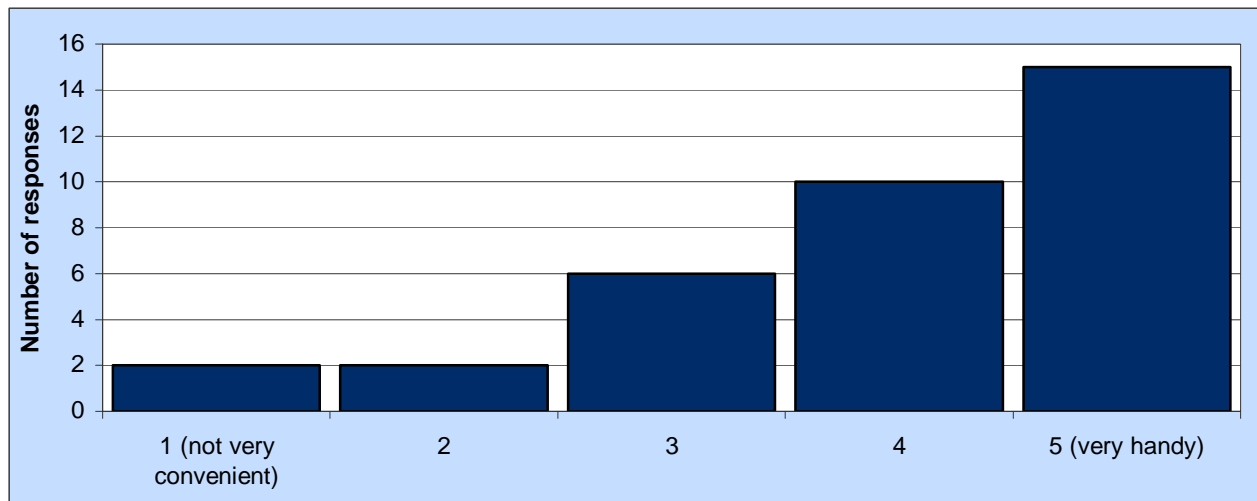


All 37 respondents answered this question. The responses broadly mirror the answers to Question 1 on how users accessed the publication. Compared with Question 1, slightly fewer respondents would use the online version the most (18 respondents, or 49 per cent). More respondents would use the online and hard copy publications (11 respondents, or 30 per cent).

Response to Question 3: 'Do you find the format of the Health Trends booklet convenient?'

Answers were on a scale of 1 (Not very convenient) to 5 (Very handy).

Chart 3: Results for Question 3



35 out of the 37 respondents answered this question. 15 respondents (43 per cent) found the format of the Health Trends booklet to be very handy. Defining a positive response as 4 or 5, 25 respondents (71 per cent) found the booklet format to be convenient. Defining a negative response as 1 or 2, 4 respondents (11 per cent) did not find the booklet format to be convenient.

