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Requirements Specification National Obesity Audit

Document management

Revision History

Version	Date	Summary of Changes
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0.2		2nd draft after review
0.3	08/02/2023	Updated after review by IAO, IAA and IG
0.4	22/02/2023	Final draft version for approval and sharing
0.5	11/04/2023	Updated following further review of dataset specification
0.6	17/05/2023	Updated following PTE conversations
0.7	22/05/2023	Updated with latest PTE advice
0.8	04/07/2023	Updated following legal advice and DHSC review
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Reviewers

This document must be reviewed by the following people:

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[Redacted]	[Redacted]	IAO and Lead Information Manager for National Obesity Audit	27/09/2023	1.0

Glossary of Terms

Term / Abbreviation	What it stands for
BMI	Body Mass Index
CSDS	Community Services Dataset
CVDPrevent Audit GPES	Cardiovascular Disease Prevention Audit collected via the General Practice Extraction Service under the following Direction: Establishment of information systems: Cardiovascular disease prevention audit Directions 2020
DARS	Data Access Request Service
HES	Hospital Episode Statistics
MPS	The Master Person Service (MPS) is an enhanced person-matching algorithm that increases the number of linkable records where incomplete records have been submitted.
NOA	National Obesity Audit
UK GDPR	UK General Data Protection Regulation
WMS	Weight management services

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Purpose of document

This document sets out the requirements for the National Obesity Audit (**NOA**) and should be read alongside the **National Obesity Audit Directions 2023** issued by the Secretary of State for Health and Social Care.

1. Introduction / Purpose of data collection

The purpose of the National Obesity Audit Directions 2023 is to enable NHS England to analyse and link obesity data to support the NHS Long Term Plan, which aims to provide better outcomes for the patient.

The NOA will be a patient-level data set which will cover all aspects of services that are publicly funded by the NHS and the Department of Health and Social Care (DHSC) in England. The NOA will follow the patient journey from primary to secondary care, looking at all areas of care, interventions and outcomes. This data set supports the aims of the NHS Long Term plan to deliver:

1. Better outcomes.
2. Better experience, and
3. Better use of resources by offering better value for patients, the population and the taxpayer.

For example, the data will show where patients are being placed out of area, where care packages are being changed frequently, and other evidence which may indicate poor outcomes for the patient, allowing this to be identified and addressed.

The aims of the NOA programme are to:

a. develop a robust, high quality audit designed around key quality indicators likely to best support local and national quality improvement.
b. Achieve, articulate and maintain close alignment with relevant National Institute for Health and Care Excellence (NICE) national guidelines and quality standards throughout the audit, as appropriate;
c. enable improvements through the provision of timely, high quality data that explores variation by comparing providers of healthcare, and comprises an integrated mixture of named Trust or Health Board, commissioner, Multi-Disciplinary Team (MDT), general practitioner, consultant or clinical team level and other levels of reporting;
d. engage patients, carers and families in a meaningful way, achieving a strong patient voice which informs and contributes to the design, functioning, outputs and direction of the audit;
e. consider the value and feasibility of linking data at an individual patient level to other relevant national datasets
f. ensure robust methodological and statistical input at all stages of the audit;
g. identify full range of audiences for the reports and other audit outputs, and plan and tailor them accordingly
h. provide data in a timely, accessible and meaningful manner to support quality improvements, minimising the reporting delay and providing continual access to each unit for their own data
i. utilise strong and effective project and programme management to deliver audit outputs on time and within budget

j. close engagement with the National Diabetes Audit and other national collections to seek opportunities to align scope, methodology and outputs to optimise a whole pathway analysis of diabetes care and outcomes from pregnancy and childhood through to adulthood; and
k. develop and maintain strong engagement with local clinicians, networks, commissioners, patients and their families and carers and charity and community support groups to drive improvements in services for patients

Using the National Data Guardian public benefit guidance[1] we have evaluated that this use of data is for public benefit because:

