Office for Statistics Regulation

UK Statistics Authority

Assessment of compliance with the Code of Practice for Statistics

Statistics on Prescription Cost Analysis: England

(produced by NHS Business Services Authority)

Assessment Report 353

November 2020

Office for Statistics Regulation

We provide independent regulation of all official statistics produced in the UK. Statistics are an essential public asset. We aim to enhance public confidence in the trustworthiness, quality and value of statistics produced by government.

We do this by setting the standards they must meet in the Code of Practice for Statistics. We ensure that producers of government statistics uphold these standards by conducting assessments against the Code. Those which meet the standards are given National Statistics status, indicating that they meet the highest standards of trustworthiness, quality and value. We also report publicly on system-wide issues and on the way statistics are being used, celebrating when the standards are upheld and challenging publicly when they are not.

Contents

Executive Summary

Judgement on National Statistics Status

ES.1 NHS Business Services Authority (NHSBSA), an arm's length body of the Department of Health and Social Care (DHSC), is responsible for providing services to NHS organisations, NHS contractors and to patients and the public. These services include the processing and management of prescription items dispensed by community pharmacies in England. NHSBSA is a new official statistics producer that was included in The Official Statistics Order 2018.

ES.2 NHSBSA published a suite of information titled Prescription Cost Analysis (PCA) England in April 2020 as National Statistics (referred to as PCA in this report). The responsibility for publication of these statistics was transferred from NHS Digital as part of wider plans to migrate a number of primary care medicines datasets to NHSBSA. NHS Digital and its predecessor bodies had published these statistics annually since 2005. This change of responsibility prompted a request for this assessment by the NHSBSA statistics team and demonstrates its commitment to complying with the Code of Practice for Statistics in producing official statistics, with PCA marking the start of NHSBSA's transition to an official statistics producer.

ES.3 PCA is a valued and trusted source of information used by government departments, the pharmaceutical industry, academics and professional bodies. PCA provides an annual overview of the cost (Net Ingredient Cost[1]) and volume of prescription items dispensed in the community in England. The statistics include those items prescribed in a primary care setting in England, Scotland, Wales, Northern Ireland and the Channel Islands and subsequently dispensed in the community in England. The statistics enable users to understand the cost and demand for prescription items (drugs, appliances or dressings) in England. They are used to inform decisions around policy changes, to forecast spend on medicines, to inform negotiations with DHSC and the NHS around reimbursement prices and as an indicator of the pharmaceutical marketplace.

ES.4 We have identified six requirements for NHSBSA to address in order to ensure the high standards of public value, quality and trustworthiness associated with National Statistics designation are met. These are described in chapters one to three of this report. We expect the NHSBSA statistics team to publish an action plan by the end of November 2020, which outlines the steps that it will take to address the requirements. Once NHSBSA has demonstrated that the improvements covered by these requirements have been made by February 2021, OSR will recommend to the UK Statistics Authority that National Statistics status for these statistics be confirmed.

[1] Net Ingredient Cost (NIC) – the basic price given in either the Drug Tariff or determined from prices published by manufacturers, wholesalers or suppliers.

Key Findings

Public Value

ES.5 The NHSBSA statistics team wants to understand more about the users and uses of the PCA. Encouragingly, through its User Engagement Strategy, the team outlines many user engagement activities and consultations to develop its understanding. The majority of users we spoke to were expert users who mostly accessed the data directly and did not tend to consult the commentary. In line with this, the publication seems to be aimed more at an expert audience. As part of NHSBSA developing its understanding of the user community, the statistics team is keen to collaborate with pharmaceutical experts and clinicians both within and outside NHSBSA to provide additional insight to PCA to ensure that developments to the statistics continue to meet users' needs.

ES.6 NHSBSA also publishes a second source of monthly PCA data. Whilst the monthly data are timelier, both sources of PCA are valued by users as they meet differing needs. To improve the value of the statistics, users would like to see an explanation detailing the similarities and differences between the monthly and annual prescription cost data and clear signposting between the two sources.

ES.7 Comparing the costs of prescribing across the UK is not straightforward, with statistics produced by the devolved nations not directly comparable with those for England. To improve the comparability of PCA across the UK, NHSBSA should work with the devolved nations to ensure that guidance in making any comparisons is clear and well-defined. NHSBSA should also engage with users about making financial year PCA data available.