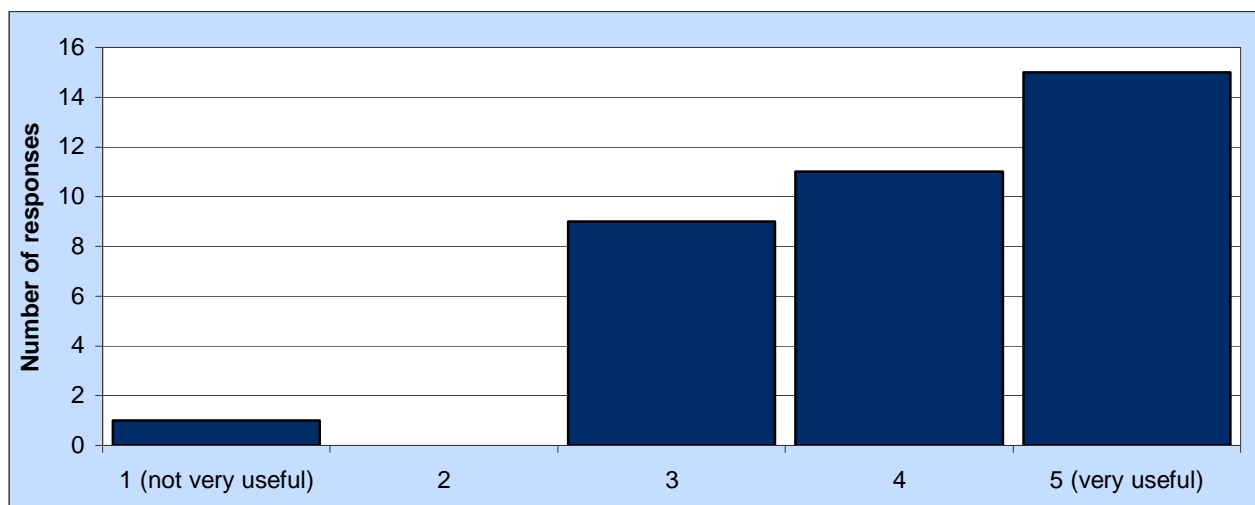
Here is a selection of comments received about the format of the Health Trends booklet. Please see Annex B for the full list of comments from users.

- "The hard copy version was too small and difficult to read."
- "The edge-of-page index is also very handy."
- "Overall, Health Trends Wales is a valuable document in a clear format."
- "I felt that the format generally easy to read though found it was easier online, especially where there were multiple statistics as the page can be enlarged."
- "Excellent design - very easy to read in PDF format; very good use of colour; very well set out; clear typography; clear tables. A really first class piece of design - well done to all concerned!"
- "This is an excellent little publication - congratulations on, and many thanks for, producing.... Coupled to the on-line spreadsheets, the pocket-sized format of the hard copy is also very useful. I carry this around with me just about everywhere as it is such a useful high-level digest of key NHS information sources."
- "For those who would use a booklet to access data, it is clear and well formatted."
- "Is Health Trends Wales available in different formats, or is there an intention for it to be? Perhaps some research could be undertaken into this to identify needs. An easy read version could be useful so that service users, carers etc themselves can have access to this vital information in an accessible way."

Response to Question 4: 'Do you find the content of Health Trends useful?'

Answers were on a scale of 1 (Not very useful) to 5 (Very useful).

Chart 4: Results for Question 4



36 out of the 37 respondents answered this question. 15 respondents (42 per cent) found the content of Health Trends very useful. Defining a positive response as those with a rating of 4 or 5, 26 respondents (72 per cent) found the content of Health Trends useful. Only 1 respondent (3 per cent) did not find the publication useful.

Here is a selection of comments received about the usefulness of the publication, and what it is used for. Please see Annex B for the full list of comments from users.

