

Statistics from the
National Drug
Treatment
Monitoring System

*National Treatment
Agency for
Substance Misuse*

Statistics from the National Drug Treatment Monitoring System

June 2009

© Crown Copyright 2009

The text in this document may be reproduced free of charge in any format or medium providing it is reproduced accurately and not used in a misleading context. The material must be acknowledged as Crown copyright and the title of the document specified.

Where we have identified any third party copyright material you will need to obtain permission from the copyright holders concerned.

For any other use of this material please write to Office of Public Sector Information, Information Policy Team, Kew, Richmond, Surrey TW9 4DU or email: licensing@opsi.gov.uk

About the UK Statistics Authority

The UK Statistics Authority is an independent body operating at arm's length from government as a non-ministerial department, directly accountable to Parliament. It was established on 1 April 2008 by the *Statistics and Registration Service Act 2007*.

The UK Statistics Authority's overall objective is to promote and safeguard the production and publication of official statistics that serve the public good. The Statistics Authority is also required to promote and safeguard the quality and comprehensiveness of official statistics, and good practice in relation to official statistics.

The Statistics Authority has two main functions:

1. oversight of the Office for National Statistics (ONS) – the executive office of the Authority
2. independent scrutiny (monitoring and assessment) of all official statistics produced in the UK

Contact us

Tel: 0845 604 1857

Email: authority.enquiries@statistics.gsi.gov.uk

Website: www.statisticsauthority.gov.uk

UK Statistics Authority
Statistics House
Myddelton Street
London EC1R 1UW

ASSESSMENT AND DESIGNATION

Under the provisions of the Statistics and Registration Service Act 2007, the UK Statistics Authority has a statutory function to assess sets of statistics against the Code of Practice for Official Statistics, with a view to determining whether it is appropriate for the statistics to be designated, or to retain their designation, as National Statistics.

Designation as National Statistics means that the statistics are deemed to be compliant with the Code of Practice. Whilst the Code is wide-ranging, designation may be broadly interpreted to mean that: the statistics meet identified user needs; are produced, managed and disseminated to high standards; and are well explained.

Assessment reports will not normally comment further, for example on the validity of the statistics as a social or economic measure; though reports may point to such questions if the Authority believes that further research would be desirable.

Designation as National Statistics will sometimes be granted in cases where some changes still need to be made to meet fully the requirements of the Code, on condition that steps are taken by the producer body, within a stated timeframe, to address the weaknesses. This is to avoid public confusion and does not reduce the obligation to comply with the Code.

Designation is granted on the basis of the information provided to the Statistics Authority, primarily by the organisation that produces the statistics. The information includes a range of factual evidence and also assurances by senior statisticians in the producer organisation. The views of users are also sought. Should further information come to light subsequently which changes the Authority's analysis, the Assessment report may be withdrawn and revised as necessary.

Once designated as National Statistics, it is a statutory requirement on the producer organisation to ensure that the set of statistics continues to be produced in compliance with the Code of Practice.

1 Introduction

- 1.1 This is the first of a series of reports to be prepared under the provisions of Section 14 of the *Statistics and Registration Service Act 2007*¹. The report covers statistics from the National Drug Treatment Monitoring System (NDTMS), produced by the National Treatment Agency for Substance Misuse (NTA). These statistics contain information about people presenting for structured drug treatment at services in England. The NTA regards the primary use of the statistics as being the measurement of progress towards one of the government's Public Service Agreement targets, to "reduce the harm caused by alcohol and drugs" (PSA 25²). The statistics are released in an annual report³, with provisional monthly figures⁴ also produced to aid in-year monitoring. Both annual and monthly outputs have been assessed.
- 1.2 The initial set of statistics selected for assessment included: statistics produced by the Office for National Statistics, Whitehall departments, the Devolved Administrations, and an Arms Length Body; statistics from a variety of sources; different types of product; and different types of series. The breadth of the selection was to learn as much as possible from the early assessments and contribute both to our longer term planning and to our development of the process. The Statistics Authority will be inviting comments on both the process for assessment and the presentation of the report with a view to further development of the arrangements in the coming months. The forward programme of Assessments is at <http://www.statisticsauthority.gov.uk/assessment/programme-of-assessment/index.html> and further information on the principles and procedures for assessment is at <http://www.statisticsauthority.gov.uk/assessment/principles---procedures/index.html>.

