

# Health Survey for England: Consultation

**May 2016**

# Contents

---

|   |          |
|---|----------|
| <b>Contents</b>                         | <b>2</b> |
| <b>1 Introduction</b>                   | <b>3</b> |
| <b>2 Background to the Consultation</b> | <b>3</b> |
| <b>3 HSE Proposed Savings</b>           | <b>3</b> |
| <b>4 How to Respond</b>                 | <b>8</b> |
| <b>5 About you</b>                      | <b>8</b> |

---

# 1 Introduction

The Health Survey for England is a series of annual surveys covering adults and children living in private households in England. The HSE was designed to monitor trends in the nation's health, to estimate the proportion of people in England who have specified health conditions and to estimate the prevalence of risk factors associated with these conditions.

Each survey in the series includes core questions and measurements (such as blood pressure, height and weight, and analysis of blood and saliva samples), as well as modules of questions on topics that vary from year to year.

Data collection involves an interview, followed by a visit from a specially trained nurse for all those who agree. The HSE survey includes around 8,000 adults and 2,000 children each year.

Health Survey for England is used by central government (e.g. the Department of Health and Public Health England), NHS England and other NHS bodies, local government, charities and voluntary organisations. The survey is also widely used by Universities for education, research and analysis purposes.

## 2 Background to the Consultation

As part of the overall government spending review, the HSCIC is required to make substantial budget cuts over the next three financial years. Savings are therefore required in the budget for the Health Survey for England (HSE), as the largest element of the HSCIC surveys budget.

HSCIC has had discussions with the survey contractor (NatCen Social Research) about how savings can be made for the HSE, while preserving the essential elements of the survey so that it remains the valuable source of data that provides the basis for policy making.

Taking account of feedback from users to the last HSE consultation in 2013, the HSCIC has identified four broad areas where savings can be made. These are detailed in the **HSE Proposed Savings** section below. The HSE Steering Group<sup>1</sup> is currently being consulted on these proposals but we would also welcome feedback from a wider group of users. Under each potential saving there are a number of questions to answer.

## 3 HSE Proposed Savings

The four areas identified for savings are:

1. Reduce planned spend on website development
2. Reducing the scale of reporting

---

<sup>1</sup> The HSE Steering Group includes representatives from the Department of Health, Public Health England, NHS England, local government.

3. Reducing core interview content funded by HSCIC
4. Reducing the scale of nurse fieldwork

The savings are required over the next three financial years (2016/17, 2017/18 and 2018/19) but savings are not required across all of the four areas identified in every survey year. For example, the HSCIC does not expect to have to make savings to the core interview content or to fieldwork for HSE2016 or HSE2017.

HSCIC will work out the fine detail of how these savings will be mapped across the years but would welcome feedback from users on the broad principles. The four areas for proposed savings are discussed below. Further details can be provided by the HSCIC Surveys Team if required ([surveys.queries@hscic.gov.uk](mailto:surveys.queries@hscic.gov.uk)).

## 1. Reduce planned spend on website development

The HSCIC plan to develop HSE reporting on the web in 2016/17, but given the required savings to the HSE budget, web development in future years will not be a priority and no further development beyond 2016/17 is planned.

### Questions

***Do you have any comments on this proposal?***

This seems a reasonable way of saving money provided that the latest reports and key data remain easily accessible on the website.

## 2. Reducing the scale of reporting

The most recent HSE publication from the 2014 survey is available on the HSCIC website: <http://www.hscic.gov.uk/catalogue/PUB19295>

The HSE is a National Statistics publication; the report outputs are a key part of the dissemination strategy for this major publicly funded survey and fulfil a vital role in ensuring that the HSE data are made widely available and can be widely used. Reflecting this, the production of the report outputs is a very major and costly task, both directly in terms of the HSE budget and also in terms of the internal HSCIC resource necessary to provide the required quality assurance.

We think that some savings can be made in this area of the budget, while still meeting National Statistics requirements and maintaining most of the dissemination function.

Depending on decisions about savings in other areas of the survey, the amount of savings required from each year's reporting process may be the equivalent of saving around three or four chapters from the usual total of ten in the "Volume 1" report. The HSCIC proposes to do this by having fewer chapters and some chapters that would be shorter than those in the 2011-2014 reports. This would also mean fewer tables of data on regular topics such as social care, obesity, alcohol and smoking in some years in future.

Coverage of the key regular topics, like obesity, alcohol, smoking, and the trends tables and the population estimates tables (and its methods guide) would continue. Web statistics show these outputs are well used. Sometimes there are requests for population estimates and it is

better to provide official estimates than allow users to attempt their own calculations. Also, the potential cost savings from dropping the population estimates are small. There is a National Statistics requirement to provide full methods and technical details and documentation for the survey as provided in 'Volume 2' and so this would be retained.

The HSE Steering Group currently advises on report content each year and this will continue.

### **Questions**

***Do you use the HSE publication? Yes/No***

**YES**

***What would be the impact of the proposal to reduce the scale of reporting (Please describe and indicate High, Medium or Low impact)?***

Reducing the scale of reporting would have a low impact on our work, provided that the full data could still be accessed via the Data Archive and key information, such as adult smoking prevalence data is retained in the main report.

***Do you have any other comments on this proposal?***

### **3. Reducing core interview content funded by HSCIC**

Following an extensive review and consultation, HSCIC had set up a new plan for core content of the HSE for 2016-2019. This updated and streamlined some content, and ensured coverage each year of some of the key risk factors affecting health (some of which were previously only covered in alternate years). The net effect was to increase the core interview length funded by HSCIC by around 5 minutes.