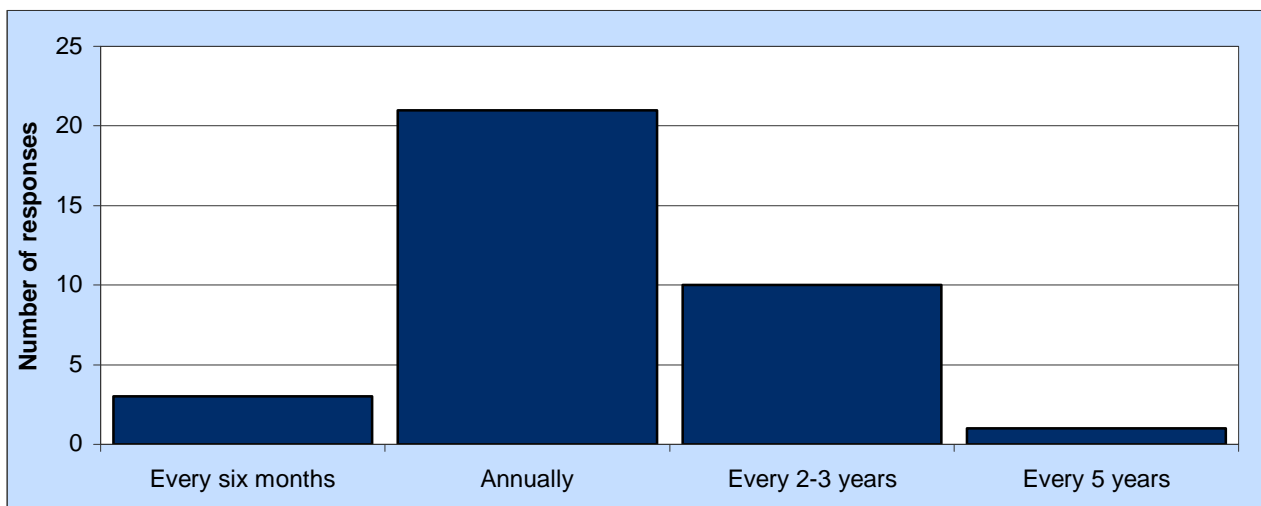
- "As an aide memoire and pointer toward other statistical information."
- "Important complementary report to my CMO report in which health trends are a very important way of transmitting messages. These data are a key part of what the Welsh Government should be reviewing and monitoring."
- "Some of the tables were displayed information over 30 years or more - clearly this is sensible when looking at public health but far less useful when looking at hospital activity.... More detail over the last decade rather than the last 30 years would be helpful."
- "Very useful for the latest all-Wales picture on any particular topic. I get asked regular questions by colleagues and this could help me answer those questions."
- "It is useful to have such a wide range of data available in a single place."
- "In my view, the mortality and morbidity data needs to go into one booklet; the health service data into another."
- "Useful contextual information for my work, particularly in giving a quick overview of long term trends."
- "Useful as a very broad overview for general reader but my requirement for up to date and local data/information better satisfied by STATSWALES, Public Health Wales Observatory, etc. and other sources."
- "The long term trend data (going back in some cases >50 years) is especially valuable and provides a fascinating insight into changes in healthcare delivery, capacity, efficiency and demand. "
- "This publication is extremely helpful to give the big strategic picture of health and health services in Wales, and how they have developed over time. This helps us to select and encourage projects that focus on the key health issues for the Welsh population."
- "It is very valuable having a long time series to show major trends and changes. It demonstrates the value of keeping consistency in key data collection and definitions."

Response to Question 5: 'Given that we need to prioritise what we do, how often do you think Health Trends should be updated?'

This was a multiple choice question; the options were:

- Every six months
- Annually
- Every 2-3 years
- Every 5 years

Chart 5: Results for Question 5



36 out of the 37 respondents answered this question. The majority of respondents (21, or 60 per cent) thought that the publication should be updated annually. The next most popular option was an update every 2-3 years (10 respondents, or 29 per cent). 3 respondents (9 per cent) thought it should be updated every 6 months, and only 1 respondent (3 per cent) thought that it should be updated every 5 years.

Here is a selection of comments received about how often the publication should be updated. Please see Annex B for the full list of comments from users.

- "Is there any way this data could be released to coincide with Welsh Government's planning cycles, eg Children and Young People's Plan which partnerships were required to publish by 31 March."
- "In view of the length of the time series, an annual publication does not seem necessary and annual changes can be picked up from other sources. "
- "(It should be updated) every 2-3 years maximum as the document gives trend data over longer periods of time and is not detailed enough (e.g. at a local/regional level) for the sorts of work that I am involved in. Also, much of the data that I would use is not collected/reported much more frequently than that and if on line users were directed to the source data, they could verify if there had been any more updates in the interim period."