¹ http://www.opsi.gov.uk/Acts/acts2007/pga/ukpga_20070018_en.pdf

² http://www.hm-treasury.gov.uk/d/pbr_csr07_psa25.pdf

³ http://www.nta.nhs.uk/areas/facts_and_figures/national_statistics.aspx

⁴ <http://ndtms.net>

1.3 The remainder of this report is structured as follows:

Section 2 Summary of findings, highlighting the main strengths and weaknesses in relation to the Code of Practice. This summary includes the UK Statistics Authority's recommendation in relation to designation as National Statistics.

Section 3 Subject of the assessment, an overview of the statistics and their history.

Section 4 Detailed assessment, providing more details about the assessment of compliance against each principle and protocol of the Code of Practice.

Annex 1 Suggestions for improvement

Annex 2 Summary of the assessment process and users' views.

1.4 This report was prepared by the Authority's Assessment team, and approved by the Board of the Statistics Authority on the advice of the Head of Assessment.

2 Summary of findings

2.1 Recommendation for designation as National Statistics

2.1.1 The annual and monthly statistics drawn from the National Drug Treatment Monitoring System are confirmed as National Statistics, subject to the NTA making some specific enhancements listed at section 2.4 below and reporting them to the Authority by October 2009.

2.2 Summary of strengths and weaknesses

2.2.1 The main users' needs are met, and primary users are well engaged in the production process. Statistics are disseminated openly. The annual report includes some helpful commentary and documentation about the statistics and methods used, although the presentation of the monthly data could be improved in this respect. There is less evidence of effective consultation with other users.

2.2.2 The NTA has properly sought to minimise the burden on data suppliers, providing a secure web entry system for those who are not able to extract data from an NHS clinical information system. The Assessment team considers quality management, including data checking, to be of a good standard.

2.2.3 The NTA acknowledges that as an 'arm's length' body, it lacks the senior level statistical oversight that would exist within a government department (through a departmental Head of Profession for statistics). There are potential risks to good statistical practice in such a situation – one that will be common among organisations newly brought into the statutory arrangements for official statistics, and one that might usefully be addressed across the statistical system by the National Statistician.

2.3 Detailed recommendations

2.3.1 The Assessment team identified some areas where it felt that the NTA could strengthen its compliance with the Code. Those which the Assessment team considers essential to enable re-designation as National Statistics are listed in section 2.4 below. Other suggestions, which would improve the statistics and the service provided to users but which are not central to their designation, are listed at annex 1.

2.4 Requirements for re-designation as National Statistics

- | | |
|----------------------|--|
| Requirement 1 | Publish on the website a statement about engagement with users (para 4.5) |
| Requirement 2 | Improve the NDTMS website, at the least by providing links between the NDTMS and the NTA websites and by providing clear information about where to find the new monthly figures and how these are broken down (para 4.31) |
| Requirement 3 | Develop a data management strategy for archiving data in accordance with relevant public records legislation (para 4.32) |
| Requirement 4 | Reinstate the responsible statistician's name in future releases, and on the NDTMS website (para 4.36) |
| Requirement 5 | Publish a list of people with pre-release access to the statistics (para 4.37) |
| Requirement 6 | Publish a Statement of Administrative Sources, once central guidance becomes available (para 4.39) |

3 Subject of the assessment

- 3.1 The National Drug Treatment Monitoring System (NDTMS) was set up by the Department of Health (DH) in 2001. Its purpose is to record individuals presenting for structured drug treatment at services in England, and to measure progress towards the national drug strategy Public Service Agreement.
- 3.2 From 1990 to 2001, information on new presentations to drug services, or presentations after a break in contact of six months or more, was collected by DH and stored on its Regional Drug Misuse Databases. Data were reported in DH's statistical bulletins for six month periods. The NDTMS was introduced on 1 April 2001, following a strategic review of the structure and operation of the information systems. The NDTMS aims to collect data on all clients in contact with services providing structured treatment, although it is known that a small number of (predominantly residential) services do not participate.
- 3.3 In 2004 ownership of the system was transferred to the National Treatment Agency for Substance Misuse (NTA), an arm's length body that was set up in 2002 to oversee drug treatment in England. The transfer of responsibility took place because the NTA needed to develop a treatment activity based information system to enable it to carry out its core function. Because this reporting system would have created a requirement on services to supply the same data twice centrally, it was decided to integrate the two functions into a single reporting database. The current data collection method was introduced in 2003/04. Treatment services submit an electronic core data set of their client information, either as a database extract or spreadsheet.
- 3.4 The NDTMS warehouses data about people receiving two types of treatment for drug and alcohol misuse in England – "Tier 3" (structured community-based services) or "Tier 4" (residential and inpatient services). All types of drug use are included (although only heroin and crack cocaine are included in the PSA target), but not all treatment types.
- 3.5 In some regions, Public Health Observatories operate the NDTMS and are managed through formal Service Level Agreements with the NTA. The NTA has a contract with the National Drug Evidence Centre at the University of Manchester (NDEC). NDEC produces the statistics from the data collected on the database and provide these to the NTA for publication.
- 3.6 Data are published in two forms. The annual report is published on the NTA's website. The report includes a range of analyses, along with associated commentary and some information about methods and quality. Monthly (provisional) data are published on the NDTMS website, maintained by NDEC. Monthly data are used by treatment providers and managers, and are published without commentary. The two websites are unlinked and operate independently.