Quality

ES.8 The single data platform appears robust and has allowed consistent naming conventions to be applied to medicines and devices. The data source appears suitable for the statistics and there is a reliable data supply.

ES.9 Generic (unbranded products) prescribing is encouraged across the NHS as a whole. This may mean that drugs are prescribed using a generic name, even when a generic form of the drug is not available to be dispensed. In these cases, NHSBSA cannot know for certain which exact drug was dispensed. NHSBSA plans to develop new methods to enable PCA to deal with this. As good practice and to ensure coherence and comparability across the UK, it would be beneficial to consult and incorporate the views of experts working in the other nations of the UK or abroad in the methods review.

Trustworthiness

ES.10 NHSBSA's published Customer Service and User Engagement policy contains information about how to access data not contained in existing NHSBSA publications. However, a change to processes in February 2019 has led to some requests for non-identifiable patient data being re-directed and subject to charges. Users are now unclear about the process to request data appropriately. To improve transparency, NHSBSA must clearly define and publicly document all data access processes to ensure users fully understand and are aware of any changes made.

ES.11 The Lead Official for Statistics at NHSBSA is responsible for all independent decision-making around the release of official statistics and has established links with the Head of Profession for Statistics at DHSC. At present, this contact has

been less frequent due to the COVID-19 pandemic. Reinstating the relationship will help to further improve trustworthiness and ensure that as a new official statistics producer, NHSBSA is fully supported.

ES.12 The statistics are impartial, objective and released in an orderly way. There are links between the NHSBSA statistics team and the Government Statistical Service (GSS). Prior to, and during the course of the assessment, NHSBSA has sought advice and guidance from other statistics producers and the GSS Good Practice Team (GPT).

Chapter 1: Public Value

Introduction

1.1 Value means that the statistics and other numerical information are accessible, remain relevant and benefit society; helping the public to understand important issues and answer key questions.

1.2 Value is a product of the interface between the statistics or other numerical information and those who use them as a basis for forming judgements.

Findings

Relevance for users

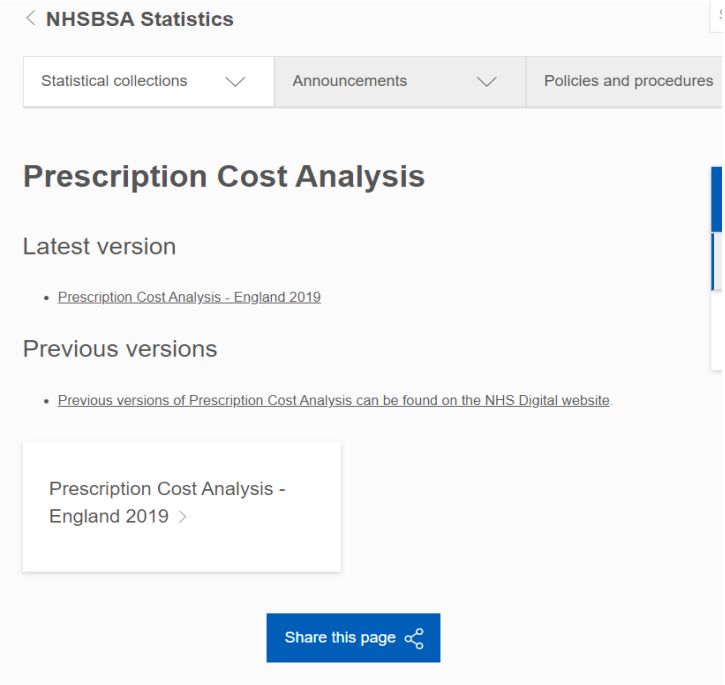
1.3 In November 2019, NHS Digital published the results of its formal consultation on changes to prescribing and medicines statistical publications, which included the plan to migrate production of PCA to NHSBSA. All respondents were supportive of the move to NHSBSA, although they did raise concerns that the quality of the outputs and the level of data available would be maintained following the change. Respondents were concerned that any changes to data structures and format needed to be communicated to them in a transparent and timely manner.

1.4 NHSBSA has published a Customer Service and User Engagement Policy which broadly identifies who its expected user groups are and outlines some ways users may get in touch with the team. NHSBSA also commits publicly to consult users on any developments or changes to the statistics, methodologies, publications or publication processes. Engagement with users takes place through a range of channels: the team meets with users within NHSBSA to discuss needs and liaises with those outside NHSBSA through its website, by formal consultation, by email, telephone and social media channels. The policy also outlines several ways of identifying new and potential customers, for example through Freedom of Information (FoI) requests or Google alerts.

