

Background Quality Report: ‘Patient education / self-management programmes for people with long term conditions’

Dimension	Assessment by the author
Introduction	<p><i>Context for the quality report</i></p> <p>The Code of Practice for Official Statistics states that 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. The full text of the Code is available at: http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html</p> <p>Each Official and National Statistics output produced by Community Information Branch (CIB) within the Department of Health (DoH) contains key quality information in respect of the specific content of the statistical output. This information is provided in the definitions, notes to tables or notes to editors.</p>
Relevance	<p><i>The degree to which the statistical product meets user needs in both coverage and content.</i></p> <p>All of the information presented in ‘Patient education / self-management programmes for people with long term conditions’ derives from the annual Patient Education Programme (PEP) questionnaire return, provided by each of the five Health and Social Care (HSC) Trusts, and a number of voluntary organisations across Northern Ireland, to CIB in the DoH.</p> <p>The Patient Education Programme (PEP) return collects annual information on the frequency, type, location, and attendance of these programmes.</p> <p>Information from ‘Patient education / self-management programmes for people with long term conditions’ is used by a variety of users for a range of purposes. The Northern Ireland Assembly devolved administration and the DoH (statutory users) use the information to support the formulation and monitoring of related policy, to develop and monitor related Programme for Government, Public Service Agreements and Priority for Action Targets, and to inform the HSC Commissioning Plan Direction. It is used by the HSC Board, Integrated Care Partnerships, and Public Health Agency for strategic organisational planning and for benchmarking performance and characteristics within and between HSC Trusts in Northern Ireland.</p> <p>Private companies may use it to monitor and target domiciliary care services, academics for research, and other government Departments</p>

	<p>and Agencies to inform cross-cutting policy and strategy development. Local patient education and voluntary health groups may use the information to inform and develop preventative or intervention programmes.</p> <p>CIB ensures that ‘Patient education / self-management programmes for people with long term conditions’ remains relevant to users in a number of ways; feedback is received through readership and online user satisfaction surveys help to shape the information collected and the content of this publication. In this way the needs of user communities are continuously monitored, and if appropriate and practical, acted upon.</p>
<p>Accuracy and Reliability</p>	<p><i>The proximity between an estimate and the unknown true value.</i></p> <p>The PEP questionnaire return used in the production of this publication is a census of identified Patient Education Programmes.</p> <p>As a census rather than a survey, no estimates are produced, and issues of sampling error and confidence intervals are not relevant.</p> <p>HSC Trusts and voluntary organisations are allowed several weeks to complete and update the shared PEP questionnaire return.</p> <p>HSC Trusts and voluntary organisations are then required to submit the PEP questionnaire return to the CIB inbox. Each HSC Trust and voluntary organisation has a nominated individual who submits the returns and acts as a point of contact for the queries.</p> <p>The PEP questionnaire return contains a detailed guidance tab specifying the data required and definitions or options for responses.</p> <p>Individual returns are compiled into a master Excel dataset on which validation checks are carried out and any data queries can be raised with the relevant nominated individuals.</p> <p>Pending automatic validation functions in Excel, spot checks are undertaken by statisticians in the DoH.</p> <p>Previous PEP data are revised if necessary and appropriate. All revisions are conducted in line with DoH’s Statistics Charter which can be found at: https://www.health-ni.gov.uk/publications/doh-statistics-charter</p>
<p>Timeliness and Punctuality</p>	<p><i>Timeliness refers to the time gap between publication and the reference period. Punctuality refers to the gap between planned and actual publication dates.</i></p> <p>The PEP questionnaire return used to produce this publication refers to the previous financial year and is submitted annually by HSC Trusts and voluntary organisations.</p> <p>An established timeline is in place for HSC Trust and voluntary organisation staff to submit the PEP questionnaire returns. Delayed submissions are normally due to a lack of resources or validation issues within HSC Trusts and voluntary organisations.</p> <p>‘Patient education / self-management programmes for people with long term conditions’ is published within a year of the reference period.</p>