4 Detailed assessment

Principle 1: Meeting user needs

The production, management and dissemination of official statistics should meet the requirements of informed decision-making by government, public services, business, researchers and the public.

- 4.1 Statistics from the NDTMS are produced with the primary purpose of monitoring and assisting the management of progress towards government targets for participation in drug treatment programmes, embedded in PSA 25. As such, the primary users of the data are internal users within the NTA (including regional teams); policy staff in DH, Home Office and other government departments working on drug treatment and related issues; and staff working within local Drug Action Teams.
- 4.2 The NTA has good knowledge of, and contacts with, the primary users of its statistics. Some good user consultation takes place, which includes regional meetings, public consultations and meetings of a Project Assurance Team, all held on a regular basis to capture users' views and needs. Local and regional users can discuss statistics with the central teams regularly at regional events and the larger users were reportedly satisfied with the level and format of engagement. Some users noted that they had a good relationship with the producer, often built up over time. A group with wide user representation reviews the scope and content of the annual report.
- 4.3 Although the NTA considers users of the annual report to include academics, researchers, and modellers, the Assessment team saw less evidence than it would hope to see of effective engagement with either them or other users (and potential users), such as commentators and the media, to investigate the extent to which the NTA can meet their needs.
- 4.4 Additionally, the NTA produces quarterly management information reports that are available internally. We think the NTA should consult users of the statistics with a view to determining whether there is demand for some of this unpublished information to be issued as official statistics.
- 4.5 There is a shortage of documentation about the uses and users of the statistics. Documentation outlining the NTA's actions and priorities with regard to users would help to ensure that there is a more transparent dialogue between the NTA and its users, and that users' views are taken into account in the NTA's decision-making processes. A statement about engagement with users should be published on the website as part of the re-designation as National Statistics⁵ (Requirement 1).

⁵ In relation to Principle 1 Practice 2, Principle 1 Practice 5 and Protocol 1 Practice 1 of the Code of Practice

Principle 2: Impartiality and objectivity

Official statistics, and information about statistical processes, should be managed impartially and objectively.

- 4.6 Statistics from the NDTMS are published in an orderly and timely manner via the National Statistics Publication Hub, and are free-of-charge.
- 4.7 Release practices, a revisions policy and methodological information are included in the Statement of Compliance with the (now-superseded) National Statistics Code of Practice. This statement is now superseded under the new governance arrangements, although the relevant sections can be extracted and used.
- 4.8 Some information about changes in methodology is available on the NTA's website, but lacks a focus on the implications for users, especially regarding comparisons of data over time. For example, some information (aimed mainly at data suppliers) was available regarding the coding change planned to come into force in April 2009. However, it is not clear how easily a user of the NTA's statistics would be able to find it.
- 4.9 The NDTMS figures are cleaned up or revised regularly, which sometimes results in annual data not always matching the monthly data. There is some good practice with regard to the notification of errors, with relevant users being notified of larger, more significant errors and statements of larger errors appearing prominently on the websites. However, some users expressed confusion when figures did not match up from month to month. More thorough details about data checking and the quality management process may also be helpful.

Principle 3: Integrity

At all stages in the production, management and dissemination of official statistics, the public interest should prevail over organisational, political or personal interests.