- it will advance the understanding of the population living with overweight and obesity, their needs, current service provision and outcomes. This includes better understanding of any regional variation and inequalities
- it will make recommendations to improve the quality of care, outcomes and experience of people living with overweight and obesity, including the identification of good practice to learn from, or areas of poorer practice which need to be addressed.
- it will help inform decisions on how to effectively and equitably allocate and evaluate funding according to need

1.1 The National Clinical Audit and Patient Outcomes Programme (NCAPOP)

The NCAPOP is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England (NHSE) and comprises around 40 projects covering care provided to people with a wide range of medical, surgical and mental health conditions. The programme is funded by NHS England, the Welsh Government and, with some individual projects, other devolved administrations and crown dependencies.

The NOA is a national clinical audit which is part of the NCAPOP. The Secretary of State for Health and Social Care will use powers under section 254 of the Health and Social Care Act 2012 and section 13ZC of the National Health Service Act 2006 to direct NHS England to analyse and link the NOA data. HQIP assists NHS England in commissioning and contract managing the audit.

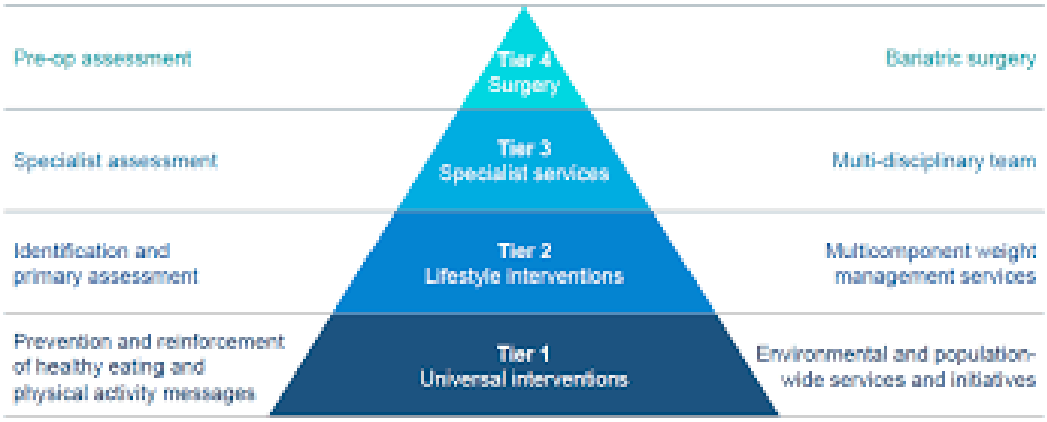
1.2 Background of the NOA

The impact of obesity on population health and the NHS is significant and increasing. Global obesity rates have tripled since 1975, and the UK rates rank among the highest in Europe. Obesity and poor diet are linked with type 2 diabetes, high blood pressure, high cholesterol and increased risk of respiratory, musculoskeletal and liver diseases amongst others. People with obesity are also at increased risk of certain cancers, including being three times more likely to develop colon cancer. Nearly two-thirds of adults in England are living with overweight or obesity. In 2018/19, 876,000 admissions to NHS hospitals recorded obesity as a primary or secondary diagnosis. A third of children leaving primary school are living with

[1] National Data Guardian guidance ‘What do we mean by public benefit? Evaluating public benefit when health and adult social care data is used for purposes beyond individual care’ https://www.gov.uk/government/news/ndg-guidance-enabling-better-public-benefit-evaluations-when-data-is-to-be-used-in-planning-research-and-innovation#:~:text=The%20guidance%20defines%20public%20benefit,public%20benefit%20across%20the%20sector

overweight or obesity. Children and young people living with obesity have a higher risk of adverse health outcomes and more likely to start adulthood living with obesity.

Adult and children's weight management services (WMS) are currently commissioned in four tiers (as per NICE clinical guideline 189 recommendations)**.** Tier 1 and Tier 2 services are predominantly, though not exclusively, commissioned by local authorities. Tiers 3 and 4 are predominantly commissioned by Integrated Care Boards (ICBs) (children's tier 4 services fall under NHS Specialised Commissioning).