Responses to Question 6: ‘Please provide any other comments, including how you might make use of Health Trends’

Some of the comments received in response to this question have already been included in the analysis for questions 3, 4 and 5. Many other comments have been received, including:

- Several users stated that the all-Wales picture is not so useful for them, and they would like to see Local Authority and/or Local Health Board data made available in a similar format to the Health Trends publication.
- Several users requested comparable data with England and the UK.
- Many users requested additional data to be presented in future, such as:
 - numbers/ages/location of people using audiology services, and numbers/ages/location of people reporting with tinnitus
 - the third sector (voluntary and community organisations)
 - equalities data, such as uptake of services from different communities and ethnic groups
 - more statistics by age group, in particular for children and young people;
 - mortality and A&E data for accidents, poisonings and violence, together with further breakdowns of these data by type of accident, sex and age (especially for young people)
 - outcomes, hospital mortality, community services and GP morbidity data and activity
 - community nursing services
 - asthma health trends.

Responses to Question 7: ‘Can we publish your comments (we will not publish your name alongside the comments)?’

36 out of the 37 respondents answered this question. 27 respondents were happy for their comments to be published. Please see Annex A for a list of these 27 respondents, and Annex B for their comments. 9 respondents did not want their comments to be published.

Annex A: Data tables for responses to the survey

Question 1. Have you accessed Health Trends in Wales 2011?

	Number of responses	Percentage of responses
Yes, I accessed it online	20	54%
Yes, I have accessed both the hard copy and online versions	8	22%
Yes, I received it by post	8	22%
No	1	3%
Total	37	100%

Question 2. Health Trends in Wales 2011 is available in hard copy and also online - which do you think you will use most?

	Number of responses	Percentage of responses
Online	18	49%
Both equally	11	30%
Hard copy	8	22%
Total	37	100%

Question 3. Do you find the format of the Health Trends booklet convenient?

	Number of responses	Percentage of responses
1 (not very convenient)	2	6%
2	2	6%
3	6	17%
4	10	29%
5 (very handy)	15	43%
Total	35	100%

Question 4. Do you find the content of Health Trends useful?

	Number of responses	Percentage of responses
1 (not very useful)	1	3%
2	0	0%
3	9	25%
4	11	31%
5 (very useful)	15	42%
Total	36	100%

Question 5. Given that we need to prioritise what we do, how often do you think Health Trends should be updated?

	Number of responses	Percentage of responses
Every six months	3	9%
Annually	21	60%
Every 2-3 years	10	29%
Every 5 years	1	3%
Total	35	100%

Question 6. Please provide any other comments, including how you might make use of Health Trends.

See Annex B for these written responses.

Question 7. Can we publish your comments (we will not publish your name alongside the comments)?

This is a list of those respondents who agreed that we could publish their comments.

Name	Organisation
Jean Gregson	Other
Andrew Powell-Chandler	Welsh Government
Tony Jewell	Welsh Government
Richard Williams	Action on Hearing Loss (RNID)
Lisa Turnbull	Royal College of Nursing, Wales
Nicola John	NHS Wales
Philip Johnston	Scottish Government
Paul Richards	Other
Unknown	Welsh Refugee Council
Tim Evans	Welsh Government
Bethan James	ABCD Cymru
J Warner	Other
Andrew Matthews	Board of Community Health Councils
Chris Colenso-Dunne	Other
Paul Demery	Welsh Government
Robin Burfield	NHS Wales
Jane Wilkinson	Welsh Government
Jacob Ludlow	Other
Dr J K Richmand	Other
Tim Holt	NHS Wales
Tim O'Sullivan	NHS Wales
M Parry	Other
Chris Hurst	Welsh Government
Rosemary Cook	Queens Nursing Institute (QNI)
John Mathias	Asthma UK
R C Woodward	Cardiff & Vale of Glamorgan Community Health Council
Karen Chambers	Flintshire County Council

Annex B: Full list of comments received from users of Health Trends in Wales 2011

Question 6: Please provide any other comments, including how you might make use of Health Trends.

- Is there any way this data could be released to coincide with Welsh Government's planning cycles e.g Children and Young People's Plan which partnerships were required to publish by 31 March.
- As an aide memoire and pointer toward other statistical information.
- Will use in CMO annual report. Have thought about following up some of adverse trends.