1.5 NHSBSA explores the relevance to users as part of its Statement on Quality Principles and Processes referencing the European standards of quality assurance. In the Customer Service and User Engagement Policy, NHSBSA states that it will regularly review its official statistics products, data collections, and analysis and dissemination methods to identify ongoing opportunities for improvement and to maintain relevance.

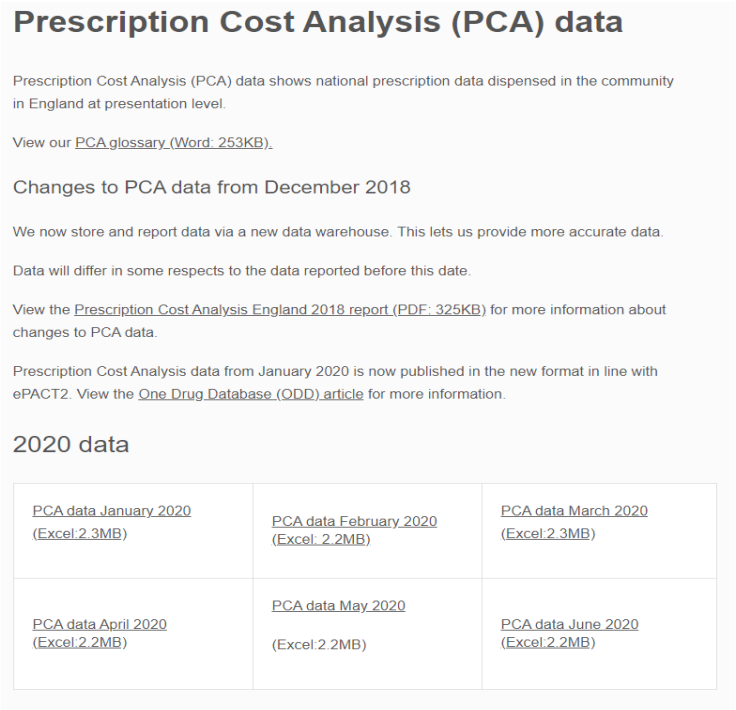
1.6 Since NHSBSA took responsibility for PCA, it has been seeking to engage more proactively with the users of these statistics; with planned activities detailed in PCA User Engagement Strategy. For example, three interactive user engagement sessions took place by webinar in late June 2020 and the statistics team held a debrief following the sessions on 1 July 2020. NHSBSA told us that the attendance levels were lower than expected, and that it plans to re-structure and re-advertise future sessions (to be held in December 2020) to improve attendance levels. Following the user sessions in June, the team published the feedback on its website. NHSBSA also plans to conduct a public consultation (date to be confirmed) to inform developments and any changes before the next PCA in 2021. NHSBSA has committed to respond to all formal consultations and publish the responses on its website. Additionally, NHSBSA has embedded a short survey into PCA landing page to help to develop a dialogue with users.

Figure 1: Snapshot of the annual PCA (National Statistics) webpage produced by the NHSBSA statistics team.



Source: NHSBSA website (August 2020)

Figure 2: Snapshot of the monthly PCA data published by the NHSBSA Information Services team on its webpage.



Source: NHSBSA website (August 2020)

1.7 As figures 1 and 2 illustrate, NHSBSA also publishes a second source of prescription cost analysis data as a monthly administrative data feed (produced by NHSBSA's Information Services team). The majority of users we spoke to primarily used and accessed these monthly data because they are more timely. Because of the ways in which the data are collected and categorised, the monthly data will not add up exactly to the numbers reported in PCA. For example, a medicine can change its 'preparation class' throughout the year. The monthly data use the preparation class of each presentation[2] as it was at the end of the month the data relate to, whereas PCA uses the latest preparation class assigned at the end of the calendar year. Users told us they would like to see an explanation detailing the similarities and differences between the monthly and annual prescription cost data.

> As pharmaceutical companies launch new drugs and products to the market, they are under 'patent' which gives the owner the legal right to exclude others from making, using, or selling the new drug/product for a specified period of time. As the patent expires, generic (unbranded) forms of the new drug/product can then be introduced. The 'preparation class' assigned to the product reflects this. For example, if a drug is no longer on patent and generic versions are able to be produced, the drug would change from class 2 to class 1.