- 4.10 The NTA is an agency funded by the Department of Health (DH) and is therefore at arm's length from the main policy processes of central government.
- 4.11 The NTA itself issues both a statistical release and a media release, which can be found next to one another on the website. No separate departmental release is issued by DH. The media release quotes the Chief Executive of the NTA while the statistical release has a more strictly statistical focus. Pre-release access to the statistics is provided to some officials and Ministers in DH – as provided for in the Pre-Release Access to Official Statistics Order 2008 – but details of those to whom pre-release access is given should be published to be fully compliant with the Order.
- 4.12 In the NTA's case, as may be the case for many arm's length bodies, there are no formal links with a statistical Head of Profession (HoP) , although informal contact is maintained with the statistical HoP at DH. While the Assessment team recognises the particular situation of such agencies, the requirements of the Code of Practice for a senior statistical person with overall responsibility for the statistics remain. This is to ensure that, should any inappropriate influences be brought to bear on the procedures for, or release of, the statistics, there is a clear statistical voice to support the agency's statistical staff in putting the public interest first.

Principle 4: Sound methods and assured quality

Statistical methods should be consistent with scientific principles and internationally recognised best practices, and be fully documented. Quality should be monitored and assured taking account of internationally agreed practices.

- 4.13 Overall, the statistics meet the quality requirements of the main users. There is some consultation with key users about improvements to methods. The compilation of the statistics appears to be sound.
- 4.14 Some users expressed confusion and a lack of understanding about the quality of the statistics, which could be a consequence of the lack of clear metadata and documentation about them. Users have a range of information needs, from basic information, such as explanations of terminology, to more detailed information about methods and quality. Ideally, such metadata and methodological information would be made into a stand-alone document, in order to be easily accessible and identifiable for users.
- 4.15 Quality assurance is thorough. Data are checked for consistency at all stages of aggregation from local to national level. The Assessment team is satisfied that people are appropriately trained in quality management.
- 4.16 Some users identified apparent discrepancies between different data releases, such as the NTA's quarterly management information reports, data from the NDTMS and data on needs assessment.
- 4.17 There is some requirement for local Drug Action Teams to compare local area data. The Assessment team notes that the NTA and National Drug Evidence Centre at the University of Manchester (NDEC) are working on a graphical tool to facilitate regional comparisons, in response to this demand.
- 4.18 English data are combined with Scottish, Northern Irish and Welsh data, in order to meet an obligation to provide a UK figure to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Obligations are not fully met, but work is ongoing to improve compliance, and the level of compliance was reported as increasing each year. The NTA takes part in a UK-wide group, which reviews the datasets annually. The UK data are reported to be of a generally high standard at European level.

Principle 5: Confidentiality

Private information about individual persons (including bodies corporate) compiled in the production of official statistics is confidential, and should be used for statistical purposes only.

- 4.19 The statistics from the NDTMS meet the requirements for confidentiality. There is no evidence of any leak or inadvertent disclosure. There is evidence of the effective application of disclosure protection rules in the annual tables. Clients are also informed about confidentiality when providing the data and enrolling in drug treatment programmes.
- 4.20 The processing of the data and management of the NDTMS is not carried out within the NTA but is outsourced to NDEC. NDEC has a robust confidentiality policy and requirements to protect the confidentiality of data are included in the standard employment contract that members of staff at the NTA and NDEC are required to sign.
- 4.21 The NTA has assured us that it has robust and secure procedures for data transfer and storage in place.

Principle 6: Proportionate burden

The cost burden on data suppliers should not be excessive and should be assessed relative to the benefits arising from the use of the statistics.

- 4.22 The NDTMS data are collected via administrative systems, either using an NHS clinical information system or via a bespoke clinical software package. This system is available free of charge to data suppliers, and comprehensive guidelines are provided for using the system. The NTA designed the system itself, and has prioritised statistical purposes in trying to get consistent data from such a large number of service providers.
- 4.23 The costs for data provision are considered as part of DH's Review of Central Returns process⁶.
- 4.24 Some data suppliers mentioned an overly heavy burden of supplying data, and of implementing necessary changes relating to the process of supplying data. This was particularly the case for smaller suppliers.
- 4.25 Data provision is voluntary and there are some problems with regard to non-reporting of figures for some "Tier 4" providers, which represent about 5 per cent of activity. However, extensive checks on coverage are carried out by the NTA, both by analysing data and through local intelligence. Non-response was particularly highlighted in a joint service review carried out by the NTA and the former Healthcare Commission, which noted that "Twenty-eight per cent of inpatient services and 41% of residential rehabilitation services were either not reporting any data or reporting incomplete data to the national database (NDTMS)."⁷