In the light of budget cuts, unfortunately it will not be possible for HSCIC to fund all of this additional core content in every survey year. The full content for the 2016 and 2017 surveys will remain, but cuts are needed in the 2018 and 2019 surveys. The amount of core content to be removed will differ in each year, depending on the savings to be made and what cost savings can be made in other areas, such as reporting and dissemination, but roughly we are looking to reduce the core by 2-4 minutes in 2018 and 2019.

Table 1 below outlines the question areas that the HSCIC is currently considering for removal; together with the length of time each module would save from the total interview length.

As always, the HSE survey can include content on behalf of other funders, and content may be retained if any alternative sources of funding can be found.

### **Questions**

***Are there any question modules in Table 1 that you think should be prioritised and retained in the HSE survey? If Yes, please specify and say why.***

***Are there any question modules that you think could be dropped from the HSE survey? If, yes, please specify and say why.***

***Do you have any other comments on this proposal?***

No, we do not have a view on these questions.

**Table 1: Potential cost savings, by question module**

| Module                                   | Description   | Length (mins) |
|--|---|---------------|
| Reducing longstanding illness detail     | Potential to stop collecting free text answers for respondents with longstanding illness(es) (recording verbatim the detail of each illness and the coding afterwards). | 1             |
| Personal care plans                      | Reduce frequency of collection to once in contract (once every four years) rather than twice.   | 0.5           |
| Provision of social care                 | Change frequency of collection of questions covering provision of care to once in the contract (once every 4 years) rather than twice.                                  | 1             |
| Heaviest drinking day                    | Reduce frequency of collection from annual to once in contract (once every four years).   | 2.5           |
| EQ-5D*                                   | Potential to stop collection  | 1             |
| GHQ12**                                  | Reduce frequency of collection from alternate years to once in contract (once every four years).  | 3             |
| WEMWBS***                                | Reduce frequency of collection from alternate years to once in contract (once every four years).  | 3             |
| Fruit and vegetable consumption          | Reduce frequency of collection to alternate years.  | 3             |
| IPAQ (short physical activity questions) | Potential to stop collection.   | 1.75          |

**NB:** Not all these question areas would need to be cut in any one year as the maximum required saving is expected to be 4 minutes.

\* EQ-5 is a standardised instrument for use as a measure of health outcome, applicable to a wide range of health conditions and treatments.

\*\* The 12-item General Health Questionnaire (GHQ-12) is a widely used and validated measure of mental health.

\*\*\* Warwick-Edinburgh Mental Well-being Scale

#### 4. Reducing the scale of nurse fieldwork

Given the size of savings required, the HSCIC has also reviewed changes to the scale of fieldwork – the largest single part of the overall HSE budget. Previous reviews have confirmed that the adult sample size for the interview survey, at around 8000 per year, is around the minimum required to provide robust data for many of the health measures provided by the HSE.

No cuts the HSE fieldwork are required for the 2016 and 2017 surveys but the HSCIC is considering two potential options to reduce the cost of nurse fieldwork for the 2018 and 2019 surveys:

- Reduce the nurse coverage, by only offering the nurse visit in 80% rather than 100% of households where HSE interviews are achieved. This will result in around 4,400

achieved nurse visits with adults, and around 3,250 blood samples; these are still robust samples.

- Drop child nurse visits in alternate years. The sample size achieved for nurse visits among children is minimal, even when all eligible adults and children are offered a nurse visit, and this sample size would be reduced further if only 80% of households were offered nurse visits. Earlier consultation has indicated that child cotinine measures are valued from the nurse visits, but this is not a measure that is changing rapidly, and therefore measures from alternate/intermittent years are likely to provide sufficient accuracy. It would also be possible to combine years to provide larger samples for analyses.

### **Questions**

***What would be the impact of these changes (Please describe and indicate High, Medium or Low impact)***

Overall, the changes would probably have a medium or high impact, depending on which option was chosen. Over the years, the collection of saliva cotinine samples has proved invaluable in documenting changes in behaviour with regard to smoking in the home and the decline in children's exposure to tobacco smoke. Given the importance of reducing smoking to public health and the unique nature of the cotinine saliva testing programme we believe that the testing should continue on an annual basis.

***Do you have any other comments on this proposal?***

It has been suggested by an ASH Trustee who has been researching secondhand smoke exposure for many years that there could potentially be cost savings if the child saliva sampling for cotinine was undertaken at the initial interview visit. Perhaps this is something that HSCIC could consider?

## **4 How to Respond**

Please respond via email to [surveys.queries@hscic.gov.uk](mailto:surveys.queries@hscic.gov.uk)

Please ensure you respond by 27<sup>th</sup> June 2016 so your response can be considered.

The information you provide in your response will be used by us only for purposes relating to this consultation. It will not be disclosed to any third parties or used for any other purpose without your permission. HSCIC undertakes to keep your information secure until the time when it is no longer required, when it will be destroyed by secure means.

## **5 About you**

**Type of respondent or organisation:**

- Academic
- Charity or voluntary organisation
- Media
- Member of the public
- Private sector
- Public sector - Department of Health
- Public sector - Public Health England
- Public sector - NHS England
- Public sector - Other NHS organisation
- Public sector - Local Authority
- Public sector - other
- Other

Organisation Name:

Action on Smoking and Health (ASH)

Can we contact you please to discuss your responses if we would like clarification or to answer any questions you may have asked?

- Yes  (please check you have entered your email address and / or phone no.)
- No

Email address:

Amanda.sandford@ash.org.uk

Telephone number:

020 7404 0242

If you would like to know more about the consultation or if you have any queries, please contact the Surveys Team at the HSCIC at [surveys.queries@hscic.gov.uk](mailto:surveys.queries@hscic.gov.uk)

Thank you for taking the time to complete this survey.