2. Data collection

The NOA information asset will not collect any additional data from providers, but instead will re-use (analyse and link) data which is already collected by NHS England for NOA purposes – see 'Source' below.

Scope

All weight management services (WMS) and interventions (interventions where weight loss, maintenance of healthy weight, or decrease rate of weight gain, is a primary aim) in England. Including services currently commissioned in Tiers 2, 3 and 4 (including pregnancy-related).

All children and adults with a Body Mass Index (BMI) / weight and height / centiles recorded within any nationally collected dataset that captures body weight or growth parameters.

Universally available/ coded interventions classified as Tier 1 will be included where able to provide person-level data that are: NHS or Local Authority commissioned, and all publicly funded private and voluntary weight management services.

Geographical coverage

a. England.

Exclusions

a. There are currently no service or service user exclusion criteria.

b. The development of any patient experience measure or direct collection of any patient experience data is excluded at this stage on the basis that it is unclear whether there are any relevant, validated methods of data collection which are likely to be beneficial.

c. Undertaking work to develop any new patient reported outcome measures (PROMS) is explicitly excluded at this point in time. (**Please note** that where there are existing validated PROMS or patient reported outcomes that are consistently used within clinical practice these may be considered for inclusion within the NOA).

Source

To avoid burden on the healthcare system the audit will analyse and link data which NHS England already holds as a Controller under the UK GDPR, rather than collect bespoke data. It is expected that the audit will analyse and link the following key data sources:

1. Data from general practices which is collected via the Cardiovascular Disease Prevention (CVDPrevent) Audit (CVDP) through the General Practice Extraction Service (GPES) under the Cardiovascular Disease Prevention Audit Directions 2020[2]. Data used in NOA will be for people with a Body Mass Index (BMI) / weight and height/ centiles recorded or who have been referred to a weight management service or attended a weight management intervention. The NHS England audit team, CVDP team and GPES team have worked together and the CVDP collection will take place automatically according to the existing defined schedule. GP data will also be retrieved for any new relevant people identified from the Community Services Dataset or the Hospital Episode Statistics.
2. Community Services Dataset (CSDS) collected under the Community Services Dataset Directions 2020[3] in order to collect data from Tier 2 and 3 weight management services commissioned by the NHS and local authorities. This includes data from private providers who have been publicly funded to deliver these services. Data used in NOA will be for people with a Body Mass Index (BMI) values or status, or weight and height measurements, or who have been referred to a weight management service or attended a weight management intervention. GP data will be retrieved for any new people identified in this way.
3. Hospital Episode Statistics (HES) / Admitted Patient Care (APC) data collected under the Spine Services (No.2) 2014 Directions[4] to collect data relating to Tier 4 obesity

[2] Establishment of information systems: Cardiovascular disease prevention audit Directions 2020. The Directions were given by NHS England to the Health and Social Care Information Centre (NHS Digital) on 13 October 2020. NHS Digital was abolished, and its functions transferred to NHS England, with effect from 1 February 2023, by the Health and Social Care Information Centre (Transfer of Functions, Abolition and Transitional Provisions) Regulations 2023 (S.I. 2023/98.). By virtue of regulation 3, those Directions have effect as if given by the Secretary of State to NHS England.

[3] Community Services Data Set Directions 2020. The Directions were given by the Secretary of State to NHS Digital on 25 January 2021. See footnote 2 as to the abolition of NHS Digital and the transfer of its functions to NHS England by S.I. 2023/98. By virtue of regulation 6 of S.I. 2023/98, the Directions have effect as if references to the Health and Social Care Information Centre (or NHS Digital) were references to NHS England (and the Directions accordingly have effect as if given to NHS England).

