

Statement of Administrative Sources



Annex B: Supporting metadata

Organisation	The Information Centre for Health and Social Care (The NHS Information Centre for health and Social Care) http://www.ic.nhs.uk/	
Enquiries	Please contact the NHS Information Centre (NHS IC) Contact centre Telephone: 0845 300 6016 and email: enquiries@ic.nhs.uk	
Responsible Statistician	Name: Paul Eastwood Section: Lifestyle Statistics	
Section 1: Statistical End Product	Statistics on NHS Stop Smoking Services in England (Quarterly publication)	
Section 2: Original Administrative/Management Source/System	Name	NHS Stop Smoking Services Quarterly Monitoring Return
	Name of the organisation responsible	NHS Information Centre
	Purpose of the administrative source	Full and accurate completion of client data monitoring forms is a condition for qualifying as an NHS Stop Smoking Service provider. Four week quit data is required in order to assess the

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		<p>cost effectiveness of defined stop smoking interventions.</p> <p>In line with National Institute for Health and Clinical Excellence (NICE) guidance, service providers should aim to treat at least 5% of their local population of smokers over the course of a year. Services also need to increase access for certain minority groups with high smoking rates.</p> <p>Data collated by PCTs is used as the local measure to reflect smoking prevalence as set out in Tier 2 Vital Signs in the NHS 2010/11 Operating Framework.</p> <p>Quarterly submission of data by PCTs allows national, regional and local monitoring of progress towards Public Service Agreement (PSA) targets.</p>
	Unit of Inquiry	Clients setting a quit date through the NHS Stop Smoking Service. The same individual can set multiple quit dates over the period.
	Intended Coverage	All PCTs
	Actual Coverage	All PCTs
	Geographical Coverage	England
	Lowest level of Geographical Coverage	PCT
	Extent to which statistical end-producers can influence system?	The collection system is directly influenced by Department of Health and Care Quality Commission (CQC) requirements rather

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		than by end-producers, but the end producers have a role to play in highlighting and presenting data issues to these organisations. For example, in response to CQC concerns about data quality, changes to the system were introduced in 2008/09. These included the exception reporting system, a new data verification and checking process that is now used by PCT smoking and clinical governance leads to ensure that the right definitions have been used and that results that fall outside an expected success rate range (derived from smoking cessation literature) are investigated.
	Data definitions used	As per NHS data dictionary
	Classification systems used	NS-SEC (National Statistics Socio-economic Classification)
Data Collection Process	1)Periodicity/Timing 2)Validation process	(1) Collected quarterly – all quarterly data can be revised up to the end of the financial year. (2) The return form has built in validations and errors are flagged to the users at the point of submission. PCTs are asked to address these errors before uploading their spreadsheet.
Access Arrangements Dissemination Procedures		Data made available through quarterly and annual outputs. Also provided to DH to populate Vital Signs following publication and to the Care Quality Commission (CQC) for 3rd party use – the latter is done so through a pre-release access agreement. Data is sent to CQC via a template populated by the NHS IC
	Publication procedure	n/a
	Timing/Periodicity of public release	n/a

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	Nature of changes to system that could impact on statistics	Several additions to the collection form have been made in recent years (e.g. collection of information on new therapies and collection of socio-economic information). That has increased the breadth of information available. There have been no breaks in time series data thus far.
Section 3: Change Process	Changes to the collection are approved by Review of Central Returns (ROCR) and Information Standards Board (ISB). A Dataset Change Notice (DSCN) is in place for any new collection which will replace the existing one	
Section 4: The subsequent statistical production process	Validation procedures	Validation is undertaken to ensure that the NHS IC receive a complete dataset, e.g. year-on-year comparisons.
	Quality assessment	Quality assurance procedures followed; all analysis checked and dual run.
	Periodicity of release	Quarterly
	Potential impact of changes to the source on the statistics produced	All changes are carefully considered in terms of cost (burden) vs benefit. The collection is well established and 'changes' have always been additions in practice, meaning no impact on time series data.
	Procedures for mitigating such discontinuities	There are no plans to stop or replace the collection, but if there were happen then contingency plans such as a phased introduction could be put in place.

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