	<p>The 'IAD Statistical Releases Calendar' which includes twelve months advance notice of CIB publications, is available at: https://www.health-ni.gov.uk/publications/statistical-releases-calendar</p> <p>In the majority of cases, the target publication deadlines are met. However, in the event of a change to a pre-announced release date, the delay is announced, explained and updated regularly.</p>
Accessibility and Clarity	<p><i>Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.</i></p> <p>A copy of the PEP questionnaire return, including guidance, definitions, validations and a worked example to enable HSC Trusts and voluntary organisations to complete the PEP questionnaire return that feeds into this publication is available on the CIB website at: https://www.health-ni.gov.uk/publications/patient-education-self-management-programme-questionnaire</p> <p>The statistical publication is available to download free of charge in both PDF and MS Excel formats at: https://www.health-ni.gov.uk/topics/doh-statistics-and-research/patient-education-programmes</p> <p>If requested, CIB provide hard copies or other suitable media.</p> <p>The publication is also accessible through the UK National Statistics Publication Hub at: http://www.statistics.gov.uk/hub/index.html</p> <p>Numerous footnotes/ caveats and annexes are provided in the publication which cover a range of explanatory information; including data quality e.g. sources, missing data.</p> <p>The publication contains contact details for further information. Additional ad-hoc analysis, where appropriate, is provided on request.</p>
Coherence and Comparability	<p><i>Coherence is the degree to which data that are derived from different sources or methods, but refer to the same topic, are similar. Comparability is the degree to which data can be compared over time and domain.</i></p> <p>There is currently no other official source of PEP statistics in Northern Ireland. Where appropriate, CIB compare their data to external sources to ensure HSC Trusts and voluntary organisations are providing reliable and robust data.</p> <p>All data submitted by the five HSC Trusts and voluntary organisations for this publication are comparable. Comparisons can be made over time and publications are available from 2013 onwards.</p>
Trade-offs between Output Quality Components	<p><i>Trade-offs are the extent to which different aspects of quality are balanced against each other.</i></p> <p>None.</p>
	<p><i>The processes for finding out about users and uses, and their views on the statistical products.</i></p>

<p>Assessment of User Needs and Perceptions</p>	<p>Data presented in this publication helps to meet the information needs of a wide range of internal and external users.</p> <p>Within DoH, the ‘Patient education / self-management programmes for people with long term conditions’ statistical publication is used by policy officials to monitor the provision of support for people managing chronic conditions, to help assess HSC Trust performance, for corporate monitoring, to inform and monitor related policy, for Ministerial briefing and to respond to Private Office enquiries and parliamentary/ assembly questions.</p> <p>Outside government, the information in these statistical publications is used by a number of charities, voluntary organisations, care providers and regulators. It is also used by researchers looking at HSC Trust performance and by service users and other members of the general public to hold HSC Trusts and government to account.</p> <p>User feedback is invited in this publication. Readers are provided with contact details for the relevant statistician. Further details are placed on the statistics website: https://www.health-ni.gov.uk/topics/doh-statistics-and-research/official-statistics-and-user-engagement#toc-4</p> <p>We gain awareness of users of our data from ad hoc requests for information and from the receipt of invitations to relevant meetings and conferences.</p> <p>Users needs are prioritised, taking account of the resources available.</p>
<p>Performance, Cost and Respondent Burden</p>	<p><i>The effectiveness, efficiency and economy of the statistical output.</i></p> <p>HSC Trust information systems are mainly supported by Business Services Organisation (BSO). BSO ensure systems used have the capability of recording information required by the DoH and the HSC Board, and where possible, provides HSC Trusts with reporting tools which create the required reports.</p> <p>Currently CIB do not have access to HSC Trust and voluntary organisations’ information systems, therefore HSC Trust voluntary organisation staff must provide CIB with the data requested. All of the information is submitted using a bespoke Excel template to the CIB inbox.</p> <p>Some of the information collected by HSC Trusts for this publication is collected specifically for CIB but some is also required for Trust internal management information, and would be produced whether requested by CIB or not.</p> <p>The CIG meetings act as a forum to discuss any difficulties or burdens HSC Trust or voluntary organisation staff may be experiencing.</p> <p>On receipt of the PEP questionnaire return from HSC Trusts and voluntary organisations, the statistics require approximately 3 weeks of working time from statistical staff to produce, plus a small amount of senior staff oversight.</p>
	<p><i>The procedures and policy used to ensure sound confidentiality, security and transparent practices.</i></p>

**Confidentiality,
Transparency
and Security**

The PEP questionnaire return used by CIB is a pre-defined template which collects aggregate programme information and therefore does not include personal information. Data is submitted via the CIB inbox. CIB maintain and manage the inbox, providing technical support and online help.

Statisticians in CIB save returns to a secure locked drive. Following this, it is held on a network that is only accessible to the statisticians who need access.

CIB's 'Statistical Policy Statement on Confidentiality' can be found in the Statistics Charter at:

<https://www.health-ni.gov.uk/publications/doh-statistics-charter>

Any hard copies containing small cell sizes are locked away and shredded as soon as possible.