1.8 Both the monthly and annual PCA meet differing user needs and are both considered valuable; users told us that it would be helpful to improve the signposting between the two on the website.

1.9 Users we spoke to identified further improvements they would like to see to the annual PCA statistics. Researchers and policy makers told us that having access to a longer time series for the cost and quantity of medicines dispensed in England would be useful. Users also highlighted a need for more-granular data, such as the number of patients with prescriptions by condition and any combinations of medicines prescribed. Providing data that link dispensing and prescribing datasets, or community and hospital datasets, was also considered important by users to increase the value of these statistics.

1.10 **To enhance the value of PCA, NHSBSA should provide an explanation about the similarities and differences between the monthly and annual prescription cost analysis data and establish clear signposting between the two sources.**

Accessibility

1.11 NHSBSA's Customer Service and User Engagement policy clearly outlines its approach to making the data and statistics equally available to all users and that statistical publications and the data from which they are derived will be made available in range of ways.

1.12 NHSBSA follows guidelines for accessibility as described in its Statement on Quality Principles and Processes. NHSBSA's webpages are produced in accordance with its accessibility policy and include a statement of accessibility. The

[2] A presentation is the name given to the specific type, strength, and formulation of a drug; or, the specific type of an appliance, for example Paracetamol 500mg tablets.

website is partially compliant with the Web Content Accessibility Guidelines version 2.1 standard. NHSBSA details the non-accessible content and the reasons for this, including its plans to improve accessibility.

1.13 The majority of users who spoke to us were able to access the information they needed very easily through NHSBSA's webpage. Users told us that the signposting between the monthly administrative data and the annual PCA webpages could be improved helping them to navigate between the two data sets.

1.14 NHSBSA told us that most requests for additional data fall under the remit of FoI requests which allows users to obtain the data for free. Bespoke analyses that fall outside of the remit of FoI can be subject to charges. These are cases that involve the supply of data outside of NHSBSA's business-as-usual activities. The charges applied are to cover the costs of processing the data and delivering the service, not for the data themselves, for example the cost of dedicating an analyst to produce the analysis beyond the limits of an FoI request. NHSBSA has committed to update the Customer Service and User Engagement policy to explain more clearly how users might access information not in regular publications.

Clarity and Insight

1.15 The statistics are designed to give the total number of items and spend for any individual presentation, or at any other level of the British National Formulary (BNF), a standard classification of drugs into conditions of primary therapeutic use. However, NHSBSA does not provide advice on what the statistics can and cannot be used for. **To enhance the value of PCA, NHSBSA should include prominent advice about how PCA can and cannot be used.**

1.16 The majority of users we spoke to were expert users who mostly accessed the data directly and did not use the commentary. The report is simply structured and the main points are clear, but there is scope for the commentary to be more informative about what the statistics show to be useful to non-expert users. More in-depth analysis would be beneficial if the user base is to be expanded to include less-expert users. For example, not all of the BNF chapters[3] are described so it is difficult to fully interpret this section of PCA and only an expert user would understand what each of the chemical substances is.

1.17 We commend NHSBSA for planning to expand and enhance the content of the statistical summary narrative, providing wider geographical breakdowns and further insight in trends. NHSBSA has also committed to respond to any feedback from its upcoming public consultation and ongoing user engagement activities.

1.18 One user questioned the expert knowledge of the team to provide meaningful insight given the expertise of the core user community. NHSBSA told us that it is keen to collaborate with experts to 'provide a comprehensive and coherent narrative for statistical topics', including PCA. We understand that strong links are already established between the statistics team and dedicated pharmacists and clinicians in NHSBSA Insight and Data directorate. **To ensure the level of insight meets a wide range of user needs, NHSBSA should collaborate with pharmaceutical experts (within and outside NHSBSA) or statisticians in the devolved administrations in its development of statistical commentary**.

[3] BNF chapter is the broadest grouping of the BNF classification system, e.g. BNF chapter 01 – Gastro-Intestinal System, BNF chapter 02 – Cardiovascular System

1.19 The statistics team is part of the English Health Statistics Steering Group, which is the forum for discussing these statistics in the wider landscape, including those from the devolved administrations.