Important complementary report to my CMO report in which health trends are a very important way of transmitting messages.

These data are a key part of what the Welsh Government should be reviewing and monitoring

- I would like to see a more detailed cut-through on some of the information, which would support improved integrated service planning and delivery. An example would be in my area, further information on the numbers/ages/location of people using audiology services and the publication of the numbers/ages/location of people reporting with tinnitus. The high level information is very useful but it would be helpful to be able to break these down further so making the information more useful for planning purposes.
- Publishing the data at a Wales level are useful, but it would be more helpful if the Local Authority-level data was made available so that health organisations can find out how to tackle problems in their area.
- The hard copy version was too small and difficult to read.

Some of the tables were displayed information over 30 years or more - clearly this is sensible when looking at public health but far less useful when looking at hospital activity. One of the main purposes of these statistics is to allow analysis of how government policy and/or NHS delivery has impacted (or not) on activity. More detail over the last decade rather than the last 30 years would be helpful.

Also it would be interesting to ask what type of measures would be useful to organisations (obviously not everything will be possible).

- At a local level, we want to know our figs relative to Welsh average, so having these at LA or health board level also would be excellent. We use these in our local needs assessments, in presentations on population health, and in our strategic documents.
- I wouldn't consider myself a key user of these particular statistics. However, I am involved in the production of similar statistics and I could envisage that certain types of your users would value such a product - perhaps the non-specialist, more occasional/casual/potential user. I will watch with interest as to your users' views. Good luck.
- I think statistics can be used as evidence to point to changes in life styles e.g. increasing abortion rate and do we need to tackle that issue in a different way or using another approach. Personally I think statistics are interesting to give us warning that there is an increasing elderly population and we need to make provision for that increasing need. Although setting targets in the NHS fluctuates daily and may be misinterpreted through statistics and not properly presented e.g nurse managers chasing targets can forget about the important person- the patient and targets can cause a lot of stress in a busy ward which can influence care provided to the patient. An unhappy nurse will not function to his/her full capacity. Statistics are useful in getting a snapshot but must not be heavily relied on as there are so many variables affecting people and services on a daily basis. We can never eliminate these variables but only to try and reduce their impact on health and well-being.
- Very useful for the latest all-Wales picture on any particular topic. I get asked regular questions by colleagues and this could help me answer those questions. The edge-of-page index is also very handy.
- Overall, Health Trends Wales is a valuable document in a clear format. It is useful to have such a wide range of data available in a single place.

However, here is some feedback about how the document and its content could be made even more valuable.

The document intends to include "a wide range of statistical information on the health of the population and the range and quality of health care services in Wales." Yet it seems to focus on data from statutory organisations/ the NHS. The third sector is largely absent from this document, yet voluntary and community organisations contribute a great deal to improving the health of the public in Wales, and providing health related-services. They also have considerable specialist knowledge and data. I hope future publications will reflect this.

We work with the BME community, and would find it useful for Health Trends to include more data from "seldom heard" equalities stands. For example, statistics that would assist us in monitoring and evaluating the uptake of service from different communities and ethnic groups would be helpful. Statistics demonstrating how factors such as socio-economic status and ethnicity impact on health outcomes of the population would be valuable. Such data would allow us to highlight priority groups and identify areas of greatest need.

If more statistics were broken down into age groups and included data for children and young people, the document would be more effective for ABCD Cymru (and probably for other children's organisations too).

More emphasis on geographical differences and local trends in the population's health would be a valuable addition for the next publication. For example, it could highlight areas for improvement, or where changes in practice or approach need to be adopted to make service delivery more effective.

Is Health Trends Wales available in different formats, or is there an intention for it to be? Perhaps some research could be undertaken into this to identify needs. An easy read version could be useful so that service users, carers etc themselves can have access to this vital information in an accessible way. Consultation with our service users has shown this can be effective. For example, the community we work with often has lower than average literacy and English language ability, and over a third of our clients are learning disabled.