[4] Spine services (no 2) 2014 Direction. The Directions were given by the Secretary of State to NHS Digital on 5 December 2014. See footnote 2 as to the abolition of NHS Digital and the transfer of its functions to NHS England by S.I. 2023/98. By virtue of regulation 6 of S.I. 2023/98, the Directions have effect as if references to the Health and Social Care Information Centre (or NHS Digital) were references to NHS England (and the Directions accordingly have effect as if given to NHS England).

related bariatric surgery interventions. This includes data from private providers where procedures have been funded by the NHS. GP data will be retrieved for any new people identified in this way.

4. Other data sources NHS England holds where there is a clear lawful basis for the linkage and it meets the purpose of the NOA.

Full details of the data to be analysed and linked and codes can be found in the National Obesity Audit Dataset Specification on the NOA collection webpage.

For each data source NHS England will also access all relevant and available historical data.

Category

The processing of both identifiable patient level data and aggregate data, which is held by NHS England.

The data to be used is described in the NOA Dataset Specification. The data used has been minimised to ensure data on each individual is kept to a minimum.

Frequency

This is an ongoing collection and will use existing data collection frequencies via HES, CSDS and GPES. This data will be combined to create an NOA asset which will be updated quarterly.

Analysis

Internal processing

To meet the purpose of the National Obesity Audit Directions 2023, NHS England will carry out the following processing activities:

- Validation and creation of derivations as part of the processing of the existing datasets. This includes use of the Master Person Service (MPS) to assign a person identifier to each record. Some of the derivations created help to anonymise the data, for example by deriving age from date of birth.
- Applying the cohort criteria as detailed in the scope above to restrict use of the existing datasets to the purpose of the NOA.
- Analysis and linkage shall be undertaken on identifiable data, which may include special category data given that understanding of health conditions is part of the purpose. Access to identifiable data will be limited. Wherever possible when data is shared within NHS England it will be anonymised, aggregate analysis.
- Data quality will be checked against the standard six data quality characteristics, which are coverage, completeness, validity, default, integrity and timeliness. Identifiable data quality information may be shared within NHS England to the owners of each dataset to help improve the data quality of the underlying data.

NHS England may further analyse the Information in accordance with the **NHS England De-Identified Data Analytics and Publication Directions 2023** (as amended from time to time and for so long as they remain in force)[5] subject prior approval by the information governance team and in accordance with information governance procedures and controls, including where required, advice from the Advisory Group for Data.

NHS England may also analyse the Information in accordance with the **Life Sciences Directions 2019**[6] (as amended from time to time and for so long as they remain in force) subject to prior approval by the information governance team and in accordance with information governance procedures and controls, including where required, advice from the Advisory Group for Data.

Data linkage

Linkage at an individual patient level across the dataset cohorts will be carried out using the MPS person identifier. This will reduce the data collection burden upon participating care providers and enhance impact.

Analysis by reference or linkage to other data obtained by NHS England under any other section 254 Directions not listed in the Source datasets above may be carried out, subject to prior approval by the information governance team and in accordance with information governance procedures and controls, including where required, advice from the Advisory Group for Data. Other data may include but is not limited to:

- Deaths of people living with overweight or obesity – ONS Deaths data
- Data on people living with overweight or obesity who access Digital Weight Management services – data from that NHS England programme.
- Data on people living with overweight or obesity who access other acute hospital services – from HES, the Emergency Care Data Set and the Diagnostic Imaging Data Set
- Data on people living with overweight or obesity with relevant comorbidities – existing data sources such as the Maternity Services Data Set, Mental Health Services Data Set, Improving Access to Psychological Therapies Data Set, National Diabetes Audit, CVDPrevent Audit and Patient Reported Outcome Measures (PROMS) data for hip and knee replacements.
- Details of medication are very important both because weight gain can be a side-effect of many medications but also because of the approval by NICE of new weight loss drugs. Data on GP prescribing and from Hospital Prescribing Data when that becomes available.

[5] NHS England De-Identified Data Analytics and Publication Directions 2023.