1.20 NHSBSA provides links to other UK nations' prescription cost information alongside the statistics, allowing interested users to compare the statistics with those from other UK nations. The Background Information and Methodology document explains that there are differences with datasets produced by the devolved administrations, such as the way the data are classified and captured; these differences make comparisons beyond the key measures of drug cost and volume of items difficult for users. We heard from some users that gaining a UK perspective can be challenging. From our own research, we found that reporting periods are also disjointed across the UK with the England and Northern Ireland PCA statistics presented by calendar year whereas Scotland and Wales are for financial years, exaggerating the difficulties. **To improve the comparability of PCA across the UK, NHSBSA should work with the devolved nations to ensure that the guidance in making any comparisons is clear and well defined. NHSBSA should also engage with users about making financial year PCA data available.**

Innovation and Improvement

1.21 NHSBSA produces its statistical publications using Reproducible Analytical Pipelines (RAP), which reduces the time taken to produce the reports and frees some resource to focus on the quality of the outputs. NHSBSA makes the production code for PCA publicly available via GitLab which allows for peer review and the quality assurance processes to be transparent. Access to the data is through the new Open Data Portal, which users appreciate.

Efficiency and Proportionality

1.22 There is no additional burden on data suppliers in producing these statistics as the data exist for administrative purposes for the reimbursement of pharmacies. NHSBSA told us that there is an opportunity for easier comparisons and linkage between primary care data and secondary care data through the One Drug Database[4] by using consistent naming and coding conventions as defined by the Dictionary of Medicines and Devices (D+MD)[5].

1.23 The statistics team works with other directorates in NHSBSA to understand which additional data are requested, for example, using FoI requests, which will allow it to plan to include other data in future publications.

[4] NHSBSA One Drug Database provides a consistent, single source of information, with all drug data available in one place.
[5] Dictionary of Medicines and Devices which represents medicines and devices in use across the NHS.

Table 1: Value – Findings and Requirements

Findings	Examples	Requirement
It can be difficult for users to find the right outputs for their needs.	• Users told us they would benefit from improved signposting between the two sources of Prescription Cost Analysis (PCA) data that are released by NHSBSA. • Users told us they found it hard to know what the different PCA data could be used for, so were unsure if they could meet their needs.	1. To enhance the value of PCA, NHSBSA should: a. provide an explanation about the similarities and differences between the monthly and annual prescription cost analysis data b. establish clear signposting between the two sources c. include prominent advice about how PCA can and cannot be used.
The level of insight published in the release is currently limited and does not appear to fully meet the needs of a non-expert user.	• NHSBSA does not yet fully understand the needs of all users of PCA. • One user questioned the expert knowledge of NHSBSA statistics team to provide a meaningful level of insight to a range of users.	2. To ensure the level of insight meets a wide range of user needs, NHSBSA should collaborate with pharmaceutical experts (within and outside NHSBSA) or statisticians in the devolved administrations in its development of statistical commentary.
Comparison of PCA with similar statistics published by the devolved administrations is difficult.	• Some users reported that any understanding of the UK perspective was challenging. • There are differences in data definitions and the way in which data are captured. • Reporting periods across the four administrations for PCA are different.	3. To improve the comparability of PCA across the UK, NHSBSA should work with the devolved nations to ensure that the guidance in making any comparisons is clear and well defined. NHSBSA should also engage with users about making financial year PCA data available.

Chapter 2: Quality

Introduction

2.1 Quality means that the statistics and numerical information represent the best available estimate of what they aim to measure at a particular point in time and are not materially misleading.

2.2 Quality is analytical in nature and is a product of the professional judgements made in the specification, collection, aggregation, processing, analysis, and dissemination of data.

Findings

Suitable data sources

2.3 NHSBSA publishes the Background Information and Methodology document alongside the statistical report. The data used to produce the statistics are all collected, processed and maintained by NHSBSA. To improve the data processing speeds in a single data warehouse, NHSBSA transitioned to a single source of drug information, with the project titled the One Drug Database. The Information Services Data Warehouse holds the source data for PCA, using the national prescription data procured from the transactional systems used for the reimbursement and remuneration of dispensing contractors on a monthly basis.

2.4 There is a low risk of disruption to data supply, as data are provided within NHSBSA, according to an agreed timetable. Data are generated as result of NHSBSA's business-as-usual reimbursement processes. Prescriptions are submitted to NHS Prescription Services by dispensing contractors at the end of each month. These prescriptions are then processed in the Information Services Data Warehouse the following month and data are ready within five days. Administrative data are securely transferred between the Information Services Data Warehouse team and statisticians on database tables stored within a secure environment. Access to the tables within the Data Warehouse is managed by the Data Warehouse team, with access only being granted to tables required to perform a specific role.