- I would use it to look at health trends in Wales when taken parallel to those of England and the UK. I felt that the format generally easy to read though found it was easier online, especially where there were multiple statistics as the page can be enlarged.
- The statistics provide a basis for understanding the demographics and other issues relating to and affecting the health service provided in Wales.
- 1. Excellent design - very easy to read in PDF format; very good use of colour; very well set out; clear typography; clear tables. A really first class piece of design - well done to all concerned!
- 2. In my view, the mortality and morbidity data needs to go into one booklet; the health service data into another. I relish statistics of all sorts but admit that even I skipped over the stats from page 32 onwards: FHS; WLT; HS; MH; PT; STF; F. I'll probably take another detailed look at the last 37 pages (p32 to p68) after I have completed this survey but at the moment I'm far more interested in the first 31 pages. I suspect this is likely to be true of many other users.
- 3. In this context, I've also ploughed through the longer "Health Statistics Wales 2010", detail by detail. It's packed with fascinating data, albeit nothing like as easy to read, or as well or attractively set out as "Health Trends in Wales 2011".
- 4. In my view, "Health Trends in Wales 2011" needs more pages devoted to summaries of the important, detailed mortality and morbidity data from "Health Statistics Wales 2010" which otherwise most folks - patients, GPs and nurses - are never going to look at.
- 5. Likewise, I think that only hospital administrators, local councillors, and other political folks such as MPs are likely by and large to spend much time poring over pages 32 to 68.
- 6. Page 8 of "Health Trends in Wales 2011" includes suicide rates from 1981 to 2009. This is very useful as it allows an immediate comparison with the rates of circulatory disease, cancers and respiratory disease in the same table three lines above. Nevertheless, Page 8 would be even more useful if the summary figures for "Accidents, poisonings & violence" (ICD 10 codes U50.9, V01-Y89), in Table 1.11 on page 19 of "Health Statistics Wales 2010", were also included.

7. I would go further. I would like to see included in future editions of "Health Trends in Wales" much more detail for "Accidents, poisonings & violence" (ICD 10 codes U50.9, V01-Y89) even than is currently available in Table 1.11 of "Health Statistics Wales 2010" - broken down into detailed mortality figures for: industrial incidents; road incidents; domestic incidents; accidental poisonings; murders; manslaughters; and infanticides.

8. I would like to see future editions of "Health Trends in Wales" also include annual morbidity summaries for Welsh hospitals' ER morbidity categories corresponding to the mortality categories in (7) above: industrial incidents; road incidents; domestic incidents; accidental poisonings; serious assaults; other assaults; child (ages 1- 16) injuries - assaults, accidental poisonings; scalding and burns; and other incidents leading rise to infant injuries; infant (ages 0 - 1) injuries - assaults, accidental poisonings; scalding and burns; and other incidents leading rise to infant injuries.

9. I would like to see age and sex breakdowns for (7) above, ie for all mortalities caused by: industrial incidents; road incidents; domestic incidents; accidental poisonings; murder; manslaughter; and infanticides.

10. I would like to see age and sex breakdowns for (8) above, ie for all ER treated morbidities caused by: industrial incidents; road incidents; domestic incidents; accidental poisonings; serious assaults; other assaults; child (ages 1- 16) injuries - assaults, accidental poisonings; scalding and burns; and other incidents leading rise to infant injuries; infant (ages 0 - 1) injuries - assaults, accidental poisonings; scalding and burns; and other incidents leading rise to infant injuries.

[... This comment has been edited for length ...]

- Useful contextual information for my work, particularly in giving a quick overview of long term trends.
- It would be useful to include comparators with England, Scotland and NI for the main indicators (e.g. ALE), Incidence of major diseases (e.g. MI, Stroke, and main cancers), prevalence of smoking and alcohol abuse, lines of expenditure on staff as a % of overall budget (e.g. admin, medical, nursing etc). The data would be used for designing projects for other groups with which I am involved and for adding to debates about the relative performance of the NHS in each country given the disparity between the ways in which the NHS will be organised in future.
- Useful as a very broad overview for general reader but my requirement for up to date and local data/information better satisfied by STATSWALES, Public Health Wales Observatory, etc. and other sources.
- This is an excellent little publication - congratulations on, and many thanks for, producing.