⁶ The ROCR process involves all units and bodies within DH providing information on their data collection, as part of efforts to reduce burdens on data providers. All information requirements are reviewed centrally to minimise duplicate reporting and to ensure central cohesion. For more information, see <http://www.ic.nhs.uk/services/the-review-of-central-returns-rocr>

⁷ http://www.nta.nhs.uk/areas/standards_and_inspections/2007-08_review/hcc_nta_review_docs_jan_09/2007_8_substance_misuse_national_report_diversity_tier_4.pdf

Principle 7: Resources

The resources made available for statistical activities should be sufficient to meet the requirements of this Code and should be used efficiently and effectively.

- 4.26 The NDTMS statistical system appears to have an adequate level of funding and resources, and these resources appear to be deployed effectively. Our assessment is that there is sufficient benefit/use to justify the money spent and the staff employed on these statistics. There is a clear record of how regional resources for data collection are assessed and distributed and explicit consideration of staff resources. The allocation of funds to the local Drug Action Teams is closely linked to the data, changing each year on the basis on the previous year's NDTMS data.
- 4.27 The NTA has all the necessary technical skills and, in particular, the regional teams include information analysts and data specialists. Competence profiles for analytical staff include requirements for statistical experience.
- 4.28 The NTA has developed a software solution for data suppliers who do not have clinical information systems and this collection of data electronically appears sufficiently accurate, timely and cost effective.

Principle 8: Frankness and accessibility

Official statistics, accompanied by full and frank commentary, should be readily accessible to all users.

- 4.29 The statistics from the NDTMS are published in two formats, monthly and annually. Annual figures are published on the NTA's website, in the form of an annual report, which is accompanied by both a statistical summary and a media release. These figures are accompanied by an adequate level of commentary and some methodological information, as well as a press release which provides context in an easily accessible manner. The annual figures meet the requirements of the Code of Practice in this respect.
- 4.30 Monthly statistics are published on the NDTMS website, consisting primarily of figures broken down into national, regional and local areas. There is no commentary on these figures and only some metadata, which are presented in the form of Frequently Asked Questions. This appears to serve the needs of the main users, who typically download the same statistics each month, and do not require accompanying commentary.
- 4.31 However, some users find it difficult to navigate around the monthly figures, and to find and understand the figures they require. The monthly data are used by a wider user base than purely for internal monitoring. As part of the re-designation as National Statistics, the NTA should make improvements to the NDTMS website, at the least by providing links between the NDTMS and the NTA websites and by providing clear information about where to find the new monthly figures and how these are broken down⁸ (Requirement 2).
- 4.32 The NTA's statistics are not currently deposited in a national archive, such as the UK Data Archive or the NHS Care Records Service. As part of the re-designation as National Statistics the NTA should develop a data management strategy for archiving its data in accordance with relevant public records legislation⁹ (Requirement 3).

⁸ In relation to Principle 8 Practice 4 of the Code of Practice

⁹ In relation to Principle 8 Practice 7 of the Code of Practice

Protocol 1: User engagement

Effective user engagement is fundamental both to trust in statistics and securing maximum public value. This Protocol draws together the relevant practices set out elsewhere in the Code and expands on the requirements in relation to consultation.

- 4.33 National consultations have been carried out and engagement with primary users takes place at regional meetings and events. Some contacts are maintained with academics and the media. However there is limited evidence that wider users have been able to influence decisions about the collection and presentation of data. Some users approached during the assessment reported difficulties in finding and identifying the data they required.
- 4.34 Overall, user consultation is not documented in the systematic way as required by the Code. However, evidence shows that consultation, at least with primary users, does take place.

Protocol 2: Release practices

Statistical reports should be released into the public domain in an orderly manner that promotes public confidence and gives equal access to all, subject to relevant legislation.