2.5 Data are captured from prescriptions for the reimbursement of dispensing contractors. Prescriptions are scanned and subject to rigorous automatic and manual validation processes to ensure accurate payments are made to dispensing contractors. Some errors may be found in the data with handwritten prescribing, which always require manual operator intervention to process. Where electronic prescriptions are used, the scope for error has been found by audits to be minimal. For example, NHS Prescription Services carries out internal quality checks on samples of 50,000 prescriptions every month to find errors and estimate the error rate. The results of these checks consistently show that more than 99.5% of prescriptions are processed correctly. Latest figures are available on NHSBSA's website. NHSBSA notes that operators are provided with additional guidance and training if someone is identified as being responsible for an error.

2.6 Relationships between the statistics team and the Information Services Data Warehouse team are good. This team told us that it has regular meetings, up to

three times per week, with the statisticians, as well as formal project meetings. The data suppliers feel comfortable escalating issues or concerns to the statisticians in these meetings. NHSBSA statisticians are involved in the change control process that relates to information systems to ensure that, as far as possible, statistical needs are considered in any decision-making around changes in the data collected or their format. NHSBSA statisticians are also consulted about the data content of new systems when they are developed. The administrative data source chosen is able to provide timely and comprehensive coverage for the statistics and appears very suitable.

Sound methods

2.7 Generic (unbranded products) prescribing is encouraged across the NHS as a whole. This may mean that drugs are prescribed using a generic name, even when a generic form of the drug is not available to be dispensed. In these cases, NHSBSA cannot know for certain which exact drug was dispensed; therefore, it performs simple arithmetic to categorise generic prescriptions appropriately. This apportionment arithmetic is explained from page 6 of the Background Information and Methodology document. The current calculations have been inherited from those used by NHS Digital to produce the long-standing PCA. NHSBSA is unsure whether the methodology is in widespread use and recognised internationally. NHSBSA plans to revise the methodology, and to consult on the new methods that it has devised. **To ensure coherence and comparability across the UK, NHSBSA should consult and incorporate the views of experts working in the other nations of the UK or abroad in the methods review.**

2.8 Classifications have been updated to align with the latest standards in the DM+D. The BNF has been maintained in its current format by NHSBSA since the introduction of BNF version 70 in 2016 and all medicines are shown by their latest BNF classification.

2.9 In February 2020, NHSBSA published an update for users about a new single portal, involving changes to data definitions, where prescribing information will be available. Subsequently, NHSBSA re-worked and released a series of PCA England data tables from 2014 to 2018 to maintain the time series.

Assured Quality

2.10 NHSBSA has published a Quality Assurance of Administrative Data (QAAD) Assessment; Prescription data using the Authority's QAAD toolkit. This document outlines the strengths and limitations of each of the four QAAD areas in detail for prescription data. It notes that prescription data have medium risk of data quality concerns and medium public interest. We agree with this assessment of risk. Additionally, we were provided with the detailed information about NHSBSA's publication production process, including the desk instructions for staff to publish PCA, arrangements for quality assurance, sign off and pre-release access protocols.

2.11 The Background Information and Methodology document details the statistical quality dimensions and the quality assurance processes. NHS Digital and NHSBSA statistics teams collaborated extensively in the handover, to assure the quality of the data in the handover year prior to publication. Whilst the document includes a description of the strengths and limitations of the data, there is no consideration in relation to different uses. NHSBSA told us that any description of major data quality

issues known to relate to the statistics would be detailed on the release landing page of the website.

2.12 As mentioned previously, a RAP has been set up to produce this publication. As part of this, quality assurance is automatically carried out and any anomalies investigated by a different analyst. The code to produce PCA is released publicly via GitLab allowing for peer review and the quality assurance processes to be transparent.

2.13 NHSBSA told us that it plans to expand the Background Information and Methodology document to explain its statistical governance arrangements and detailing the external audits of pharmacy activity that are carried out, which help to assure the quality of the source data.

2.14 NHSBSA has published a Revisions and Corrections Policy covering both scheduled and unscheduled revisions and corrections. The policy is comprehensive and details how users would be made aware of scheduled revisions or unscheduled corrections, including the impact of changes. The Lead Official for Statistics is ultimately responsible for deciding on the publication of corrections. In line with the policy, NHSBSA published a correction notice in April 2020. We have included the policy on our online webpage as an example of a good practice case study.