[6] https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/secretary-of-state-directions/life-sciences-directions-2019. The Directions were given by the Secretary of State to NHS Digital on 21 October 2019. NHS Digital was abolished, and its functions transferred to NHS England, with effect from 1 February 2023, by the Health and Social Care Information Centre (Transfer of Functions, Abolition and Transitional Provisions) Regulations 2023 (S.I. 2023/98.). By virtue of regulation 6, those Directions have effect as if references to the Health and Social Care Information Centre (or NHS Digital) were references to NHS England (and the Directions accordingly have effect as if given to NHS England).

NOA data may also be linked to other data sets to enhance data quality, or the impact of the audit or reduce data burden, where this is otherwise lawful and subject to prior approval by the information governance team and in accordance with information governance procedures and controls, including where required, advice from the Advisory Group for Data.

Consultation

The NOA has engaged in stakeholder consultations before establishing the information system, including during dataset development and review, including (but not limited to):

a. The Department of Health and Social Care (DHSC) – the organisation who has issued the National Obesity Audit Directions 2023;
b. service users and carers;
c. commissioners (local and national);
d. health care professionals and providers of services including chairs of the Joint GP IT Committee, RGCP and BMA;
e. Academics;
f. third sector organisations;
g. health care regulators (such as the Care Quality Commission (CQC));
h. national policy makers; and
i. organisations setting professional standards/users of the data for quality improvement and benchmarking, e.g. National Institute for Health and Care Excellence (NICE).

Dissemination/Sharing

Regular Dissemination/Sharing

During the publication design and development, NHS England may consult with clinical obesity and overweight experts to help ensure that any analysis produced reflects the service. Any data shared will be aggregate anonymous statistical data with disclosure control applied including small number suppression and rounding.

Data Access Request Service (DARS)

No NOA data will initially be made available via the NHS England Data Access Request Service (DARS) until the asset is more mature and would provide a benefit to the health and social care system and where this is the case, this Requirements Specification will be updated accordingly.

At such times that this data becomes available via DARS, NHS England will be able to use its discretionary powers under section 261 of 2012 Act and any other relevant statutory powers to disseminate NOA data. Organisations will be able to apply to the DARS and on approval, with the appropriate legal basis, have access to data obtained under the Direction. Any dissemination will be subject to the organisations applying to access the data having a lawful basis to process it, NHS England having a lawful basis to disclose it, successful applications being made to the DARS and the organisations entering into a data sharing

agreement. This may include applications made by Arm's Length Bodies, NHS and DHSC funded service providers and commissioners and the third sector community organisations, to support research and innovation and to understand the impact of the NOA on patient outcomes and experiences.

Publication

Data to be published

NHS England has a duty to publish information obtained as a result of complying with the Directions in accordance with section 260(1) of the 2012 Act (subject to section 260(2) and (3)).

NOA data will be published at named provider level. After taking into account the public interest as well as the interests of providers of weight management services, NHS England considers that is appropriate to publish this information to enable individual providers to monitor performance and outcomes across their organisation. This is to aid strategic planning across NHS funded providers so that resources can be focused on improvements that benefit patient care.

It is intended that NHS England will publish an annual report and quarterly dashboards of NOA data and will continue to publish aggregate anonymous statistical data in the manner agreed by DHSC, excluding any information that might make individual patients identifiable. All published data will have disclosure control applied including small number suppression and rounding.

The audit outputs should be developed in such a way that they could be used locally to drive quality improvement e.g. making performance against NICE guidance clear for providers, commissioners and patients; use of interactive tools; bespoke reporting tailored to different audiences (including patient outputs); regional workshops and supporting peer review processes. The audit findings should include a breakdown of analysis by ethnicity and socioeconomic deprivation to support local and national initiatives to reduce health inequalities and promote parity of care.

The level of granularity for reporting may be discussed with stakeholders and in line with NHS England disclosure policy.

There is an Equality Impact Assessment in place that will be regularly reviewed.

Change control process

Changes to this Specification will be managed by NHS England in conjunction with the Secretary of State for Health and Social Care to ensure such changes are aligned with the National Obesity Audit Directions 2023.