- 4.35 The NTA's release practices comply with the majority of the requirements of the Code of Practice. The statistics are pre-announced on the National Statistics Publication Hub and appear to be published in an orderly and timely manner. The timetable of releases given on the NTA's website in the statement of compliance was out-of-date, as it relates to 2007.
- 4.36 The Assessment team notes that in 2007 the statistical release contained the name of the relevant statistician, but that this did not happen in 2008. As part of the re-designation as National Statistics, the NTA should reinstate the responsible statistician's name in future releases, and on the NDTMS website¹⁰ (Requirement 4).
- 4.37 Pre-release access for Ministers and DH staff is restricted to 24 hours, consistent with the relevant legislation. Other internal members of staff have pre-release access for preparation and quality assurance purposes. As part of the re-designation as National Statistics, the NTA should publish a list of people with pre-release access to its statistics¹¹ (Requirement 5).

¹⁰ In relation to Protocol 2 Practice 6 of the Code of Practice

¹¹ In relation to Protocol 2 Practice 7 of the Code of Practice

Protocol 3: The use of administrative sources for statistical purposes

Administrative sources should be fully exploited for statistical purposes, subject to adherence to appropriate safeguards.

- 4.38 The statistics from the NDTMS are taken either directly from an administrative source (the NHS clinical information system), or via the NTA's own web entry tool. In this sense, the administrative systems are being used effectively and fully in order to provide the underlying data required. Safeguards are also in place to ensure the confidentiality and stability of the data.
- 4.39 As these statistics are produced from one of two, linked, administrative sources, the NTA should publish a Statement of Administrative Sources, once central guidance becomes available, as part of the re-designation as National Statistics¹² (Requirement 6)

¹² In relation to Protocol 3 Practice 5 of the Code of Practice

Annex 1: Suggestions for improvement

A1.1 This annex includes some suggestions for improvement to the NTA's statistical outputs, in the interest of the public good. These are not formally required for re-designation, but the Assessment team considers that their implementation will improve public confidence in the production, management and dissemination of official statistics.

- | | |
|---------------------|--|
| Suggestion 1 | Engage with a wider range of users and explore the extent to which there is capacity and ability to meet more user needs from the existing system, including the publication of some quarterly management information as official statistics (paras 4.3 and 4.4) |
| Suggestion 2 | Make available statements about release practices, revisions policy and methodological information, and keep them up-to-date on the website (para 4.7) |
| Suggestion 3 | Make documentation about methods and changes in methods more comprehensive and accessible, and ensure that changes to methods are announced as far in advance as possible (paras 4.8 and 4.14) |
| Suggestion 4 | Publish a wider range of quality measures including details of potential biases and other errors (arising from the omission of cases and other sources), in order to bring openness and clarity to a wider range of users (paras 4.9 and 4.14) |
| Suggestion 5 | Increase efforts to consult, and provide support to, data suppliers (particularly the smaller suppliers) in order to improve the ease of data provision and the response rate (paras 4.24 and 4.25) |
| Suggestion 6 | Investigate ways in which users' opinions can be captured, documented and acted upon as part of wider user consultation (paras 4.33 and 4.34) |
| Suggestion 7 | Update the timetable of releases on the website to reflect current publication dates (para 4.35) |

Annex 2: Summary of assessment process and users' views

A2.1 This assessment was conducted from February to April 2009.

A2.2 The Assessment team met representatives of the NTA at an initial meeting in February 2009. Some background information was provided by the NTA during February 2009, and Written Evidence for Assessment was provided on 13 March 2009. The Assessment team subsequently met with the NTA and NDEC during April 2009 to confirm and clarify the written evidence provided at the NTA's headquarters in London.

Summary of users contacted, and issues raised

A2.3 As part of the assessment, questionnaires were sent to more than 50 users and other interested parties. The Assessment team received 22 responses, including some responses solely by telephone. The respondents were grouped as follows:

Internal NTA (Central)	1
Internal NTA (Regional)	6
Local (Drug Action Teams)	1
DH	4
Other Government Departments	2
Treatment Providers	3
International	1
Academic	2
Media	2

A2.4 In general, users (particularly the more experienced users) were satisfied with the statistics from the NDTMS and with the NTA itself. They mentioned the high level of quality, accuracy and timeliness of the data and the effective engagement and sharing of information as well as the high level of expertise of staff. Some issues were raised about: accessibility of data for general users (including confusing terminology, difficulties in finding the statistics, lack of commentary and transparency of methodological information); a focus on government targets at the expense of other users and uses; and comparability with other datasets, including international comparisons.

Key documents/links provided

Written Evidence for Assessment document

www.ndtms.net

http://www.nta.nhs.uk/areas/facts_and_figures/default.aspx