Table 2: Quality – Findings and Requirements

Findings	Examples	Requirement
The current apportionment calculations have been inherited from those used by NHS Digital	• NHSBSA is unsure whether the apportionment methodology is in widespread use and recognised internationally. • NHSBSA is planning to consult on an alternative method	4. To ensure coherence and comparability across the UK, NHSBSA should consult and incorporate the views of experts working in the other nations of the UK or abroad in the methods review.

Chapter 3: Trustworthiness

Introduction

3.1 Trustworthiness means that the statistics and other numerical information are produced free from vested interest, based on the best professional judgement of statisticians and other analysts.

3.2 Trustworthiness is a product of the people, systems and processes within organisations that enable and support the production of statistics and other numerical information.

Findings

Honesty and Integrity

3.3 NHSBSA publishes data publicly via its website and more recently in March 2020 through an Open Data Portal. Additionally, more-granular prescription data are available to those working in the NHS and pharmaceutical industry via secure portals such as ePACT2, allowing authorised users secure and managed access to data. Building on this history, in July 2019, NHSBSA launched a Publication Strategy, that outlines its commitment to produce and publish official statistics.

3.4 The decision to migrate primary care medicine publications, including PCA, from NHS Digital to NHSBSA to streamline the production and publication of the statistics within the same organisation, was publicly consulted upon. We welcome this collaboration, with the partnership demonstrating good statistical and business practice. The broader ambition to improve the richness of prescribing data in the future will also benefit users.

Independent decision-making and leadership

3.5 The team responsible for producing official statistics is new and relatively small, having been established in 2019. NHSBSA has appointed a Lead Official for Statistics, who has overall responsibility and authority for methods, standards and procedures, and on the content and timing of the release of regular and ad hoc Official Statistics. NHSBSA's Chief Digital and Insight Officer has overall responsibility for the Data and Insight directorate which includes the official statistics team and reports directly to the Chief Executive.

3.6 As an arm's length body, NHSBSA has established links with the Head of Profession for Statistics at the Department for Health and Social Care, although those contacts have been limited more recently due to the impact on resource given the COVID-19 pandemic. As NHSBSA is a new official statistics producer, the ability to safeguard the production of official statistics has not yet been tested. **To further improve the trustworthiness of NHSBSA, the relationship with the Head of Profession for Statistics in DHSC should be reinstated, to ensure the Lead Official is fully supported in their role to produce Official Statistics.**

Orderly release

3.7 PCA statistics and data are presented impartially and objectively, with no evidence of any action or public statement by NHSBSA that might undermine the confidence in the independence of the statistics once published. In 2019, NHSBSA published a

separate press release, which contained a clear link to the statistics. NHSBSA pre-announces the publication of PCA using a 12-month release calendar and we understand that the Lead Official for Statistics is liaising with the Government Digital Service and the Cabinet Office to ensure that any future pre-announcements are also made available on the gov.uk website. A Pre-Release Access (PRA) list is available and was published as part of the release of the statistic, containing details of all individuals in NHSBSA granted pre-release access. The list is commendably small and we understand that NHSBSA has plans to stop pre-release access entirely.

Professional capability

3.8 NHSBSA has provided evidence of the responsible service areas for the Data and Insight team including the publication of official statistics. The official statistics publication team that delivers PCA consists of a Statistical Officer, Senior Statistical Officer and a Statistician with the support of the wider directorate. Recruitment to official statistics production roles is done in line with best practice and the agreed standards of the GSS.

3.9 The Lead Official for Statistics is a Senior Statistician with established links with the GSS network. The Code of Practice for Statistics has been used by NHSBSA to frame many of its policies as an official statistics producer, working with peer reviewers from another official statistics producer and seeking guidance from the GPT. The statistics team generally demonstrates a good working knowledge of the Code.

3.10 We understand that NHSBSA plans to establish a Public Data Oversight Group whose proposed terms of reference were shared with us. These include a role to advise the NHSBSA Board and oversee, support, and challenge the implementation of the Data Strategy to improve the use of NHSBSA's data. The membership is expected to comprise public representatives, experts and leaders, as well as NHSBSA officials. We expect that this collaboration between data users and NHSBSA should lead to widening the range of data users and better understanding of their needs.