The long term trend data (going back in some cases >50 years) is especially valuable and provides a fascinating insight into changes in healthcare delivery, capacity, efficiency and demand. Coupled to the on-line spreadsheets, the pocket-sized format of the hard copy is also very useful. I carry this around with me just about everywhere as it is such a useful high-level digest of key NHS information sources.

Some gaps of course (reflecting broader strategic issues?) - data re. outcomes, healthcare acquired diseases, hospital mortality, community services and GP morbidity data and activity. For the former would be good to attempt some data capture from QOF etc as such data is now available.

Where possible, all of the hospital services activity and efficiency data also needs to be sourced from data-sets (APC, EDDS, OPA and OPR) rather than QS1 etc. This is essential in order to enable more detailed analysis ('drill down') and data audit trails.

- Am not convinced that the CHC's are representative of the general public's views. Am also not convinced that the general public are aware of the CHC's Role and purported function on their behalf. An awareness campaign needs to take place.

The GP out of hours service and NHS direct are sadly a joke particularly where time is of the essence. In real terms now GP's are doing less for more!!

- Useful in preparing context for ministerial and other papers.
- The QNI is a charity that aims to improve the nursing care that patients receive in their own homes, in England, Wales and Northern Ireland. We do this by funding nurses' good practice projects, creating

'Queen's Nurses' to be leaders and role models, and by working with Governments and policy-makers to help shape policies that will improve community care.

This publication is extremely helpful to give the big strategic picture of health and health services in Wales, and how they have developed over time. This helps us to select and encourage projects that focus on the key health issues for the Welsh population. From our point of view, additional information that would be very useful would be data about community nursing services (as opposed to hospital or primary care services, which are currently well-covered).

- Asthma health trends not present and needed given the high prevalence of asthma in Wales.
- It is very valuable having a long time series to show major trends and changes. It demonstrates the value of keeping consistency in key data collection and definitions. In view of the length of the time series, an annual publication does not seem necessary and annual changes can be picked up from other sources.

I was pleased to see the information on costs of prescriptions on page 36 but would it be possible to set this alongside total prescribing and costs for the NHS eg hospital prescribing? Providing information on costs of other services could also be valuable to see how this has changed. I wonder whether there is any scope for showing comparative data at the LHB level as there are key variations in performance at the local level? I appreciate this may be more appropriate for other publications and the data may be problematic in view of boundary changes but something that highlights local variation could make a useful point.

It could also be useful to set the health trends alongside some trend data for social care eg numbers of people supported at home or in residential settings.

We would like to see LHBs make more use of such data in their planning and monitoring of services, as this will provide a good foundation for explaining their plans and services to patients and the public more clearly and specifically than they do at present. As they spend much effort in collecting data it is important it is used effectively in managing and improving services. Work could be undertaken to enhance the use of this data by LHBs.

It is helpful for the CHC to be able to see major health concerns and issues set in a historic context and assess the impact of change. We hope these comments are of help.

- I would personally not use a printed booklet as I would look to access such information on line to ensure that I always had the most up to date version etc as I am not a frequent user of this sort of longer term data at a national level. However, for those who would use a booklet to access data, it is clear and well formatted.

I would personally go to the source of the data e.g Welsh Health Survey as I am skilled and knowledgeable enough of the sources of this evidence to be able to do so.

(It should be updated) Every 2-3 years maximum as the document gives trend data over longer periods of time and is not detailed enough (e.g. at a local/regional level) for the sorts of work that I am involved in. Also, much of the data that I would use is not collected/reported much more frequently than that and if on line users were directed to the source data, they could verify if there had been any more updates in the interim period.