Data governance and access

3.11 NHSBSA has published a Data Protection and Confidentiality policy that details the policies, processes, structures and roles for ensuring confidentiality and legality in statistical production. A comprehensive list of published information governance documentation is provided in the statement, including those covering incident management procedures and data protection legislation. NHSBSA obtains and processes personal information as per its legal obligations to comply with all appropriate legislation in respect of data protection and patient confidentiality principles. NHSBSA told us that the reporting lines for information governance and digital insight are separate and, to provide transparent assurance for users, and NHSBSA told us about plans to publish the data governance arrangements in their supporting information.

3.12 The Customer Service and User Engagement policy contains information about how to access data not contained in existing NHSBSA publications, using the FoI request process. However, users found this process very convoluted and inconsistent, with a noted change in the behaviour and communication between them and NHSBSA. They were frustrated by the lack of clarity around changes to the FoI process, with some requests for non-patient identifiable data, from February

2019, being re-directed to a chargeable non-academic research request. Whilst NHSBSA's FoI webpage outlines the new process, users we spoke to were not aware of this change. **To improve the public confidence and transparency of NHSBSA, all data access processes should be clearly defined and publicly documented to ensure that all users understand and are fully aware of any change to processes. NHSBSA should reflect on the FoI requests received and review whether to include the information in future routine data publications.**

Table 3: Trustworthiness – Findings and Requirements

Findings	Examples	Requirement
As a new official statistics producer, NHSBSA Lead Official for Statistics has established links with the Department of Health and Social Care, although less frequent contact due to the COVID-19 pandemic	• NHSBSA told us that contact with the DHSC has been reduced by the COVID-19 pandemic.	5. To further improve the trustworthiness of NHSBSA, the relationship with the Head of Profession for Statistics in DHSC should be reinstated, to ensure the Lead Official is fully supported in their role to produce Official Statistics.
NHSBSA has recently changed the data access process, causing frustration amongst users.	• Users reported additional barriers in gaining access to data. They were frustrated by the lack of clarity around changes to the FoI process, with some requests, from February 2019, being re-directed to a chargeable non-academic research request.	6. To improve the public confidence and transparency of NHSBSA: a. all data access processes should be clearly defined and publicly documented to ensure that all users understand and are fully aware of any change to processes. b. NHSBSA should reflect on the FoI requests received and review whether to include the information in future routine data publications.

Annex 1: The Assessment Process

A2.1 This Assessment was conducted from April 2020 to October 2020.

A2.2 This report was prepared by the Office for Statistics Regulation and approved by the Regulation Committee on behalf of the Board of the UK Statistics Authority, based on the advice of the Director General for Regulation.

A2.3 The regulatory team – Vicky Stone and Caroline Jones – agreed the scope of and timetable for this assessment with representatives of NHSBSA in April 2020. Documentary evidence for the assessment was provided by NHSBSA Lead Official for Statistics in May 2020. The regulatory team met with NHSBSA representatives in July 2020 and asked a number of exploratory questions as part of our review of compliance with the Code of Practice for Statistics, taking account of the evidence provided, user views and research performed.

A2.4 A key part of the assessment was talking to people who use the statistics, to help us understand the current value of the statistics, and where there is the potential to increase this. We approached known and potential users of these statistics and conducted 15 interviews, in addition to receiving comments from a further two users via email. These users worked within government departments such as the Department of Health and Social Care, commercial organisations, academia and professional health or economic bodies.

A2.5 In addition, we also attended three user sessions and an internal debrief held by NHSBSA which were planned activities outlined in the PCA User Engagement Strategy. Our engagement gave us insight into the extent to which the statistics meet different users' needs and identified ways in which the presentation of the statistics could be improved in the future.

Key documents

A2.6 Evidence provided by NHSBSA includes:

- NHSBSA Official Statistics Customer Service and User Engagement Policy and Prescriptions Cost Analysis 2019 – User engagement strategy.
- Data and Insight Directorate structure overview
- NHSBSA data and information governance policies and standards
- NHSBSA Official Statistics Confidentiality and Access Statement
- Statement of Compliance with the Code of Practice for Statistics
- Draft NHSBSA business plan and statistical work plan
- NHSBSA Publication Strategy
- NHSBSA Official Statistics Statistical Disclosure Control Protocol
- NHSBSA Official Statistics Statement of Compliance with Pre-Release Access to Statistics Order 2008
- NHSBSA Official Statistics Revisions and Corrections Policy
- NHSBSA Official Statistics Statement on Quality Principles and Processes and PCA QAAD Assessment